Editorial Note + Frances Richey & The Warrior

Leisha Douglas, Ph.D., Media Editor

Some Forum readers may remember the article on poetry and healing in the 2005 issue in which I had a dialogue with poets, Rita Gabis and Frances Richey. *The Warrior (A Mother's Story of a Son at War),* Richey's newest collection of poems, was published by Viking Press to much acclaim in April, 2008. As the book jacket so aptly states, "*The Warrior* speaks to the world of those who wait while their loved ones are in combat or perilous situations. It is also concerned with the love and pain that constitute close relationships. These heart-wrenching and beautifully composed poems are born of necessity; they are for Richey a way of bridging the distance between herself and her son, bearing witness to the act of waiting and to the life that her son was living with all of its dangers and mysteries."

Richey's poems helped her cope with her son, Ben's deployment and ultimately healed the breach between them that began when Ben opted to attend the United States Military Academy at West Point and join the Special Forces. Her national readings and appearances with Ben have also touched the hearts of many soldiers and their loved ones. As a result, Richey and her poems were featured in *Oprah* magazine as well as on Channel 13's *The Newshour*.

This book complements any therapeutic work done with war vets and/or their families. The simple yet profound language gives form and thought to the dilemmas that war presents for the soldier, civilian and family. I am grateful to Frances Richey and Viking Press for allowing me to include some of her poems in this issue.

One Week Before Deployment

Frances Richey

1 - Packing

There was something about
the helmet, in a pile
of gear by the fireplace. Once
another soldier's, now my son's,
it called to me the way the dying do
when they can no longer speak;
an irresistible pull, like gravity
or love.
I wanted to touch it.
*
Two pairs of desert camo boots
stood beside the black recliner.
They shouldn't have been
beautiful, shimmering
like suede, light weight
for easy movement, never worn.
A man can't wear another man's boots.
They mold to his feet,
carry his scent, his sweat
absorbed in the hide.
They take on the shape
of his bunions, his burdens,
the soles worn down
with his rhythms,
his weight when he walks.
*
I've seen pictures of those
makeshift totems in the desert.
They call the name out three times;
three times, the silence,
a pair of boots
beside a rifle, its nose in the sand,
the barrel standing
for the soft ribs of a body.

2 – To The Helmet

Ghost
of a moon half draped
in the folds of his rain poncho,
how many have died
because you weren't enough?
Because you couldn't be everywhere?
I wanted to put you on,
but you weren't mine, your only
country that remnant
of the fontanel I felt once
while he slept
before the bones closed over it.

5 – I Had Promised Not To Cry

He had his mission to think about,
his men.
I asked him
to go through the blue folder with me,
his vaccinations,
ID cards, Hazardous Duty Orders…
I told myself this would bring us closer.
That was a lie.
It gave me distance,
like the scientist
who examines every detail
through a lens.

6- *Inventory*

2 pairs desert camo boots
sleeping bag
salt pack: Nods, ammo, night vision goggles
wind stopper gloves

These don't belong to me.

camelback backpack for water
Kevlar helmet
mich helmet
grenade pouches
magazine pouches

I have no place here. This is not my life.

green laser
equipment vest
9 millimeter holster
same old ruck

He can't bear my worry. Like the rucksack he carries on his back, it
seems to suck the life out of him.

socks…green/black
PT's – shorts, shirts for workout
Spears silk underwear for cold weather
Spears body armor…ergonomically correct
barracks bag for laundry
rain poncho and liner
black wool cap

I was always asking if he was warm enough.
Put a sweater on, I'd say. Your jacket…

duffle bag
entrenching tool
knee pads
elbow pads
uniforms
Nuclear, Biological, Chemical suit

I can't protect him.

Vaccinations:
anthrax
hepatitis
flu shot
meningitis
tetanus
typhoid
smallpox
TD

No one could explain his nosebleeds. They always seemed to come when I was packing for business trips: Pittsburgh, Chicago, Detroit…

CDs: Springsteen, Sara MacLachlan, U2…
DVDs: *In The Name Of The Father, Boondock Saints, Elf…*
Marlboros
Chewing tobacco

Tissues fell from him like crumpled doves.

Pin light
Case for Christ
Onward Muslim Soldier
Salem's Lot
Catcher in the Rye
Laminated four leaf clover

He tilted his head back, pinched his nose between thumb and index finger: "Don't worry, I know what to do."

Officer Record Brief
Hazardous Duty Orders
Zero Your Weapon

He's given me his dog-eared copy of Komunyakaa's
Neon Vernacular*, underlined:*
"We can transplant broken hearts/
but can we put goodness back into them?"

Life Insurance: To be split between Mom and Dad
Emergency Records…Who gets called
Battalion wants to know what to read
at your funeral, what songs to play

He looks up from the paperwork
hard into my eyes:
"You said you wanted to know."

The Barn Swallows
Frances Richey

My son is always leaving.
Sometimes he looks back
and waves good-bye. Sometimes
he just disappears.
Where is he now? In the air,
returning from Poland?
On the ground, training at Fort Bragg?
The day he graduated from West Point,
the sun was so bright I couldn't see
the secretary of defense, a dark speck
under the white awning
on a makeshift stage, saying something
about the world, about danger,
a different kind of war.
No one else seemed to notice
the barn swallows swoop in
like a swarm of enormous black butterflies,
their throats bloodied,
marring the brilliance of the sky.
They arrived out of nowhere,
the way my son was suddenly a man.
As each new lieutenant shook
the secretary's hand, the swallows dipped
and keened over the field, the barracks,
those gray castles of learning,
the dead generals bronzed on pedestals.
What had drawn them to this moment,
the red sash and the saber?
What had drawn my son to this life?
Where had it come from,
his certainty of purpose?
When I was my son's age, I had no faith.
Now I believe in the prescience of wings,
each bird, the presentation of colors,
bearing the messages w pray will never come.
Looking down through borrowed binoculars
into the perfect rows,
I searched for his face.

Collisions
to my son in Iraq
Frances Richey

There's a new space show
at the Rose Center.
It's all about collisions,
how one little particle, or
cosmic rock thrown
off course, can make
a moon, or tilt a planet
into life. And though
I felt comforted among
the stars you love,
I'm beginning to accept
we're never safe,
the universe always
in motion, even when
we sleep, particles
making and remaking
our bodies, the world
between us a fire
that burns away
the planks of the heart.
I don't know how
they calibrated those
holographic comets and
asteroids with the
thunder of impact,
each explosion just
bearable. I tensed up
anyway, as I do
when cars and trucks
blow up on the news.
I almost closed my eyes,
but I could feel you
in the empty seat
beside me, shake
your head and say,
You're too timid,
the way you did when
you were twelve
and I was afraid to open
the door I'd forgotten
to lock. You
went in ahead of me.

Kill School
Frances Richey

That was the summer he rappelled
down mountains on rope

that from a distance looked thin
as the dragline of a spider,

barely visible, the tension
he descended

into the made-up
state of Pineland

with soldiers from his class.
They started with a rabbit,

and since my son was the only one
who'd never hunted,

he went first. He described it:

moonlight, the softness

of fur, another pulse
against his chest.

The trainer showed him
how to rock the rabbit

like a baby in his arms,
faster and faster,

until every sinew surrendered
and he smashed its head into a tree.

They make a little squeaking sound,
he said. *They cry*.

He drove as he told me:
You said you wanted to know.

I didn't ask how he felt.
Maybe I should have,

but I was biting
off the skin from my lips,

looking out
beyond the glittering line

of traffic flying
past us in the dark.

Letters

Frances Richey

1

Before he left for combat,
he took care of everything:
someone to plow the driveway,
cut the grass.
And the letter he wrote me,
just in case, sealed,
somewhere, in a drawer;
can't be opened,
must be opened
if he doesn't return.
I feel for my keys,
hear his voice:
Less is better. Late
for work, still,
I linger
at the window of the Century
Florist, a bowl of peonies,
my face among the tulips.

2

Last Mother's Day, when
he was incommunicado,
nothing came.
Three days later, a message
in my box; a package,
the mail room closed.
I went out into the lobby,
banged my fist against
the desk. When they
gave it to me, I clutched it
to my chest, sobbing
like an animal.
I spoke to no one,
did not apologize.
I didn't care about the gift.
It was the note I wanted,
the salt from his hand,
the words.

A Little History

Ron Kurtz

Editor's Note: In this contribution Hakomi Founder Ron Kurtz offers some of his latest reflections on the how the Hakomi method developed over time from its beginnings in the 1970's.

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 Psychothera*py, *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. In 2008 he was nominated by the Hakomi Institute for the lifetime achievement award from the United States Association for Body Psychotherapy, which he received at the 2008 USABP Conference. He can be contacted through his website www.ronkurtz.com.

ABSTRACT: Hakomi Therapy founder Ron Kurtz offers a reflection on the historical development of the method from the early 1970's to 2008.

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

--C. Otto Scharmer (Senge, Scharmer, Jaworski, & Flowers, 2005) quoting economist Brian Arthur

Beginnings: Eastern philosophy, psychotherapeutic technique, and systems theory

I started doing psychotherapy in 1970. By 1979 I'd developed enough original techniques and ideas to justify calling the combination a new method. The Hakomi Institute started the same year. Eight years later, in 1987, Swami Rama told me that I had a mission: to create a new method of psychotherapy. When I think about Hakomi, I think: in what way is it a new method of psychotherapy? Before I talk about that though, I would like to give you a little more history.

My life as a psychotherapist began long before that meeting. It started in graduate school, in the early sixties when I was a student of experimental psychology. After graduate school, I taught at San Francisco State. My first real excitement about therapy and groups came from my experiences at a workshop led by Will Schultz. It was something totally new to me and I became very excited about what he was doing. One of my friends from graduate school, Stella Resnick, was teaching nearby, at San Jose State. She had studied clinical psychology and was on her way to becoming a well-known Gestalt therapist. She encouraged me and we started co-leading sensitivity groups. I also took more workshops. That is how I got involved with psychotherapy. Most of what I learned derived from Gestalt therapy.

For the next two years, I taught at San Francisco State and co-led groups with Stella. After that I went to Albany, New York, and started a private practice. I used mostly what I learned about Gestalt. Soon after starting private practice, I went into therapy myself, first with Ron Robbins and later with John Pierrakos, both Bioenergetic therapists. I began to incorporate some Bioenergetics into my work. Before I had read Perls, now I read Reich and Lowen. I was also inspired by the work of Albert Pesso. Those experiences were the beginning of the Hakomi Method.

Two more things strongly influenced me. The first was eastern philosophy. I had been practicing yoga since 1959. In graduate school I got interested in Taoism and Buddhism. Awareness practices became part of my life. I started macrobiotics in 1972. My strong interest in Eastern philosophy and working with the body led me to Feldenkrais work. I took several workshops with Moshe and practiced the floor exercises. I also began being Rolfed at that time. All of this found its way into my thinking, my work and my writing.

The last strong influence on the work was my life-long

interest in science. I was a math prodigy of sorts and always loved science. I minored in physics in undergraduate school and, for four years I worked as a technical writer in electronics. My passion has been systems theory, especially the branch that studies living systems.

These threads: eastern philosophy, psychotherapeutic technique, and systems theory are the foundations of Hakomi.

From Force to Experiments in Mindfulness

The Bioenergetic techniques I was using seemed too forceful to me, at times even violent. In keeping with the eastern philosophies I'd studied, I wanted to be non-violent. So, I began to look for other ways to access and work with emotional material. Slowly I found ways to incorporate mindfulness and gentle interventions into my work. I began to use mindfulness this way: In the course of working with a person, I would get an idea about something the person believed that limited him or diminished his aliveness. I gathered a lot of experience interpreting behavior for what beliefs might be running it. Let's say the person believed he was not worth anything. At an appropriate time, I would ask him to become mindful. (Sometimes, I taught people how to become mindful.) When he was in a mindful state, I would offer a statement that was precisely the opposite of his belief. For example, I would say something like: "You're a worthy person". I called these statements probes and I would set them up as little experiments. (My science background.) I'd say, "What happens when I say....", and then I'd offer the statement. I was looking for reactions. A person in mindfulness has no trouble noticing his or her reactions.

I slowly started doing more and more of these little experiments in mindfulness. The client and I would observe the reactions. Sometimes, the reaction would be intensely emotional. So here was a way of accessing deep feelings around significant issues, arrived at completely without force. Just what I'd been looking for. The statements I offered were always positive, supportive and potentially nourishing. The reaction was the result of the person's not being able to accept this potential nourishment. As soon as I understood what some core issue was, I could usually bring it into awareness in an embodied, nonviolent way, using mindfulness.

So, when I think about what's new about the Hakomi method, I think this is one of the main things: Hakomi is the evocation of experience in mindfulness. It uses mindfulness in this precise way. This is not just another technique. It is a fundamental difference in method. We evoke experiences while the client is in this particular state of consciousness. The experiences evoked tell us what kind of models the client is holding about herself and her world. More importantly, the models are often immediately clear to the client. This method can often release emotions that might be hard to approach any other way. I think this is because the client knows what's happening. There are no tricks or manipulations here. Going into a state of mindfulness is a deliberate choice and not always easy. The client chooses it, chooses to be vulnerable. Clients relax their defenses when they become mindful. They choose to take what comes. If they feel painful emotions in this process, it is because they believe it is worth it in order to understand themselves. They are willing to bring painful material into consciousness. There is no violence here, only the courage to face what is. Amazingly, this method accesses feelings and memories much more quickly than any other I have used.

Non-Violence and Taking Over

I eventually de-emphasized Gestalt and Bioenergetics. I used mindfulness to evoke emotions, insights, and memories. I also started to process emotional reactions in a different way. I started "taking them over".

That's the second thing that makes Hakomi unique, our way of working with "defenses", what we call taking over. When an emotional experience is evoked, the habits that manage that experience are also evoked. (These management reactions are usually called defense mechanisms. I don't like the disease/war model implications of that terminology. For me, it's management.) For example, sadness is often managed by covering the face, tightening the muscles of the diaphragm, chest, throat and eyes, bowing ones head and folding forward. Those reactions manage emotional experience; they contain it, minimize what was once too much. Often, they avoid it completely. I do not oppose these management habits or in any way try to force them to break down. I do exactly the opposite. I support all spontaneous management behavior. If a person tightens his shoulders or covers his face, I might use my hands to help him keep his shoulders together or to cover his face. That's taking over. Of course, I first ask permission. And I introduce mindfulness where I can. "What happens when I do this...." And I slowly bring my hands up and place them over her hands that are already hiding her face.

Taking over can also be done verbally. It could happen like this: I offer somebody a probe such as, "Your feelings are okay", and she hears a voice inside say, "No! They're not!" Then I might take that inside voice over. I tell the person what I'd like to try and ask if that seems okay to them. Then, with the help of another person, we take over the inside voice and repeat the whole exchange a few times, with me saying, "Your feelings are okay" and whoever is assisting saying, "No! They're not!" All the while, the client is again in mindfulness.

That "No! They're not!" voice the client hears in her head is also management behavior. It tells me that, in her model of life, there is something wrong with believing that you feelings are okay. Perhaps she was punished for feeling sexual or too happy. It's not safe to have those feelings, so it's not okay. That's the model. That's the belief system. So, we take over the voice that manages this.

The usual results of taking over are these: the person relaxes a bit and gets some distance and a wider perspective on the management behavior. Listening to the dialog that usually takes place inside while in a state of mindfulness allows new reactions to appear, from parts of the self that have not been heard from before. Memories of significant events related to the core belief come into consciousness, when a therapist covers a client's eyes or while voices are being taking over. Strong bodily experiences, pain and intense feelings can be evoked.

There are important messages in what the therapist is doing. If you are managing your sadness by tightening your shoulders and I begin to help you with that, the messages are: you're not alone in your sadness; you have an ally. Someone is on your side, accepting what you yourself have not yet accepted. It may be the first time you've gotten these messages about your sadness. And, you don't have to work as hard. You're being supported. It's possible to let go a little. It's not that you have to let go. Nobody is forcing you to let go. You've simply been offered the opportunity. Letting go is up to you. And you can do it at your own pace. You can allow the feelings you are managing to come forth and be expressed. This is another way that the method is nonviolent.

When you are not opposed or made wrong, when you feel that somebody is on your side, you may be able to go a lot deeper into your experience, than you could if you were struggling with it all by yourself. The act of taking over sends messages like these: "I can see that this is difficult for you." "I'm willing to help you handle this experience." "I'll follow your lead." "I won't force anything." "I'll support your need to control your own process." Taking over sends these messages through the therapist's actions, not through words.

These actions speak directly to the unconscious, as words rarely do. For that reason, the therapist must be extremely sensitive to the client's reactions, when communicating this way. The therapist must constantly follow the client's behavior, like gestures, facial expressions and tone of voice. The therapist must "read" these signs for what they tell about the client's experience. By doing this, the therapist learns when to go forward and when to back off, what's helpful and what is not, through following these bodily expressions. When these actions are right, they are powerful. When they're wrong, they simply evoke more management behavior.

Typically, supporting management behaviors, leads to feelings of safety, relaxation, feeling, expression, insight, and movement of the emotional process through to a helpful completion. These results seem paradoxical. A part of the person is trying to manage her experience, to hold it back or minimize it. The therapist offers support for that and the person's experience deepens and moves on. But, that's what taking over does.

So, these two aspects of the method, using evoked experiences in mindfulness and the nonviolent taking over the management of the experiences evoked, are the elements that make Hakomi a "new method of psychotherapy". And with that, I'm straight with the Swami.

Working with the Signal to Noise Ratio

From a systems point of view, the use of mindfulness can be seen as a method of making the system more sensitive. A sensitive system is one that can pick out a weak signal from a noisy background. What is considered signal depends upon what the person is trying to hear (see, understand...) and the noise is anything that tends to mask that signal. If you're trying to hear someone talking and there's music playing nearby, the talk is signal and the music is noise. If you're trying to listen to the music, the talk is noise. It is totally relative.

To increase sensitivity, one must find ways to improve the capacity to detect the signal or find ways to lower the noise. Increasing one's ability to detect the signal or to lower the noise, or to do both. These are the options.

Mindfulness does both. By calming down and quieting the mind, it lowers the noise. By turning inward and focusing on present experience, it enhances ones capacity to pick up sensations, feelings, thoughts, images; all the things that body oriented psychotherapists are interested in. Eastern philosophy teaches that when the mind becomes silent, a direct experience of spirit emerges. That signal, like the stars which appear when the sun goes down, is really always present. But it is hidden by the noise we make. And the biggest noise is the clamoring of the ego absorbed mind. In body-centered psychotherapies the signals being sought are derived from bodily experiences. The "abstract attitude" as Varella calls it, too much talk, analysis and speculation can all be considered noise. But so can bodily experience itself. All management behavior is involved in minimizing some signals. And if those are signals we're interested in (and we are), then in that sense, management behavior is creating noise.

Mindfulness, which involves the relaxation of management and effort and quieting the mind, lowers the noise. Being mindful means deliberately bringing yourself into a sensitive and vulnerable condition. That's how it works in

psychotherapy. If you're busy lifting weights and listening to the radio, and I come in and say, "you're worthy," you're just going to say hello. You're not going to react much to my words. But if you're mindful, sensitive, and quiet, if your mind is open and simply noticing, the same statement can evoke quite a deep experience. Using mindfulness is a way of lowering the noise.

Non-violence is a necessary part of this because in order for the client to become vulnerable (mindful), he or she has to feel safe. So, the first task of a Hakomi therapist is to make the other person feel safe. There are many ways to do that, but the most basic is to have an active, deep respect and compassion for all beings. Then the other truly is safe. All you have to do is convey your respect and compassion to the other person, which, since they are real and natural, will happen sooner or later, in any case. If you are going to use mindfulness in therapy, non-violence and safety are absolutely essential. It doesn't work any other way.

When the noise is lowered, whatever signal is being masked will emerge. It appears, as out of a fog. When the client is in mindfulness and experiences are evoked, there is no confusion about the source. The client is clear that whatever emerges, it's hers. She knows that the emotional response is her own and that it's based on her own beliefs and history. The therapist is not asking her to believe anything. They're not having a discussion about what might be going on. The two of them are doing little experiments in mindfulness together and they're discovering the results. She becomes vulnerable, she lowers the noise and the signals emerge. Using this method, we avoid interpreting or explaining a person to herself. She discovers who she is and how she's organized for herself, at her own pace, within a safe setting and with a trusted guide. So, two of the main advantages of this method are that it supports personal responsibility (by showing clearly how experiences are organized by inner models and beliefs) and that it avoids confusion (by studying and processing evoked experiences in the here and now, letting the person discover who she is rather than theorizing about that).

Here is one of the connections to Taoism and Feldenkrais work and the Gestalt notion of figure and ground: awareness itself lowers the noise. When you turn your awareness toward something, you automatically lower the noise. When you start to pay attention to something, that is when you make it the signal (or the figure), other things will automatically fade out—the noise will lower by itself. If you draw attention to movements in slow motion, as Feldenkrais does, you will start to notice things that you did not notice before. Bare attention gives time for signals to develop. The more time you take, the more information you get. In mindfulness attention is concentrated. The pace is slower. Ones usual concerns are set aside. The focus is on present experience, as it is in Taoism, Feldenkrais, Gestalt and other consciousness disciplines.

From What Works to Spirituality

I built this therapy out of these components because I found that they worked. It was mostly trial and error, not shaped by any grand plan. Like any stubborn fool, I had to find out for myself. I read. I got ideas. But I never accepted them without trying them out. When I tried mindfulness and non-violence, they worked. If I created safety, people could get mindful. When I did little experiments in mindfulness, something important would be evoked. It was easy. It worked. And I liked the fact that it was non-violent, full of compassion. It felt good to me. I wasn't thinking about the long run. I was using what worked and I really didn't see what was coming.

When I built Hakomi on the principles of non-violence and mindfulness, it gave the therapy a strong spiritual foundation. Working out of those principles which require respect, sensitivity, presence and compassion on the part of the therapist, leads very naturally to loving experiences and finally to spiritual experiences. The method is pointed in that direction. Hakomi has been called applied Buddhism. It had built into it, from the beginning, this spiritual direction. This became clear slowly, as I developed the method and added techniques.

Here's how it happened. The work evolved both vertically and horizontally. Let me explain. Horizontal growth means more of the same, like more computers everywhere. Vertical growth means something new, like the Internet, linking all those computers. Vertical growth is a change in form, an emerging of new capabilities. A child learning new words is growing horizontally. Learning to use words in sentences is vertical growth. (The concepts of vertical and horizontal growth are from Ken Wilber's (1995) influential book *Sex, Ecology, Spirituality*.)

Adding new techniques to Hakomi was a horizontal development. Techniques are more or less all on the same level. Adding new techniques is horizontal expansion. But, the introduction of mindfulness was different. It was more than just a new technique. It was a vertical jump. It influenced all the techniques. It gave the method an added depth. Using mindfulness, I could do things that I couldn't do before. Adding mindfulness gave the therapy greater power and shifted the way all techniques were used. In addition, it made non-violence essential and that in turn made the personal development of the therapist essential.

From the Intrapsychic to the Interpersonal

The Healing Relationship

I used to think of psychotherapy as intrapsychic, that the client did all the work internally. The therapist suggested things, but was, basically not really involved as a person. That was the way I thought. I thought of myself as a technician. My image was the samurai, in the movie Seven Samurais, who was a master swordsman, but who did what he did without emotions, passion or personality. His goal was perfect precision. I thought of myself in that same way, as trying to master techniques. It was no doubt inspired by a character flaw of mine, but I liked that image: precise, technical, without feelings or personal involvement. I took a secret pride in that.

Eventually though I saw that, the difficulties that emerged in therapy were the result of my personal limitations, my incomplete personhood. They weren't technical problems at all and it wasn't about mastery. It was my ego, my puffed up attitude and my inability to understand people, because I didn't understand certain things in myself. It was about my ability to relate. Again, the focus changed and the change was a vertical one. It was deeper than just technique. I came to a place where I focused for a few years on what I called the healing relationship. For a healing relationship to happen, more than just safety was needed; what was needed was the cooperation of the unconscious. It required a relationship at the level of the unconscious, a deep, person-to-person connection – and that's a two way street. Not only did I learn that I needed the cooperation of the unconscious, I also learned that I had to be worthy of it. I needed to earn it.

The healing relationship involves two basic things. First, the therapist has to demonstrate that she's trustworthy, non-judgmental and compassionate. Second, she has to demonstrate that she is present, attentive and really understands what's going on for the person. If the therapist can consistently demonstrate those things to the person, she will earn the cooperation of the unconscious.

The unconscious is waiting for somebody who can do that. If the client has painful secrets, shame, confusion and emotional pain, the therapist will need extraordinary sensitivity, understanding and caring to become an ally of the unconscious. The unconscious has been managing this pain for a long time. It won't allow just anyone to become part of that process. The healing relationship is about gaining the trust and cooperation of the unconscious through compassion and understanding. If you can do that, therapy really happens. Building such a relationship doesn't have to take three months or three years. It can take as little as fifteen minutes. But creating it requires more than just technical skills.

The creation of a healing relationship in therapy requires that the therapist be a certain kind of person, a person who is naturally compassionate, able to be radically present, able to give full attention to another, able to see deeply into people and to understand what is seen. All of that takes a certain state of mind. We could call that state of mind non-egocentric. The therapist needed to be free of as many ego-centered habits as possible, when working with the client. Realizing that and teaching that was the next big vertical jump for Hakomi. This jump was beyond just the use mindfulness and non-violence. It was about who the therapist was, the therapist's being. It was about the therapist's consciousness.

The Development of the Therapist

This next step in the vertical evolution of Hakomi involved the spiritual development of the therapist. It involved the development of personhood, an expansion of understanding and insight into levels of consciousness beyond the ordinary, rational and objective. To sustain this higher level of consciousness, one needs a base, a source of inspiration. One needs to find, recognize and cultivate a source of spiritual (or non-egocentric) nourishment. With a stable connection to that source, confidence, calm, understanding and compassion come naturally.

Outside of therapy, there are many, many sources of spiritual nourishment. But in the present moment of a therapy process, the source I use is the client. I search for and find non-egocentric nourishment in some aspect of the client. This is very close to the Buddhist practice of searching for the seed of Buddha in every person. Or as Swami Premananda says, "The purpose of life is to see God in everyone and everything." When he was asked how this was done, he replied, "In the silence." The idea is to drop the "noise of self" and to see the other as spirit. With this as habit, with this as a base, therapy becomes a deeply heartfelt journey shared.

Working this way, compassion emerges spontaneously. With the mind quiet and attentive, understanding comes easily. The two qualities most important to the healing relationship, compassion and understanding, are the natural outcome of searching for non-egocentric nourishment from the therapist-client relationship. The development of that practice is a spiritual discipline and its fruition is personhood and full human beingness. It is this approach that makes psychotherapy a spiritual practice.

Some years ago, I read Michael Mahoney's book (1991) *Human Change Processes*. In it he cited a few, twenty-year long studies that showed that "the 'person' of the therapist is at least eight times more influential than his or her theoretical orientation and/or use of specific therapeutic techniques." I took that very seriously. I realized I couldn't just teach people technical methods. I had to define, recognize and teach "personhood" that includes spiritual development. Up to a point, it is personal growth and the usual emotional work that we all have to do. But beyond

that, and especially when you wish to become helpful to other people, spiritual development is the natural and necessary next step.

So I started to focus on the state of mind of the therapist. I developed methods to explore and support the spiritual development of the therapist. My trainings and workshops now include a lot of work and practice around that. That brings us up to date on the development of the Hakomi Method. The principles of mindfulness and non-violence were the beginning of the uniqueness of Hakomi and the last vertical jump was the focus on spiritual practice and the state of mind of the therapist.

The Place of the Body and Immediate Experience

Now, I want to talk about the place of the body in psychotherapy. Besides its focus on mindfulness, etc., Hakomi is definitely a body psychotherapy.

Several things come to my mind when I think of the body in psychotherapy. The first is Reich's notion that the body is an expression of the psychological history of the person. The body reveals psychological information. Reich talked about taking a person's history. You don't need to ask about it; a person's psychological history is alive and present in everything the person does and the style in which he does it. It's in how people use their bodies, how they move, where the tension is, what the posture is like, and the structure. So, you can look at the body for psychological information. In Hakomi we teach people how to do that. We learn about the person's history, their core models and beliefs, from all these things: posture, movement patterns, breathing patterns, gestures, body structure, facial expression, pace, tone of voice, and on and on. All of this gives us psychological information. This understanding of the expressions of self through the body is a basic component of body psychotherapy.

Another aspect of body psychotherapy is that it is experiential. In Hakomi, we focus on bodily experiences, like sensations, emotions, tensions and movements. This focus on experience, rather than abstract notions, leads to more grounded insights and understanding. We discover the roots of psychological organization and we find meaning by working with here and now experiences. The body is alive with meaning and memory. We focus on experience, not for its own sake, but to learn from them how we came to be who we are, and how we shall move on.

If I do an experiment in mindfulness and evoke an emotional experience, any meanings we find are grounded in bodily experience. The person may respond with something like, "Yeah my heart feels like it's in my throat. My stomach is tight. I'm a little nauseous and I feel afraid." We're not discussing what might be true or what might have happened thirty years ago. We're discussing what is happening right now. And what is always happening right now is that beliefs, attitudes and emotions are influencing bodily events and felt experiences. Your mind is hooked up to your physiology.

From the Creation (experience) to the Creator (core beliefs)

So, one of the ways Hakomi is body centered is that it uses experience as the doorway to insight. It uses the bodily experience to evoke meaning. If you're in mindfulness and I say, "Dogs are friendly" and you react with fear and disbelief, there's no question about what model you're holding. As soon as you're in touch with those beliefs and those emotions, clear memories are likely to follow. And when memories are present, explanations aren't needed. Even more important, when beliefs are conscious, doubt becomes possible. Change becomes possible. The key thing is to get the connection between the beliefs and the experiences.

Here is how Hakomi works: the practice of loving presence helps the client feel safe and understood. That makes mindfulness possible. The therapist then finds ways (little experiments) to evoke experiences in mindfulness. The meaning of the evoked bodily experiences are understood as direct expressions of core beliefs (models of self and the world that organize all experience). When these core beliefs are made conscious and understood, change becomes possible. Where core beliefs are limiting, destructive, unbalanced or painful, they can be challenged. New beliefs can be tried and new experiences evoked. I call these missing experiences. Safety, peace, freedom, aliveness are a few.

If there is conflict about the expression of certain emotions, we support the actions that manage that expression (but only if we have permission to do so). This usually results in a deeper, more complete and more satisfying release and, as is often the case when emotional expression goes beyond habitual boundaries, spontaneous insight and integration follow. The missing experience emerges and the process evolves into savoring and integrating.

Of course it's not all that linear. We often loop back to earlier steps, spending time building the relationship, trying new experiments, evoking new experiences and all that. But the general drift of each session and the therapy process as a whole tends to move in the direction I have described. As a therapy process unfolds, I support each stage and each new development. I never use force against "resistance". Trying to overcome resistance usually creates more resistance. Force evokes counterforce. So, I back off when I see that the client doesn't want to go any faster or pursue a particular

direction. I try to understand why and maybe explore with the client what he or she needs around that. I'm not in any rush and have no need to push. But neither am I passive.

As I have already said, I work with core beliefs and models. We get to those models through the methods I've already talked about. We call the process of uncovering basic models "going for meaning". We want to help people change their models. Again, this is not an intellectual process. It's mental, but it's not abstract. For the person holding the model, it is not theory at all. It is real. The deepest models are not even questioned. They are not in consciousness, but they are in use. They are old habits, organizing all experience, all the time.

It is as if you had been wearing colored glasses all your life. If they are orange colored glasses, you have never really seen the color blue. You don't know what blue is, or that it even exists. All blue looks black to you. And if you don't know you are wearing orange glasses, you never will question the black you see. The deepest models you are using determine your perceptions and other behaviors. Those models are your truth. They determine what you think, what you do and what you feel.

One very significant thing about Hakomi is that it brings these core models into consciousness. It gets to the core beliefs and meanings that run your life. This gives you a chance to examine and to change them. Using mindfulness people learn, through their immediate reactions, exactly how they habitually organize themselves and their world.

Transformation: Organizing in Missing Experiences

When we help bring a limiting core belief into consciousness, we then want to provide an experience that challenges it. Some core beliefs are extreme and rigidly maintained. For example, a person might believe, at a core level, that no one can be trusted. A devastating experience of betrayal can make this belief seem to be a good one to hold, since it protects against further betrayal. A person with this core belief will be cautious with everyone and won't really trust anyone. This person may withdraw from contact and prefer to be alone – because it feels safer. Well, this model is extremely limiting. The truth is that some people are trustworthy and some people aren't. Some people will hurt you and some people won't. You just have to be able to tell the difference. To do that, you will need to experience trust. It is a missing experience we now work to create.

You won't know the depth of your distrust, until something happens to illuminate it. When you work with this issue, it may become clear that you've never felt safe anywhere. Now you can work with that fear, go through it, survive it, finish it, and create the possibility of feeling safe.

So, a big part of the method is creating the missing experience. It can be powerful. Someone who has never felt safe is going to have a powerful experience when they finally do. What's useful is to spend time with it, stabilizing it and creating access routes to it. Taking time with it this feels quite natural to the client. Together, we basically just wait for each new insight and we study the many aspects of the experience. I don't lead this process. I follow it.

I want to give the client time to fully absorb it, memorize it, savor it, learn about it and try it on again and again. The important thing is to integrate it. The client may experience a series of emerging insights. I may simply watch, making an occasional agreeable comment. The client may speak about these insights or she may not. When this missing experience is savored and stabilized, the client changes. The old model is wrong now or at least incomplete. It has to be revised. A core model has enormous implications, on all levels, from physiology to relationship. It takes a long time to integrate. In a typical session, it might take thirty minutes to arrive at the missing experience and another twenty to thirty minutes to savor it. It might take years to fully integrate it.

In order to really stabilize the new model, the person has to use it, in all kinds of applicable situations. Changes like this are integrated, one decision at a time. I have an example. I once did a therapy workshop for a group of Rolfers. One woman, in her process, touched terror. It was set off by the statement, "You're perfectly welcome here." Her terror and fear was based on her model that she was not welcome anywhere. In fact, at the deepest level, she felt that her life was in danger. People didn't want her to be alive. These were the messages she took in as a child and that created these terrifying core beliefs. She screamed with the terror, while several of us held her very tightly (taking over the physical contractions that helped manage her experience of terror – with her permission, of course).

She reported feeling good screaming; it was a relief to let it out. After a while, the terror subsided and her body relaxed. She could finally take in that she was welcome. The people there were all her friends. One after another, possibly for twenty minutes or so, each would very quietly say, "You're perfectly welcome here." She kept taking it in. She relaxed in a very deep way. Finally, she became ecstatic. She had this wonderful, thirty-minute (previously missing) experience of feeling welcome, held, cuddled and loved.

I saw her two weeks later. She told me that, a few days after the session, she was walking down a street on her way to a friend's house and she started to feel uncomfortable. She was thinking, "I didn't call them. They don't know I'm coming over. They're not going to be happy about me just showing up." In the middle of that internal dialogue, she suddenly heard a voice saying, "You're perfectly welcome

here." She lit up. In an easy, light-hearted way, she continued on to her friend's house.

Every time she does something like that, every time a choice like that comes into consciousness, every time she chooses an option from the new model rather than the old one, and every time those choices are confirmed, she changes. She grows step by conscious step into this new model. Eventually, the new model becomes habit and sinks back into the unconscious. That's how people change. They have a new model. They use it, and if it works, it becomes habit.

Empowerment for the Journey

Another very important thing about Hakomi: the beginnings of a basic spiritual practice are built right into it. If you're a client in Hakomi long enough, you get a lot of practice using mindfulness. You get a lot of experience doing self-study, from a compassionate, mindful place. That's spiritual practice. That's a way of changing in a very basic way.

As you begin to distance yourself from your automatic behaviors and egocentric models about who you are, as you calm down and relax, you begin to find another part of yourself, a different level of yourself. As you distance yourself from egocentric habits, you become able to make spiritual choices, about things like ownership and competition. You become more at home in yourself and in the world; more friendly, less stressed out; all just from practicing mindfulness and studying yourself. As missing experiences become part of you, there's not so much inner noise from conflicted subselves. All therapy helps people move on in their lives, helps them towards fuller maturity and capacity. This method is particularly good for moving people towards and along their spiritual path.

Hakomi therapy is a very good platform for that. One Hakomi trainer, Halko Weiss, says that when the client begins talking about religion, it's a sign that therapy is over. I'm not surprised that Halko's clients end up talking about religion. Hakomi is pointed in that direction. The primatologist John Napier asked, rhetorically, "When did man emerge from the primates?" His answer: "The question is really irrelevant. He was there from the beginning." That is, most of what man is was there all along. The potential for man was there; only a small change, another small step was needed. One could ask the parallel question, when does Hakomi become spiritual practice? I would answer: it was there all along. It was there in the use of mindfulness and in the principle of non-violence. It was there in the focus on here and now experience and the work of self-study. It is still there, in the quest for a loving, spacious and present state of mind. It is there for both client and therapist. It was there from the beginning.

The Evolving Vision

Orientation

I'd like to clear up some of the confusion concerning what the Hakomi method is and what it means to teach it. *Hakomi* is a word that came in a dream to one of my earliest students, David Winter. In that dream I handed him a piece of paper that had the words *Hakomi Therapy* on it. At the time, a few of us had been searching for a name for the work I had developed. We found out that the word Hakomi meant *Who are you?* in the Hopi language. It seemed very appropriate and, because it came in a dream to someone who had no idea what it meant, we adopted it.

Early in the 1970's, I began to create the techniques and ideas that eventually became the Hakomi Method. I developed little experiments done with the client in a mindful state, experiments like probes. These experiments were done to evoke informative reactions and emotional healing processes. Probes were one kind of such experiments. I also began supporting spontaneous management behaviors by "taking over" the behavior. I took over tensions, voices, holding back and other spontaneous reactions. Tracking and contact were also developed then.

During the 70's, I first outlined the linear process. In the early 1980's, the principles were developed with the help of students and co-leaders. This whole body of ideas and techniques became the original Hakomi Method. I and others taught it that way all through the 80's. Late in that decade, I discovered loving presence and began teaching it as an important part of the method. I left the Hakomi Institute in the late 80's and continued teaching as a separate entity, Ron Kurtz Trainings, Inc. Since that time, my vision of the Method has continued to evolve.

In my approach, the method has always been malleable and generative of new ideas. Early on, when someone in a training would ask, "How do you "do" Hakomi?" I used to say, "I'm not trying to *do* Hakomi; Hakomi is trying to do me." This was years ago and back then it was the truth. The work that came to be called Hakomi was almost completely my creation.

During all the years since I began, I've never viewed Hakomi as something fixed and rigid. I've always and only been doing what inspired me, adding new ideas which came frequently. I've always and only been trying to express what delighted my mind and touched my heart. Happily, I have been blessed with frequent inspirations. I have read a lot and have worked with many people, in many different countries. I've enjoyed the company of poets, spiritual teachers and scientists. I have known and had support from many, many

loving, bright and generous people. All of them have added to my life and the development of the method.

Once, during the Q&A period after a talk, a woman asked me how I developed the Hakomi method. Recalling that Isaac Newton said, "If I have seen a little further it is by standing on the shoulders of giants," I told the audience, "I stand with my hands in the pockets of giants." It was a joke and it was true. As much as anything else, I took inspiration from those pockets, the pockets of Lao Tzu and Buddha, of Meher Baba, Milton Erickson, Al Pesso, John Pierrakos and Fritz Perls, of Ben Webster, Bill Evans, Edward Hopper and Robert Frost. Every time I teach or do a session, I dip into those pockets.

I grew my own method using that inspiration, using the thousands of opportunities that came, the workshops, the trainings, the hundreds of sessions. Though I did see some great psychotherapists work, I didn't study psychotherapy formally. I cobbled together a new way of helping people, a way that is a unique and personal expression of *"who I am and where I'm coming from"*.[1] When I "do" it, it's not simply a method that's being applied; it is a spirit being enacted.

Over the years, that spirit has inspired others. Some of my very first students are now teachers and trainers. Some of the Institute's current trainers were my first students. They loved the work enough to make it their lifelong professions. I'm happy that they did. They have developed their own ways of "doing" it while I have continued to grow and learn and to evolve the work in my way, as they have in theirs. Since that time, we have all taken the original method in different directions.

The original version that began with me continues to be the root of all versions. Using mindfulness and experiments is still essential to all versions. The differences now are in the content of the trainings and the style of teaching. I have dropped a lot of material that I thought was no longer necessary, such as character theory and the sensitivity cycle. I no longer teach the method solely as a psychotherapy. I emphasize learning the skills through experience, practice and feedback, rather than formal lectures. Most of the theory is provided in over six hundred pages of handouts, audio files of talks, and DVDs which continue to be reviewed and updated regularly.

My teaching is characterized by demonstration and experiential exercises. This method is a way to help people become aware of their implicit beliefs and habits. Mine is the method of assisted self-discovery. It's for people who have the courage and capacity to discover how they became who they are. To make Hakomi effective a practitioner must be more than just someone who knows a method. The practitioner must be someone whose very presence can be healing, a person who has all the qualities needed to support emotional healing in another. My training reflects and embodies this emphasis.

I emphasize presence, warmth and kindness more than maintaining a professional demeanor. Recent research supports this emphasis on the personal qualities of the therapist. Chögyam Trungpa called it "full human beingness" and described the essential qualities as warmth and wakefulness (quoted in Wellwood, 1983). These are the qualities I look for in students and potential teachers. I believe that any intelligent, warm-hearted person can learn what I teach in a few months. I accept people into my trainings regardless of their academic background. I have taught high school students and seniors, body workers and students of Buddhism, as well as MD's, psychologists, psychiatrists and other helping professionals. They need only be motivated to wholeheartedly pursue the difficult work of understanding themselves and to help others to do the same. Happily this work is done within the warm and loving relationships the trainings foster.

What makes the method work is the practitioner's way of being. In the same way, a trainer's way of teaching makes the trainings work. The changes I have made to the method emerged directly from my impulse to use the greatest warmth and wakefulness I can attain. The spirit I impart to the work is my own. As I grew as a practitioner and teacher, that same spirit refined the method and the teaching, until now, they are one and the same. Here in more detail is how my work evolved from its original 1980's form to the refined method I teach now in 2008.

Since the early 90's, when I resigned as director of the Hakomi Institute, I have continued to refine the method and to teach these refinements in workshops and trainings along with several newer trainers who have trained and worked with me, in a new and separate organization. Some of them, like Donna Martin and Bob Milone, have been working and teaching with for fifteen years or more. This new organization is called "Hakomi Educational Network." Information about it can be found at: www.ronkurtz.com.

Some of the refinements were made as far back as the early 90's and some as recently as the last three months. I'd like to describe the major ones and the changes they made to the method.

The Refinements

Loving Presence. The progression here was this: at first, I thought mostly about techniques, the momentary interventions I'd learned from Gestalt and Bioenergetics. After thinking about these for a while, I began to see how they formed a unified method, the when and how to use the techniques and the theory that made sense of them. After a

[1] Have a look at the Scharmer quote on page 7.

while of thinking, teaching and writing about method and techniques, I began to see how they had to fit within the relationship one had with the client. I began to have ideas about what we called *The Healing Relationship.* All of this was part of the development of the original method.

Then, after reading a book called *Human Change Process* by Michael J. Mahoney, I began to see that the most important ingredient—after "client factors such as motivation—he called *personhood* or *therapist personal factors.*

I realized during one mind-opening session that my own state of mind (or state of being) was strongly affecting the outcome of the session. State of mind very quickly became the most important aspect of the healing relationship. I called that state of mind *loving presence* and began teaching it in trainings and workshops as the first and most important element of the method. The workshop was about how one creates that state of mind in oneself. It's now part of a book being published which I wrote with Donna Martin and Flint Sparks, two trainers of the refined method. Presence refers to attending to the flow of experience from moment to moment (Senge, Scharmer, Jaworski & Flowers, 2005).

Using Assistants. I began using assistants in my workshops and trainings back in the 80's. When I'd did demonstrations, I would have one or two of the observers come and help me with taking over voices and physical management reactions. I have trained many advanced students as assistants and pay them when I can. It's both a very good way to involve people and to teach them the method through that kind of participation. Since the mid-nineties, I've used assistants in my private practice. There are many things you can do when you have assistants that you can't do when you're alone with a client. For a while, early in 2000, I would have four clients come at a time, people who knew each other. I would work with one person at a time and have the other three assist me. Then we'd rotate and work with the next person.

Searching for and Using Indicators. Having tracked client's present experiences for many years, I began to notice and think about the person's habitual behaviors and qualities that are a regular part of their way of being, qualities like holding the head on an angle, shrugging the shoulders a lot, talking fast, constantly watching me, the person's default facial expression, and anything that jumps out at me. There are an endless number of such qualities. I learned that these qualities often reflect early adaptations and are the external expressions of implicit beliefs. One of the first things I do when I start a session with someone is to search for these qualities, which I call *indicators,* and come up with experiments we could do with them. I don't teach character theory any more and consider character traits as just one limited subset of indicators.

The Operational Shift to Holding the Work as Assisted Self-Study. This is the most important refinement of all. I stopped thinking of the work as belonging within the medical model of treating psychological problems or "diseases". I began to think of the method as a way of assisting a person in the pursuit of self-knowledge. When this pursuit is successful, relief from the suffering usually follows. Knowing the truth about oneself, making implicit beliefs conscious, recognizing the automatic behaviors of the adaptive unconscious, is the most direct path to changing oneself at a deep level. As part of this shift in perspective, I began to require of clients that they understand the work as self-study, that they be able to enter into mindful states and participate in the experiments that are the vital to the process. I give new clients a one-page description of what they can expect and what they'll need to do.

Adapting to the Adaptive Unconscious. The adaptive unconscious has come into currency in the last couple of decades. Books have been written about it (*Strangers to Ourselves* for example). In contrast to the Freudian unconscious, it's much more of a helpmate than a "cauldron of erotic and violent impulses". It is there to "conserve consciousness". (For more about this, see cognitive load theory articles on the web!) As I learned about the AU, I began to recognize and work with that part of the mind as it interprets situations and initiates actions and reactions acting completely outside of conscious decisions and awareness. Knowing this, I can understand and respond to a person's behavior in a more accurate, appropriate and sensitive way, thus gaining a level of cooperation that greatly helps the work proceed. (See Following, below.)

Irritations (Pierre Janet's Image of What's Happening). Pierre Janet wrote about events that overwhelm a person, events that cannot be integrated and "made sense of", events that happen when we're vulnerable, and especially when we're young. The emotions and memories of such events can end up, in his words, "encapsulated" in the unconscious. They remain there causing irritation and suffering and influencing emotions and behavior. It is these irritations that our experiments in mindfulness often bring into consciousness. And that's exactly what we want. Once conscious, with the proper emotional support, sense can finally be made of them and the irritation finally dissolved.

Following (Using Spontaneous Impulses and Behaviors). In keeping with a new awareness of the functioning of the adaptive unconscious, I now see the spontaneous impulses and thoughts that come up during the work as signals from the adaptive unconscious which point the way the work might proceed. When something pops into a client's consciousness, an impulse or a memory, I will use whatever it is as part of the very next thing to do.

Honoring the Need for Silence by Waiting. One thing that stands out in the demonstrations that I do is the long amounts of time during which I am silent and waiting for the client. Observers frequently comment on this. When I

work, I track for signs that the person is inside: thinking, feeling, remembering, integrating. The signs are simple. Usually the eyes are closed. The head may be turned to one side or nodding. The face may show signs that the person is thinking or having insights. When this is happening, I simple wait in silence. My attention remains on the person. When the person opens his or her eyes, I am present and I wait for the person to speak first. These simple behaviors of mine help shape the kind of relationship the person and I will have. They indicate that I will give the person all the time he or she needs to process experiences. This is especially important when emotions have spontaneously arisen or have arisen in reaction to an experiment I have learned that clients need time to remember and figure things out, to integrate the memories and feelings that have arisen during the healing process. Integration is happening and needs to be protected from interruption. So, I remain silent.

Touching and Comforting. I started many years ago to offer physical contact in ways that are generally frowned upon in professional psychotherapy circles. Of course, they have good reasons for this. The imbalance of power, the privacy of the two-person interaction, the intimate nature of the relationship, all make it quite easy to violate boundaries. When I use touch and offer comfort, it is always in the presence of witnesses, sometimes a hundred or more. Usually, I'm not the one touching the person or holding them. I have assistants do that and always with permission. We touch people, usually gently on the arm or shoulder, at the first physical sign of sadness or grief, signs like tears forming and the voice changing. When we do touch, we're signaling that we're aware of the person's feelings and that we're sympathetic. We also keep silent to allow the person to deepen into the experience. We offer and extend comfort when those same emotions are moving freely through the person and painful memories are being integrated (made sense of), which happens spontaneously if not interfere with. At those times we're either silent or we make occasional comforting sounds.

Implicit Beliefs (acting as if). Beliefs are implicit when they are not recoverable as memories of events. They are memorized procedures. Habits, in other words. They are equivalent to beliefs, in that the habitual behaviors can be thought of as the enactment of rules: "if this, then do that". They are outside of awareness, not because they are necessarily repressed, they are simply actions that can be performed without conscious attention, thus preserving consciousness for tasks which need time to think about and implement. Like all the habits which are by their nature procedural, they are functions of the adaptive unconscious. Some are adaptations to situations that were painful and/or unresolved. It is these latter adaptations which we help bring into conscious awareness, in order to resolve and change them, thus giving consciousness thought the implicit beliefs they represent.

All these refinements are discussed further in the full text of the 2008 Training Handbook available from Ron Kurtz Trainings. The Handbook has a number of additional ideas as well that are only listed here:
The Six Skill Sets (see page 39 of the 2008 Training Handbook)
Adaptive Unconscious and Procedural Memory (see page 8 of the 2008 Training Handbook)
Moving the Process Forward (see page 62 of the 2008 Training Handbook)
Mental-Emotional Healing (see page 35 of the 2008 Training Handbook)
Letting Things Take Their Natural Course (see the section on Following of the 2008 Training Handbook)
Evoking Healing Processes (see page 45 of the 2008 Training Handbook, Experiments)
Following (see page 57 of the 2008 Training Handbook)
Comfort as Essential to Integration (See Touching and Comforting in the 2008 Training Handbook)

References

Mahoney, M. J. (1991). *Human change processes: The scientific foundations of psychotherapy*. New York: Basic Books.
Senge, P. Scharmer, C. O., Jaworski, J. and Flowers, B. S. (2005) *Presence: An exploration of profound change in people, Organizations, and Society*. New York, Currency.
Wellwood, John. 1983. *Awakening the Heart*. Boston, MA: Shambhala
Wilber, K. (1995). *Sex, ecology, spirituality: The spirit of evolution*. Boston: Shambhala

If you want to become whole,
Let yourself be partial.
If you want to become straight,
Let yourself be crooked.

If you want to become full,
Let yourself be empty.
If you want to be reborn,
Let yourself die.

(Lao Tzu, 22 quoted in
Johanson & Kurtz, *Grace Unfolding*, 1991)

Rest and its Centrality to Psychotherapy

Marlise Meilan, M. A.

Editor's Note: In this article Marlies Meilan develops the crucial aspect of rest for life, psychotherapeutic process and relationships. In so doing she touches on Hakomi themes of resting in the principles, waiting and trusting organic unfolding, the personhood of the therapist and more. The article is drawn from her Master's Thesis in Contemplative Psychology at Naropa University (The Usefulness of Rest), which provides a fuller treatment of the subject.

Marlise Meilan was at the time of writing working with diploma students in the Boulder College of Massage Therapy (BCMT). She earned a master's degree in Contemplative Psychology from Naropa University as well as a degree in Visual Arts from Emily Carr University of Art & Design. She is also a certified hatha yoga teacher who looks forward to a career practicing and writing about yoga, Buddhism, and psychotherapy. She plans to center her private practice in British Columbia and can be contacted at mm@marlisemeilan.com.

ABSTRACT: In this paper rest is viewed as a crucial element in both the wellbeing of an individual and the health of the psychotherapeutic relationship. Psychotherapists need to value and model rest as a skill to be learned and honed, and as an aspect of the client's inherent wisdom, or *Brilliant Sanity*. Eastern and Western approaches to rest as a required balance for effective action are explored. How rest can be observed and cultivated in the psychotherapeutic process is outlined, with particular emphasis on the fusion of relaxation, meditation, and psychotherapeutic approaches in the method of Restorative Processing.

Introduction

> *In bullfighting there is an interesting parallel to the pause as a place of refuge and renewal. It is believed that in the midst of a fight, a bull can find his own particular area of safety in the arena. There he can reclaim his strength and power. This place and inner state are called his querencia. As long as the bull remains enraged and reactive, the matador is in charge. Yet when he finds querencia, he gathers his strength and loses his fear. From the matador's perspective, at this point the bull is truly dangerous, for he has tapped into his power. (T. Brach, 2003, p. 64)*

This article is about rest—rest for the client and rest during the psychotherapy process—and it is written with the contemplative-oriented therapist in mind. With a view toward the interrelated nature of the heart, mind and body, relaxation and its role in whole mind-body health will be explored. The concepts of Body-Mind Synchronization, Pausing, Focusing, Non-Doing, Brilliant Sanity, Islands of Clarity, and the Buddhist meditation technique of Calm Abiding will be addressed. Finally, Restorative Processing, a method integrating each of these concepts and techniques, will be introduced. In this way, the meaning of "resting in the present moment" within oneself as a person, as both client and clinician, in and out of the psychotherapeutic context, will be honed.

For me, turning inwards has continuously been of tremendous importance in the process of recovery from events of great magnitude, whether perceived as positive or negative experiences. There is a natural rhythm that calls to me, that I sense I must abide within in order to maintain psychological and physical integrity as a person, as a therapist, and in my experiences as a client. This process is played out through paying attention to the outside world and taking that inward. This allows me to both better understand my perceptions and to find their effect within me. I can then formulate a response and move outward again, expressing and engaging, playfully interacting with my inner and outer worlds.

And if this process sounds like movement, that is because *it is*. Sometimes it is a slow movement inwards, with a quick gesture out; or a fast moving world, a still and quiet pause, then considered and meaningful embodiment. It is that moment of clarity and stillness, that pause, that I will look at, wonder about, and touch lightly with curiosity here. For the purpose of this paper, I will call that pause—and the process of accessing it, being in it, then moving from it—rest.

Like me, my massage school clients are on an intensified personal journey presenting with a broad range of clinical and developmental lifespan concerns. Body image concerns, emotional holding in the body, the effects of physical or sexual abuse, substance misuse, eating

disorders—I have seen all of these issues come surging towards the surface of my clients' psyches.

Stress: The Need for Rest

Stress comes in many forms. It can be good and beneficial or not so good and taxing to the body. In the form of pressure, stress has some usefulness: goals may be attained through an improvement in motivation and mental focus. In this way, stress can positively be referred to as 'ustress' (C. Woolfenden, n.d.). Over time, excessive pressure accumulates and can lead to stress and distress.

Somatic psychotherapists Cedar Barstow and Christine Caldwell discuss the impact of stress on the body. Barstow (2007, p. 205) states:

> Recent brain and energy research offers very specific data about the impact of stress on the brain. When stressed, blood flows away from the brain and into our extremities, in preparation for "fight or flight" which leaves us less able to be connected and creatively respond to challenging situations.

Caldwell (personal communication, February 5, 2008) describes the very important division between the sympathetic and parasympathetic branches of the nervous system: the sympathetic branch is the one which "gears you up, excites you, gets you ready to be really intense and dramatic and defend yourself when you need to defend yourself" and the parasympathetic branch is for "rest, letting go, and recuperation."

In Somatic Psychotherapy, the goal is to attain balanced tone in both branches of the nervous system so that one is neither overly sympathetically nor parasympathetically dominant. Western technologically based cultures, Caldwell states, are much more sympathetically dominant. That means that we, in modern western society, spend our days overly sympathetically dominant and thereby lacking sufficient time for our bodies to repair themselves and gain parasympathetic tone. Stress related illness, "really most chronic illnesses" (Caldwell, personal communication, February 5, 2008), stem from that lack of balance and tone. "So why," Caldwell asks, "would the body have an entire division for the nervous system devoted to rest and recuperation if it didn't really, really need it?"

As a culture we need to begin to find, hold onto, value and understand the purpose of the parasympathetic branch. Convention has it that people in our society overwork and then either collapse or vegetate through television, eating, sleeping, drinking alcohol, or misusing drugs. Instead of slowly coming down and relaxing after daily stress, we enact physically harmful patterns of overexcitement followed by crash and catatonia. Caldwell emphasizes exercise as one way to achieve tone and balance in the nervous system. Through exercise we can mentally and emotionally relax while the body remains active and then, upon completion, transition to parasympathetic dominance.

Clinical neuroscientist and psychiatrist Daniel Amen (2005, pp. 170-175) gives several recommendations for soothing the brain after stress. He suggests that we recognize that too much stress can make us sick and hurt our brains. "It is okay," he says, "to say no and to renegotiate your commitments." He implores us to get enough sleep, to exercise regularly, to pray and/or meditate, and to practice self-hypnosis to calm the brain. He also makes recommendations for becoming "your own biofeedback machine," avoiding substances that stress the brain (i.e., caffeine, nicotine, "uppers"), considering "stress-busting" supplements (i.e., B vitamins, St. John's wort, 5-HTP, SAMe, L-theanine, or valerian), seeing a psychotherapist (as a "life consultant"), and to "get more laughter into your life."

Relaxation: Letting Go

> *I have so often asked myself whether the days on which we are compelled to be idle aren't the very ones we spend in the deepest activity? Whether our actions themselves, when they come later, are not merely the last afterring of a great movement that takes place in us on inactive days. (M. R. Rilke as cited in R. Kehl, 2001, p. 170)*

The mind and body are capable of coping with periods of effort so long as these are interspersed with periods of rest and relaxation. As we can see from Caldwell's description of the nervous system (i.e., the contraction and release movements of the heart, digestive system, and lungs), the body oscillates. The body needs to accomplish both of those movements: working, and relaxing or letting go of effort.

Caldwell calls on the Ayurvedic "Law of Least Effort" which states that in life there are many things that require an expenditure of effort and there are also things that can only be accomplished through not efforting, or letting go of effort. She uses the example of having to let go of thinking, tension and alertness in the body in order to fall asleep. ". . . We have to understand that actually resting or letting go accomplishes things. It is not that it is doing nothing but that it actually accomplishes things" (Caldwell, personal communication, February 5, 2008). Metabolic waste and toxins accumulate during consciousness. Cellular repair, for instance, is one of the documented functions of rest (Savage & West, 2007, p. 1051). The body accomplishes physical repair work when it rests. Without respite, irritation, unhappiness, stress, and vulnerability to disease arise.

"Relaxation" is a term used to broadly describe numerous techniques that assist in reducing stress, eliminating physical tension, and promoting calm and tranquil mind-states. People use many different methods of relaxation for anger management, anxiety, cardiovascular health,

depression, general wellbeing, headache, high blood pressure, immune system support, insomnia, pain management, and the reduction of the incidence and severity of stress-related diseases and disorders. Progressive relaxation, cue-controlled relaxation, breathing exercises, guided imagery/visualization, and biofeedback are all widely used by healthcare providers.

Rediscovering the state of relaxation, rather than learning a new activity, is the goal of relaxation techniques. H. Benson (as cited by Lazar et al., 2000, p. 1582) describes the "relaxation response," a stress-reduction mechanism in the body that short-circuits the "fight-or-flight" response and leads to measurable reductions of oxygen consumption, heart and respiratory rate, blood pressure, blood cortisol levels, and muscle tension in the body. Additionally, through deep relaxation serotonin levels in the brain increase, leading to feelings of calm and wellbeing, and electroencephalogram (EEG) studies of brain wave patterns mark a noticeable change in alpha and theta rhythms—indicating a state of harmony—through deep relaxation and meditation (Blakemore & Jennett, 2001, ¶ 1).

Body-Mind Synchronization: Losing Oneself Without Feeling Lost

Generally, relaxation techniques that engender synchronization between the mind and body are held to have greater effectiveness in the reduction of stress and the increase of relaxation (Blakemore & Jennett, 2001, ¶ 1). Epstein (1999, p. 31) provides an account of his experience of Body-Mind Synchronization while juggling,

> As I finally became able to keep three balls in the air, I noticed suddenly how quiet my mind had become. My everyday thoughts had vanished, and the tension in my shoulders was gone. I was momentarily undefended and curiously at peace. I wasn't trying to relax, and I wasn't trying not to relax. Everything was floating. I was no longer centered in my thinking mind.

Sitting still instead of habitually acting out or mentally obsessing, one may also let go of thinking or doing and become intimate with what is happening in the body, heart and mind. D. W. Winnicott (as cited by M. Epstein, 1999, p. 36) discusses the "mystic's withdrawal into a personal inner world" where "the loss of contact with the world of shared reality (is) counterbalanced by a gain in terms of feeling real."

Winnicott wrote of experiences of letting go as "unintegration." Epstein (1999, p. 37) relates his experience while juggling to that of unintegration—what I am here calling Body-Mind Synchronization—namely, the state in which the body and mind are conjointly focused and so the self can unwind because the usual need for control is suspended. This can be done through meditation or any of the aforementioned relaxation techniques, as well as many other practices including: yoga, tai-chi, some martial arts, playing musical instruments, riding horses, making art, or any number of practices involving the use of the mind and body toward the one end of focusing on one task or state of being.

Cultivating Clarity

> *Sanity is always present even within psychosis. Moments of insight, common sense, or compassion continually interrupt mental turbulence. These experiences, however brief, are like awakening from a dream. They are 'Islands of Clarity' that must be recognized as the seeds of recovery. (E. Podvoll, 2003)*

Marya is a woman in her mid-thirties who presents, in general, with a high level of emotional maturation and an extensive history of personal processing. To greater and lesser extents, most of her concerns center around issues of childhood sexual abuse and her residual low level of positive self-esteem. This is a short excerpt from one of our sessions in which is she able to access clarity and joy amidst emotional pain and desolation:

> **Therapist**: So much pain. [Marya nods, still crying, and looks down with her eyes mostly closed] Marya, is there some place in you that is untouched by the abuse? . . . Some place that wasn't destroyed?
> **Marya**: Mm . . . (pause) mm-hm . . .
> **T:** Mm-hmm? Where in your body do you feel that untouched place? [Marya places her hands over her heart] ... It's in your chest. . . [Marya nods] . . . It's in your heart…
> **M**: Mm-hmm. Yeah.
> **T**: Just stay with that… Stay with that feeling and see what comes up. [Marya sits silent for some time with her hands over her heart, her body turned inwards. One corner of her mouth tremulously turns upwards, then the other wavers.] Mm . . . a smile… [Marya nods and some tears fall while she's smiling. She begins to laugh a little.] Mm. You're laughing . . . [I'm smiling.] You're happy…

Marya goes on to describe the happiness she feels in her heart, the sense of wonder and joy and the innocence of her girlhood prior to the abuse. I am delighted and amazed at her ability to access, describe, and feel the playful mischievousness of her youth.

Islands of Clarity

Epstein (1999, p. 169) relates how Tibetan "inner scientists" (i.e., meditators) maintain that "the clear light nature of mind" shines through our everyday consciousness only very occasionally during such events as "sneezing, fainting, going to sleep, ending a dream, having an orgasm, or dying." These relieving moments, or "Islands of Clarity," are habitually ignored because surrendering to them threatens psychological defenses which protect a solid,

separate sense of self. They break through into consciousness, however, "when we encounter some unfathomable mystery in ourselves or those we love," or in meditation "when some burdensome mind-state suddenly falls away" (J. Welwood, 2000, pp. 80-81).

Welwood (2000, p. 83) views psychopathology, then, as the rejection of this open, spacious clarity or clear light nature due to the perceived threat to the sense of self. A psychotherapist can assist a client in increasing awareness of these open spaces and help the client to learn to relax fully into them.

> Whenever we allow ourselves to experience some difficult feeling, or whenever an old identity starts to loosen up, the larger space of being that this feeling or identity had been obscuring starts to be revealed. This is a challenging moment, because it can often feel as though we are falling through space. If we resist space at this point, the falling becomes terrifying, and we may try to abort the experience, "pulling ourselves together" by contracting and tensing. This prevents us from freeing ourselves from the old fixation that was starting to dissolve…. Yet if we can learn to relax into the expansiveness that is opening up, then we may begin to discover *space as support*: The ground of our being actually holds us up. We may feel extremely light at the same time, as though we are floating on a bed of clouds. Once we have made this discovery, the shedding of old identities becomes far less frightening. (Welwood, 2000, p. 84)

Resting and relaxing into this spacious clarity and lightness helps clients to discover that this is who they really are. It also plays a crucial role in creativity: when concentration and absorption states are balanced with play and rest, creative discoveries and spiritual realizations arise which allow the mind to move beyond conventional reference points (Caldwell, personal communication, 2008; Welwood, 2000).

Buddhadasa (as cited by Brach, 2003, p. 69) calls interludes of natural or purposeful pausing "temporary nirvana." By not exclusively pursuing positive experiences, nor resisting negative ones, freedom is possible in any given moment. Without these interludes, Buddhadhasa (as cited by Brach, 2003, p. 69) writes:

> . . . living things would either die or become insane. Instead, we survive because there are natural periods of coolness, of wholeness, and ease. In fact, they last longer than the fires of our grasping and fear. It is this that sustains us.

Pausing

> A pause is a suspension of activity, a time of temporary disengagement when we are no longer moving toward any goal. …The pause can occur in the midst of almost any activity and can last for an instant, for hours, or for seasons of our life. We may take a pause from our ongoing responsibilities by sitting down to meditate. We may pause in the midst of meditation to let go of thoughts and reawaken our attention to the breath. We may pause by stepping out of daily life to go on a retreat or to spend time in nature or to take a sabbatical. We may pause in a conversation, letting go of what we're about to say, in order to genuinely listen and be with the other person. We may pause when we feel suddenly moved or delighted or saddened, allowing the feelings to play through our heart. In a pause we simply discontinue whatever we are doing—thinking, talking, walking, writing, planning, worrying, eating—and become wholeheartedly present, attentive, and often, physically still. You might try it now: Stop reading and sit here, doing "no thing," and simply notice what you are experiencing. (Brach, 2003, p. 51)

We can encourage and cultivate moments of spacious clarity through Pausing. Brach (2003, p. 60) describes an image of Siddhartha the Buddha seated under the Bodhi tree as a mythic symbol of the potency within Pausing. Siddhartha, she points out, was totally available to all of life's experiences because he was neither running towards nor away from positive or negative experiences.

We, too, can become available to—and engaged with—the changing stream of life. Inclusion of the unfaced, unfelt parts of our psyche, such as the wants and fears that are driving us (Brach, 2003, p. 52), can be attained through pausing to relate to direct experience. In this way we cease living for a future time or place and instead become aware of how we are limited by feelings that something is missing or wrong.

Pausing into stillness can awaken us to Islands of Clarity and the truth of who we are. Pausing is limited by nature as we return to thought and action, but that return is flavored by increased present-moment awareness and an increased capacity for decision-making (Brach, 2003, p. 51). Thought and action are often required for thriving and surviving.

> In the midst of a pause we are giving room and attention to the life that is always streaming through us, the life that is habitually overlooked. It is in this rest under the bodhi tree that we realize the natural freedom of our heart and awareness. Like the Buddha, rather than running away, we need only commit ourselves to arriving, here and now, with wholehearted presence (Brach, 2003, p. 70).

Focusing: Pausing During Psychotherapy to Focus on the Inner Experience

One way to pause and thereby potentially increase the possibility of realizing an Island of Clarity during the psychotherapy session is through Gendlin's method of Focusing (E. Gendlin, 1981, p. 4). Through Focusing, we purposefully stop mental busyness and take a few minutes to simply pause and notice, describe and dialogue with our

inner experience. In the third "movement," or step, of Focusing we ask ourselves, "Is it okay to just be with this right now?" (A. W. Cornell, 1990, p. 35). It is important during this process to just "be with"—and not try to impose the ego's agenda on—the inner part of the self that we Focus on. Instead, a deep breath is taken as the body deeply settles, and we consciously remember that this process is one of just sensing internally, being open to whatever arises, and "keeping it (the felt sense) company" (Cornell, 1990, p. 35).

In the following clinical example, one of my young male clients is telling me about the dissolution of a meaningful, long-term but strife-ridden relationship. Despite his meticulous grooming and physical beauty, Xavier has poor self-regard. He is in his early twenties, highly insightful into his own psychological processes, and possesses ready accessibility to his inherent wisdom with a predisposition toward metaphorical and mystical thinking.

Xavier displays multiple symptoms of bulimia and is often very troubled in his personal relationships. His family wildly wields control in his life through the micromanagement of Xavier's finances. Due to his fiscal reliance on a family trust, Xavier's behavior is subject to approval by his grandparents who frequently revoke support whenever he does not meet their expectations. Xavier describes a fiery relationship with his father, whom he has apparently been manipulated into playing the emotional caretaker for since he was very young. In his early life, Xavier's parents divorced due to betrayals on both parts and Xavier has since been forced into a colluding triangle, hiding his father's secret relationships from his mother and the rest of their family.

Xavier is torn between a need for personal space in order to care for himself during periods of overwhelming chaos, and a conflicting desire to both please his leaving partner (one last time) as well as avoid feeling regret. This example illustrates how through Focusing, Xavier is able to access and stay with a deeply-rooted fear and the core belief it stems from:

> **Xavier**: I want to appreciate the time with her but it's just totally out of line with my values, my morality…but I felt so desperate…
> **Therapist**: So when you feel like something is out of line with your morality, how do you know that? Where in your body do you sense that "out of line with my morality" feeling?
> **X**: Right here [placing a hand on his abdomen]…
> **T:** Right there, in your stomach, in your gut…
> **X:** Yeah, in my stomach and my heart…
> **T:** Okay, so when you stay with that feeling in your stomach, in your heart, what comes up?
> **X**: It just feels twisted… just totally wrong… and there's this pain, too, in my throat…
> **T:** What's happening in your throat?
> **X**: It just feels constricted and tight, like pain…
> **T**: Do you have a sense of what the pain in your throat is about?
> **X:** Yeah… [starts to cry] It just hurts so much because I worry that she's going to leave me…
> **T**: There's a fear there, a fear of being left, of being abandoned…
> **X:** Yeah, and that *I'm going to be alone forever . . .*

Continually judging, rejecting and turning away from experiences that cause discomfort, pain or anxiety creates pressure, stress and an inward divide from the totality of who and what we are. Focusing with a client may begin with just minute-long pauses. Over time, a client may learn to remain present with waves of intense sensations and emotions. Eventually, though, pausing to Focus may lead to real relief: interludes of temporary nirvana or Islands of Clarity that allow one to come home to oneself in an intimate and honest way.

Over time, Xavier has responded very positively to Focusing. Although fear and anxiety, as well as impulsive thinking and reactive behavior, still frequently surface for Xavier in the midst of relational challenges, he now naturally sources his felt sense of these experiences in his body with few cues from me. For longer and longer periods of time he has demonstrated an ability to tolerate the intensity of this felt sense and he has thereby also accessed the peace that follows more regularly. As he has gained the ability to stay with his experiences and find inner tranquility, he has also made enormous developmental and relational strides such as moving out of his father's home for the first time, getting his first job, and verbally setting boundaries in his significant relationships.

Resting the Mind in Meditation

"Relaxing my mind into its own deeper nature…I could reach beyond my personality into something more open" (Epstein, 1999, p. 171-172).

Calm Abiding

Not getting caught up in thoughts, feelings, and sensations is much easier when the mind is calm. The Buddhist technique of *Calm Abiding* (*shamata* in Sanskrit, *shinay* in Tibetan) is one of "simply allowing the mind to rest calmly as it is" (Y. Mingyur, 2007, p. 138). Mingyur (2007, p. 139) describes resting the mind in "objectless shinay meditation" as simply letting go and relaxing as if you have just finished a long day of work. In this type of meditation, one neither blocks nor follows the various thoughts, emotions or sensations that arise. Aware and present with what is happening in the here-and-now, one is not fixated on anything nor lost in aimless fantasies, memories or daydreams.

Brilliant Sanity

The natural clarity of this state is what is termed "Brilliant Sanity" in Contemplative Psychotherapy. Brilliant Sanity is always present, always open and clear even when thoughts and emotions obscure it. Clarity, emptiness, and compassion are contained within that state even though it may seem very ordinary (Mingyur, 2007, p. 139-140). Mingyur (2007, pp. 140) states:

> Objectless shinay practice is the most basic approach to resting the mind. You don't have to watch your thoughts or emotions…nor do you have to try to block them. All you need to do is rest within the awareness of your mind going about its business with a kind of childlike innocence, a sense of "Wow! Look how many thoughts, sensations, and emotions are passing through my awareness right now!"

Mingyur (2007, p. 140) gives simple instructions: sit with a straight spine, keeping the body balanced and relaxed, and allow your mind to "relax in a state of bare awareness of the present." He tells us that for some this practice is very difficult, for others it is very easy, and this is based on temperament more than competency. The purpose of this type of meditation is to slowly and gradually break the habit of losing touch with what is happening in the present moment and to instead remain open to all the possibilities in the state of present awareness.

Upon following after thoughts, one is not to criticize or condemn oneself, but recognize one's intention to meditate and allow that to bring you back to the present moment again and again. Practicing in this way, moment by moment, Mingyur (2007, p. 141) states, "you'll find yourself gradually becoming free of mental and emotional limitations that are the source of fatigue, disappointment, anger, and despair, and discover within yourself an unlimited source of clarity, wisdom, diligence, peace, and compassion."

The Meditation Relaxation Response

Benson (Lazar et al., 2000) reports that meditation also induces the "relaxation response," a variety of biochemical and physical changes in the body. It acts as an overall balancer of the body, helping the body understand how to alternate between relaxing and high-energy states (Caldwell, personal communication, February 5, 2008).

Caldwell describes how sitting with a calm, relaxed, straight back engages the postural muscles along the spine and when those muscles engage while the rest of the body is relaxed, one's attentional capacity is sharpened. She uses the metaphor of attention, itself, as a muscle, and of the meditator and therapist as "attentional athletes." It is also easier to achieve a state of responsive, creative awareness, to be objective in emotionally or morally difficult situations, and to be more fully aware in any situation through the wider, more flexible attention span that is stabilized through meditation.

Kabat-Zinn (1990, p. 72) discusses how some of his clients discover meditation to be exhilarating. For some it doesn't seem like work but rather "an effortless relaxing into the stillness of being, accepting each moment as it unfolds." There are moments of wholeness, he states, that are accessible to everyone, all the time. Returning to your breathing for any length of time is a return to wholeness, an affirmation of one's intrinsic mental and physical balance, untouched by the passing state of either the mind or the body in any moment. "Sitting becomes a relaxation into stillness and peace beneath the surface agitations of your mind. It's as easy as seeing and letting go, seeing and letting go, seeing and letting go" (J. Kabat-Zinn, 1990, p. 72).

Kabat-Zinn, Chapman & Salmon (1997, as cited by T. McCall, 2007, p. 139) found that people need different ways to approach self-awareness and self-knowing. Whereas some find the mind to be a more accessible route, others need to enter via the body. Kabat-Zinn, et al. (1997, pp. 101-109) found that patients whose anxiety manifested mainly as somatic symptoms preferred the less body-oriented meditation, and that hatha yoga was preferable to mindfulness meditation for those with mainly mental symptoms such as constant worry.

Fully living our lives involves the willingness to accept and lean into whatever arises in our experience with the knowledge of, or faith in, its workability (J. Kabat-Zinn, 2005, p. 142). This willingness to work with ourselves with awareness means easing ourselves again and again back into the present moment and all that it has to offer. It means that we *rest* in that awareness and draw on its energies, its qualities of clarity, openness and compassion in our everyday lives, just as they are.

Zen teacher and author, Charlotte Joko Beck (as cited by Brach, 2003, p. 53) teaches about the capacity to "return to that which we have spent a lifetime hiding from, to rest in the bodily experience of the present moment—even if it is a feeling of being humiliated, of failing, of abandonment, of unfairness." As we have seen, through Body-Mind Synchronization, Pausing, Focusing, and meditation, we can develop the capacity to stop hiding, to stop running away from our experience. Then we can begin to trust in our intelligent and naturally wise heart, body and mind; and in our ability to be available to whatever arises.

The Role of Meditation in Psychotherapy

> *At the moment of the existential encounter between therapist and client, the client's whole world is present. All of the client's significant past relationships, all of that person's most basic hopes and fears are there and are focused on the therapist. If we can make it possible for our clients to become aware that their worlds are coming to rest in us, and if we*

> *can be there, fully there, to receive their awareness and respond to it, the relationship cannot help but become therapeutic. (Kahn, 1997, p. 177)*

In order for growth to occur and for change to take place, the therapist needs to be present to the client, and the client needs to maintain a focus on the here-and-now. Often clients come to therapy presenting with a story about some unhappiness or crisis in their lives. Instead of delving into the past, the therapeutic session can be used to explore what is happening from moment to moment in relation to the presenting issue.

Some of the most powerful and effective psychotherapists are those who can invite and allow others to have their direct experiences without elaboration or fabrication. The therapist can generously model authentic presence that is natural and spontaneous and that supports the client's inner investigations through their ability to rest in the here-and-now. This capacity for presence in the midst of mental distractions can be cultivated and sustained through meditation training and practice.

"Whether it is revealed in lovemaking, meditation, or psychotherapy, this unstructured and unintegrated state of mind is the foundation of all that is healing" (Epstein, 1999, p. 170). Meditation and psychotherapy both contain within them the possibility of uncovering how we use thinking as a coping mechanism in a chaotic and unpredictable environment and how we identify with this thinking mind rather than the open spaciousness of Islands of Clarity. Focusing on the present moment can have a tremendous healing effect for the client (Corey, 2001, as cited by T. Hawkes, 2007, ¶ 5), and the concerns that a client presents with may be resolved through the state of increased awareness and relaxation brought about through meditation (Chandler & Holden, 1992, as cited by T. Hawkes, 2007, ¶ 5).

Boorstein (2000, as cited by Hawkes, 2007, ¶ 5) shows, through four of his own case studies, that vipassana mindfulness meditation lowered or dissolved his clients' psychological defenses and consequently exposed what lay beneath (i.e., Brilliant Sanity or Islands of Clarity). Hawkes (2007, ¶ 5) states:

> Being able to relax is then the first step to feeling what is happening, and in feeling without judgment there is a possibility for insights to arise. Once there is an insight into what to do, there is of course often a need to act, but from this relaxed space it becomes easier to gather the courage necessary to take action which could otherwise be blocked by an excess of anxiety over outcomes (Perls, 1973; Kelly 1996).

The meditative experience within a therapeutic setting gives the client an opportunity to gain a larger, more objective perspective en route to resolving a particular issue (Hawkes, 2007, ¶ 5). A regular meditation practice may be very helpful for clients searching for meaning in their lives, as well as increasing clients' parasympathetic tone.

Restful Psychotherapy

> *"Replacing an anxious 'having to know everything' with an attitude of curiosity and attention to what is happening, can bring more ease and healing receptiveness for both you and your clients" (C. Barstow, 2007, p. 210).*

Silence, Noninterference and Not Striving: Resting in Non-Doing

By being present and not interfering, a therapist creates a "holding environment" (Epstein, 1999, p. 38) that nourishes the client's psychic life. Journeying into stillness and silence, our minds begin to attune to a "new realm of experience that can produce surprise in each moment" (D. J. Siegel, 2007, p. 72). Siegel (2007, p. 73) proposes that it is through stillness that deep settling and stabilizing strength occurs in the mind that allows one to become aware of the mind's subtle functions and fine structures. Mental activity has a "cloudlike vaporous quality," Siegel says, one which is possible to witness when stillness peels away the superficial solidity and permanence of chattering thoughts and feelings.

Through silence and waiting, the client may begin to understand that the clinician will not hurry them or solve their problems. This holding environment gives the client permission to engage in self-directed thought, pacing and processing. The therapist's avoidance of silence may lead to unskillful speech, not listening fully to the client, missing nonverbal cues, and the interruption of the client's organic process (Moursund & Kenny, 2002, p. 89). Conversely, overuse may lead to the client experiencing anxiety, confusion, or subjective abandonment.

Telling the client everything that we know may be confusing and anxiety inducing, activating the client's defenses. Rather than teaching the client to depend on the clinician for direction and ideas, remaining quiet invites and allows the client to go deeper. "Take a deep breath. Study the situation. Wait to see what unfolds" (Kottler, 2000, as cited by Moursund & Kenny, 2002, p. 89). In this way, saying nothing is accomplishing something.

The skillful therapist need not *do* very much in the psychotherapy session. Instead, the client's inner wisdom can be trusted and the client thereby empowered to grow and change of his or her own accord (G. Johanson & R. Kurtz, 1991, p. 100). Akin to the Ayurvedic Law of Least Effort, "Non-Doing" is available to both clinician and client.

> It is a rare gift to find someone who can help by not being too helpful, who can facilitate without getting in the way, who can be involved without mixing up his own needs with ours, and who can be a midwife for transformation without taking credit away from the mother and child. (Johanson & Kurtz, 1991, p. 100-101).

The therapist's efficacy stems from their own ability to rest in Brilliant Sanity and through not trying to make anything special happen. Letting go of personal and therapeutic agendas and not interfering with the client's process achieves quickly what controlling forcefulness does not (Johanson & Kurtz, 1991, pp. 83-85).

> . . . You not only have to enter the symptom, but you also have to step out of the symptom and rest away from it, very much like labor and delivery. In the sessions it's a lot like labor and delivery where there are contractions, where you enter a state that may be painful or intense, and then there is a release from that contraction where you need to just release and relax away from it. (Caldwell, personal communication, February 5, 2008)

In the natural ebb and flow of the therapy session, there are organic moments in which to pause; moments when the therapist can introduce a deep breath or a small break to silently contemplate. Both the client and clinician can cease working or efforting and allow their bodies to relax and attention to drift. If the therapist remains grounded, the oscillation between actively working and relaxing with a client occurs. In contrast, a codependent or neurotic need to help results in over-effort and burnout (Caldwell, personal communication, February 5, 2008). Rest is as much of an accomplishment in psychotherapy as "the work" is.

> One of the great satisfactions of this work… comes at the moment students realize that when they enter the consulting room, they don't need to don a therapist mask, a therapist voice, a therapist posture, and a therapist vocabulary. They can discard those accoutrements because they have much, much more than that to give their clients. (M. Kahn, 1997, p. 163)

Self-care: Relaxing the Caretaker Role

Resting in the knowledge of our own boundaries and limitations allows us to remain powerful and centered. It allows us to realize our own *querencia* in the arena of the greed, ignorance, and aggression that create so much suffering in our world. From this place of clarity and power, we can act with more effectiveness and confidence.

An exhausted single parent of a little boy, Pete often physically collapses upon entering the room for an individual psychotherapy session. Lying on the floor, covered with a blanket, bolstered by pillows, breathing heavily and with great distress, he tells of me of his immense love of, and intense desire to spend more time with, his son. Pete works two jobs while attending BCMT full-time. In one position, he is an attentive and capable server at a local restaurant, and in the other he is a facilitator for peer counseling and drama therapy groups at a nearby high school. In short, nearly all of his many roles entail helping others. Here he tells me about the difficulties he is having in arranging child-care for his son with his parents:

> **Pete:** They say they can't handle it because he is being bad . . . and I'm like, "Well if you guys actually set a boundary and hold a boundary, then he wouldn't throw a fit with you all the time." Then it becomes… well, I guess we're all a family of over-extenders. We always want to help, but we don't take very good care of ourselves. So, it makes sense that I didn't really learn how to take care of myself…

My clients are training to become helping professionals. As a helping professional, taking a break from working, moving outward, and extending to others is crucial. One needs to rest and attend to one's own needs and feelings. Cozolino (2004, p. 181) addresses what he labels "pathological caretaking." Pathological caretakers only extend outwards—they avoid feeling within because to feel themselves would be to feel pain, to feel "bad."

Often, for their own reasons, the parents of caretakers were preoccupied with their own dilemmas and thereby were unavailable to reflect the child's worth back to them as the child's sense-of-self developed. The experience of a pathological caretaker's childhood was one in which the child was not given a chance to relax. Instead he or she remained on guard, mobilized to respond to the parents' needs and thereby prevented from "floating away into her own experience" (Epstein, 1999, p. 38). This led the child to develop a self-identity as the one who assists or takes care of others, namely the parent(s).

These children grow up knowing themselves only as the person who makes others feel good and unaware of their own feelings, needs, and desires (L. Cozolino, 2004, p. 181). Resting, in this case, also means arresting: the caretaker stops defining themself only by their ability to regulate others and begins a journey of self-discovery, developing an awareness and vocabulary for their own inner experiences. Rest is an important component of self-care because it means that the caretaker must both value their own wellbeing and move inwards in order to know what one's own wellbeing looks and feels like in an experiential way. One must come back into the living of the life within one's own body and in this way achieve mind-body synchronization.

Helping professions often appeal to pathological caretakers as a natural match for their skills and inclinations. However, as Barstow (2007, p. 203) notes, these helping professionals:

> . . . tend to focus their energies and attention toward service and care of others to the detriment of their own

> care. So committed to service and healing, they frequently forget that when they are "burned out," their clients won't be getting the level of professional care that the caregivers are capable of offering.

Barstow (2007, p. 205) lists the results of a lack of self-care as: impaired judgment, dulled alertness and attention, reduced warmth and generosity, increased defensiveness, more easily triggered annoyance, frustration or anger, over confidence, murky boundaries, lack of compassion or over-compassion, decreased sensitivity to transferences, illness or burn-out, and resentment. The antidote to this lack of self-care is rest: time for renewal, play, exercise, and kindness towards oneself.

"When we overextend ourselves, ignoring our own needs, we may end up being more of a problem than a help… Sometimes letting go is hard because we *have* been helpful. We are reluctant to give up this satisfying role" (Wegela, 1996, pp. 217-219). It is important to reconnect with a sense one's own intentions, health and goodness when one finds oneself caught up in codependent or neurotic caretaking. This is, as we have seen, possible through meditation and other self-care methods. Additionally, meditation assists one in recognizing and preventing burnout symptoms sooner rather than later (Wegela, 1996, p. 218).

Barstow (2007, p. 204) suggests the following experiment: "Turn your awareness inside and notice your experience when you imagine hearing the words: 'It's okay to take care of yourself.'" Realizing our worthiness of love and care, and enjoying and being nourished by the world *as it is* gives our work, as helping professionals, integrity (Johanson & Kurtz, 1991, p. 97).

> . . . land your attention in all these simple environmental elements that are quite wonderful and quite doing just fine…really see that that is out there too, not just the people who need help, but also these ducks that are quite happily feeding in the pond and the trees that are growing and the sky that is getting dark and those things. It's important to balance out…with a deep perception of those things, because otherwise you get locked into, or sucked into, only seeing what needs help." (C. Caldwell, personal communication, February 5, 2008)

Restorative Processing: A Unique Method for Rest

After many years of yoga practice and teaching, I have found deep physical and emotional healing in postures that allow the body and mind to soften and release. Understanding the usefulness of rest in my own life, I sought a way to assist clients in fostering restful Islands of Clarity and uncovering their Brilliant Sanity. What I have developed is a way of combining restorative yoga positions, breathing exercises, visualizations, meditation and psychotherapy techniques into a one and one half hour session for both individuals and groups. The result is a method that is restful both for the participant and the Restorative Processing Practitioner (RPP).

Each session varies as I organically pull from a collection of visualizations and meditations that I have compiled from a vast variety of sources, including my own imagination. There is also a structure, made up of certain yoga postures and breathing exercises, that continues from session to session.

A recent group started with several very excited students loudly entering the room. One man asked, "Can we just have a talk session today? I really don't want to do the whole 'focus on one issue' thing. I think that would just be too intense right now." I looked at the two new members and Jane, with her legs up the wall. I turned back to the man, Alex.

"Alex," I said, "I want to honor your request to have a talk session…" He had a look of satisfaction and what I interpreted as superiority. ". . . And I also wonder what your intention for coming to this session, *a Restorative Processing session*, might be." "Well," he said, "I know I need to relax, but I just think I might be able to relax more if I can talk with my friends here."

"Ah, so you would like to relax and you would also like some time to connect . . . . How would it be if we set aside some time at the end of the session today specifically for communicating with each other with the awareness of how that might be different from how we usually communicate when we have not just finished the Restorative Processing exercises?" He agreed, and in turn I offered to start the session differently so as not to trigger too much "intensity" for him.

I led the group through the series of yoga postures, interspersed and intertwined with breathing and relaxation exercises, meditations, and visualizations. After approximately forty-five minutes, the participants laid silently in the final reclining pose for twenty minutes. With twenty-five minutes left in the session, I offered a space for the group members to express themselves. There was silence for what seemed like a long time.

Quietly, from the fringe of the sleepy-eyed and soft-faced group of cross-legged people with blankets strewn around them, "Thank you," was voiced. A soft chorus of gratitude echoed through the room. Then one of the women from the previously noisy group of four said to one of the newcomers, "You look so peaceful over there. So happy…" Alex agreed, "Like a Buddha." The new member, a man named Tim, smiled with his eyes glowing in the direction of the two who had spoken to him. Calmly, peacefully, a conversation ensued in which the members spoke freely and openly with one another, attempting contact—in my perception—in a genuine and heartfelt way. Alex, I noticed, looked happy.

Conclusion

> *Bodhisattvas are, in the Mahayana tradition of Buddhism, individuals who strive to develop wisdom and compassion in order to help all other living beings to also do so, thus bringing an end to everyone's endless re-birth into suffering. Bodhisattvas make a vow to let go of the harmful and delusional ways of relating, which come with attachment and aggression and ignorance. (L. Casalino, 2008, p. 355)*

In this paper, we explored rest with a view toward holistic mind, heart and body health with an integration of both Western psychological and Eastern contemplative perspectives, culminating in an exploration of the method of Restorative Processing. It is my hope that you, as the reader, have come to understand that rest isn't hard to accomplish. Resting fully is a matter of intention, motivation, cognitive understanding and practice. These elements together engender a deep, somatic level of understanding and knowledge. Not only is it not difficult, rest is an important and enjoyable aspect of the process of gaining greater self-awareness. It holds, with the blossoming of its process, a potential for the fruitful discovery of wisdom, confidence, nourishment, fulfillment and deep, inner peace.

As a result of implementing a stable resting component of our lives, and thereby achieving tone in our central nervous systems, we become better able to act—more efficient in our *doing*—in clear and kind ways. Resting in *being* balances out the culturally-imposed imperative to do, do, do. By consciously choosing to rest, we are choosing sanity, wholeness, and wellbeing. When we are able to recognize that we are inherently sane, whole, and well, we are increasingly able to maintain happy and healthy intrapersonal, personal, and professional relationships.

Not just relaxation, but the entire process of rest, could be further researched with regards to specific clinical issues. What impact, for instance, would a deep experience of conjoint rest have for a couple in conflict? How would those who struggle with substance misuse and addiction benefit from a period of intensive rest? If people with attachment or mood disorders had the opportunity to rest deeply for a length of time on a regular basis, what changes would they see in their symptoms and relationships? I would like to encourage a deep self-study on the topic of rest for every helping professional so that they could then whole-heartedly and whole-mindedly educate, encourage and empower others in the practice of rest.

Also, empirical evidence as to Restorative Processing's efficacy in relieving the suffering of psychological difficulties could be investigated. While numerous studies have determined the effectiveness of yoga and relaxation with behavioral and stress-related concerns, Restorative Processing—as an integration of multiple techniques—could be explored as a beneficial method for working (or rather, resting) with many people in various ways. One premise that I am proposing in this paper is that Restorative Processing might be particularly helpful in assisting "caretakers" transform into "caregivers" who are able to give from an abundance of energy and wellbeing, rather than enlarging a personal deficit when they extend to others. This may in fact be one way to effectively transition from codependent or compulsive caretaking to an embarkation on the path of the bodhisattva, without the implication that one must be Buddhist to do so.

I have witnessed the healing effects of enhancing one's relationship to nature. Due to these experiences, it is my hope to establish a center deep in the heart of a forest or near a sea where anyone could come to experience Restorative Processing on a daily basis for an extended period of time, much as one might choose to attend a meditation or yoga retreat. When it exists, this center will offer specific programs to assist caregivers and helping professionals of all kinds—including those who staff the center itself—in cultivating the balanced life that is necessary in order to give from a healthy body, full heart, and clear mind.

References

Amen, D. G. (2005). *Making a good brain great.* New York: Three Rivers Press.

Barstow, C. (2007). *Right use of power: The heart of ethics.* Boulder, CO: Many Realms Publishing.

Blakemore, C. & Jennett, S. (2001). Relaxation. *The Oxford companion to the body*. New York: Oxford University Press. Retrieved January 27, 2008, from Answers.com Web site: http://www.answers.com/topic/relaxation

Brach, T. (2003). *Radical acceptance: Embracing your life with the heart of a buddha.* New York: Bantam Dell.

Casalino, L. (2008). Psychotherapy and the paramitas: Walking the bodhisattva's path. In F. J. Kaklauskas, S. Nimanheminda, L. Hoffman, and M. S. Jack (Eds.), *Brilliant sanity: Buddhist approaches to psychotherapy* (pp. 355-364). Colorado Springs, CO: University of the Rockies Press.

Corey G., (2001). *Theory and practice of counseling and psychotherapy*. Pacific Grove, CA: Brooks-Cole/Wadsworth.

Cornell, A.W. (1990). *The power of focusing: A practical guide to emotional self-healing.* New York: MJF Books.

Cozolino, L. (2004). *The making of a therapist: A practical guide for the inner journey.* New York: W. W. Norton & Company.

Davis, M., Eschelman, E. R., & McKay, M. (1995). *The relaxation & stress reduction workbook* (4th ed.). Oakland, CA: New Harbinger.

Epstein, M. (1999). *Going to pieces without falling apart: A buddhist perspective on wholeness.* New York: Broadway Books.

Ford-Martin, P. (2004). *Encyclopedia of alternative medicine.* Retrieved January 27, 2008, from Answers.com Web site: http://www.answers.com/topic/relaxation

Gendlin, E. (1981). *Focusing.* New York: Bantam.

Hawkes, S. T. (2007). "What role has meditation in counselling and psychotherapy?" Retrieved January 24, 2008 from Sudeva Web site: http://www.sudeva.com/ article/meditation

Johanson, G. & Kurtz, R. (1991). *Grace unfolding: Psychotherapy in the spirit of the Tao-te ching.* New York: Bell Tower.

Kabat-Zinn, J. (2005). *Coming to our senses: Healing ourselves and the world through mindfulness.* New York: Hyperion.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness.* New York: Dell.

Kabat-Zinn, J., Chapman, A. & Salmon, P. (1997). The relationship of cognitive and somatic components of anxiety to patient preference for alternative relaxation techniques. *Mind/Body Medicine,* 2:101-109.

Kahn, M. (1997). *Between therapist and client.* New York: Henry Holt and Company.

Kehl, R. (2001). *Breathing on your own: Quotations for independent thinkers.* Seattle: Darling & Company.

Kornfield, J. (1993). *A path with heart: A guide through the perils and promises of spiritual life.* New York: Bantam.

Lazar, S. W., Bush, G., Gollub, R. L., Fricchione, G. L., Khalsa, G., Benson, H. (2000). Functional brain mapping of the relaxation response and meditation [autonomic nervous system]. *NeuroReport*, 11(7), 1581-1585.

McCall, T. (2007). *Yoga as medicine: The yogic prescription for health and healing.* New York: Bantam.

Mingyur, Y. (2007). *The joy of living: Unlocking the secret and science of happiness.* New York: Harmony Books.

Moursund, J. & Kenny, M. C. (2002). *The process of counseling and therapy.* Upper Saddle River, NJ: Pearson Education.

Podvoll, E. (2003). *Recovering sanity. A compassionate approach to understanding and treating psychosis.* Boston: Shambhala.

Ray, R. (Speaker). (2007). *Ten points meditation* (Digital recoding 10ptsEarth02-07). Retrieved October 10, 2007 from the Dharma Ocean Web site: http://dharmaocean.org/Portals/0/Audio/Featured/10ptsEarth02-07.mp3

Savage, V. M. & West, G. B. (2007). "A quantitative, theoretical framework for understanding mammalian sleep." *Proceedings of the National Academy of Sciences*, 104, 1051-1056.

Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being.* New York: W. W. Norton & Company.

Wegela, K. K. (1996). *How to be a help instead of a nuisance: Practical approaches to giving support, service & encouragement to others.* Boston: Shambhala.

Welwood, J. (2000). *Toward a psychology of awakening: Buddhism, psychotherapy, and the path of personal and spiritual transformation.* Boston: Shambhala.

Woolfenden, C. (n.d.). "Stress hypnotherapy." Retrieved February 14, 2008 from the Self Growth Web site: http://www.selfgrowth.com/articles/Stress_Hypnotherapy.html

Who can wait quietly
while the mud settles?
Who can remain still
until the moment of action?
(Lao Tzu, 15)

When trust is insufficient,
there will be no trust in return.
(Lao Tzu, 17)

Governing a large country
is like frying a small fish.
You spoil it with too much poking.
(Lao Tzu, 60)

(Lao Tzu quoted in
Johanson & Kurtz, Grace Unfolding, 1991)

CHILDHOOD TRAUMA IN THE ETIOLOGY OF BORDERLINE PERSONALITY DISORDER:

THEORETICAL CONSIDERATIONS AND THERAPEUTIC INTERVENTIONS

Linda Baird, M.A., LPC, CHT

Editor's Note: It is a pleasure to have Linda Baird's helpful perspective on working with those who display the signs and symptoms of Borderline Personality Disorder in this edition of the *Hakomi Forum*. Normal Hakomi Therapy trainings concentrate on teaching the principles, methods, and techniques of the work with only passing reference to various clinical conditions. As the editorial policy of the *Forum* indicates, those who have had experience applying Hakomi Therapy to various client groups and disorders are encouraged to share their work in these pages.

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ABSTRACT: Borderline Personality Disorder (BPD) has notoriously been one of the most challenging conditions to treat in therapy. This paper addresses the etiology of BPD in childhood trauma, specifically in the lack of secure attachment. The effects of trauma on the development of limbic structures involved in attachment and affect regulation is discussed, as well as how traumatic events are encoded in implicit memory. The dysregulated affect states of BPD, which present as the diagnostic criteria, are considered in terms of state-dependent memory that is triggered by present day relational events. Shame is discussed as a foundation of attachment failures and BPD. Key elements of individual therapy with borderline clients are discussed, including mindfulness, development of resources, establishment of a safe container within the therapeutic relationship, addressing shame dynamics, and the resolution of past trauma. Therapeutic interventions are presented, both in theory and practice.

Introduction

When I was introduced to the concept of "trauma" during my first psychotherapy training in 1996, while living in Boston, I had little interest. I thought it did not apply to me. I was more interested in character theory and childhood development. Then I attended my first workshop with Pat Ogden, founder of Hakomi Bodywork, with later became Hakomi Somatics Institute and recently, Sensorimotor Psychotherapy Institute. The workshop, called "Trauma and the Body", was a week-long experiential workshop at the Omega Institute outside of New York City. As I learned about how the nervous system is affected by perceived life-threatening events, and as I was guided through experiencing this in my own body, my interest and passion for working with trauma was awakened.

This paper is an excerpt from a primary research paper written for the completion of my Master's degree. It combines my passion for neuroscience with the study of personality development, addressing the etiology of Borderline Personality Disorder in early childhood trauma. In particular, repeated misattunement in childhood, when the neural circuitry is developing, can result in personality traits, or, in more extreme situations personality disorders such as BPD and Antisocial Personality Disorder.

Role of Childhood Trauma

According to van der Kolk (1988), there seems to exist a spectrum of trauma-related disorders, such as BPD and multiple personality disorder, precipitated by early traumatic events that become integrated into the totality of a person's personality organization. There is a high correlation between the degree of BPD psychopathology and the severity of childhood trauma (Famularo, 1991; van der Kolk, 1996; Schore 1994). Clinical descriptions of borderline personality disorder and post-traumatic stress disorder are very similar, especially when there is a history of repeated trauma over time. Overlaps include disturbances in affect regulation including heightened aggression, hypervigilance and increased startle response, depression and dysphoric mood, poor impulse control including risk-taking behavior, self-mutilation and substance abuse, dissociative episodes and paranoid ideation, and intrusive memories.

Van der Kolk (1987) states "the most significant descriptive discrepancy between BPD and chronic PTSD is the absence in the criteria for BPD of a recognizable stressor in the patient's history" (p. 115). Van der Kolk (1987) and Famularo et al. (1991) indicated that until recently, the links between childhood traumatic events and the development of BPD in adulthood have not been consistently recognized among professionals trained to work with BPD. The connection between early childhood trauma and adult relational difficulties has been completely out of awareness for many people diagnosed with BPD, as well (Perry et al., 1990). The tendency to re-enact abusive childhood scenarios of physical, sexual, and psychological/emotional abuse will continue until the "sense of injustice and fear of retribution is clarified and validated" (Perry et al., 1990, p. 40).

Herman et al. (1988, as cited in Goodwin, 1990) found that in a sample of clients carefully diagnosed with BPD, 81% gave a history of major childhood trauma including significant physical abuse (71%), sexual abuse (68%), and witnessing serious domestic violence (62%). There was also a significant link between childhood sexual abuse and development of BPD that cannot be overlooked. Although borderline clients in this study did not meet criteria for PTSD as measured on the Impact of Experience Scale, the authors postulate that BPD might be conceptualized as a complicated posttraumatic syndrome and that validation and integration of the childhood trauma might be a precondition for successful treatment. An earlier study by the same authors (Herman et al., 1987, as cited in van der Kolk, 1996), concluded "Our explanation is that BPD is a function of having been chronically terrified during one's early development . . . the superimposition of childhood terror upon adult situations is most likely to be the key [in the development of BPD]".

Adolf Stern (1938, as cited in Perry, et al., 1990) wrote the first paper differentiating borderline from neurotic disorders. The first feature he described was a sort of narcissism, meaning an early developmental disturbance of self-preserving functions, leading to psychotic-like transferences. Features included lack of maternal affection, parental quarrels, including outbursts directed at the child, early divorce, separation or desertion, cruelty, brutality, and neglect by the parents over many years duration.

For many borderline clients, the connection between early trauma and current problems in close relationships often remains out of awareness. These clients may repetitively re-enact scenarios in which they feel threatened, attacked, or abused, and then become enraged. The characteristic self-destructive and stormy interpersonal behaviors that follow are an attempt to cope with unbearable feelings of rage, shame, guilt, and terror associated with the symbolic re-experiencing of the trauma.

Lack of secure attachment plays, for a number of reasons including neglect and abuse, a central role in the object relations of those who develop borderline pathology. An essential feature in BPD is the lack of development of object constancy that is generally accomplished during the second and third years of life in the separation and individuation stages (Herman et al., 1987, as cited in van der Kolk, 1996). Alder (as cited in Perry, 1990) described borderline pathology as a "developmental failure in the formation of self-soothing capacities based on evocative memory. These capacities derive from the child's ability to recall comforting memories of significant caregivers, even when they are not present" (p. 42). Because of this inability to internalize nurturing caregivers and in turn develop the ability to self-sooth, borderline clients are prone to intense feelings of loneliness and panic. The ability to self-sooth may begin to develop in some abused children; it may be destroyed, however, when the child has no choice but to turn to the abuser for comfort (Perry, 1990).

Again, Herman (1997) describes the adult relationships of those who have survived severe childhood abuse in terms that exemplify borderline diagnostic criteria. These relationships are characterized by intense periods of searching for intimacy combined with idealization of the other person, which often put them at risk for re-enactment of childhood abuse, alternating with periods of angry withdrawal and denigration. This "splitting" behavior is classic characteristic of BPD:

> The survivor's intimate relationships are driven by the hunger for protection and care and are haunted by the fear of abandonment or exploitation. . . . In quest for a rescue, she may seek out powerful authority figures who seem to offer the promise of a special care taking relationship. By idealizing the person to whom she become attached, she attempts to keep at bay the constant fear of being either dominated or betrayed. . . . Inevitably, however, the chosen person fails to live up

> to her fantastic expectations. When disappointed, she may furiously denigrate the same person whom she so recently adored. Ordinary interpersonal conflicts may provoke intense anxiety, depression, or rage. In the mind of the survivor, even minor slights evoke past experiences of callous neglect, and minor hurts evoke past experiences of deliberate cruelty. These distortions are not easily corrected by experience, since the survivor tends to lack the verbal and social skills for resolving conflict. Thus the survivor develops a pattern of intense, unstable relationships, repeatedly enacting dramas of rescue, injustice, and betrayal (p. 111).

Adults traumatized as children often retreated into isolation after years of frantically searching for rescuers (Herman et al., 1987, as cited in van der Kolk, 1996). Symptoms of abuse manifest in power differentials in relationships based on dominance and submission. There is a tendency to either be in the position of power, where they "inspire fear and loathing" (p. 197), or to be in the subordinate position where they feel helpless and behave submissively. In the latter case, the classic borderline tendency toward "splitting" may appear as idealization alternating with devaluation of the abusive partner. In either case, what is lost is the ability to experience competence in a mutually respectful relationship.

Attachment

Numerous studies have concluded that sudden and uncontrollable loss of attachment bonds is an essential element in the development of PTSD, and could be a key to understanding why some people develop PTSD and some do not when exposed to similar traumatic events (van der Kolk, 1988). Borderline Personality Disorder is now being diagnosed in childhood, with an emphasis on mismatched parenting, leading to neurobiological impairment (Schore, 1994). Research by Bowlby (1969), in particular, has demonstrated the profound psychobiological effects of disruptions in the mother-infant attachment bond and the subsequent behavioral effects that often become the personality traits of BPD (as cited in Masterson, 1988). The roots of traumatic re-enactment have also been shown to be related to disruption in attachment bonds with primary care givers (Scaer, 2001). The protest and despair responses displayed in response to parental separation, as observed by Bowlby, parallel the hyperarousal and numbing states found in PTSD (van der Kolk, 1988).

The attachment system in an infant is an in-born system that promotes the chances of survival (Siegel, 1999). Recent research has shown that the mother or primary caregiver is the regulator of the infant's neural development and affect states (Schore, 2000). Because the brain of the infant is undifferentiated aside from the brainstem and the amygdala, the psychological and emotional health of the mother, as well as her ability to be present with her child, are fundamental to attachment bonding (Schore, 1994, 2000). Infants tend to seek increased attachment in the face of danger, even when the attachment object no longer provides nourishment and safety (van der Kolk, 1988).

Briefly, Ainsworth, and later Main and Solomon, developed a measure of distinct attachment patterns called the Strange Situation. There are four classifications of attachment, determined at one year of age, that have been correlated with specific behavior patterns at one year of age and also with adult behavior. The four attachment categories are: secure, avoidant, resistant or ambivalent, and disorganized/disoriented. Of specific interest in the study of trauma, and the development of BPD in adults, is the disorganized/disoriented attachment pattern. This pattern is characterized by disorganized and/or disoriented behaviors in the presence of the parent, suggesting a collapse of behavioral strategies, including apprehension and confusion, freezing, contradictory patterns of alternately clinging and turning away, and other stereotypical behaviors found in neurologically impaired infants (Schore, 2000; Siegel, 1999).

According to Schore (1994), these behavioral characteristics will manifest when the mother is not able to serve as the regulator of the infant's affect states. Children who display this type of attachment pattern have parents who are physically, sexually, or emotionally abusive, or respond to the child in a frightening, frightened, or disoriented manner (Siegel, 1999). The child cannot use the parent as a source of soothing and nourishment because the parent is the source of fear. As the child matures, he or she may be able to cognitively organize behavior in non-stressful situations but be unable to communicate, interpret or regulate emotional signals (van der Kolk, 1996).

As mentioned, a critical role of the primary caregiver is to provide modulation of the infant's neural development. The behavioral patterns of disorganized/disoriented attachment reflect the potentially severe structural impairment of "rostal" limbic system development in the brain that is involved with attachment behavior (Schore, 2000). The rostal limbic system refers to the hierarchical connections between the amygdala, anterior cingulate and orbitofrontal cortices. There is evidence that the rostal limbic system is also connected to the brain stem monoaminergic and hypothalamic neuroendocrine nuclei (Schore, 1994).

The infant's interactions with an emotionally misattuned and unresponsive caretaker are stored in the developing corticolimbic circuits as imagistic, visceral, and nonverbal procedural memories (see below). The orbitofrontal cortex integrates body states and makes meaning, enabling words to be put to feeling states. Healthy development of the rostal limbic system and the right orbitofrontal cortex through interactions with an attuned mother helps the child learn to read another person and know what a face is saying. In essence, this means the child learns to pick up on external cues and read situations (Schore, 2000). A child with a disoriented/disorganized will not be able to do this.

Damasio (1994) discusses the hierarchical structure of the rostal limbic system in terms of primary and secondary emotions. Primary emotions are controlled by the amygdala and anterior cingulate. Primary emotions are preorganized, innate and reptilian. The messages put out by the amygdala are nondiscriminatory; they are broad and designed for survival. A stimulus is received by the amygdala, and signals are sent to the body to respond accordingly with "fight or flight" arousal in the sympathetic nervous system and endocrine system, or alternatively "freeze" in the parasympathetic nervous system (Damasio, 1994). Since the more complex neural networks are undeveloped in infant, the responses to sensory stimuli are primarily innate and amygdala-driven.

Secondary emotions, on the other hand, take another pathway in the developing brain. While some of the stimulus still goes straight to the amygdala, another part takes the longer neuronal pathway to the neocortex where it is brought into consciousness in the form of images or memories. As the images and memories emerge, the orbitofrontal cortex responds to the stimulus with an acquired rather than innate response. From the orbitofrontal cortex the response is signaled to the amygdala and cingulate, which in turn activate bodily responses in the visceral, muscular, nervous and endocrine systems (Damasio, 1994). For instance, if one sees a rope at dusk on the sidewalk, the amygdala may immediately respond with a non-discriminatory fight or flight response: muscles tense and prepare to flee, there may be fear, the endocrine system kicks in and dumps adrenalin into the system. However, the neocortex and orbitofrontal system take over once the rope is recognized as a rope. The secondary emotional response may be relief or anger for mistaking the rope for a snake, depending on the acquired response. Damasio states that secondary emotions require primary emotions to express themselves. He has observed that people with damage to the orbitofrontal cortex cannot generate emotions relative to images brought up by memories of specific situations, while those with damage to the amygdala and cingulate cortex "have more pervasive impairment of both primary and secondary emotions and thus are more recognizably blunted in their affect" (Damasio, 1994, p. 139). Schore argues that acquired and *appropriate* secondary emotional responses from the orbitofrontal cortex are regulated by the primary caretaker in early development (Schore, 2000).

According to Van der Kolk (1996), "early attunement combines with temperamental pre-dispositions to 'set' the capacity to regulate future arousal; limitations in this capacity are likely to play a major role in long-term vulnerability to psychopathological problems after exposure to potentially traumatizing experiences" (p. 186). Parents who are abusive or unable to appropriately respond their child promote unregulated states, such as hyperarousal. *80%* of children who have been physically and/or sexually abused have disoriented/disorganized attachment patterns that are likely to increase vulnerability to later pathology, including borderline personality disorder and PTSD (van der Kolk, 1996).

Empathy is an autonomic nervous system function related to the ability to read the internal state of another person. The ability to empathize begins to arise in the second year of life in a well-attached child (Schore, 2000). According to Schore, an understanding of empathy is not so much a match of verbal cognitions as nonverbal psychobiological attunements (Schore, 2000) mediated by the healthy neural development of the orbitofrontal cortex. The impaired development of this part of the brain leads to difficulties in the social relationships of children who display disorganized/disoriented attachment patterns. These children may become passive and withdrawn, or they may tend to abuse and bully other children, with an inability to regulate aggressive behavior (van der Kolk, 1996; Siegel, 1999). Lack of ability to empathize--a direct result of insecure attachment to primary caregivers--plays a major role in childhood and adolescent violence in the United States (Lewis et. al, 1989, as cited in Perry, 1995b).

Explicit and Implicit Memory

There are two separate, yet inter-related, memory systems within the brain.

Nondeclarative, or implicit, memory is responsible for storing acquired skills, conditioned responses, and emotional associations (Scaer, 2001). It is unconsciously acquired and does not require the necessary involvement of conscious declarative memory centers such as the hippocampus and prefrontal cortex for coding and retrieval (Siegel, 1999). Brain structures responsible for implicit memory are intact at birth (Siegel, 1999), including the amygdala and limbic system structures responsible for emotional memory. Procedural memory is a part of nondeclarative memory that serves in the learning of motor skills such as athletic abilities, musical and artistic talents (Scaer, 2001).

A second type of nondeclarative memory is involved in the process of unconscious conditioned behavior akin to Pavlov's dog experiments where a bell was paired with feeding. The result of this experiment was that the dogs were conditioned to salivate at the sound of the bell. This is an example of an unconscious, conditioned autonomic nervous system response linked to nondeclarative memory (Scaer, 2001). This type of conditioning is not permanent *unless* it is paired with high arousal or emotion, as is the case with trauma responses.

There is a self-sustaining feedback circuit related to this type of conditioning in traumatic responses known as "kindling." It was found, in rats, that single electrical stimuli applied to specific brain areas were insufficient to

trigger a convulsion. If these stimuli were applied with a certain frequency, however, they would summate and trigger a seizure. In newborn rats, if the kindled seizures were induced with repetition, the rats would have spontaneous, self-perpetuating seizures without any stimulation. Rats also developed a permanent change in the excitability of neural networks within the kindled part of the brain (Scaer, 2001).

The brain region most susceptible to kindling is the amygdala. In relation to humans, this means that threat-related information generated by both internal memory and external experiential cues routinely activates the amygdala. The amygdala, in turn, interprets the resulting emotion-based, implicit memories as threatening, resulting in the triggering of arousal once again. Results of this kindling of the amygdala would be the specific symptoms seen in PTSD, such as cue-related memories, flashbacks, memory and situation-induced arousal, mood changes, anxiety, nightmares, stimulus sensitivity, phobias, and increased startle responses (Scaer, 2001). Modulation of the organized response to threat is diminished due to impaired development of the right orbitofrontal cortex, leading to impaired regulation of arousal/memory mechanisms in individuals with significant prior unresolved traumatic stress experiences (Scaer, 2001, Schore, 2000).

Our second memory system is declarative or explicit memory, concerned with memory for facts, events, and information. It is conscious and intentional. It is the part that we use in acquiring information and a formal education. It contains sub-systems for episodic memory related to personal experience or another's experience. Narrative memory is such a subsystem, referring to the way we store and recall experiences in story form. The hippocampus and prefrontal regions of the brain are the most responsible for mediating explicit memory (Siegel, 1999). Explicit memory can be affected or distorted by the emotional content of the associated experience, causing the emotional content to be stored differently. Posttraumatic amnesia is characterized by the loss of a segment of declarative memory.

The hippocampus does not fully mature in children until the third or fourth year in life. This finding contributes to the phenomenon of normal "childhood amnesia" (Siegel, 1999), and also the tendency for adults who suffered traumatic experiences as young children to be prone to re-experience trauma on a sensorimotor level. Traumatic experiences in early childhood, during the period of "childhood amnesia," are encoded *only* in implicit memory. These implicit recollections will likely influence emotional, behavioral, perceptual, and somatic reactions without conscious awareness of their origins. This is particularly true for children who display the disorganized/disoriented attachment pattern (Siegel, 1999).

Developmental psychologists have identified three levels of information processing that bear resemblance to the development of the central nervous system. The earliest level of development is the sensorimotor or enactive level, followed by the development of perceptual representations (iconic), and finally symbolic and linguistic organizations of experience (left-brain functions). Under stress, experiences are not assimilated at the highest level of organization and are arranged on the sensorimotor and iconic levels of representation, including fight/flight/freeze reactions, intrusive memories, and visceral sensations. This is analogous to state dependent learning where information is acquired in an aroused state and is not available under normal conditions. It returns, however, when the altered state of consciousness is reintroduced via a triggering event. For children, especially, this means that traumatic events cannot be translated into symbols and language (van der Kolk, 1988, 1991).

State-dependent Memory

According to Siegel (1999), "a state of mind can be proposed to be a pattern of activation of recruited systems within the brain responsible for perceptual bias, emotional tone and regulation, memory processes, and behavioral response patterns" (p. 210). "State dependence" or "state dependent memory" are terms that refer to states of being encoded into the memory tracts, limbic system, and physiology of an individual during a particular experience that may be re-experienced if the individual finds himself in a similar state in the future (Siegel, 1999). Explicit and, most importantly in response to traumatic events, implicit memories not readily available to cognitive channels may become activated during future events reminiscent of the original trauma, contributing to re-enactment of the original trauma. Hiroto and Seligman (1975, as cited in Peterson et al., 1993) suggest that learned helplessness may involve a "trait-like" system of expectancies that responding is futile.

In adults, trauma results in "states" while in children, trauma results in "traits" (Perry,1995a). Internalization of the fear response, a "state" memory-can be built into the mature brain, while in the developing brain of an infant or child, fear states organize neural networks, resulting in "traits." In the developing brain, undifferentiated neural networks are dependent upon the external environment, namely the primary caregiver(s), to provide the framework for healthy development.

"Although experience may alter the behavior of an adult, experience literally provides the organizing framework for an infant and child . . . unlike broken bones, irreversible mal-development of brain areas mediating empathy resulting from emotional neglect in infancy and childhood is not readily observable" (Perry, 1995a, p. 276). The more frequently the neural pattern associated with a specific state occurs, the more indelible the internal representation.

In the initial stages of threat, there is a large sympathetic nervous system response, resulting in increased heart rate, blood pressure, and respiration, with increasing hypervigilance, all triggered by increased release of norepinephrine. When the child is exposed to repeatedly traumatic events, the response can become sensitized: neural pathways become kindled and a "state" becomes a "trait." With hyperarousal comes increased anxiety and decreased cognitive processing due to the inability of the information to reach the highest orbitocortical level, which is known to be central for not only affect regulation but for the processing of cognitive-emotional interactions and affect related-meanings (Barbas and Teasdale, as cited by Schore, 1994).

At the other end of the continuum, if the child is not able to get help when threatened (often from the abusive adult), he may move into a "freeze" response. The "freeze" response is misnomer in that the nervous system is still highly activated, akin to driving with one foot on the gas and one foot on the brake. If terrorized, the freeze response may move into complete dissociation (Porges, 2001). Dissociative response exists on a continuum, as well, ranging from daydreaming and fantasy to more severe symptoms such as depersonalization, derealization and fugue states. In children, dissociative reactions will be more common if there is an inability to escape the threat. As with hyperarousal, if the child dissociates when exposed to traumatic experiences, the child will "internalize a sensitized neurobiology related to dissociation, predisposing to the development of dissociative disorders" (Perry, 1995a, p. 283). Eventually the child moves from dissociation to surrender (Perry, 1995a). Again, a state becomes a "trait" and patterned response.

Returning to the discussion of attachment, the disorganized/disoriented pattern emerges in response to primary caregiver(s) who respond to their infants in a frightening, frightened or disoriented manner. The child is unable to form a cohesive, stable, and adaptive state of mind. The disorganization and disorientation becomes a repeated pattern that may eventually become a personality trait such as dissociation or disorganization as seen in BPD (Siegel, 1999).

Therapeutic considerations

This section will discuss therapeutic approaches presented in current literature, as well as experience with private practice clients. I would like to acknowledge my training with Pat Ogden, Kekuni Minton and Christina Dickinson, of the Sensorimotor Psychotherapy Institute (Hakomi Integrated Somatics in 1998), from which I draw some of the therapeutic interventions mentioned in this section.

Clients diagnosed with BPD are generally considered difficult to treat because of the intensity of their engagement with caregivers, the at times overwhelming nature of their demands for care, and the intense emotions and conflicts they provoke in others (Linehan, 1993, Herman, 1997, van der Kolk, 1996). In the past it has been considered a public health nightmare, with numerous therapists refusing to treat borderline clients. This attitude appears to be changing, however, with the evolution of new therapies.

Classical treatments for both PTSD and BPD have involved cognitive-behavioral therapy, exposure therapies, pharmacological interventions, psychodynamic approaches, exposure therapies, anger management, relaxation techniques, and group therapies (Foa et.al., 2000; van der Kolk, 1996).

Understanding the role of childhood trauma in the development of BPD and other severe disorders informs every aspect of treatment (Herman, 1997). Perry et al. (1990) concluded that failure to address childhood trauma history in psychotherapy with borderline clients perpetuates the tendency for traumatic re-enactment in the therapeutic relationship.

In my summation, there are four key elements involved in therapy with a client who presents with borderline symptoms. I want to emphasize that when working with clients, I am looking at the *symptoms* and not the potential diagnosis. This includes borderline as well as bipolar and anxiety disorders. This is important, as having to make a diagnosis (for insurance purposes, for example) can get in the way of seeing the client as they are. When I see affect dysregulation, I automatically think "trauma history" and approach therapy from this perspective. The key elements are mindfulness, development of resources, establishment of a safe container within the therapeutic relationship, and addressing shame dynamics. These are ongoing and intertwined tasks. Additionally, the remaining principles of the Hakomi method (non-violence, body-mind holism, and organicity), as well as the skills of tracking and emotional contact, are woven throughout.

The resolution of past traumatic events, such as physical and sexual abuse, is also a fundamental aspect of therapy with borderline clients. The specifics of trauma resolution are beyond the scope of this paper. A list of resources is provided after the conclusion.

Mindfulness

No discussion of BPD and mindfulness practice would be complete without mention of Dialectical Behavioral Therapy (DBT), developed by behavioral psychologist and Zen Buddhist practitioner Marsha Linehan. DBT is currently one of the most effective methods of working with BPD. Although DBT is continuing to gain momentum, there are also those who consider its limitations (Butler, 2001). While I am also trained in DBT skills group work, I

prefer individual therapy with more focus on mindfulness, therapeutic relationship and shame dynamics. Because the etiology of BPD is potentially in the pre-verbal attachment relationship, therapy must address relationship on a non-verbal, pre-cognitive level.

A primary focus in Hakomi therapy, as well as every phase of DBT, is the development of mindfulness, or the "witness consciousness" in order to be able to observe reactions to life experiences instead of "living" the reactions. Mindfulness, particularly bringing awareness back to the body, is a fundamental and ongoing task of therapy. Siegel has written extensively about attunement, internal and external, and the practice of mindfulness in *The Mindful Brain* (2007). He draws a parallel between secure attachment and mindful awareness practices, citing research that shows the prefrontal areas are more well-developed in individuals with regular mindfulness meditation practices--- the same areas that develop in the formation of a secure attachment bond. Siegel distinguishes between intrapersonal and interpersonal mindful awareness, with the latter referring to mindful awareness of oneself. According to Siegel, "Sharing mental states is the underlying experience within secure attachment between child and parent that promotes resilience. Mindfulness can be seen as a way of developing a secure attachment with yourself" (p. 180). Siegel contends "attention to intention creates attunement . . . when we pause to reflect, attending to our attention, we are creating the foundation for internal attunement" (p. 178).

The dysregulated affect states in trauma and BPD can be considered dissociative states; when triggered by an external or internal stimulus, the connection to cognition is easily lost, especially if the orbitofrontal cortex is not well-developed as previously discussed, and the client dissociates into an elevated emotional state such as rage. Thus, when we help clients become mindfully aware of their internal world of thoughts, emotions, movements, perceptions, and internal sensations (the "core organizers" as defined by Ogden, 1998), exploring how these core organizers are disconnected and tethering them back together via body/somatic awareness, we facilitate internal attunement and intrapersonal relationship. For example, I might say to a client who is having a strong emotional reaction, "Notice what you are thinking right now as you are feeling that anger. Where do you feel that anger in your body? Describe that sensation. Does it have a movement?" In working this way, we may also be facilitating the further brain development in areas crucial for emotional regulation.

Some clients may not have the ability to be mindful, however, due to the degree of affect dysregulation. We can still facilitate the development of mindful states by simply directing the client to take a few deep breaths and notice what happens, or by encouraging them to feel their feet on the floor. Sometimes riding the rapids or hitting a pillow is what needs to happen in the present moment. It may be that the client just needs to tell their story and we need to stay in contact. Simply saying, "I am right here with you" can create a window of awareness and the beginnings of a felt sense of not being so alone that can later be deepened with mindfulness.

Development of resources

"Resources" refer to "personal skills, abilities, objects, relationships, and services that facilitate self-regulation and provide a sense of competence and resilience" (Ogden et al., 2006 p. 207). Resources include external sources such as spiritual or church groups, support groups such as 12-step or DBT groups, family members, friends, and anyone else with whom the client can openly and safely discuss her experiences. Internal resources, often not as easily identified, include practices such as the development of mindfulness, or the witness consciousness that enables the client to observe her impulses and potential reactions, awareness of inner strength, spiritual connection; connection with the breath, awareness of body sensations, intelligence; and knowledge that she has been able to survive. The skills the client learned in order to survive were resources at the time, though they may no longer be productive. Development of the awareness of new resources helps re-establish the client's feeling of control. Without the development of resources, which are brought into the therapy session, the client remains vulnerable to dissociation and re-enactments as traumatic material is brought to the surface (HIS training, 1998).

When working with clients who present with BPD, it is important for both client and therapist to establish external resources. Therapists need good peer support and consultation to both validate and address countertransference issues. Ideally, the client has a therapeutic team that both offers a variety of avenues of support for him/her, as well as providing support for therapists so they are not working in isolation.

It is necessary to establish resources early in therapy, ideally during initial sessions while taking a developmental and trauma history. The therapist asks the client about their support system, internal and external, and what has helped them survive, and also track their non-verbal cues and body responses as they are telling their story. Grounding resources in the body can help the client stabilize without having to directly address traumatic states or events (Ogden, 2006). For example, if the client has a pet that provides comfort, they would be directed to either imagine being with the pet and ask what they notice happens in their body, suggesting a menu such as breath and muscle tone, and/or suggest they explore what happens at home with they are with their pet. If clients feel unsafe to be in their physical bodies, they may be encouraged to see if there is even one small place in their body where they feel safe to bring attention, such as a big toe, and slowly expand on this.

Developing a sense of ground, and grounding, through the feet is an important resource, as feeling this sense of ground, often combined with breath awareness, can help de-escalate a hyperaroused state.

Unless the client is totally unable to maintain some internal focus, breath awareness can be a primary resource and point of focus. Siegel considers breath awareness an important example of intrapersonal attunement. Most people, in general, do not breathe deeply into their belly. Clients who become hyperaroused are in a sympathetic dominant nervous system (SNS) state. Breathing deeply into the abdomen engages the parasympathetic nervous system (PNS), which in turn helps to deescalate hyperarousal. The development of the breath as a primary resource is accomplished either by simple mindful awareness and/or by teaching breathing techniques that facilitate balance of SNS and PNS (e.g. yogic breathing methods such as Ujjayi Pranayama or Nadi Shodhana).

Developing somatic awareness of a sense of a safe and protective container, as well as a differentiated sense of self, is another primary resource. Clients who present with BPD have often not had the experience of being separate while still being in relationship, or of safe container, due to the invasive nature of the relationship with the primary caregiver. To address this, I often use boundary work as adapted from personal experience with Integrated Body Psychotherapy (IBP) using rope as an externalized boundary. Tracking core organizers, I will ask the client to just notice what happens when they "physicalize" their boundary? What happens in the breath and muscle tone? Is there any emotion? Some clients experience fear the first time they set a boundary, because it creates a sense of separation. Once the client has explored and established their boundary, which is an on-going process in itself, I will bring the exploration into relationship by making my own boundary, inviting the client to notice what happens. Another helpful exercise is to use distance to explore boundaries and somatic awareness. For example, either therapist or client can move closer or further away (with our without the physical boundary). While the client may "think" that a certain distance is fine, her body may be telling a different story. Encouraging the client to explore the language of the body and allowing the choice to say "no" and push away is both important and empowering.

I also work with developing a sense of internal boundary, as adopted from my hatha yoga practice, encouraging the felt-sense of core muscle engagement before reaching out to engage with others. With the collapse into depression, clients often lose the connection with a sense of inner strength. I will invite the client to come to standing, bend the knees slightly and raise the toes. This engages muscles that connect into the pelvis. The legs then straighten without locking the knees. Next, the client is instructed to reach out with the arms, either directly in front or to the sides, without muscular engagement in order to feel what "disengaged" feels like. The muscles are then engaged by bringing the shoulder blades onto the back, engaging muscles and pulling in to the core. This creates an internal felt sense of strength and connection to self. The next step is to keep this engagement while extending out (opposing actions), which can facilitate an awareness of self in relationship. Clients are also encouraged to engage in other core strengthening exercise, such as Pilates.

For a detailed discussion of developing somatic resources, please refer to Ogden, Minton and Pain, 2006.

Therapeutic relationship as a safe container

Borderline and narcissistic personality disorders are considered disorders of self-development. A key to effective treatment is the development of a sense of self through the therapeutic relationship.

According to Herman (1997), "The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation" (p. 134). Clients who present as borderline tend to be profoundly distrustful (Perry et al., 1990); therefore, establishment of a safe therapeutic container is fundamental. Although this may be a slow process, it can begin through systematically validating the client's perceptions and acknowledging the appropriateness of emotional reactions to horrific abuses suffered in childhood. Advice given from borderline clients indicate that the validation of their emotional responses to their traumatic, abusive childhoods was most beneficial in treatment, decreasing their inner confusion (Perry, 1990). And "they cannot examine their own pattern of re-enactment or explore the original traumas until their sense of injustice and fear of retribution is clarified and validated" (p. 40). The previously cited study by van der Kolk et al. (1988) concluded that the striking degree of improvement seen in clients diagnosed with BPD who reported a history of severe physical and/or sexual abuse, over the three to six years prior to study interviews, was due to the clients feeling secure with their therapists.

Herman (1997) views the empowerment of the client and the establishment of a sense of control as the first steps in recovery from severe trauma. Gaining control over one's current life, rather than repeating trauma in action, mood, or somatic states is the goal of treatment (van der Kolk, 1989). The therapeutic relationship is unique in relation to power and control, and is vulnerable to abuses of power, real or imagined (Barstow, 2002; Herman, 1997). The client comes to the therapist in need of help and support. Transference reactions similar to childhood experience will inevitably be evoked (Herman, 1997). The adaptations used by borderline clients to survive in the abusive childhood

environment will show up in the therapeutic relationship, as well as other relationships that present any degree of intimacy. Thus, the fear of abandonment, relying heavily on others to provide soothing and other functions not developed in themselves, spitting, projective identification, and rage can be understood as attempts to cope using the mechanisms available at the time when the trauma occurred (Perry, 1990).

Transference with borderline clients will have a certain flavor, and may involve intense period of approach and avoidance, alternating between rageful, regressive, and clinging behaviors combined with missing sessions. The therapist may become the idealized parent figure. When the therapist proves himself to be imperfectly human, he may become devalued and the target for unresolved rage (Herman, 1997, Perry, 1990). Borderline clients tend to be exceptionally perceptive, and have an uncanny ability to read and respond to the therapist's vulnerability (Kernberg, as cited in Herman, 1997). Motive and reactions can be misperceived. A neutral therapeutic stance may be confused with abuse and neglect (Perry, 1990). Considering the nature of the potential transference, it is of utmost importance that the therapists use their power responsibly, in service of fostering the client's recovery, track for their own countertransference in relation to these behaviors, and get to appropriate supervision (Barstow, 2002).

Additionally, since much of the trauma experienced by clients diagnosed with BPD may have occurred preverbally, "Changes in nonverbal relational knowledge are at the core of therapeutic change " (Schore, p. 146, citing Stern et al 1998). Therefore, much of the work of relationship involves tracking and contact with non-verbal cues.

Stephen Porges' "polyvagal theory" (2001) details a hierarchal approach to autonomic nervous system arousal and how it pertains to relationship. The autonomic nervous system contains a third branch, the *ventral* parasympathetic branch of the vagus nerve which Porges refers to as the "social engagement system," in addition to the sympathetic branch (SNS) that is dominant in hyperarousal, and the *dorsal* parasympathetic branch of the vagus nerve (what is typically considered the parasympathetic nervous system, or PNS) that is dominant in hypoarousal. The social engagement system is the optimal zone, allowing for vacillations in heart rate and muscle tone, for example, without mobilization of the SNS. Under non-threatening conditions, the social engagement system helps us engage with our environment and relationships. However, if this system is not well-developed through secure attachment relationships, SNS arousal may be dominant, creating a state of constant vigilance and hyperarousal. If both the social engagement system and SNS fail to provide protection and safety, the dorsal branch of the vagus nerve (PNS) takes over, creating a state of hypoarousal, immobilization, and in extreme cases, total shutdown of bodily systems.

According to Ogden (2006),

> The social engagement system is initially built upon a series of face-to-face, body-to-body interactions with an attachment figure who regulates the child's autonomic and emotional arousal; it is further developed through attuned interactions with a primary caregiver who responds with motor and sensory contact to the infant's signals long before communication with words is possible (p. 42).

In disorganized/disoriented attachment, a precursor to the development of BPD in adults, the social engagement system is compromised (Ogden, 2006). One of our roles as therapists is to facilitate the engagement and development of the social nervous system through attuned relationship, taking special care in tracking and repairing breaks in the therapeutic relationship and helping the client to regulate arousal levels. Addressing shame dynamics through the social engagement system is of primary importance when working with BPD.

Shame: pulling it all together

Unless otherwise cited, the majority of literature and literature review in this following section on the role of shame in treating attachment failures and BPD, is cited from Allan Schore (1994, 2000, 2003 a and b). Although other authors have written about and researched shame dynamics, Schore offers, by far, the most comprehensive discussion I have found.

The diagnostic criteria for BPD (relationship instability including fear of abandonment, splitting, affect dysregulation [rage in particular], and dissociation) can be understood as defensive reactions to shame. Addressing shame dynamics involves all of the previously discussed aspects of therapy, most specifically the therapeutic relationship. Successful therapy involves helping the client tolerate the negative affect within the therapeutic relationship with the intention of building a full and healthy sense of self.

Shame is a limbic system-regulated affect, implicitly linked with the precipitating events (Kaufman, 1992). Schore (1994, 2000) emphasizes the essential role of working with shame dynamics in the treatment of clients with a history of attachment failure and BPD. An extremely inefficient capacity to regulate shame underlies the affective and characterological disturbance in BPD (Lansky, 1992, as cited in Schore, 1994).

Internalized shame arises out of misattunements that occur in attachment failures, paralyzing emotional development and regulation. Shame is associated with the self's vicarious experience of another's negative evaluation, and occurs within the attachment relationship when the primary caregiver becomes misattuned with the child, either out of

oversight, negligence or abuse. A certain amount of mild shaming, or regulated shame, is necessary for the socialization process of young children, whereby the child learns empathy and a sense of morality in relationship with the primary caregiver. Shame states occur only when the child is experiencing interest, excitement or joy. The child, in a high energy, sympathetic state of elation, exposes itself to the caregiver. Expecting to be met in this state of elation, the child instead experiences a misattunement and deflation of narcissistic affect. When shaming occurs, the nervous system of the child quickly shifts from a hyperaroused, sympathetic state of elation to a parasympathetic state of hypoarousal that, when not repaired via upregulation by the primary caregiver, leads to internalized shame states. The "good enough" mother, tracking the emotional states of her child, is able to repair the misattuned shame state by emphasizing the impact of the child's behavior and not threaten to take love away due to something fundamentally wrong with the child, leaving the child in a state of hypoarousal.

Unregulated or bypassed shame originates in the first few months of life and continues into the pre-verbal, practicing period (12-18 months) from misattunement, and is encoded in implicit memory. In the most severe attachment presentations, the mother (or primary caregiver) learns how to prolong the baby's positive state and SNS arousal through not allowing the baby to avert her gaze, giving her a sense of control and closeness. Also, around 5 months, the baby starts to naturally be interested in the outside world. The increased gaze aversion from the child elicits confusion and negative affect in the mother. When the mother is misattuned to the needs of the child for gaze aversion, separation and PNS engagement, as well as upregulation from a PNS-dominant state, this is the beginning of abandonment depression, a classic symptom in the diagnosis of BPD, in the child, which in turn begins with the mother's abandonment depression when her child doesn't respond the way she wants or expects. Abandonment depression reflects the child's entrance into a state of conservation-withdrawal; future perceived abandonment will trigger state-dependent recall of the original triggering event. Generally speaking, excessive parental control, creating an environment where the child feels powerless and trapped, is the "seedbed for shame" (Kaufman, 1992, p. 63), which by definition puts the shame state into the realm of trauma.

Unregulated shame has the capability to inhibit any specific affect, which in turn inhibits emotional development. When a particular affect comes into conscious awareness, the threat of exposure generates shame. Eventually, the affect is immediately erased from conscious awareness (Kaufman 1992). Therefore, developing the ability to tolerate emotional pain when repressed materials surface is crucial in the therapeutic process. Shame tolerance is at the core of healthy development of a sense of self.

Borderline clients tend to react with shame and humiliation to therapeutic suggestions or interventions: "Most of the defensive operations of borderline patients are reactions to their shameful self-consciousness among others. Borderline patients are exquisitely humiliation prone. They have a pronounced tendency to experience others as deliberately inflicting shame on them (Schore, 1994, quoting Lansky, 1992, p. 37)." The therapist's inability to perfectly mirror the client and to do as expected may be experienced as non-confirmation that triggers shame and the associated dysregulated emotional states (Wolf, 1991, as cited in Schore, 1994). Transference may involve a lack of object constancy and fear of abandonment; especially between therapy sessions; borderline clients cannot regulate an enduring negative affective state triggered by the therapist. The therapist needs to be especially sensitive to non-verbal cues of perceived misattunement, such as gaze aversion, blushing, postural changes, and energetic changes (Schore, 1994). A well-attuned therapist can serve as an external regulator of shame, affectively resonating with the client and helping the client to tolerate increasing amounts of discomfort and misattunement that is repaired within the therapeutic relationship.

Countertransference in the therapist may inadvertently re-enact aspects of the original abusive relationship (Herman, 1997). This is an example of projective identification, in which the client provokes a reaction similar to the original abuse in another person, such as a therapist or partner. The countertransference feelings experienced by the therapist may also resemble that of an unwanted child, providing a means for the therapist to enter the subjective world of the borderline client (Searles, as cited in Perry et al., 1990). Addressing the present moment experience with the client can provide new insight and safety, which in turn can help the person begin to change the pattern of projective identification and re-enactment.

Splitting, another classic symptom of BPD, is fueled by the tendency for borderline clients to experience others as deliberately inflicting shame and humiliation on them. Affect dysregulation becomes intense when there is a perceived sleight and misattunement in relationship, which is a similar experience of earlier relationships. They may idealize the therapist until the therapist fails to meet expectations, at which time they either hide in shame or lash out in rage. They are "guided by internalized models of interactive misattunement [that] . . . encode experiences of humiliating narcissistic assault from a primary object" (Schore, 1994, p. 455). The once "good object" becomes the "bad object." This is often projected onto the therapist as blame.

As mentioned, borderline clients lack the verbal and social skills to resolve conflict. Kaufman (1992) describes the upregulating repair process of a parent-child dyad when the child has either done something to warrant discipline or has felt emotionally missed, and has retreated in shame. When

the attuned parent seeks out the child with the intention of repairing the break in relationship, the child may react with a backlash of anger that is "trapped" in the shame. If the parent can allow for this and affirm the child, attuned relationship can be reestablished. This same dynamic applies to borderline clients; when attempts at repair of mistakes and misattunements are made, the client may react with further anger or rage. Staying in emotional contact and tracking non-verbal cues is vital, as there will inevitably be misattunements. Carefully tracking countertransference is important, as the client will likely evoke anger or fear in the therapist. Repair of misattunements may take several sessions. The client may retreat in rage, only to return weeks to months later. The therapist must be mindful of their own boundaries, not allowing abuse from the client, yet staying in contact if therapy is to continue. In essence, the therapist is being the "good enough" mother who tells her child that what the child is doing is not OK, but that love will not be taken away, i.e. the child will not be abandoned.

Clients initially come to therapy with experiences of shame from daily life outside of the therapeutic relationship. Sharing their stories becomes the seedbed for shame dynamics within the therapeutic relationship. When telling the story, a shame *state* often naturally presents itself, providing an opportunity for healing as the therapist carefully tracks the client's non-verbal responses.

As the client deepens into the shame state, he or she may begin to feel exposed and vulnerable, further withdrawing and wanting to hide, or lashing out, as was necessary in order to be protected from misattuned caregivers. At this point, the therapist may need to move back, turn away from the client, or both, tracking changes in the body and breath. Since the objective is to facilitate upregulation, the therapist must stay in emotional contact, which may mean having to create more physical distance. Reminding the client that, "I am still here, I am not leaving you even though I am moving back" is crucial, as silence will only exacerbate the injury. Since the shame state is the trauma response, working at the edges of activation is necessary. As the client's nervous system comes to a new state of equilibrium, the charge is "upped" either by moving a bit closer or encouraging eye contact, for example. Eye contact can be a very powerful intervention, encouraging and allowing the client to initiate, and like a good-enough mother, following their lead. The therapist's shame-modulating (and therefore affect regulating) function is instrumental. We are helping the client tolerate their own affect while staying in relationship. What was once narcissistic rage over a perceived sleight can become normal anger that can be resolved through relationship.

In terms of the social engagement system, by working this way, we are engaging the client's social nervous system through relationship. Remembering that we are potentially creating new neural connections within relationship, the therapeutic process may take years and require much patience.

Conclusion

Individuals who have experienced severe childhood abuse are subject to diagnoses of dissociative and personality disorders, borderline personality disorder in particular. BPD tends to elicit immediate assumptions and judgments from professionals regarding therapeutic relationship and treatment. Often the etiology in childhood trauma is overlooked, as well as the significant overlap with symptoms of PTSD. A different diagnosis that includes both the symptomology and etiology would greatly benefit victims of the abuse for which they are not to be blamed.

Childhood adaptations to severe trauma imposed by primary caregivers, often including sexual abuse, include dissociation, dysregulation of affect, hypervigilance, depression, splitting, profound distrust and disruption in interpersonal relationships, re-enactment of abuse in subsequent relationships including domestic violence, avoidance of situations reminiscent of the trauma, self-injury, and feelings of helplessness and hopelessness. These adaptations are also the symptoms of PTSD.

Childhood trauma often begins with insecure attachment to primary caregivers. Neural development of the infant brain is dependent on the ability of the "good enough mother" to provide proper attunement and regulation of the autonomic nervous system, in particular. If the mother has a serious psychological disorder or is in any way unable to provide a nurturing, stable environment for the infant, the infant is at risk for maldevelopment of neural pathways vital for affect regulation and cognitive function. The etiology of both BPD and PTSD is also correlated with disoriented/disorganized attachment patterns seen in infants whose primary caregiver displays erratic and inconsistent behavior toward the infant, and is not attuned to the needs of the infant.

The issue is not whether PTSD and BPD are the same thing; the issue is the consideration of the early trauma in the etiology of symptoms. Along with cognitive, structural, and behavioral approaches, the trauma history needs to be addressed. Addressing trauma history means not only offering validation, support, and reframing, but working with physiological and somatic experience related to traumatic memory. Effective approaches to trauma resolution involve the integration of cognition, affect, five-sense perception, behavior, and somatic experience. These aspects of function become fragmented and dissociated during the traumatic event and in subsequent events reminiscent of the original event. Integration of these core organizers helps facilitate a wider range of function unavailable to the person before treatment. Trauma is the result of extreme boundary violation; effective therapy,

therefore, must facilitate the ability to establish appropriate boundaries, developing the "felt sense" of what is appropriate in any give situation.

Given that the survivor of childhood trauma approaches relationships with the same survival skills she did in childhood, the therapeutic relationship must provide a different model and experience of relationship; one in which she is supported, accepted, and treated with dignity and respect—while also holding her accountable for unhealthy behaviors. The therapist provides the boundaries of a safe container, also providing structure, accountability, and the missing experience of acceptance and support necessary to counter the debilitating shame.

References

Barstow, C. (2002). *Right use of power: The heart of ethics*. Boulder, CO: Many Realms.

Butler, K. (2001). Revolution on the horizon. *Psychotherapy Networker*. May/June 2001.

Damasio, A. (1994). *Descartes' error: Emotion, reason, and the human brain*. New York: Avon Books.

Famularo, R., Kinscherff, R., Fenton, T. (1991). Posttraumatic stress disorder among children clinically diagnosed with borderline personality disorder. *Journal of Nervous and Mental Disease 179*(7): 428-431.

Goodwin, J, Cheeves, K, Connel, V. (1990). Borderline and other severe symptoms in adult
survivors of incestuous abuse. *Psychiatric Annals 20*: 22-32.

Hakomi Somatics Institute (HSI) Professional Training, February-August 1998, Boulder, CO.

Herman, Judith L. (1997). *Trauma and recovery*. New York: Basic Books.

Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder*. New York: Guilford.

Masterson, J. F. (1988). *Search for the real self: Understanding the personality disorders of our age*. New York: Free Press.

Ogden, P., Minton, K., and Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy.* New York: Norton and Company;

Perry, B.D., Pollard, R. A., Blakley, T. L., Baker, W. L., and Vigilante, D. (1995a). Childhood trauma, the neurobiology of adaptation, and "user-dependent" development of the brain: How "states" become "traits." *Infant Mental Health Journal*, *16*(4), 271-291.

Perry, B.D. (1995b). Incubated in Terror: Neurodevelopmental Factors in the cycle of violence. In J. Osofsky (Ed.). *Children, youth and violence: Searching for solutions*. New York: Guilford Press.

Perry, J.C., Herman, J. L., Van der Kolk, B.A., and Hoke, L.A.. (1990). Psychotherapy and psychological trauma in borderline personality disorder. *Psychiatric Annals 26*, 33-43.

Peterson, C., Maier, S.F., and Seligman, M. E. P. (1993). *Learned helplessness: A theory for the age of personal control.* New York: Oxford Press.

Porges, S.W. (2001). The polyvagal theory: Phylogenic substrates of a social nervous system. *International Journal of Psychophysiology, 42*(2), 123-146.

Scaer, R. C. (2001). *The body bears the burden: Trauma, dissociation, and disease.* New York: Hawthorne Medical Press.

Schore, A.N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development.* Hillsdale, New Jersey: Lawrence Erlbaum and Associates.

Schore, A. N. (2000, April 2). Personal notes from *Affect regulation and the origin of the self*. Talk presented at a meeting of the Hakomi Integrated Somatics Institute. Boulder, CO. (Available from the author.)

Schore, A. N. (20003a). *Affect regulation and disorders of the self.* New York: Norton and Company.

Schore, A. N. (20003b). *Affect regulation and repairs of the self.* New York: Norton and Company.

Siegel, D. J. (1999). *The developing mind.* New York: Guilford Press.

Siegel, D. J. (2007). *The mindful brain.* New York: Norton and Company.

Van der Kolk, B.A. (1987*). Psychological trauma.* Washington, D.C.: American Psychiatric Press.

Van der Kolk, B.A. (1988). Trauma spectrum: The interaction of biological and social events in the genesis of the trauma response. *Journal of Traumatic Stress 1*(3), 273-290.

Van der Kolk, B.A. (1989). The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. *Psychiatric Clinics of North America 12*(2): 389-411.

Van der Kolk, B.A. (2001). Personal notes from presentation on "Trauma Treatment" presented at a meeting of the Hakomi Somatics Institute, Boulder, CO. (Available from the author.)

Van der Kolk, B.A., and van der Hart, O. (1991a). The intrusive past. *American Imago 48*(4), 425-454.

Van der Kolk, B.A., Perry, J.C., and Herman, J. L. (1991b). Childhood origins of self-destructive behavior. *American Journal of Psychiatry 148*(12), 1665-1671.

Van der Kolk, BA, Hostetler, A. Herron, N, and Fisler, R. (1994). Trauma and the development of Borderline Personality Disorder**.** *Psychiatric Clinics of North America 17*(4), 715-730.

Van der Kolk, B.A., MacFarlane, A. C, and Weisaeth, L. (Eds.) (1996). *Traumatic stress: The effects of overwhelming experience on the body, mind, and society*. New York: Guilford Press.

Two additional resources on trauma resolution not cited in this paper:

Levine, P. (1997). *Waking the tiger.* Berkeley, CA: North Atlantic Books.

Scaer, R. (2005). *The trauma spectrum: Hidden wounds and human resiliency*. New York: Norton and Company.

Towards a Better Appreciation of the "Intimacy" Gap Between Men and Women:

"Intimacy" is an Action Word for Men

Martin Rovers, Ph.D., Robert West, M.A., Terry Schmerk, M.A. & Rene Vandenberg, M.A.

Editor's note: Hakomi principles of unity and organicity map into Wilber's AQAL theory (see his *Integral Psychology*) of intentional, behavioral, cultural, and societal dispositions all being crucial to make sense of humanbeingness. So, what in this vast interconnected universe helps make sense of mysterious male/female, boy and girl relationships? – genes, nurture, nature, accidents? This article helps us sort through the research on this mystifying subject, and deal with the conundrum that there are, in fact, obdurate differences. Martin Rovers reports that this research *"came out of everyday dinner conversations with couples and single people, male and female, about the place and expressions of intimacy within relationships. The central theme that men and women have different languages and meanings for intimacy lead us to a review of the literature, and to our research conducted through informal gatherings in Thunder Bay and Ottawa. Often the discussions seem to back us men into the corner of being unable to be intimate, at least as our partners seem to want intimacy: intimacy was being described more and more in feminine language. Gradually, we men came to realize that we just do intimacy differently, and that mutual respect and appreciation was needed to meet as intimate partners and friends. This article attempts to use everyday language for the experiences and expressions of intimacy."*

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ABSTRACT: It has been 40 years since the feminist movement and almost 20 years since the men's movement, and yet where have men and women come over these years in our understanding of intimacy, and how intimacy is lived between the sexes? This paper tries to bring us up to date. It suggests that male intimacy still has strong elements of the "hard wiring" days of the hunt and war, and even modern child-rearing practices have not brought boys and girls much closer together in understanding each others' love language. Intimacy is described today mostly in feminine terms. Becoming 'soft men' or 'hard women' or gender neutral people is not the answer. Understanding and appreciating the way men "do" intimacy is essential for both men and women's future relationships together. At the same time, men need to look at their own wounds of intimacy and find a new psychology and spirituality of being a man today.

Introduction

Men gather, grief surfaces, and men need a shoulder: women gather, anger surfaces, and women need a fighter. (author unknown)

From the outset, we confess that, as four male authors, we struggle with our own sense of male intimacy, let alone dare to write anything on female intimacy, or how men and women get together around intimacy, and so we invite you to read our struggling as our best attempt at being intimate. We have read books, looked at research, and held focus groups of married and single men and women to help us reflect upon the meaning of intimacy as it is lived today. We present our musings, our findings and our feelings.

Perhaps Terrance Real (2002) is correct when he states that most men are just not raised to be intimate. In fact he goes further to write that "the prospect of deep connection stimulates a visceral recall of each instance of disconnection we (men) have encountered" (Real, 2002, p.59). When it comes to intimacy, men seem to start in the down and out position, seeking validity of our own experiences of intimacy and probably disconnection.

Intimacy

Intimacy is defined by Funk and Wagnall's (1975) dictionary as the state of being intimate. Further instruction can be found in the subsequent definition of 'intimate': 1) characterized by pronounced closeness of friendship or association; 2) deeply personal, private (as in intimate thoughts); and 3) having illicit sexual relations. It must have been a man who wrote this dictionary to so quickly connect intimacy with sex, and illicit sex at that!

Lerner (1989) describes intimacy as a relationship where I-ness and you-ness operate together: perhaps worded another way, where you can be you and I can be me. Peck (1978) takes this one step further by suggesting the love is "the will to extend one's self for the purpose of nurturing one's own and another's spiritual growth". Fromm (1947) states that love requires the affirmation of one's own life, happiness and growth. Putting all this together, we define intimacy as a deeply personal relationship, sometimes sexual, where you and I come together with gifts and wounds to nurture each others growth.

Intimacy Over Time

It is helpful to understand the contextual influences on men's and women's identity and personality. Gender role socialization is one of the most salient of these contextual influences upon the development of our sense of intimacy (Hyde, 2005; Levant & Silverstein, 2005). We want to argue that much of what has occurred in the past regarding gender roles lends itself fairly readily to quantification, while necessarily incorporating softer human sciences. Examples of these measurable, tangible changes would include: the suffragette movement, the women's movement, the women's liberation movement, the feminist movement to the extent that they have advocated for political, legal, social, and economic changes such as the right to vote, equal pay for equal work, right to own property, etc. More recently, radical feminism may be trying to move men out of the reproductive realm, if not out of many women's lives. However, as Real (2002) states, "feminism, thus far, has failed to capture the hearts of most males" (p. 92).

At some point, the pro-women, pro-equality nature of the women's movement became something else, at least to a significant portion of the movement. The promised utopia of equality turned out to be, at best, only that. Women (some women) were hard pressed to explain, having achieved at least some of what men had always had – power – why it didn't seem to be nearly enough. For many, it was simply untenable psychologically to consider notions such as 'The Myth of Male Power'. Equality was supposed to be closer to nirvana than it turned out to be.

And let us not forget the men's movement of the 1980's and 1990's. The structures of male power therefore, while fundamentally flawed, were also part of the real problem. Men were as flawed as the structures they had created. Equality with flawed creatures became a non-starter.

The history of relationship and intimacy between the sexes has changed over the years, evolving through the ages of 1) hunter gathering societies (where men were most often gone, on the hunt); to 2) agrarian settlements (where men worked the fields while women worked the home: therefore, we men were still gone); to 3) an industrialization / urbanization (where men left home to go work in the factories all day and night); to today's 4) wired world (where men can get lost in cyberspace).

While practical elements of these changes / gains may be relatively easy to measure, less concrete elements of such changes are another matter. Changes of attitudes, in group or individual consciousness, in mass culture or in personal psychology are not so obvious. It is not surprising to ask whatever happened to intimacy and love over these years for both men and women. But we believe that we have to look deeper to try to grasp some of the realities that make up the relationship between men and women, and begin the process of uncovering the meaning and experience of male intimacy. Blaming women will never help the cause. We men need to, nea, have to, look deeper into ourselves and our own "hard wired" sense of intimacy, and how this might play out in our relationship with our intimate partners.

Growing up boys and girls

There are many sources and agents that teach boys and men their gender-role expectations. We look at three such sources: families, schools, and media. Parents and siblings are often considered the first and probably most pervasive influence on gender role development (Witt, 1997). Most adults do treat boy and girl babies differently. Children are given particular sex-typed toys and books (Evans & Davies, 2000; Nelson, 2005), and are rewarded for gender-appropriate behaviors (Blakemore, 2003; Fagot, Rodgers, & Leinbach, 2000; Raag & Rackliff, 1998). Adults tend to play more roughly with boys than girls (Grieshaber, 1998; Lindsey & Mize, 2001; Lindsey, Mize, & Pettit, 1997). Chores are often allocated based upon gender role stereotypes (Antell, Goodnow, Russell, & Cotton, 1996.

Adults also talk differently to their male and female children (Leaper, Anderson, & Sanders, 1998). Mothers tend to talk less to their sons, while both parents encourage boys to be independent and autonomous. Pollack (1995, 1998) suggested that less interaction with parents may harm boys by pushing them away from parental support and nurturing too early. Perhaps such an early push for autonomy negatively impacts the ability of boys and men to perceive other persons with deep empathy and form intimate relationships (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Oliver & Green, 2001) and may also form a basis for later issues with anger and violence (Pollack, 1995, 1998).

Through school and in children's books, boys are more often portrayed as action figures (i.e., risk-takers) and as rescuers of women (Doyle & Paludi, 1998; Evans & Davies, 2000; Purcell & Stewart, 1990). They are less frequently written up as a parent or father (Anderson & Hamilton, 2005; Gooden & Gooden, 2001). These images can reinforce competence, being in charge, and risk-taking but not skills for intimacy and connection. Boys are also expected to be athletic and excel at sports (Kilmartin, 2000). High school athletes enjoy high social status, dominance, the envy of other males, and admiration from and social and sexual success with female students (Pascoe, 2003). Emotions, with the exception of anger/aggression, are suppressed, and winning (competiveness) is usually everything. Lack of success in sports or school may impact non-athlete boys with feelings of failure and lack of self-confidence and worth.

Chodorow (1978, 1989) has theorized that the identity of girls seems more based on an experience of connection of their relationship with their mothers, whereas the identity of boys is formed by experiencing themselves as different then their mothers, and by (supposedly and hopefully) creating an identity with their fathers. While both boys and girls are pushed into the world of growing up, it seems that boys are forced out sooner and more dramatically. For boys, identity seems to be formed by this differentiation from mothers, by not-being-women, not crying, not feeling, and not taking care of others. One might appreciate some confusion in men in that we are born of a mother, held in the arms of our mother, yet need to separate from our mother, only to come back and meet, marry and make love to a women, who soon will become a mother of our child. Is it any wonder that one of the prime danger times for marital breakup is within the year of the birth of the first child? When men fall in love (or is it in lust?), we think to ourselves (and brag about it with the other boys): Great! I have a lover. Loved as a baby, I am in my lovers arms again. Then after the first child is born, wow! Now my lover has become a mother, and I have one of those already, I don't need two: lover, lover, come back to me! This is not what I bargained for in this relationship. Real (2002) calls this the endless pattern of harmony, disharmony, and restoration. The 20-25 % of men who have affairs usually do so early in the marriage, and go for high opportunity and low involvement affairs, while the 10-15% of women who have affairs often do so as a comparison measure.

Prochaska and Norcross (2003) write that "girls are typically expected to be sweet, sensitive, and docile, while boys are expected to be strong, stoic, and brave" (p. 421). In identifying with mothers, girls learn the high priority of relatedness, nurturing and care for other people, perhaps at the expense of developing their capacity for autonomy and independence. Brizendrine (2006) suggests that a testosterone serge in the brain of a male fetal brain kills off some cells in the communication centre of the brain and grows more cells in the sex and aggression centers. This does not happen for the female brain and thus women may be soft-wired for contact and crave social attachment more than men. She states that girls are born interested in emotional expression. As well, once born, boys are exposed to the more aggressive, power seeking relational styles of adult males, probably at the expense of developing capacity for the expression of empathy and connectedness as well as other emotions (Gilligan, 1982). These early lessons teach boys to avoid their feelings and become the Lone Rangers of life and love and are reinforced often before any boy even has a thought about looking at girls or sex or love. Contemporary research indicates consistently that boys from all walks of life evidence a clear, measurable decrease in expressiveness and connections by the ages of three, four and five. Corresponding changes in girls occur in the pre-teen level. Attachment theory would dictate that everyone always plays out the 'working model' for relationships we first learned growing up.

The media has also played a part in transmitting gender role socialization messages. Too often the media plays up the differences between men and women (Bing, 1999) to the detriment of recognizing noteworthy similarities. Male characters on television programming are usually older and seen in positions of authority (Furnham & Mak, 1999; Glascock & Preston-Schreck, 2004). Men are often depicted as police officers and criminals (Scharrer, 2001), conveying messages of aggression and competitiveness. Men and women are most often portrayed in predominantly traditional roles (Brabant & Mooney, 1997; Diekman & Murnen, 2004; Glascock & Preston-Schrech, 2004; Signorielli & Bacue, 1999). Boys are often portrayed as smart, powerful, competitive, and violent (Witt, 2000).

David and Brannon (1976) developed their classic four male stereotypes for men. "No sissy stuff" reinforces the rule that we are not women. "The big wheel" describes the man who makes a lot of money and therefore, is described as powerful. "The sturdy oak" refers to men being defined by self-reliance, confidence, toughness, strength, and lack of emotionality. "Give 'em hell" encourages men to be aggressive, in charge, tough, and risk-taking.

Keen (1991), speaking on behalf of the men's movement, suggests that there is a dis-ease between the genders; what

Real (2002) calls "the intimacy gap"; too much blame and expectation and not enough acceptance and appreciation. He states that men need a new vision of masculinity and how men might find 'fire in the belly' again and take their respectful places in the world of adults.

The Hunt

It is not difficult to imagine some of the basic and necessary approaches to survival that early hominoids would have taken. With notable exceptions, the hunt and war, with their attendant terrors, would have been carried out by men. The hunt would be carried out in a climate of fear, perhaps of starvation of self, mate, or children and if unsuccessful; fear of injury, depending on the quarry. There is also the fear of cowardice or personal failure in one's assignment in the group of men. The hunt would also have been carried out mostly in silence, for obvious reasons. With attendant adrenaline – mutually reinforcing - hard wiring – male performance and achievement became the rule of the day. Carrying over such an agenda from the days of the hunt to the present day might include a hard-wired or deep imprint on the autonomic nervous system of fight or flight (but not connection or intimacy), quick orgasm for fear of being hunted, fear of male bonding, etc.

Men do not go to war or on the hunt in a vulnerable position. Instead, men put on a brave face or mask to chase terror away. Before the battle, they dig deep for gusto and machismo, or go to their women for sex, perhaps as some deep down need for appreciation or smoothing in the face of fear. Perhaps it is a way to connect with their family and community for whom men enter the hunt and war.

The emphasis on the hunt, war and other acts of risk-taking as part of the gender-role socialization of men and boys can result in greater risk for death and injury at all ages (Arias, Anderson, Kung, Murphy, & Kochanek, 2003; Kruger & Ness, 2004; Mathers, Sadana, Salomon, Murray, & Lopez, 2001; White & Cash, 2004). The leading cause of death for 15- to 34- year-old men is accidents (White & Holmes, 2006). It may well be men's risk taking behavior that accounts for the worldwide higher death rate for young men than young women (Christov, Zdravko, Todorova, Ivanov, & Tzurakova, 2004; McKee & Shkolnikov, 2001; White & Cash, 2004). It may be that this toughness or unwillingness to ask for help that accompanies traditional male socialization directs men to engage in greater health risk behaviors such as less attention to preventative health (Mahalik, Lagan, & Morrison, 2006), less consultation and visits with physicians and other health-care providers (Addis & Mahalik, 2003; Tudiver & Tolbert, 1999), and greater substance abuse such as alcohol and drugs (Blazina & Watkins, 1996; Isenhart, 2005; Courtenay, 2001). Some researchers estimate that risky health behaviors can be responsible for up to 50% of men's morbidity and mortality (Mokdad, Marks, Stroup, & Gerberding, 2004).

Male Attachment

Attachment patterns are broadly categorized as secure and insecure. Just about everyone is in agreement with working definitions of secure, defined as a delicate balance between seeking proximity to the caregiver and exploration, between connectedness and autonomy. The various insecure patterns break down in to a litany of different possibilities. Rovers (2004, 2005) describes five attachment patterns which are a synthesis of attachment theory and Bowen Theory. These attachment patterns are enmeshed, preoccupied, secure/ differentiated, avoidant, and cut-off. He also hypothesized a 6th pattern of flipping or bouncing between enmeshed and cut-off (love me or reject you).

What might be the effect of such gender role socialization on attachment patterns in adult life? Research on attachment patterns seems to be pointing in the direction of men being more of the avoidant/ withdrawing types in attachment patterns, while women lean on the side of being preoccupied. Gender differences have been inconsistently found in attachment research, but have been found nonetheless (Levy, Kelly & Jack, 2006; Allen & Baucom, 2004; Collins, Cooper, Albino, & Allard, 2002). Dismissing individuals (more often men than women) manage to maintain a consciously positive image of themselves despite a history of negative interactions with attachment figures. This seems to involve an exceptional degree of self-reliance. Preoccupied or anxious-ambivalent individuals (more often women than men) manage to view relationships with others as desirable even though previous relationships have helped to create a rather vulnerable, insecure self. Men's ambivalence about relationship partners seems to be attributable to the on-again, off-again responsiveness of their primary attachment figures in childhood (Shaver & Clark, 1996). Preoccupied attachment styles (i.e., women) report more intimacy motivations while avoidant/ dismissive attachment styles (i.e., men) report more autonomy motivations (Robin, 2003). Dismissive individual (more often men than women) tend to give more attention to the sexual aspects of one's relationship than with emotional intimacy, and dismissive people also find sexual infidelity more distressing (Levy, Kelly & Jack, 2006).

One component of attachment is the internal working model which influences how intimate relationships are conceived in the first place and possible meanings imposed and understood for future relationships. There are common variations, patterns or "working models" to explain the way attachment is learned. The internal working model is a representation based upon experiences of attachment from early childhood and family-of-origin history in conjunction with current interactions between ourselves and significant others (Rovers, 2005). This process of 'generalising' working models of intimate interactions is well exemplified

by work done on attachment style and work by Hazen and Shaver (1990). Fischer and Ayoub (1996) suggest that attachment and working models carry from early, family of origin attachment relationships to subsequent relationships:

> People construct their individual working models of close relationships based on the major role relations that they experience in their family and other close affiliations, and gradually they build complex models that connect multiple roles. These roles are organized in terms of not only the specific people and their role relationships but also the emotions experienced in the interactions and the contexts in which the interactions occur. (p. 176)

It would seem that men learn an avoidant or dismissive attachment style from their childhood experiences of needing or expecting to be 'unlike' their mothers, perhaps resulting in confusion, distance, marginalization, feeling unappreciated, even rage at times of adult intimate relationships. At the same time, there seem to be too few healthy male models for them to become initiated into the world of men and male expressions of intimacy (Bly, 1992: Keen, 1991: Corneau, 1991). When men journey into the adult world of intimacy, they would carry with them these wounded internal working models of family of origin experiences and of intimacy found and lost.

The Languages of Intimacy for Men and Women

So if men are, in fact, from one planet and women from another, the languages of intimacy are also quite different. The focus groups comments suggest that men, first and foremost, need to feel appreciated through their work (a new version of the hunt), sports (competition), partners, and family, and probably in that order, and these are all expressions of intimacy for men. The focus groups found that for men, intimacy needs to be seen as doing something, going somewhere, accomplishing something. Male descriptors of intimacy include being appreciated, working (bringing home the pay check), mystery, eroticism. Men tended to partition out intimacy as things they "do" with different people; sex with my wife, talk with a friend, sports with my buddies, getting ahead at work. For men, intimacy seems to come in doing things together, and some of that can be talking. To begin an intimate evening, men would ask their partners, "what do you want to do tonight?" and women would answer, "Let's spend some time together" while men tend to say "Let's do something".

Women want to sit and talk, all the while trying to coalesce every scintilla of emotion into the present moment of intimacy. She wants all of you, full attention, expressions of feelings, deep connection. Women can feel intimate in conversation, feeling special in their children, work, and their partners, and maybe in that order. Men, on the other hand, prefer "doing" therapy over "talking" therapy. In fact, one of the husband's greatest fear is when his partner states that "we need to talk". Even in the realm of parenting, male parenting seems more about adventures, humor, risk taking, routine, while women parenting is about stories, shopping together, and cuddles. The word 'intimacy' has a ring of being more a feminine concept (Real, 2003), with working definitions like talking, getting in touch with feeling, better communication, sharing as indicators of intimacy. Therapist may be as guilty of this bias as anyone.

How can these two very different working definitions of intimacy be reconciled? Most men agreed that women are better at intimacy than men are, although some men claim that they can share as deeply as any women. When intimacy is taken to mean connectedness, talking, sharing, being together, etc., men shudder; men tend to get lost for this is all new language for them. But when intimacy is about doing things together, facing life together, planning things, going out, talk of appreciation; this is a language men can get into. Therefore, men do have an intimate language and an intimate ability, but it is different than women, and needs to be seen as such. We cannot do intimacy like the girls do. And societal attempts to portray intimacy in overly feminine terms will do a disservice to both men and women in the long run.

Male defense mechanisms against these seemingly feminine approaches to intimacy lurk in the background of our insecurity. We are apt to tell our female partners that actions speak louder than words and that talk is cheap. The most basic level of manhood is really only validated and expressed in action; proving themselves by doing.

The Language of Sex

It has often been said that men tend to genitalize intimacy, to isolate sex from other areas of life, and from other feelings. As such, for men, sexual intimacy is focused in an act – a doing – a performance, and is more specific and definable than the overall intimate relationship may ever be. If we were to ponder the shape of the human sexual organs given to men and women, it becomes obvious that men don't take intimacy in but rather put it out there, handle it out there, project it out there. While women tend to experience their sexuality as more internal and mysterious, men are inclined to experience sexuality as an instrument for penetrating and exploring, and therefore, something which is essentially external to himself. Of course, men do need lessons on the different gears of intimate connection and sex: from affectionate kiss to sensual touch to playful touch to erotic scenarios to the erotic flow towards intercourse. Too often, however, men just want to skip some steps and get to the climax. Men typically want sex on a regular basis, preferably with our partners. But we also have a need for excitement in sex.

One result might be that after years of marriage, women might find it easier to love her husband than to appreciate him, while a husband can find it easier to appreciate his wife than to love her. Women can be preoccupied by a bewildering range of intimate qualities in their man, like power, intelligence, wealth or social position. But the erotic hard wiring of men is different. Men's sexual drive is more often engaged by beauty, youth and vulnerability. Men find it more difficult to respond erotically to female traits such as strength, ability, position, intelligence. This is not to say that men do not appreciate any of these qualities; far from it. Men are awed by societal accomplishments like money and power just as much as women are. Men appreciate courage, civility, loyalty, and ability. Men are, however, much less likely than women to have erotic responses to such qualities.

If women are generalist when it comes to love, then men are specialists. Sex for men is about being appreciated while sex for women is about being treasured. Sex for men is exciting, dangerous, active, doing something; like a hunt. If the sexual hunt is successful, men can relax and be open and intimate, sit around the fire and tell stories and let feelings out (at least for five minutes!). Maybe this is part of the hard wiring of men. After all, which hunter would ever think of letting his defenses down and standing vulnerable in a hunt or in war. Men do not fight battles with roses in their hands or by cuddling up to the enemy. Men's sexual identity is always on the line in intercourse. Fear of impotence and inadequacy are the only real enemy men fear.

In fact, the need for love in combination with sex is predominantly a female paradigm. Women find all kinds of qualities and traits sexy that have nothing to do with sex. Men can't, as a rule. Men do appreciate kindness, learning or wealth: they just can't convert their appreciation into erotic or romantic feelings. Women can elevate appreciation into romance while men are able to reduce romance to appreciation. Feeling intimate speaks of warmth and comfort, while feeling erotic talks of risk and mystery; it is a very different language of love. As research suggests, men are more likely to be distressed by sexual infidelity than emotional infidelity, while women are more distressed by emotional infidelity (Levy, Kelly & Jack, 2006). This might be because a women's sexual infidelity means someone is "doing" something wrong to the man.

One definition of dysfunction is seeing our life through someone else's eyes; to be what others expect; to not be standing solidly on one's own feet. Men need to be validated in women's eyes, to find different ways to reconnect in some meaningful way, but the rules of life seem to be against this. This validation may well be compensation for our distant attachment patterns, or our lack of connection with ourselves. Some research suggests that the best teachers of male intimacy are women (Rovers, 2000). Sometimes it seems that we men define ourselves by what we think women feel or believe about us: that we take our intimacy clues from women. Perhaps we men are really only what our mothers made us to be, all the while having too few male mentors to teach us otherwise.

Naming our Wounds as Men

> "All I knew was that you had to run, run, run, without knowing why you were running, but on you went, through fields you didn't understand and into woods that made you afraid, over hills without knowing you'd been up or down, and shooting across streams that would have cut the heart out of you had you fallen into them. And the winning post was no end to it, even thought the crowds might be cheering you in, because you had to go on. (Sillitoe, 1959, p.37-38)."

Some of the major wounds in male intimacy are suggested in Sillitoe's story. Men are wounded by loneliness, strenuous performance, competition, fear of shame, rejection and death (we have to go on), and probably confusion about the meaning of the race itself. Male childhood, adolescent and adult's hurts and wounds tend to get bound up so tight that they fester on the inside. "I don't want to talk about it" (Real, 1997) we men often say: "it" being our pain, our grief, perhaps our depression. Worse than the wounds, Real claims, is men's seeming willingness to deny or mishandle them, or maybe we just never learned how to deal with our wounds in the first place.

Perhaps the greatest wound that men need to deal with is grief which may block all access to deeper emotions: grieving the loss of connection with our masculinity, perhaps due, in large part, to our emotionally and physically absent fathers (Seutter & Rovers, 2004); grieving the loss of ability to express emotions at all, like sadness, fear, inadequacy, depression; grieving the loss of the roles men are called upon to play in society for which we do not amply prepare; grieving losses in various competitions for, sooner or later, all men will loose, for there will always be another king of the hill; grieving the loss of how to let other men get closer to us; grieving the loss of any sense of delight in life as a man.

Whatever men's hurts and wounds, the worse thing is that we have been told that we can't have them, shouldn't have them, or at least, if you do hurt, "take it like a man" and "don't cry". This just drives the hurting deeper, with a sense that there is no one there for me, no appreciation, no shoulder to cry on (when men dare do that). The men's movement addresses some of these needs by creating rites for boys to be initiated into manhood by fathers or other male figures (Keen, 1991); unless, as Corneau (1991) suggests, we end up with lost sons due to emotionally absent fathers. Indeed, as some have suggested, are dads really necessary (see the film documentary, *Shot in the Dark*)? Drexler (2006), in her book, *Raising Boys Without Men: How Maverick Moms are Creating the Next Generation of Exceptional Men*, suggests that boys might, in

fact, do better without a male influence in the home, where the domestic sphere is becoming increasingly feminize. However, in her book, she also suggest that these 'maverick moms' actively recruit male figures from their families and the community to be in their sons' lives and set examples of strength and compassion. However, Drexler fails to review the literature of decades of fatherless families, and some of the bad examples the boys in fatherless families are following. On the other side of the coin is what Herzog (2001) would classify as "father hunger"; how young boys, without benefit of a father's care, can become fearful because there is no one there to show them the way. The way forward for men might be through acknowledging wounds and grief towards a new spirituality of manliness.

Research has demonstrated the correlation between traditional masculinity and negative attitudes toward seeking help (Good, Robertson, O'Neil, Fitzgerald, DeBord, Stevens, Bartels, & Braverman, 1995; Mahalik, Good, & Englar-Carlson, 2003; Wisch, Mahalik, Hayes, & Nutt, 1995). For example, men are less likely to seek healing for their problems (Addis & Mahalik, 2003; Leong & Zachar, 1999; Sandman, Simantov, & An, 2000), since needing the help of others will probably be seen as weakness. If in need of help, men still ask fewer questions than women (Courtenay, 2000). Additionally, since men are socialized to ignore or minimize pain (Lisak, 2001), they tend to underreport emotions and irritability (Jansz, 2000; Pollack, 1998), and deny substance use and abuse (Grant, 1995). As such, counseling men is a difficult journey.

Grieving the Losses

Vandenberg and McIntosh (2007) state that men need to begin the process of addressing losses in life: the loss of father-son relationships; the loss of role within the family; the loss of seemingly appropriate expression of emotions. Real (1997) suggested this decreased relational ability creates unresolved grief and loss which translates to later depression in addition to relationship problems. A review of the grieving process and, in particular, how men grieve, may help men grieve our losses as well as appreciate that we men grieve differently.

As we have seen, society encourages men to express stronger emotions such as rage or hostility while discouraging them to express sadness and loss. Women, on the other hand, are encouraged to show a wider range of emotions, including mourning. According to Thompson (1997), this "gender-structured patterns of emotional response" (p.77) will lead to men and women grieving differently. Grief can be seen as a social construct and it is mostly fashioned by prevailing gender expectations. Grief as often depicted as "tears and sadness, a slowing of behavior and thought, and/or quietness more punctuated by sighing than wailing" (Zinner, 2000, p.182). As such, grief can be characterized to have more feminine-assigned qualities, and less masculine expressions such as anger, irritability and solitude. Therefore, the tools used to study grief may be inherently influenced by attributes that correspond with a "contemporary and relatively feminine-based profile of grieving [that] may also bias the expected view of bereavement" (p.182).

Beyond being a social construct, grief might also possess a biological root which, in fact, reinforces community attachment (Zinner, 2000). Therefore, what society determines as the grieving process may well be determined by who is recognized as a legitimate griever: women and men who show their emotional distress, who are willing to accept comfort from others, and who promote a bigger expectation regarding the need for communal support as opposed to "masculine style grievers", who resist social and professional assistance, and who promote independence as a sign of strength.

Doka and Martin (2001) suggest that men have difficulty expressing emotion, other than anger, upon the loss of a life partner. Besides, expressing emotions such as sadness, dread or weeping may well clash with the image of masculinity that society upholds and expects from men because it can threaten society's construct of men being viewed as autonomous and in charge. Some men may opt not to disclose their emotions regarding grief because they may feel insecure about revealing these emotions. Yet, it can be seen that men have several different manners of expressing their grief. A number of men are very able to express their emotions by talking about their pain with family, friends, and peers.

Many men seem to choose to express their grief mainly through action rather than communication. For this particular segment of the male population, responding to loss by expressing grief in a physical manner that involves action and results in concrete outcomes, such as establishing a charity or commemorative for their deceased partner, serves as their means of contending with their loss. This might mean taking on several large projects at once in an effort to burn time, energy and attention that would be directed to grief. The expression of grief may also be expressed in a more intense and aggressive caliber of play during these sporting activities, as opposed to shedding tears with friends. Risk-taking behaviors such as drinking and driving or engaging in unprotected sex with several partners can serve as a cover for expressing grief (Staudacher, 1991) while simultaneously fulfilling gender-assigned roles and beliefs regarding manhood. It may be that these men need to "do something" as part of their grieving process, or perhaps concentrate on altering the future as opposed to revisiting their past. Some men express their grief in a cognitive manner by seeking to determine a rationalization or develop a plan in an effort to assist them to contend with the loss.

Perhaps men have learned to better manage their emotions (Lund, 2001) because it is not that men are discouraged to express all emotions, but rather, only certain ones such as grief, sorrow, sadness, aloneness. Societal expectation may be pushing men to adopt active coping styles to contend with grief as opposed to more open healthy expressions of emotions.

A Spirituality for Male Intimacy

Men are often supposed to be the holders of the spiritual realm throughout history and in most societies. Men were the kings and priests, the givers and defenders of life and blessings. Much of that is being lost over the years, both in the realm of political power as well as spiritual power. There is a sense that in this postmodern world, the power of men is fading fast, held up by decaying structures of religion and politics, and fewer people, especially women, hold these as having any significance at all. What might a new age spirituality or male energy look like for men? How do men regain a second birth into manhood? What are the ways of intimacy for men? I want to redefine the male spiritual energy roles of King, Warrior, Magician, and Lover (Moore & Gillette, 1990)

One descriptor in manliness and male spirituality is the symbol and energy of the King, with the power to bless and feed others, be that a man's partner, children, co-workers, or the community at large. The King brings peace and order, and enables all in the realm to prosper and enjoy life. The King is about graciousness, mercy, blessing, sacrifice for the sake of the community. This is one expression of male intimacy articulated by providing for others, working, and "putting food on the table." The shadow side of this role is the tyrant who sees himself as the center of the universe, or the weakling prince whose low self-esteem and fearful approach to life withholds life for everyone.

The Warrior is perhaps the most common form of male energy and is shown in the ability to assert self and defend the realm; be that family or country. This is the expression of male intimacy wherein the man would give his life for others, to defend others and to provide security for all. The shadow side of the warrior can be seen in the grandstanding bully who attacks to fend off his own cowardice and insecurity, or the coward, who fails to stand up both for himself and others.

The Magician is the wisdom energy in men that allows us to create sacred space for wonder and future. This energy is expressed in learning, curiosity, and wonder. It can include both academic and spiritual openness. The shadow side of this for men could be seen in the know-it-all-trickster who seduces others for his own gain and attention or the dummy who has given up and become inept in responding to the world around him.

The last spiritual energy for men is that of the Lover; that power to take delight in and create passion, wonder, warmth and connection with others, especially his partner. This seems to be the more popular characterization of today's intimate man, but men have more to do that make love. The shadow side of this for men is the momma's boy who is unable to move out into the world and can't take responsibility for becoming one who gives life, or the dreamer which might describe the male who is cut off from most human relationships and withdraws into the dishonesty of his own imaginings.

I note that King, Warrior, Magician and Lover are, in fact, community functions accomplished by doing something for and with others. When done well, they are connection activities, and when given fully, unselfish acts of love. These are aspects of male intimacy; a way for men to find "fire in the belly" (Keen, 1991) again, a spirit of delight and energy, and hopefully, a new eroticism. These four male energies require initiation and teaching from wise elders; a journey through the woundedness of men to a new found manliness. We need to come in from the cold. These are some of the deeper emotional and spiritual realities of relationships and connection and intimacy that men can live: a love meant to be given to all. Men can benefit from learning and copying the feminine ways of intimacy while women need to learn and appreciate the male approach to intimacy and both need to find ways to meet in a complementary place.

Men can be intimate, even if men choose to use other words like being here, providing for, doing things, protecting. The overall concept of intimacy needs to be broadened to better include these male experiences, otherwise, the male and female planets will just keep missing each other in the night, to the detriment of both. We think that any definition of intimacy needs to incorporate this I-you balance needed for real intimacy to be lived.

References

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, *58,* 5-14.

Allen, E.S. & Baucom, D.H. (2004). Adult attachments and patterns of extradyadic involvement. *Family Process*, 43(4); 467-488.

Antell, J. K., Goodnow, J. J., Russell, G., & Cotton, S. (1996). The influence of parents and family context on children's involvement in household tasks. *Sex Roles, 34,* 215-236.

Arias, E., Anderson, R. N., Kung, H. C., Murphy, S. L., & Kochanek, K. D. (2003). *Deaths: Final data for 2001: National statistics reports, Volume 52, No. 3*. Hyattsville, MD: National Center for Health Statistics.

Blakemore, J. E. (2003). Children's beliefs about violating gender norms: Boys shouldn't look like girls, and girls shouldn't act like boys. *Sex Roles, 48,* 411-419.

Bly, R. (1992). *Iron John: A book about men*. New York: Vintage Books.

Brabant, S., & Mooney, L. A. (1997). Sex role stereotyping in the Sunday comics: A twenty-year update. *Sex Roles, 37,* 269-281.

Brizendine, L. (2006). *The female brain*. New York: Morgan Road Books.

Christov, V., Zdravko, K., Todorova, M., Ivanov, L., & Tzurakova, F. (2004). A report on the demographic characteristics and the state of men's health in Bulgaria. *Journal of Men's Health and Gender, 1,* 191-196.

Chodorow, N.J. (1978). *The reproduction of mothering*. Berkeley: University of California Press.

Chodorow, N.J. (1989). *Feminism and psychoanalytic yheory*. New Haven, CT: Yale University Press.

Collins, N.L., Cooper, M.L., Albino, A., & Allard, L. (2002). Psychosocial vulnerability and adolescence to adulthood: A prospective study of attachment style differences in relationship functioning and partner choice. *Journal of Personality*, 70(6), 965-1008.

Corneau, G. (1991). *Absent fathers, lost sons: The search for masculine identity*. Boston: Shambhala.

Courtenay, W. H. (2001). Behavioral factors associated with disease, injury and death among men: Evidence and implications for practice. *The Journal of Men's Studies, 9,* 81-142.

David, D., & Brannon, R. (Eds.). (1976). *The forty-nine percent majority.* Reading, MA: Addison-Wesley.

DeZolt, D., & Hull, S. (2001). Classroom and school climate. In J. Worell (Ed.), *Encyclopedia of gender* (pp. 246-264). San Diego: Academic Press.

Diekman, A. B., & Murnen, S. K. (2004). Learning to be little women and little men: The inequitable gender equality of nonsexist children's literature. *Sex Roles, 50,* 373-386.

Doka, K. S., & Martin, T. (2001). Take it like a man: masculine response to loss. In Lund, D. A. (Ed.). (2001). *Men coping with grief* (37-48). Amityville: Baywood Publishing Company.

Doyle, J., & Paludi, M. A. (1998). *Sex and gender: The human experience* (4th ed.). New York: McGraw Hill.

Drexler, P. (2006) *Raising boys without men: Creating the next generation of exceptional men*. New York: Rodale.

Duffy, J., Warren, K., & Walsh, M. (2001). Classroom interactions: Gender of teacher, gender of student, and classroom subject. *Sex Roles, 45,* 579-593.

Evans, L., & Davies, K. (2000). No sissy boys here: A content analysis of the representation of masculinity in elementary school reading textbooks. *Sex Roles, 42,* 255-270.

Fagot, B. I., Rodgers, C. S., & Leinbach, M. D. (2000). Theories of gender socialization. In T. Eckes & H. Trautner (Eds.), *The developmental social psychology of gender* (pp. 65-90). Mahwah, NJ: Erlbaum.

Firestone, R.W., & Catlett, J. (1999). *Fear of intimacy*. Washington, DC. American Psychological Association.

Fromm, E. (1947). *Man for himself: An inquiry into the psychology of ethics*. New York: Rinehart.

Galovski, T. E., Malta, L. S., & Blanchard, E. B. (2006). *Road rage: Assessment and treatment of the angry, aggressive driver.* Washington, DC: American Psychological Association.

Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.

Glascock, J., & Preston-Schreck, C. (2004). Gender and racial stereotypes in daily newspaper comics: A time-honored tradition? *Sex Roles, 51,* 423-431.

Good, G. E., Robertson, J. M., O'Neil, J. M., Fitzgerald, L. F., DeBord, K. A., Stevens, M., Bartels, K. M., & Braverman, D. G. (1995). Male gender role conflict: Psychometric properties and relations to distress. *Journal of Counseling Psychology, 42,* 3-10.

Gooden, A. M., & Gooden, M. A. (2001). Gender representation in notable children's picture books: 1995-1999. *Sex Roles, 45,* 89-101.

Grieshaber, S. (1998). Constructing the gendered infant. In N. Yelland, et al. (Eds.), *Gender in early childhood* (pp. 16-35). London: Routledge.

Harway, M., & Hansen, M. (2004). *Spouse abuse: Treating battered women, batterers and their children* (2nd ed.). Sarasota, FL: Professional Resource Press.

Herzog, J. (2001) *Father hunger: Explorations with adults and children*: Hillsdale, NJ: The Analytic Press.

Hyde, J. S. (2005). The gender similarities hypothesis. *American Psychologist, 60,* 581-592.

Jolliff, D., & Horne, A. M. (1999). Growing up male. In A. M. Horne & M. S. Kiselica (Eds.), *Handbook of counseling boys and adolescent males: A practitioner's guide* (pp. 3-23). Thousand Oaks, CA: Sage.

Jones, S. M., & Dindia, K. (2004). A meta-analytic perspective on sex equity in the classroom. *Review of Educational Research, 76,* 443-471.

Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (1991). *Women's growth in connection*. New York: Guilford.

Keen, S. (1991). *Fire in the belly: On being a man*. New York: Bantam Books.

Kilmartin, C. T. (2000). *The masculine self* (2nd ed.). New York: McGraw-Hill.

Kimmel, M. S., & Mahler, M. (2003). Adolescent masculinity, homophobia, and violence. *American Behavioral Scientist, 46,* 1439-1458.

Kruger, D. J., & Ness, R. M. (2004). Sexual selection and the male: Female mortality ratio. *Evolutionary Psychology, 2,* 66-85.

Leaper, C., Anderson, K. J., & Sanders, P. (1998). Moderators of gender effects on parents' talk to their children: A meta-analysis. *Developmental Psychology, 34,* 3-27.

Leong, F. T. L., & Zachar, P. (1999). Gender and opinions about mental illness as predictors of attitudes toward seeking professional psychological help. *British Journal of Guidance and Counseling, 27,* 123-132.

Lerner, H.G. (1989). *The dance of intimacy: A women's guide to courageous acts of change in key relationships*. New York: Harper & Row.

Levant, R. F. (1998). Desperately seeking language: Understanding, assessing, and treating normative male alexithymia. In W. S. Pollack & R. F. Levant (Eds.). *New psychotherapy for men* (pp. 35-56). New York: Wiley.

Levant, R. F., & Silverstein, L. B. (2005). Gender is neglected by both evidence based practices and "treatment as usual." In J. C. Norcross, L. Beutler, & R. F. Levant (Eds.), *Evidence based practice in mental health: Debate and dialogue on the fundamental questions* (pp. 338-345). Washington, DC: American Psychological Association.

Levy, K.N., Kelly, K.M., & Jack E.L. (2006) Sex differences in jealousy: A matter of evolution or attachment history. In M. Mikulincer & G.S. Goodman (Eds.) (2006). *Dynamics of romantic love: attachment, caregiving, and sex*. New York: Guilford Press.

Lindsey, E. W., & Mize, J. (2001). Contextual differences in parent-child play: Implications for children's gender role development. *Sex Roles, 44,* 155-176.

Lindsey, E. W., Mize, J., & Pettit, G. (1997). Differential play patterns of mothers and fathers of sons and daughters:

Implications for children's gender role development. *Sex Roles, 37,* 643-662.

Locke, B. D., & Mahalik, J. R. (2005). Examining masculinity norms, problem drinking, and athletic involvement as predictors of sexual aggression in college men. *Journal of Counseling Psychology, 52,* 279-283.

Lund, D. A. (Ed.). (2001). *Men coping with grief*. Amityville: Baywood Publishing Company.

Mansfield, H.C. 2006). *Manliness*. New Haven: The University Press.

Maccoby, E. E. (1998). *The two sexes: Growing up apart, coming together*. Cambridge, MA: Harvard University Press.

Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: Implications for practice and training. *Professional Psychology: Research and Practice, 34,* 123-131.

Mahalik, J. R., Lagan, H. D., & Morrison, J. A. (2006). Health behaviors and masculinity in Kenyan and U.S. male college students. *Psychology of Men & Masculinity, 7,* 191-202.

Mathers, C. D., Sadana, R., Salomon, J. A., Murray, C. J. L., & Lopez, A. D. (2001). Healthy life expectancy in 191 countries, 1999. *Lancet, 357,* 1685-1691.

McKee, M., & Shkolnikov, V. (2001). Understanding the toll of premature death among men in Eastern Europe. *British Medical Journal, 323,* 1051-1055.

Mikulincer, M. & Goodman, G.S. (Eds.) (2006). *Dynamics of romantic love: Attachment, caregiving, and sex*. New York: Guilford Press.

Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L. (2004). Actual causes of death in the United States, 2000. *Journal of the American Medical Association, 291,* 1238-1245.

Moore. R. & Gillette, D. (1991). *King, warrior, magician, lover*. San Francisco: HarperCollins.

Nelson, A. (2005). Children's toy collections in Sweden – a less gender-typed country? *Sex Roles, 52,* 93-102

Osherson, S. (1986). *Finding our fathers: How a man's life is shaped by his relationship with his father*. New York: Fawcett Columbine.

Oliver, M. B., & Green, S. (2001). Development of gender differences in children's responses to animated entertainment. *Sex Roles, 45,* 67-88.

Pascoe, C. J. (2003). Multiple masculinities: Teenage boys talk about jocks and gender. *American Behavioral Scientist, 46,* 1423-1438.

Peck, M.S. (1978). *The road less traveled: A new psychology of love, traditional values and spiritual growth*. New York: Touchstone Books.

Pollack, W. S. (1995). No man is an island: Toward a new psychoanalytic psychology of men. In R. F. Levant & W. S. Pollack (Eds.). *A new psychology of men* (pp. 33-67). New York: Basic Books.

Pollack, W. S. (1998). *Real boys: Rescuing our sons from the myths of boyhood*. New York: Random House.

Prochaska, J.O., & Norcross, J,C. (2003). *Systems of psychotherapy: A transtheortical analysis*. (5th ed.). Pacific Grove, CA: Brooks/Cole.

Purcell, P., & Stewart, L. (1990). Dick and Jane in 1989. *Sex Roles, 22,* 177-185.

Raag, T., & Rackliff, C. L. (1998). Preschoolers' awareness of social expectations of gender: Relationships to toy choices. *Sex Roles, 38,* 685-700.

Real, T. (1997). I don't want to talk about it: Overcoming the secret legacy of male depression. New York: Simon & Schuster.

Real, T. (2002). *How do I get through to you: Closing the intimacy gap between men and women*. New York: Fireside Books.

Richo, D. (2002). *How to be an adult in relationships: The five keys to mindful loving*. Boston: Shambhala.

Robin, L.G. (2003). Adult attachment and gender-related traits: Contributions to dimensions of anger. *Dissertations Abstracts International: Section B*. Vol. 64(3-B), pp. 1538.

Rovers, M. W., Thomas, S., & Zankowski, R. (2000). An experience of male intimacy. *Pastoral Sciences*. 45, 61-77.

Rovers, M. W. (2005). *Healing the wounds in couple relationships*, Ottawa: Novalis Publications.

Rovers, M. W. (2004). Family of origin theory, attachment theory and the genogram: Developing a new assessment paradigm for couple therapy. *Journal of Couple and Relationship Therapy*, 3(4), 43-63.

Sadker, M., & Sadker, D. (1994). *Failing at fairness. How America's schools cheat girls.* New York: Charles Scribner's Sons.

Sandman, D., Simantov, E., & An, C. (2000). *Out of touch: American men and the health care system*. New York: Commonwealth Fund.

Seutter, R., & Rovers, M. W., (2004). Emotionally absent fathers: further understanding of the etiology of homosexuality. *The Journal of Psychology and Theology*, 32, 43-49.

Signorielli, N., & Bacue, A. (1999). Recognition and respect: A content analysis of prime-time television characters across three decades. *Sex Roles, 40,* 527-544.

Sillitoe, A. (1959). *The loneliness of the long-distance runner*. New York: Signet/New American Library.

Staudacher, C. (1991). *Men and grief: A guide for men surviving the death of a loved one*. Oakland: New Harbinger Publications, Inc.

Thompson, Neil. (2001). The ontology of masculinity-the roots of manhood. In Lund, D. A. (Ed.). (2001). *Men coping with grief* (27-36). Amityville: Baywood Publishing Company.

Thompson, Neil. (1997). Masculinity and loss. In Field, D., Hockey, J., & Small, N. (Eds.). (1997). *Death, gender and ethnicity*. London: Routledge.

Tudiver, F., & Tolbert, Y. (1999). Why men don't seek help? Family physicians' perspectives on help-seeking behavior in men. *Journal of Family Practice, 48,* 47-52.

Vandenberg, R. & MacIntosh, H. (2007) Grieving processes of heterosexual and homosexual men: A critical review of the literature. *Pastoral Sciences*: 26 (1), 103-123.

Walter, C., A. (2003). *The loss of a life partner*. New York: Columbia University Press.

White, A. K., & Cash, K. (2004). The state of men's health in Western Europe. *Journal of Men's Health and Gender, 1,* 60-66.

White, A. K., & Holmes, M. (2006). Patterns of mortality across 44 countries among men and women aged 15-44 years. *Journal of Men's Health and Gender, 3,* 139-151.

Wisch, A. F., Mahalik, J. R., Hayes, J. A., & Nutt, E. A. (1995). The impact of gender role conflict and counseling technique on psychological help seeking in men. *Sex Roles, 33,* 77-89.

Witt, S. D. (1997). Parental influence on children's socialization to gender roles. *Adolescence, 52,* 253-259.

Zinner, M. S. (2000). Being a man about it: the marginalization of men in grief. *Illness, Crisis & Loss* 8(2), 181-188.

The Power Differential and the Power Paradox:

Avoiding the Pitfalls

Cedar Barstow, M.Ed., C.H.T.

Editorial Note*:* Here Cedar Barstow offers her latest thinking about integrating different aspects of power so that **"***c*hanging our personal and collective expectations about right use of power to one that embodies social intelligence and links power with heart is truly ethics as soul work." **Cedar Barstow** is the author of *Right Use of Power: The Heart of Ethics*, a relational and dynamic approach to the important issues of power and ethics. She has published articles in previous issues of the *Hakomi Forum*, and *The USA Body Psychotherapy Journal*. Her other books include: *Seeds: A collection of Art by Women Friends*; *Winging It: Interviews with Women on Independence*; and *Tending Body and Spirit: Massage and Counseling for Elders*. She teaches the Right Use of Power approach and the Hakomi Method internationally as a Certified Hakomi Trainer. She maintains a private psychotherapy practice and ethics consulting service in Boulder, Colorado. She can be reached at Cedar@rightuseofpower.com and you can visit her website: www.rightuseofpower.com for more information about the programs she offers.

ABSTRACT: The power differential and the power paradox are dynamically linked. The power differential is the enhanced amount of role power that accompanies any position of authority. The power paradox is the term given to the information emerging from research that shows that while we have inborn neurological connections for empathy and altruism, these natural impulses tend to degrade when we are in positions of power or rank. Our understanding of this energetic and behavioral link can empower us to stay on the right side of power. This article presents neurological and sociological research from both sides of this paradox and the author posits some factors that influence the misuses of role power. In support of this research, several theories of moral development and ethical intuition and judgment are examined. Two models of power, the traditional one—power as force, and an emerging one—power as applied social intelligence are described and compared. The author offers her view of 12 tenets of the right use of and influence linked to the four aspects of her power spiral. The author believes that changing our personal and collective expectations about right use of power to one that embodies social intelligence and links power with heart is truly ethics as soul work.

Introduction

Have you noticed that people who have a lot of compassion and social intelligence in their use of their personal power, often surprisingly begin misusing their power when they get into professional positions of trust and authority? Teachers, Supervisors, Politicians, Therapists, Administrators, Doctors. As a student, Sandra complained that teachers frequently interrupted students, not even bothering to ask. When she became a teacher, one of her colleagues pointed out that she herself was now interrupting her students. Minor, but disrespectful. Dan worked very hard to give respectful and useful feedback to his supervisor, but when he became a supervisor, he just said what was on his mind without considering the impact. A politician, who in his campaign made a point of listening to all views, was heard to say that he only wanted information that supported his view. Why is it that people stop acting from the natural empathy that is key to social survival? This is a question I have been tracking since I was a youngster at camp and I became very distressed and just could not understand why one of my tent-mates had stolen another camper's comic books. Why would anyone want to knowingly steal or hurt? Now, as an ethics teacher and consultant, I continue to wonder when my students speak in distress and dismay about supervisors, administrators, other colleagues who consistently misuse their power in both subtle and severe ways.

Neuroscience of Empathy

The facts emerging from recent research show that empathy, the precursor to altruism and ethical behavior is hard-wired into the brain in the form of mirror neurons. Mirror neurons are the ones that give us information about other's feelings and motives by simultaneously re-creating in our own bodies what another is doing as we watch, listen, or otherwise sense their feelings and actions. Early evidence came in 1996 when researchers (led by Giacomo Rizzolatti, a neuroscientist at the University of Parma in Italy), observing monkey behavior in detail, noticed something they weren't even looking for, when a graduate student returned to the lab eating an ice cream cone. To the researcher's amazement, the same cells that would be required to move food to the mouth and eat, would fire in

the brain of the monkey without hand and mouth movement, but just from watching the lab assistant eating the ice cream! In follow up research, it turns out that "humans . . . have mirror neurons that are far smarter, more flexible, and more highly evolved than any of those found in monkeys. . . . The human brain has multiple mirror neuron systems that specialize in carrying out and understanding not just the actions of others, but their intentions, the social meaning of their behavior, and their emotions" (as quoted in Blakeslee, 2006).

Dr. Rizzolatti says, "We are exquisitely social creatures. Our survival depends on understanding the actions, intentions and emotions of others" (as quoted in Blakeslee, 2006). For example, in another study, neuroscientist Dr. Marco Iacoboni, found that "mirror neurons could discern if another person who was picking up a cup of tea planned to drink from it or clear it from the table." As Dr. Iacoboni puts it, "If you see me choke up, in emotional distress from striking out at home plate, mirror neurons in your brain simulate my distress. You automatically have empathy for me. You know how I feel because you literally feel what I am feeling" (as quoted in Blakeslee, 2006). What a remarkable discovery this is—with multiple ripples!

It turns out that mirror neurons work best when we are in physical proximity, when people are face to face. This has interesting implications for the beneficent use of power in a global society. In the realms of the world wide web, we are constantly receiving images and words about dangers, tragedies and disasters that, even when not face-to-face, must overwhelm our mirror neurons. It is truly impossible to respond to all the global suffering in the empathic way that our mirror neurons are programmed for when these situations are face to face. For the survival of our nervous system, we must either shut down our empathic responses, or learn how to selectively respond with great discernment—a difficult task.

Right use of power with heart then, involves a well-honed skill at discernment coming from an understanding of the greatest need and the greatest good. Following another ripple—the frequent and frustrating misunderstandings that happen with email communication is explained by mirror neurons working best in close proximity. Without being in each other's presence (or even voice contact), our mirror neurons are unable to discern emotions and intentions. Most of us have had hard lessons in the limitations of email communications.

There is other remarkable information: Neurological research by Moll and Jordan Grafman has shown that taking action in the best interests of others is coded in the brain. In a study in which they scanned the "brains of volunteers as they were asked to think about a scenario involving either donating a sum of money to charity or keeping it for themselves," the results showed that "when the volunteers placed the interests of others before their own, the generosity activated a primitive part of the brain that usually lights up in response to food or sex. Altruism, the experiment suggested, was not a superior moral faculty that suppresses basic selfish urges, but rather was basic to the brain, hard-wired and pleasurable" (as quoted in Vedantam, 2007). There is a surviving and thriving impulse for service that builds social connections of good will and is mutually rewarding.

Global Values

This organic and self-rewarding impulse for altruism has social and spiritual foundations as well. Remarkably, there is global agreement that common values of honesty, responsibility, respect, and fairness exist (Kidder, 1994). Global unity about basic human rights is elucidated in detail in the remarkable document: the U.N. Universal Declaration of Human Rights ratified in 1948. Look it up. It is inspiring reading. Spiritually there is also agreement about the value of an ethic of compassion: "The early prophets did not preach the discipline of empathy because it sounded edifying, but because experience showed that it worked. They discovered that greed and selfishness were the cause of our personal misery. When we gave them up, we were happier. Egotism imprisoned us in an inferior version of ourselves and impeded our enlightenment" (Armstrong, 2005). Jonathan Haidt speaks of

> five main moral rules, found in most cultures, that the brain systems for moral intuition seem to enforce. Traditional ethical codes and virtues are built on these: Prevent physical harm, so we protect the vulnerable and restrain our violent impulses—and those of others. • Do unto others what you would have done to you—the universal moral principle. • Respect authority, so that we defer to those who hold social power—and protect those who depend on us. • Be loyal, which leads us to act to protect the interest of our family or the groups we identify with most strongly. • Respect sanctity—follow shared rituals and rules for living properly (as quoted in Goleman, 2008).

There are common virtues describing the qualities that are important to being a good person in the core teachings of major world religions. Linda Kavelin and Dan Popov identified 52 of these through studying the texts of the world's great religions (Popov, 1997). Clear situations where there is a choice to alleviate suffering, like picking up a hurt child, giving money to support victims of a fire, sharing food with someone who is hungry, activate a straightforward mirror neuron brain response, it seems. Neurological, social, and spiritual underpinnings all support the benevolent use of power and influence. The question about what causes misuses of power by those in positions of trust and authority gains momentum.

The Traditional Model of Power as Force

Given that neurological research, sociological research, and universal religious values support basic goodness and natural altruism, why is it that there is so much misuse and abuse of power? What often happens to this in-born empathy when people move into power differential positions? How much of this change is unconscious? How much of this shift to more power-over and less compassion could be reversed by understanding more about the impacts of the power differential on LEADERS as well as the impacts on clients?

Dr. Dacher Keltner, a professor of psychology at the University of California has put considerable thought into these questions. It seems we have been "guided by centuries of advice from Machiavelli" and more recently "from Robert Greene's *The 48 Laws of Power*, *(for example: Conceal Your Intentions, Use Selective Honesty and Generosity to Disarm Your Victims, Crush Your Enemy Totally, Keep Others in Suspended Terror)* to tend to believe that attaining power requires force, deception, manipulation, and coercion. Indeed, we might even assume that positions of power demand this kind of conduct, that to run smoothly, society needs leaders who are willing and able to use power this way" (Keltner, 2008).

It seems that this "model" of power, its acquisition, and its use is the frame, as George Lakof would put it, that most of us have associated with the concept of power. Most people, when asked for their felt sense, first response to the word "power," report things like—tightening up, turning away, shrinking or puffing up, getting ready to fight, feeling manipulated, angry, forced, aggressive, betrayed, disrespected, or humiliated. This frame for the idea of power is what is generally transmitted culturally, experientially, and systemically. I believe that we have come to accept this model and then define powerful and powerless by whether or not we have "force" and authority. How curious it is that this frame is so different from the empathy and altruism studies referred to in this article.

In this conventional model of power, there seems to be a disconnect between power and heart. We see it in the politics of being tough and aggressive in response to fear, with compassion and mediation seen to be weak and ineffective. One of my clients went through a classic, perhaps archetypal, process in relation to power. Anna (name changed) had been diagnosed with chronic fatigue and wanted to see what psychological components might be connected with this. At the beginning of one session, she said that she now understood that the crux of her problems was that she was hypersensitive to any kind of upset—either anger toward her or her own anger toward others. Because of this terror, she would spend enormous amounts of energy trying not to do anything to bother anyone else and enormous amounts of energy trying to stop feeling critical of others. Her goal was to be a comforting, soft, and kind person. Her life had become very small and fragile.

Growing up, Anna's father was extremely critical and easily upset, and her mother was very conciliatory. She located her terror of upset in her belly and chest and with her permission we went back in time to find the source of this fear. At "before birth" a deep well of feeling spontaneously emerged. Exploring this feeling, she found that she was very angry, and that her "purpose" here is to be a "truth bringer"—even the truth that doesn't feel good. She experienced the "truth bringer" aspect of herself as very deep and very strong and very brave. She went forward with truth even though she felt "she was getting beaten over the head" over and over again for it. To protect herself, she learned how to "go sideways" with the truth and look like she was being good. Eventually the aspect that wanted to be soft, comforting, and loving took the lead, and she began to be very self-critical of the truth bringer, relegating it to an image of "sharp, jagged pieces of steel in her belly."

When Anna experienced how strong, brave and pure the truth bringer was, she was again overwhelmed with feeling—this time the feeling was of grief that in order to be true to herself, she would now have to give up being kind, soft, and comforting. Acknowledging that this huge struggle between strength and kindness had been going on for decades opened the doorway to a new possibility—that she didn't have to choose, that she could somehow learn how to have both power and heart. She sat for a while, letting this new possibility reverberate through her cells. I'm reminded of this quote from Edward Markham since I was a child: "He drew a circle that shut me out—Heretic, rebel, a thing to flout, But love and I had the wit to win: We drew a circle that took him in."

A Socially Intelligent Model of Power

Let's look at a few more of Greene's *48 Laws of Power*. For example: "Law 2: Never put too much trust in friends, learn how to use enemies; Law 42: Strike the shepherd and the sheep will scatter; and Law 12: Use selective honesty and generosity to disarm your victim" (pp. 8, 358, 89). Two evolutionary imperatives are missing: depth and breadth of inclusivity and empathy (or compassion). As Ken Wilber (2006, p. 227) puts it, evolution proceeds by transcending and including what went before. The foundation of the right use of power is inclusivity and compassion. Evolution expands and deepens in both the horizontal and the vertical. Here's a simple example—someone has named it the Platinum Rule: Do unto others as they would have done unto them. This wording transcends the idea that everyone is the same, brings compassion to the differences, and still includes the tenet of service implicit in the golden Rule. The linking of heart and power is a necessity.

Ultimately, I believe, the 48 Laws fail because they are not aligned with the forces of empathy, complexity, and sustainability that are the focus of evolution. But it is very powerful to understand the strategies of this model of power while embracing a more socially inclusive and beneficent model. As Anne Wilson Schaef (1976) pointed out in the 70's, those who know two systems have more power than those who only know one. She was speaking in 1976 about the white male system and the female system. The focus in this article is on two systems for using power. Knowing both systems brings wisdom and skill. For survival, the ones in the power-down system must know both systems, whereas those in the power-up position only know their own system. Unfortunately, those with lower rank seldom realize or utilize the power that knowing both systems gives them.

In a socially intelligent model of power, heart and strength work together, and the focus is on collaboration and inclusivity, resolving conflict peacefully, and treating all with respect and dignity. This is not a brand new idea, but rather one that is coded into the ideal vision of moral and ethical behavior worldwide. There are many people and groups who are honing new skills and wisdom for making this ideal real, common, and practical. Marshall Rosenberg (2003) for communication skills, Bill Ury (1999) and Restorative Justice Programs for mediation, and Mark Gerzon (2004), Amina Knowlan (www.matrixleadership.com), and Mukara Meredith (www.matrixworks.org), for their work with group leadership models come to mind.

In contrast to this Machiavellian model described above, sociological and altruism studies, supported by neurological research suggest some interesting things about power on the collective level. According to the work of Dacher Keltner and others, "power is wielded most effectively when it's used responsibly, by people who are attuned to and engaged with the needs and interests of others. Years of research suggests that empathy and social intelligence are vastly more important to acquiring and exercising power than are force, deception, or terror" (Keltner, 2008,). The research is interesting. "Highly detailed studies of 'chimpanzee politics' have found that social power among non-human primates is based less on sheer strength, coercion, and the unbridled assertion of self-interest, and more on the ability to negotiate conflicts, to enforce group norms, and to allocate resources fairly" (Boehm as quoted in Keltner, 2008). Dacher Keltner's research shows similar results with human social hierarchies. In research about social hierarchies within college dormitories, the researchers

> made the remarkable discovery that modesty may be critical to maintaining power. Individuals who are modest about their own power actually rise in hierarchies and maintain the status and respect of their peers, while individuals with an inflated, grandiose sense of power quickly fall to the bottom rungs. . . . [In addition,] people instinctively identify individuals who might undermine the interest of the group, and prevent those people from rising in power, through what we call "reputational discourse" (Keltner, 2008).

Cultivation and use of social intelligence, i.e. modesty, empathy, engagement with the needs of others, and skill in negotiating conflicts, enforcing norms, an allocating resources fairly is not only right use of power but important to both gaining and maintaining power. There is a powerful advantage for those who develop and use their capacities for social intelligence.

Power Paradox

Interestingly to me, the power paradox has long been understood, as in the well known phrase: "Power tends to corrupt and absolute power corrupts absolutely" (Lord Acton, late 19th, early 20th century). Given the research referenced here, what are we learning about Keltner's power paradox? According to Keltner, studies also show that once people assume positions of power, they're likely to act more selfishly, impulsively, and aggressively, and they have a harder time seeing the world from other people's points of view. This presents us with the paradox of power: The skills most important to obtaining power and leading effectively are the very skills that deteriorate once we have power" (Keltner, 2008).

The power paradox identifies two sides of power—the socially intelligent use, and the deteriorated use. Naming and understanding this power paradox is of great importance to the soul work of right use of power—using power with skill, wisdom, and compassion. When in positions of authority, we are in roles that put us on the power-up side of the power differential. Knowing that research shows that in these positions, we are more vulnerable to misusing power, we can use this information about the power paradox to increase our sensitivity and vigilance in using power with wisdom and skill.

Now let's look at the research about the corrupted side of the power paradox.

> One survey found that high-power professors made less accurate judgments abut the attitudes of low-power professors than those low-power professors made about the attitudes of their more powerful colleagues. . . . Power even prompts less complex legal reasoning in Supreme Court justices. A study led by Stanford psychologist Deborah Gruenfeld compared the decisions of U.S. Supreme Court justices when they wrote opinions endorsing either the position of a majority of justices on the bench—a position of power—or the position of the vanquished, less powerful minority. Sure enough, when Gruenfeld analyzed the complexity of justices' opinions on a vast array of cases, she found that justices writing from a

> position of power crafted less complex arguments than those writing from a low-power position. [In another study,] when researchers give people power in scientific experiments, those people are more likely to physically touch others in potentially inappropriate ways, to flirt in more direct fashion, to make risky choices and gambles, to make first offers in negotiations, to speak their mind, and to eat cookies like the Cookie Monster, with crumbs all over their chins and chests (as quoted in Keltner, 2008).

Research shows that

> power leads people to act in impulsive fashion, both good and bad, and to fail to understand other people's feelings and desires. . . . For instance, studies have found that people given power in experiments are more likely to rely on stereotypes when judging others, and they pay less attention to the characteristics that define those other people as individuals. Predisposed to stereotype, they also judge others' attitudes, interests, and needs less accurately. . . . Power encourages individuals to act on their own whims, desires, and impulses. . . . Perhaps more unsettling is the wealth of evidence that having power makes people more likely to . . . interrupt others, to speak out of turn, and to fail to look at others who are speaking. . . . Surveys of organizations find that most rude behaviors—shouting, profanities, bald critiques—emanate from the offices . . . of individuals in positions of power (Keltner, 2008).

Once again, here's the power paradox:

> Power is given to those individuals, groups, or nations who advance the interests of the greater good in socially-intelligent fashion. Yet, unfortunately, having power renders many individuals . . . impulsive and poorly attuned to others . . . making them prone to act abusively and lose the esteem of their peers. What people want from leaders—social intelligence—is what is damaged by the experience of power (Keltner, 2008).

Contributing Factors

What factors would begin to explain this odd paradox? Many years of working as an ethics consultant and teacher, I have identified these probable factors. 1) Because of the impact of the power differential, those in power-up role are removed and remove themselves from the checks and balances of the feedback loop in which people tell each other either directly or indirectly about their impact both positive and negative. When in power-down position, it is perceived and may truly be too risky to offer negative feedback. They don't hear the negatives and either or both lose their ability to reality check and feel immune to the usual consequences of abuse of power. Without feedback, power-up persons are insulated from the feelings associated with their impacts making empathic responses more difficult. In addition, leaders become isolated and lonely leading directly to poor judgment.

2) The biologically inherent desire and capacity for kindness and compassion can easily be overridden by strong emotions such as anger, fear, and shame because these strong emotions are responses to feeling threatened. When feeling danger or life threat (as compared to concern), our nervous systems revert from social engagement to the less evolved nervous systems that are associated with fight, flight, or freeze.

3) We have all been wounded by misuses of power and there is an unconscious natural tendency to treat others as we have been treated, or to cause harm by overcompensating to avoid causing the same harm. 4) People tend to over-identify with their power role, experiencing their enhanced power as entirely personal rather than role power. This leads to grandiosity and an unrealistic sense of Self. From this enhanced power role, people forget or override the kinds of respectful and beneficent behaviors that were effective in the power-down position. When sensing their role power simply as increased personal power, people also can begin misusing power in revenge for past hurt or because now they can get away with it.

5) Once gaining role power, those who equate this power with the dominant model of control tend to become motivated or driven by fear of losing it and greed for more (Ireland, R. Right Use of Power Guild discussion, 2008). 6) Promoted to positions of authority for which they are untrained and/or unprepared, leaders may feel insecure. Insecurity breeds separation and negative emotions.

7) People in power-up are also embedded in systems in which it is difficult to act alone and which become invisible to those in the system. These systems support or even mandate particular behaviors that contribute to right or (often) wrong uses of power. Systems are very complex because members usually are aware of only one or several pieces of the system. 8) We have socially conditioned expectations and misconceptions about the use of power. We have long been accustomed to thinking of power as manipulation, undue force, coercion, terror, and deception. We have understood that that was what power was, how it was earned, and how it was effective. And so we have put up with this model of power and sanctioned it, even though it causes egregious harm.

Now is the time to change our dominant model of power to one with more social intelligence and long-term effectiveness. What I want to stress here are the things that are needed for right use of power to become the dominant model: shifting the frame that is associated with the word and concept of power, and understanding of the nature of the power paradox. Understanding the power paradox

requires a high level of self and group awareness, skill and pro-activity. Shifting the frame has enormous power in itself because it brings automatic negative responses toward power to awareness where they can be changed to more positive and effective ones. "The eye refuses to see what the mind does not know" (Chopra, 1991). Annie Dillard writes of a group of people who, blind from birth, were given sight through a new operation. Expecting to be overjoyed, they were actually very bewildered and lost their sense of peacefulness. For example, the thought of climbing up stairs was frightening because it seemed like walking up a wall. One young woman, who was very familiar with her mother through touch, was asked how big her mother was. She indicated the size through holding her fingers about two inches apart. One man, could tell the difference between square and round with his tongue, but when seeing these two objects, could no longer tell them apart (as quoted in Chopra, 1991). We have automatic and familiar frames for many things. Even when something new is right in front of us, we can't see it because we are operating from a different frame. So it is with the frame we have for power.

Increasing Skill and Sensitivity

Right Use Of Power is the use of personal and role power to prevent harm, heal harm, repair harm, and most importantly to promote well-being. Right use of power behaviors and sensitivities are the essence of the field of ethics. Ethics is a set of values, attitudes and skills intended to have benevolent effects when applied through professional behavioral guidelines, decision-making processes, and the practice of compassion.

In my experience in teaching ethics as right use of power, I have heard many comments like these: "I'm a kind and good person. I don't need a list of rules to follow. I'm not going to hurt people. I'm here to help them heal." "Oh, I already know about ethics. There are three rules: 1) Don't sleep with your clients, 2) Don't sleep with your clients, 3) Don't sleep with your clients." "Ethics is like a dirty word. You read about it and then you don't talk about it." "I want to be good. I don't need to be scared into it."

Ethics has gotten a bad rap. Helping professionals *do* want to help and heal their clients. However, being in a leadership and/or professional service role is not simple and straightforward. It calls for more than mirror neuron empathy. Even through fueled by caring, helping is complex and can be personally challenging as well as rewarding. Good intentions are certainly necessary, but not sufficient in managing the dynamics of power. For example, here are a few additional complexity factors: difference between intention and impact, transference, cultural or contextual differences, shame, and fight/flight/freeze responses. The strong desire and capacity to use power magnificently needs lots of support—acknowledgment, understanding of the power paradox and the dynamics of the power differential, and some skills such as resolving difficulties, self-care, ethical decision-making, and giving and receiving feedback. Since we have both an inborn empathy and an inborn tendency to defend and protect ourselves, we need education, self-awareness, and an active felt sense of a socially intelligent model of power.

Power Differential—The Core Dynamic

Of course, we can't determine how much of the impact of the power paradox is unconscious, but we can take this information and use it to be more and more vigilant about the impact of the power differential on both our own behaviors in leadership positions and on the behaviors of our clients. Right Use of Power is a relational model and the Power Differential is a relational concept.

Consideration of Impact on Clients

The power differential is the inherently greater or enhanced power and influence that helping professionals have as compared to their clients. Clients are in a position in which they must trust in the knowledge and guidance of their caregiver. This difference results in a greater than ordinary possibility of vulnerability on the part of the client. Consequently clients are unusually susceptible to harm and confusion through misuses (either under- or over- use) of power and influence. The power differential has much value in helping relationships. When used wisely and appropriately it creates a safe, well-boundaried, professional context for growth and healing. It offers clients confidence in their caregiver's knowledge, training and expertise, direction and support, role boundary clarification, and allocated responsibilities.

While both parties are responsible for the quality and integrity of the relationship, the practitioner, as the one in the role of greater power, is ultimately responsible for making sure both parties are: using their power consciously and skillfully, being accountable, and resolving a situation when difficulties arise.

Those in the client role are

- more vulnerable to misuses of power
- more easily influenced
- more invested in being liked, accepted, and/or respected
- more dependent on and concerned about trust
- have varying abilities to understand and use this role well

Those who are most susceptible to misuses of power

- lack personal awareness

- are not relationally skilled
- are impaired by pain, or anxiety
- have low self-esteem
- are not clients by choice

These are the basic impacts of the power differential on clients.

Consideration of Impacts on Leaders

In light of the power paradox, it becomes clear that the impact of the power differential on those in power-up authority roles is as vital to understand as its effect on clients. How does being in a power-up role affect you? How are you the same, different? What's the shadow of your use of personal and professional power? What beliefs do you have about power and authority that might interfere with you wise use of power? How can you stay awake in power differential roles? How often and to whom do you talk about these issues? There are many things to consider. Take another look at the list of eight factors leading to the misuses of power in the power paradox. Are there any you want to add? Are there any you recognize in yourself. This level of truthful exploration of your use of power is the experiential soul work from which the rich harvest is wisdom and effective use of power for the good of all. It goes deeper than following rules for it requires experiential self-study and a focus on pro-active right use of power and the repair of past wounds.

Rankism

In the largest context, the power differential is the core dynamic Robert Fuller refers to as rankism. In his book *Somebodies and Nobodies,* (2003) he refers to rank as the seat of power and to the abuse of rank as the root of all forms of discrimination. Rank is our position in any hierarchy, and rank signals the amount of power we have in the hierarchy—the higher the rank, the greater the power. Ageism, sexism, racism, and anti-Semitism are abuses of rank. Culture, religion, gender, sexual preference, race, socio-economic status, job title, educational level are positions that carry rank with them. Helping professionals by title have a higher rank than clients or office workers. Interestingly, Fuller points out that as compared to the inborn characteristics of race and gender, rank is changeable. For example, we can hold high rank at home and at the same time be of low rank at work. Most of us thus have had numerous experiences of being not only victims but perpetrators of the core dynamic of the power differential (Fuller, 2003).

Acknowledging this mutability, helps us engage our sensitivity to any harm caused by misuses of power. Misuse of the power of rank of any kind usually takes the form of the impulsive, disrespectful and often exploitive or oppressive behaviors described as the degraded side of the power paradox. It is so important to keep in mind that the difficulty is *not* with rank and the power differential that is created, but with the *abuse* of rank. "We rightfully admire and love authorities—parents, teachers, bosses, political leaders—who use the power of their rank in an exemplary way. Accepting their leadership entails no loss of dignity or opportunity by subordinates" (Fuller, 2004, p. 3). Rank serves an important role. In contrast, leaders who abuse their power betray trust and create seeds of indignity that may ripen into powerful anger and resistance (Fuller, 2003).

As a healing force for the dismantling of all forms of rankism, Fuller proposes a dignitarian society in which "human beings everywhere have an innate sense that dignity is their birthright and are quick to detect affronts to it…The basic tenet of a dignitarian society is that we are all equal in dignity—not just in theory, but in practice" (Fuller, 2004, p. 5).

Moral Development

I feel that an understanding of the process of moral development that conveys people from the simple morality of mirror neuron empathy, to the more complex and inclusive capacity to make more judgments is an essential aspect of avoiding the power paradox. Ethical use of power begins in empathy and altruistic pleasure. We are born with a basic moral compass, based in empathy and the natural desire to take action on behalf of others. This is most obvious in the outpouring of care for a family member or a situation in which one is directly involved. Simple moral decisions activate a straightforward brain response. Other situations are more complex and activate competing brain center activity, like abortion, euthanasia, population control, use of global resources. Here's where the life long process of moral and ethical development begins.

There are many moral development theories. I'll mention several here.

Jonathan Haidt, a psychologist at the University of Virginia has a theory that describes our moral sense as the interlocking of two independent neural systems. The older system, already described with the development of mirror neurons, provides us with an instantaneous "gut reaction" based on an interior mirroring of another's experience. He calls this "moral intuition." The second neural system is

> a more recent addition to the brain, with circuits in the neo-cortex [and] evolved along with language. This system operates more slowly, and lets us give words to our moral decisions, explaining our ethical rationale—or at least coming up with a plausible rationale for our gut reaction. Haidt calls this "moral judgment."

> Philosophers write at the level of moral judgment; our day-to-day responses are more often enacted based on our moral intuition" (as quoted in Goleman, 2008).

My colleague, Anna Cox, works with prisoners on death row in Little Rock, Arkansas. She teaches them Buddhism. Her newsletter (Cox, 2000) contains several writings from prisoners describing significant changes in their ethical understanding and judgment. Here's one of them.

> From G. M.: There has been a lot of conversation in *Dharma Friends* lately about the treatment or respect for women and to tell you the truth, I actually have never thought very much about this before. I guess that I just thought it was cool to be the stud and let them know that I thought they was attractive. There is a lot of talking where I live that goes on whenever a woman comes onto the unit. I used to join in on it but now I see that it is kind of disrespectful. Is it abusive to say things to a woman that say that she is sexually attractive and to kind of invite her to respond to me? Doesn't this let her know she is beautiful? Or should I just ignore this person and what she does? Really, I'm kind of confused because I am just doing what the brothers do, and I never thought about this before. But I want to do the right things and I don't want to cause harm to another. (Cox, 2000, p. 1)

He's seeing things in a new way and his ethical judgment is getting more complex.

Extrapolating to professional ethical decision-making, there are two kinds of ethical decision-making that draw on and interlink with each other. One is ordinary moment decision-making. These are the gut level empathic decisions about how we care for our clients that Haidt calls moral intuition. These require being attuned to client's unexpressed needs, subtle energy cues, and relationship dynamics. The warmth and effectiveness of your client relationships is built and maintained by sensitivity of your refined gut responses. The vast majority of ethical decision-making is made moment to moment. The other is the complex decision-making that requires time, consultation, ethical codes, reflection, and more information. These decisions are based on moral judgment. I believe that both moral intuition and moral judgment can and need education and refinement. Consider Haidt's five main moral rules named on a previous page. They are based on moral intuition. However, as moral intuition becomes more refined and wise, it overlaps with moral judgment to produce more complex, inclusive, and situation appropriate responses. For example, the gut impulse to be loyal can result in an us versus them identification that leads to war.

Lawrence Kohlberg, who delineated the classic theory of stages and levels, identifies developmental perceptions of rules and of what "right" is. Oversimplifying his system, rules are to be obeyed to avoid punishment; then rules are to be followed in order not to cause harm; and then rules are seen as beneficial and can be changed if they are unfair. "Right" is first seen as satisfying one's own needs; then as doing one's duty and respecting authority; and then right is an integrated and organic expression of concern for all in a given situation (as described in Schueler, 1997). Knowledge of these developmental and perceptual differences has potential value in fine-tuning your skills in dealing with clients, colleagues and superiors who may be guided by different perceptions, especially in talking about ethical codes and the concept of right use of power.

Carol Gilligan, another theorist, using Kohlberg's model, found that in their moral development, men tend to operate from an ethic of justice while women operate from an ethic of care. While Kohlberg puts focus on justice as a higher stage than a focus on care, Gilligan considers these a same level difference between boys and girls. Gilligan says, "An ethic of justice proceeds from the premise of equality—that all should be treated the same," while "an ethic of care rests on the premise of non-violence—that no one should be harmed" (Gilligan, 1984, p. 174). The flavor of this difference seems to be reflected in the difference in perspective between relationship prudence (as seen in mediation and restorative justice programs) and jurisprudence (as seen in most grievance processes and in legal actions.) The right use of power model advocated here is a meld of the two concerns—for justice, and for care—power with heart.

Ken Wilber speaks of evolution as proceeding by including and yet transcending what went before. (Wilber, 2006, p. 227) Both he and Gilligan would agree that moral and ethical development proceeds in this fashion. Moral development is seen as a hierarchical in that "each stage has a higher capacity for care and compassion" (Wilber, 2006, p. 13). Stage 1 is labeled *egocentric*—morality is centered on "me." Including and transcending, by Stage 2 called *ethnocentric*, a person's identity now extends to members of their group, i.e. community, family, religious affiliation, school. At Stage 3 *world centric,* another inclusion and expansion has taken place and care and compassion is felt and expressed toward all of humanity. Gilligan follows development further in describing the highest stage of moral development, which she calls *integrated,* as a 4th stage in which the voices of the masculine and feminine, the voices for justice and the voices for compassion, become integrated (Wilber, 2006, p. 13). It is clear that at the egocentric stage, moral decisions are relatively simple and black and white. Parents and teachers know that children feel empathy and can act on behalf of others. However, as we expand into the ethnocentric, world centric and integrated stages, ethical sensitivity, awareness, and decision-making becomes more and more complex and challenging. These higher levels of development are what I consider the soul work of using power with heart. Gary Zukav says it well. "Reach for your soul. Reach even farther. The impulse of creation and

power authentic—the hourglass point between energy and matter: that is the seat of the soul" (Zukav, 2001, p. 288).

Staying on the Right Side of the Power Paradox

That would be Right Use of Power--no surprise. In summary, neurological and sociological research points out that we are born with mirror neurons that are the precursors to empathy, and empathy is the forerunner of ethical and moral behaviors and attitudes. People who treat others with respect and fairness, listen well, are warm and personal, manage conflict well, and collaborate are given leadership positions. In the big picture and over the long run, these leadership qualities are the most effective. However, once in power differential positions, people tend in either small or egregious ways to lose the very qualities that brought them their leadership positions. They begin to misuse their power. How can we stay on the right side?

I see ethical development as occurring in a spiraling fashion through the four dimensions of what I call the power spiral, as named below. Ken Wilber speaks of development unfolding in 4 quadrants (4 fundamental perspectives). These seem akin to the 4 dimensions in the right use of power model. Wilber's 4 quadrants (Wilber, 2006, p. 20) roughly correspond to the 4 dimensions perspectives as shown in Table 1.:

Table 1: Quadrants & Dimensions:

4 Quadrants	*4 Dimensions*
"I" (the inside of the individual)	Self (Be Compassionate)
"It" (the outside of the individual)	Guidance (Be Informed)
"We" (the inside of the collective)	Relationship (Be Connected)
"Its" (the outside of the collective)	Wisdom (Be Skillful)

Organized around these four dimensions, here are tenets for a socially intelligent model of power. These are integrated from my work as an ethics consultant and with my Right Use of Power programs. Rather than another 48 laws, these are tenets or recommendations. I hope they will be useful.

12 Tenets of Right Use of Power

Be Informed

1) Gather and use information from both outer and inner resources.

Right Use of Power is a learned set of skills and attitudes honed over time and built upon inborn empathy. Be clear about these resources. "The final piece of reaching for authentic power is releasing your own to a higher form of wisdom." (Gary Zukav, 2001, p. 285)

2) Know the strategies of the non-socially intelligent model of power.

Then you can be conscious of being used by these strategies and self-correct or transform them with compassion and inclusivity when you find yourself using them. It is more powerful to know two systems than one.

3) Ask for help.

Becoming isolated or over or under-identified with a power-up role, leads to poor judgment.

Be compassionate

1) Reframe and own your personal and professional power as the vital ability to use power to prevent harm, reduce harm, repair harm, and promote well-being.

2) Become more and more sensitive to your impact especially when in power differential positions.

Self-study about the impact of the power differential on you. Find out about your power shadow. Stay alert to the power paradox and its strong tendencies toward misuse of power when in a power position. Consider that goal is to create happiness and reduce suffering rather than to protect your position. This offers you much freedom.

3) Work collaboratively to empower others.

Power is abundant, not scarce (Sadlek, C., Right Use of Power Guild discussion 2008*). Power dynamics are embedded in every human interaction (*Ireland*,* R. Right Use of Power Guild discussion 2008*).*

Be Connected

1) Develop and use your skills for actively participating in the feedback loop.

Discern what the other is ready to hear. Be aware that actions that harm others, inherently and ultimately harm the actor. We can easily be insulated from this by denial and short-sighted vision (Ireland, R. Right Use of Power Guild discussion 2008).

2) Track for and resolve difficulties before they escalate.

Stay connected in conflict. Stop the escalation.

3) Hold good and clear boundaries.

Stand in your power, stay in your heart.

Be Skillful

1) Be respectful, strategic, and wise.

Think in the long run. Be proactive. Look for the best next step. Keep including others and offering ways to save face. Focus on what's working.

2) Hold an expanded awareness of the impact of your actions and decisions on those beyond your sphere of influence.

From this larger perspective, look for creative, inclusive and win/win solutions.

3) Strategically and skillfully stop expecting, condoning, or feeling helpless about misuses of power in systems and power-up individuals.

Expect and require social intelligence. Campaign for a socially-intelligent model of power.

Changing our personal and collective expectations about right use of power to one that embodies social intelligence and links power with heart is truly ethics as soul work. The power differential and the power paradox are dynamically linked. Our understanding of this energetic and behavioral link can empower us to stay on the right side of power. What we need is a new model, a new frame about power that ripples across the globe and eventually becomes the new traditional model, aligned with human evolutionary and spiritual process.

References

Armstrong, K. (2005). Compassion's fruit. *AARP Magazine,* March & April issue.

Barstow, C. (2007). *Right use of power: The heart of ethics*. CO: Many Realms.

Blakeslee, S. (2006). *Cells that read minds*. (Retrieved January 2008 from www.danielgoleman.info).

Cox, A. (2000). *Dharma friends newsletter.* AR: Ecumenical Buddhist Society.

Fisher, R. Ury. W. Patton. B. (1983). *Getting to yes*. NY: Penguin Books.

Fuller, R. (2003) *Somebodies and nobodies: Overcoming the abuse of rank*. Gabriola Island, Canada: New Society Publishers.

Fuller, R. (2004) *Democracy's next step: Overcoming rankism*. Retrieved 2006 from www.humiliationstudies.org/documents/fullerimpluse.

Gerzon. M. (2004) *Leading beyond borders: Thinking globally and acting locally for a just. sustainable world.* CO: www.mediatorsfoundation.org

Gilligan. C, (1982). *In a different voice: Women's psychological theory and women's development.* MA: Harvard University Press.

Goleman, D. (2008). *Moral intuition*. retrieved January 2008 from www.danielgoleman.info.

Greene, R. (1998) *The 48 laws of power*. NY: Penguin Books.

Haidt. J. (2006). *Happiness hypothesis: Finding modern truth in ancient wisdom*. NY: Basic Books.

Keltner, D. (2007-08). The power paradox. *Greater Good Magazine, 4*(3) Winter.

Kidder, R. (1994). *Shared values for a troubled world: Conversations with men and women of conscience.* San Francisco, CA: Jossey-Bass.

Knowlan. Amina. www.matrixleadership.com

Schueler, G. (1997). *Professional and scientific ethics*. Retrieved June 2008 from www.schuelers.com/psychology/HS815.htm.

Lakoff, G. 2004. *Don't think of an elephant*. VT: Chelsea Green.

Merideth. Mukara. www.matrixworks.org

Popov, D & L. 1997. *The family virtues guide: Simple ways to bring out the best in our children and ourselves.* NY: Plume.

Rosenberg, M. (2003). *We can work it out*. Encinitas, CA: Puddle Dancer Press.

Schaef, A. W. (1976). Personal notes from lecture on Women's Reality in Denver, CO, 6/22/1976. (Available from author).

Ury. W. 1999. *The third side*. NY: Penguin Books

Vedantam, S. (May 28, 2007). *If it feels good to be good, it might only be natural.* Retrieved February 2008 from *The Washington Post*.

Wilber, K. (2006). *Integral spirituality: A startling new role for religion in the modern and postmodern world*. Boston, MA: Integral Books.

Zukav, G. (2001). *Thoughts from the seat of the soul: Meditations for souls in process.* NY: Simon-Schuster.

Lao Tzu, Knowing, and Being

Siroj Sorajjakool, Ph.D.

Editor's Note: Many of us as therapists just do what we do without much thought about underlying philosophical assumptions or implications. Why do we in Hakomi align our work with nature, track experiential signals, and attempt to listen with our hearts? Do we work out of a metaphysics of being or of change? What is the relationship between meaning and suffering? Here Siroj Sorajjakool helps us struggle with these issues in dialogue with contemporary philosophy and theology. His own experience with depression that led him into these issues and the discovery Taoist wisdom is outlined more fully in his book *Wu Wei, Negativity and Depression* (New York: Haworth Press, 2001).

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ABSTRACT: This article deals with philosophical issues of epistemology and ontology related to issues of concern for psychotherapists, most fundamentally life--knowing it rationally or receiving it, observing life's flow, controlling or resisting it, coming to know it or releasing oneself to it, certainly and uncertainty, and subject/object dichotomies. Western philosophers and theologians such as Wittgenstein, Sartre, Heidegger, and Tillich are referenced as well as Eastern thinkers such as Lao Tzu and Chuang Tzu.

Introduction

> A man is supple and weak when living, but hard and stiff when dead. Grass and trees are pliant and fragile when living, but dried and shriveled when dead. Thus the hard and the strong are the comrades of death; the supple and the weak are the comrades of life. Therefore a weapon that is strong will not vanquish; A tree that is strong will suffer the axe. The strong and big takes the lower position, the supple and weak takes the higher position.

In describing the early American's view of "nature" John Fieg (1980, 9) writes: "A foe rather than a friend, the physical environment seemed a huge obstacle course which man had to somehow outwit. Harmony was out of the question. Control was the answer." Conversely the 1283 inscription by King Ram Kamhaeng describing Sukothai, the former capital of Thailand, states "This land of Thai is good. In the waters are fish; in the fields is rice . . . . Coconut groves abound in this land. Jackfruit abounds in this land. Mango trees abound in this land . . . whoever wants to play, plays. Whoever wants to laugh, laughs. Whoever wants to sing, sings (Fieg, 1980, 9)" Hence the role of human beings is to conform to the rhythm of nature.[i]

The above accounts remind us of the predominant attitude in modern societies: control and manipulation of nature on one hand, and compliance toward nature in the spirit of Lao Tzu, on the other. Lao Tzu (1963, 140) writes:

> In the world there is nothing more submissive and weak than water. yet for attacking that which is hard and strong nothing can surpass it. This is because there is nothing that can take its place. That the weak overcomes the strong, and the submissive overcomes the hard, everyone in the world knows yet no one can put this knowledge into practice.

I am personally intrigued by the metaphor of "water" and its movement. A major part of my life was spent trying to conquer and control and yet I sense something enticing and mystical about the "flow" of life. Alan Watts' (1975, 90) description of Taoists that states, "They have no design to subjugate or alter the universe by force or will-power, for their art is entirely to go along with the flow of things in an intelligent way" makes me want to find out more about the possible relation between the "flow of water" and psychotherapy.

"To flow" suggests the ability to adapt its shape and form in order to follow the course of gravity and the contour of riverbanks. It is the ability to move along the line of less resistance. Philosophically, this concept rejects any attempt to encapsulate reality in a set of logic, to understand life rationally, or to capture divinity in a systematic form. We have in the past sought to fit life and reality into a system of logic and rationality. We have constructed systems of thinking that seek to explain everything consistently and tried to delineate any

contradictions that do not fit into our concept of causal relation.

Life is Not about Knowing.

In contrast to the rational attempt to grasp reality Wittgenstein, in the *Last Writings on the Philosophy of Psychology* writes: "Words have their meaning only in the flow of life (Malcolm, 1986, 238)." In explaining this concept, Malcolm points out that philosophers look for the foundation of language in a priori principles, axioms, self-evident truths, immediate experiences or sense-data, but for Wittgenstein the foundations of language and thinking are forms of life.[ii] The concept of the "form of life" brings request for explanations or justification (rational process) to a stop. This is so because our connectedness with the world is not one of knowledge (knowing the world). If the world is something we come to know then we can question the act of knowing (we can question the certainty of what we know, the rational process). To know the world suggests that we somehow through rational process arrive at the conclusion that there is a chair. Without the act of knowing, we would not have realized that there is a chair. Without the knowledge that our body needs oxygen, we would not struggle for air when we fall into a river. If this be the case, it is therefore justifiable to ask 'how we come to know?' How can we rationally justify that there is an external reality? Asking this question is like asking, can we justify struggling for air without the knowledge that our body needs oxygen or can I justify asking if there is a chair when I'm sitting on one.

Can we truly justify our act of knowing that there is an external reality? According to Wittgenstein and Cavell, the world is not something we know (if by knowing we refer to an act of logical analysis, a rational process of cause and effect). The world is not something we come to know.[iii] It is a form of life that is given to us. We realize that it "is" prior to any cognitive reflection.[iv] In *On Certainty* (Cavell, 1979,148) Wittgenstein writes: "Why don't I satisfy myself that I still have two feet, when I want to get up from a chair? There is no why. I simply don't? That is how I act." Commenting on this 'certainty' Malcolm (1986, 153) writes, "This natural certainty (or 'sureness') is too fundamental to be either 'justified' or 'unjustified'. It is presupposed by any use of language in which a justification might be framed." Language does not emerge from reasoning but from natural forms of life.[v]

By showing that we are in attunement with the world, that the external reality is not something we come to know through rational process, Wittgenstein puts a full stop to philosophy, or to put it in his own word, 'leaves everything as it is'.[vi] This 'full stop' is clearly stated by Phillips (1993, 80):

> [T]o question certain propositions which are held fast by all that surrounds them is senseless. If our trust in these propositions were undermined, if we could not show in our actions that we took these things for granted, we would not say that we were mistaken, since we would not know any more what it would mean to speak of knowing, not knowing, believing, not believing, being right or being mistaken, about such things. At certain points we say, 'But this is what I mean by saying it's a tree, a person, or a certain colour.' Or in physics we say, 'This is what I mean when I say that the conclusion is justified.' Wittgenstein asks, 'Is it wrong for me to be guided in my actions by the propositions of physics? Am I to say that I have no good ground for doing so? Isn't precisely this what we call a 'good ground'? (*On Certainty*, 608) Our request for justifications in our talk about physical objects, persons, colours and physics, comes to an end. Our assurance is shown in the way we do go on, in the way we act with respect to these things.[vii]

The world and reality is not about knowing and grasping through the rational process. Any attempt at placing the world into a consistent logical conclusion is uprooting life from its natural form; is resisting the natural flow of life.[viii]

Life is About Observing Its Flow.

Tillich (1951, 71) writes: "Epistemology, the 'knowledge' of knowing, is a part of ontology, the knowledge of being, for knowing is an event within the totality of events. Every epistemological assertion is implicitly ontological. Therefore, it is more adequate to begin an analysis of existence with the question of being rather than with the problem of knowledge." Implied in this statement is the idea that knowledge is suspended in being and not being in knowledge.

To understand life is to observe the rhythm and the flow of life. To observe is to learn to listen carefully to life, to pay attention to our thoughts, feelings, and images that come to us naturally. It is to learn to listen to our hearts because the heart always seeks to speak to us.

Controlling/Resisting.

We seek to control that which we feel is out of control. At a deeper level there exists the internal desire of "being" wanting to define its own "being." In attempting to define "being" one reflects cognitively. This cognitive reflection results in a definition of what it means to be, the "ought" of "beings." In describing "being" defining its own path of being from a theological view point, Bonhoeffer (1965) suggests that thinking in terms of good and evil implies our desire to ordain or own path of being for God. Through guilt we become aware of our disunity (the lack of authenticity). Through conscience we construct our

understanding of "Being" and through our knowledge of good and evil we strive to authenticate ourselves, to be reunited with "Being." But in all our striving through our knowledge of good and evil we are still aware that we are in guilt. From our own resources we cannot authenticate ourselves because we do not know our essence. Only the Creator knows human essence. When we try to authenticate ourselves from our knowledge of good and evil, we transgress our limit, deny our state of creatureliness and seek to be the creator. In such an attempt we experience self-alienation. In describing self-alienation Bonhoeffer writes (1965):

> The antitype to the man who is taken up into the form of Christ is the man who is his own creator, his own judge and his own restorer, the man whose life misses the mark of his own human existence and who, therefore, sooner or later destroys himself. Man's apostasy from Christ is at the same time his apostasy from his own essential nature (p. 110).

In seeking to define "being" from "being-itself " one set up criteria for what it means "to be." In the process of setting up criteria we seek to align the "ought" and the "should" with our sense of reasonableness. We define good parenting, good citizen, good children, good spouse, good society, good Christians and so forth. From these definitions we strive to fulfill our tasks and work toward getting others to come in line with these definitions. The inability to fulfill these tasks within ourselves and in others lead to frustration, agitation, conflict, anger, denial etc. The psychological effect of this inability within ourselves is well stated by Scott Peck (1978) in his description of neurotic individuals:

> The speech of the neurotic is notable for such expressions as "I ought to," "I should," and "I shouldn't," indicating the individual's self-image as an inferior man or woman, always falling short of the mark, always making the wrong choices...In actuality, many individuals have both a neurosis and a character disorder and are referred to as "character neurotics," indicating that in some areas of their lives they are guilt-ridden by virtue of having assumed responsibility that is not really theirs, while in other areas of their lives they fail to take realistic responsibility for themselves (p. 36).

The attempt at directing ourselves according to our self-definition may lead to the alienation of ourselves, the alienation that results from the inability of the self to fulfill its own self-definition. This alienation comes in the forms of the lack of self-acceptance, denial, repression, rationalization, guilt and self-blame. These behaviors potentially lead to depression. The lack of self-esteem, guilt and self-blame are characteristic behaviors of depressive personality. In describing the relation between depression and self-esteem David Burns (1980) writes:

> When you are depressed, you invariably believe that you are worthless. The worse the depression, the ore you feel this way...A recent survey by Dr. Aaron Beck revealed that over 80 percent of depressed patients expressed self-dislike. Furthermore, Dr. Beck found that depressed patients see themselves as deficient in the very qualities they value most highly: intelligence, achievement, popularity, attractiveness, health, and strength. He said a depressed self-image can be characterized by the four D's: You feel Defeated, Defective, Deserted, and Deprived...Almost all negative emotional reactions inflict their damage only as a result of low self-esteem (p. 59).

Likewise the attempt at aligning others with our definition of "being" is also self-destructive. In trying to make others fulfill what you define as an appropriate role ("Make them behave as you think they should. . . . We have written the play, and we will see to it that the actors behave and the scenes unfold exactly as we have decided they should. . . . If we charge ahead insistently enough, we can stop the flow of life, transform people, and change things to our liking"—Beattie, 1987, 71) for them, one ends up getting frustrated and angry. As long as this belief remains, there is no end to the feeling and the expression of anger. On the other hand if the anger is being repressed, it will exhibit itself in other self-destructive forms.[ix]

Ontological Basis for Philosophical Consideration.

Although we like to think of ourselves as rational beings, in our ever day lives we have come to realize that our rationality resides within "beings" and it is from this "being" that the structure of rationality is being determined. It is what Tillich (1951, 79) calls the "depth of reason" as a substance which appears in the rational structure or "being-itself"; which proceeds reason and is manifest through it. In *The World as Will and Idea* Schopenhauer argues that we human beings do not reason from cause to effect. We reason backward. We start from what we want, and from this will to achieve what we want, we search for reasons to support and justify our wants (Mayer, 1951, 386). "Men," says Schopenhauer "are only apparently drawn from in front; in reality they are pushed from behind (Durant, 1961, 313)."

The structure of "being" seems to be in possession of the power to dictate the direction of "being." And it is from within this dynamic of "being" that "being" searches for its definition and its fulfillment. The philosophical search reflects the attempt of "being" to find the best possible answer for what it means to be within the environment of that "being" itself. This attempt is clearly reflected in the philosophical thinking of various religions. While I was watching "Little Buddha," (a Bernardo Bertolucci Film reflecting the Tibetan quest for the reincarnation of their teacher) it dawned on me that religious quest is closely connected to the issues of suffering, old-age, death and dying. It is an attempt at reframing worldviews to

accommodate, explain and cope with human suffering.[x] From a religious point of view, suffering shapes our way of looking at reality. World religions seek a way of looking at reality that will reduce suffering. In his statement regarding human suffering, Grimm (1958, 138), a Buddhist Scholar, replaced Descartes' "Cogito Ergo Sum" with "I suffer therefore I am." While Hinduism resolves suffering by turning reality into illusion, Buddhism teaches that the real is real but the self is not (*anatta*--the doctrine of "no-self"). Christians believe that suffering is the result of sin. Confucius teaches that the lack of morality and respect for the elderly are the causes of suffering while Taoist masters, Lao Tzu and Chuang Tzu, see suffering as the result of imbalance between the yin and the yang.

Dictated by the inner ontological need, "being" searches for the meaning of the self within the world of pain and suffering by reframing being's understanding of reality (its immediate environment). The hermeneutical task is to define reality in such a way that will provide meaning for "being" while reduces pain and suffering. The Taoist masters taught us that the meaning of "being" is contained in "being-itself" and therefore this meaning has to be attained through listening to "being." Only in aligning ourselves with nature do we come to understand the meaning of "being." And when we listen carefully we will discover that this "being" has an inner mechanism that reduces pain and suffering.

> Man models himself after Earth.
> Earth models itself after Heaven.
> Heaven models itself after Tao.
> And Tao models itself after Nature.

Commenting on this passage Johanson and Kurtz (1991, 68) write: "The *Tao-te ching* suggests that nature is the best model for everything, perhaps especially for psychotherapy."

NOTES:

[i]Sad to say, conformity to nature as suggested by King Ram Kamhaeng has now been replaced by control through technology.

[ii]Similar concept which lay an emphasis on the ontological structure is suggested by Tillich (1951, 169) when he writes: "The truth of all ontological concepts is their power of expressing that which makes the subject-object structure possible."

[iii]Speaking about knowing Cavell writes, ". . . the human creature's basis in the world as a whole, its relation to the world as such, is not that of knowing, anyway not what we think of as knowing (Cavell, 1979, 241)."

[iv]I seem to notice a certain proximity between this idea and the concept of Dasien as suggested by Heidegger. Heidegger's Dasien has been thrown into the world of objects (we do not know where we come from and we do not need to. To know is to make essence precede existence). By this concept Heidegger is able to overcome the Kantian dicothomy (subject-object). But their reasoning (Heidegger's and Wittgenstein's) differ. Heidegger's Dasien is his attempt at justifying existentialism whereas for Wittgenstein, it is an attempt to show that there is no need for any kind of justification. In discussing the relationship between these two concepts, Cavell suggests that Heidegger attempts to lay out 'how to think about what the human creature's relation to the world as such is' whereas Wittgenstein attempts to 'investigate the cost of our continuous temptation to knowledge (Cavell, 1979, 241).' It is interesting at this point to note how Sartre (1956) takes Heidegger's Dasien a step further. In attempting to show that being emerges out of nothing, Sartre argues that consciousness arises only in relation to object outside of itself. There is no consciousness-in-itself apart from other object; in fact, consciousness cannot arise without external object. Thus consciousness is nothingness. It is nothingness in itself because consciousness is always consciousness of something or someone. Through this analysis Sartre (1956) also arrives at the conclusion that phenomenon is 'absolutely indicative of itself.' In Wittgenstein too we see an emphasis on 'description' (in contrast to 'prescription'). Commenting on this point Hilmy (1987, 60) writes: "The notion of 'something behind the signs' is of course precisely what Wittgenstein was repudiating in his rejection of his own 'earlier' metalogical explanations of language."

[v]Cavell (1979, 178) suggests that when we teach a word we initiate them 'into the relevant forms of life held in language.'

[vi]In *Philosophical Investigation* Wittgenstein (p., 133) writes: "The real discovery is the one that makes me capable of stopping doing philosophy when I want to (cited in Cavell, 1979)"

[vii]Of course the 'full stop' does not fully stop and D.Z. Phillips went on discussing the difficulties in contemporary philosophy of religion at stopping. To this difficulty Cavell (1988, 48) admits (in his lingo) "that the threat of skepticism is a natural or inevitable presentiment of the human mind" and therefore it is something we are habitually 'forced' or 'driven.'"

[viii]This concept can be applied directly toward the understanding of the writings of Chuang-tzu. According to Chuang-tzu, cognitivism "fosters irrelevance to life, and manifests itself in irresponsible mystical abandonment of the self and of the world (Wu, 1965, 14-15)."Cognitivism uproots a person from his surroundings and contexts.

[ix]According to Paul Meier (1993, 168-172), repressed anger leads to depression.

[x]In Hinduism the analysis of suffering is arrived at via the understanding that impermanent creates suffering and therefore any attachment to "impermanent" leads finally to suffering. In order to resolve this Hinduism proposes that that which is real is permanent and that which is impermanent is unreal. This hypothesis suggests that only when we arrive at the "real" will we be able to avoid suffering. In discussing the real, Hinduism suggests the "Stillness" of the self. The attainment of stillness, of attaching oneself to nothingness naturally leads to no-suffering. Buddhism reframes this concept differently. In Buddhism the self is not there in the first place. If the self is not there, there is therefore no need to attach oneself to anything that is impermanent. The attainment of this philosophical belief of no-self through cultivation of self-discipline helps one to attain peace. The self suffers. When this self is not there, there is no possibility of suffering.

References

Beattie, M. (1987): *Codependent no more: How to stop controlling others and stare caring for yourself.* New York: Harper & Row.

Bonhoeffer, D. *Ethics*, New York: Macmillan.

Burns, D. (1980): *Feeling good: The new mood therapy.* New York: William Morrow & Co.

Cavell, S. (1979): *The claim of reason: Wittgenstein-skepticism-morality-and tragedy*. Oxford: Oxford University Press
Cavell, S. (1988): *In quest of the ordinary: Lines of skepticism and romanticism*. Chicago: University of Chicago Press
Durant, W. (1961): *The story of philosophy*. New York: Washington Square Press.
Fieg, J. P. (1980): *Thais and North Americans: InterAct 3*. Maine: Intercultrual Press.
Grimm, G. (1958): *The doctrine of the Buddha*. Delhi: Motilal Banarsidass.
Hilmy. S. S. (1987): *The later Wittgenstein: The emergence of a new philosophical method*. New York: Basil Blackwell.
Johanson, G. & Kurtz, R. (1991): *Grace Unfolding: Psychotherapy in the Spirit of the Tao-te ching*. New York: Bell Tower.
Lao Tzu (1963): *Tao te ching* (trans. Lau, D. C.). Maryland: Penguin Books.
Malcolm, N. (1986): *Nothing is hidden*. New York: Basil Blackwell.
Mayer, F. (1951): *A history of modern philosophy*. New Delhi: Eurasia.
Meir, P. (1993): *Don't let jerks get the best of you: Advice for dealing with difficult people*. Petaling Jaya, Malaysia: Castle Books
Peck, S. (1978): *The road less traveled: A new psychology of love, traditional values and spiritual growth*: New York: Simon & Schuster.
Phillips, D. Z. (1993): *Wittgenstein and religion: Swansea Studies in philosophy*. New York: St. Martin.
Sartre, J. (1956): *Being and nothingness: A phenomenological essay on ontology*. New York: Washington Square Press.
Tillich, P. (1951): *Systematic theology, vol. 1*. London: SMC.
Watts, A. (1975): *Tao: The watercourse way* (with the collaboration of Al Chung-liang Huang). New York: Pantheon Books.
Wu, K-M. (1965): *Chuang Tzu: World philosopher at play*. New York: Crossroad Publishing.

Yet mystery and manifestations
arise from the same source.
This source is called darkness.
(Lao Tzu, 1)

Darkness with darkness.
The gateway to all
understanding.
(Lao Tzu, 1)

Ever desireless, one can see
the mystery.
Ever desiring, one sees
the manifestations.
(Lao Tzu, 1)

(Lao Tzu quoted in
Johanson & Kurtz, Grade Unfolding, 1991)

Inge Myullerup-Brookhuis

The Principles of Hakomi

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Editor's note: In this article Dr. Inge Myllerup-Brookhuis explores foundational Hakomi principles, bringing a lot context and depth through references to contemporary science as well as ancient spiritual traditions.

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ABSTRACT: Originally Hakomi took inspiration from a number of sources including philosophies of the ancient past, consciousness cultivating methods and practices, the Humanistic Psychology growth and potential movement, and discoveries from the field of modern science. The present article serves to explore these sources of inspiration in relationship to the Hakomi principles, their philosophy and practice. This exploration of the principles and method of Hakomi is interlaced with results from experimental research and theoretical reflections from the fields of contemporary sciences of physics, atmospheric chemistry, contemporary neurosciences such as neuropsychology, psychoneuroimmunology, interpersonal neurobiology, and from aspects of contemporary psychological research.

All I need to be well
Lives deeply within me.
The healer who comes
Is a midwife
Who helps to birth
my original self.
It is from this place
I am ready to be
where I have never been before
Able now to know,
may be for the first time
The Unbroken Field.
--*Cherie Greenwood (in Greenwood, 2004).*

Ancient Wisdom and the Principles

Hakomi was a pioneer among psychotherapeutic modalities in many ways, not least in being willing to benefit from the knowledge of psychology and consciousness studies outlined first in the ancient wisdom traditions.

In his introduction to the history of mysticism Abhayananda, a contemporary American mystic, summarizes the essence of the traditions. He states that seers throughout the ages and across traditions reveal the antiquity and endurance of one Great Mystical tradition. They extrapolate and relate foundational principles of duality and of the great unity underlying the diversity of its manifold expressions. (Abhayananda, 1996).

The ancient seers report experiences of body-mind-spirit wholeness, and "in their attempt to explain the ineluctable duality-in-Unity, the seers of early cultures relied upon pictorial symbols – such as the yin-yang symbol of the Chinese" (Abhayananda, 1996, p.8). These Mystics, as they have been called, present to us a view of intrinsic interconnectedness and natural unfolding called the Tao in Chinese philosophy. In its Hakomi reflection, we can see this in the Unity Principle.

The mystics relate to us that the only way to experience this reality is to widen consciousness from material realms to embracing more subtle and energetic realms of consciousness via skilful inner listening and cultivation of consciousness. Such inner listening is called mindfulness in Buddhist philosophy, 'samyama' or witnessing in yoga philosophy, and contemplation in the Christian tradition. All the traditions emphasize that inner listening unfold within a context of non-violence, loving kindness, truthfulness, non-stealing, and surrender to a higher wider state of consciousness, ultimately characterized as a unified whole called the void, unity, Self, or God.

Ron Kurtz assimilated many of these ancient insights and guidelines into the original five principles of the Hakomi method: Unity, organicity, body-mind-spirit holism, mindfulness and non-violence. In addition to their historical importance to the development of Hakomi the five

principles can serve to structure this introduction to its philosophy and practice.

Early Hakomi, Science and the Organization of Experience

Throughout its' years of continuing developmental history from the 1970's Ron Kurtz (Nov, 2007 p.1) founder and originator of Hakomi, as well as founding and following trainers, teachers and practitioners, have had a tradition of being in ongoing dialectic and reflexive theoretical dialogue with selected aspects of contemporary science. In continuation of this tradition the principles of Hakomi are here in the first part of this article interwoven with a review of some of the early scientific inspirations. In the middle and latter parts of the article the discussion will summarize some of the more current scientific discoveries that substantiate the method.

Greg Johanson remembers that "In the early days of Hakomi (1970's) one particularly fruitful source . . . was the book *Mind and Nature*, by Gregory Bateson (May, 1976). In this work Bateson (1979) outlined ten propositions that characterize a living system that can be said to have a mind of its own, including nature itself." (Johanson, 2007, p.3).

Body-mind spirit Holism

The body-mind-spirit system is seen as a living system, and as a whole, made up of parts, or parts organized into a whole (Bateson's first proposition). Therefore Hakomi practice includes studying and working with the psycho-somatic, psychological (mental, emotional, and behavioral), and psycho-spiritual organization of human body mind consciousness.

Organicity

Parts communicate within this whole (Bateson's second proposition). The body-mind-spirit system is worked with as a 'holon' (Arthur Koestler, 1967), as a fundamental unity of reality which is made up of parts, and in turn is part of a larger whole. When the parts are communicating within the whole, the system is self directing and self-correcting. It has a mind of its own characterized by complex, non-linear determinism (Bateson's third proposition).

Body-mind-spirit Holism and Organicity

Looking at the totality of the human body-mind-spirit system as one such living system, as a holon, we may witness effects of deep inter connectivity among component parts when observing the following. The effects of a thought ripples throughout the whole body mind system, affecting all levels of the psyche and its components of thinking, feeling, emoting, perceiving, sensing and intuiting. When you have an intention, this also has an effect on all those levels in all of these realms, William Tiller et al conclude in summary of their experimental research reported in the book: 'Conscious acts of creation, the emergence of a new physics.'

Activity in one realm has effect on, and is reflected on all levels of the body mind system. Activity within the realms of consciousness may be instrumentally recorded via physical manifestations as brain wave patterns, heart rate variability, immune system functioning, muscle activation and tension patterns, and in form of other energy manifestations. There is a deep inter connection between sub systems of the human body mind; ultimately the living system is a self organizing, complex whole (Bateson's third proposition). There is oneness of functioning beyond and above the multiplicity of sub system functioning, there is 'mind-body-spirit holism.'

Mindfulness

When we look into 'The Farther reaches of Human Nature' (Maslow, 1971) and the wisdom traditions we learn, that when we as humans still and focus our minds inwardly and sink into presence skillfully and mindfully, this will facilitate a movement toward increasing degrees of body mind integrative processing and body-mind-spirit wholeness. In this process of inner listening and compassionate witnessing, insight unfolds, as we move through the territories of that which separate us from oneness and wholeness of body-mind and spirit.

What was uniquely innovative in the Hakomi method was the, from Buddhist practice inspired, integrative use of mindfulness. This is a detached engaged emotionally and spiritually intelligent presence.

Ron Kurtz recently summarized that mindfulness

> is self observation without interference. It is the observation of the constant, spontaneous flow of ones own experience, the ever changing contents of consciousness. It is a turning inward and allowing, without interfering or taking any action. It is letting impulses and thoughts arise and watching them subside. It shows up in therapy as the ground state for all the experiments we do with clients, experiments that are the key to bringing deep unconscious material into consciousness. It shows up as a preference for quiet and acceptance, for understanding and consciousness rather than effort, force and control. In its ability to not be driven, it is an expression of a deep desire for freedom. (Kurtz 2007, p.17)

Non-violence

For 'mindfulness' to develop and deepen, and in order for the human system to be willing and open for inner listening, there must be an implicit and explicit experience of safety

and 'non-violence' within the therapeutic context and within the immediate situation.

Like humanistic psychotherapeutic approaches in general, Hakomi has from it's inception in the early 1970s relied on and focused on cultivating the integrity and presence of the therapist and her/his skillfulness and ability to create and maintain such a context of safety and non-violent relations. This is a primary and necessary condition for willing experiential accessing and processing of psychological material.

Across the life span of Hakomi Ron Kurtz has continued to make refinements to the method. In his "Olympia Training Handbook on the refined Hakomi method" of November, 2007 he wrote about one of these refinements: "Fourteen years ago, I introduced the idea that loving presence is the appropriate state for the practitioner. It is our first and most important task. That one change made a huge difference in the effectiveness of the method "(P.1).

Hakomi, in all of it's versions, views non-violent, skilful and embodied loving presence, mindful awareness, appropriate support and containment, and method specific body mind integrative facilitation ('experiments' and 'missing experiences') as main components of the therapy and of the therapeutic fertile ground which serves as context for accessing, processing and transforming of core organizing psychological material.

Gregory Bateson and the Organization of Human Experience:

In organic living realms, when unhindered, parts will tend to thrive towards unfolding of their potential for wholeness. This has been and continues to be the starting point and worldview within humanistic, systems, and ecological psychology traditions. In the realities of ordinary human life there is unfolding and, for most humans there is also some degree of stuck-ness, with inadequate or lack of information processing. A result is suffering.

When a human becomes overwhelmed by life challenges, the coping ability of the body-mind system may be compromised. As a result the individual may become psychologically divided and loose touch with their innate wholeness.

From such experiences of overwhelm our body mind system carry experiential imprints, called 'samscara' in ancient yoga philosophy, and descriptively called 'State dependent memories learning and behaviors' in Ericksonian Hypnotherapies (Rossi, (1996)). These imprints include the state and quality of body mind system arousal at the time of organizing experiences, body mind system emotional and mental interpretations of such experiences, associated learning and behavior from the experiences and internalization of psychological dynamics within us and around us during the time of experiences and experientially associated experiences and events. In Hakomi such imprints are called 'core organizers.' These imprints leave a residue of tensions and holding patterns in the body-mind, and thus interfere with information processing and the free optimal flow of life energy.

Memory imprints manifest on all levels and in all human realms. In the realm of the psyche experiential imprints manifest as psychological organizing habits and patterns of thinking, feeling, and behaving with accompanying beliefs (called 'core beliefs'). Experiential imprints (core organizers), psychological habits and patterns, and core beliefs are embedded within all realms of the human body-mind-spirit system and take part of holding such habits and patterns in place.

What is of primary importance, Bateson first taught us (in his fourth proposition), is the way the system processes information, energy is collateral or secondary to the system. Residual imprints from experience, the 'core organizers' of the psyche, and accompanying 'core beliefs' influence how information is processed.

The core organizers and beliefs determine to a large extend, how the body-mind-spirit system functions and set the limits for the unfolding of the potential of mental, emotional, perceptual, sensory and intuitive experience. The imprints ultimately lead to and are reflected within psycho physical, emotional, mental, and spiritual patterns. Such patterns affect the overall functioning, processing and energy of the system on all levels of the system.

In other words information is 'coded,' as Bateson stated in his fifth proposition, and this 'coding' influence the way "we organize our experience" (Johanson 2007, p.9).

Originating with core organizing experiences the human body mind makes experiential state dependent commitments and beliefs. These tend to generalize and, expressed in a term from cognitive science, they operate as 'premature cognitive commitments.'

Core organizing experiences reflect a commitment to and a stuck quality of experiential memory. They influence how the human organism process information. Core organizers and core beliefs partially or fully determine our present-moment perceptions and experiences, and our interpretations of these experiences (the meaning that our system makes). Thus consciousness is pre-destined and narrowed.

In his refined Hakomi method Ron Kurtz uses the term "adaptive unconscious." With this concept he refers to the totality of the information processes, which act "outside of awareness, [and] habitually interprets situations and initiates habitual reactions based on those interpretations" (Kurtz, 2007, p.6). This as a result of residue and beliefs related to

past experience. The adaptive unconscious is a term borrowed from Timothy D. Wilson.

Adaptively unconscious rigid and repetitive structures ultimately separate us from living in the present moment within the fullness of human existence and human potential.

Bateson and Internal Relationship among Component Parts.

Hakomi means 'How do you stand in relation to these many realms?' in original Hopi Indian language. As indicated Hakomi work within various realms of the psyche and of human consciousness. When we work within these inner realms a question emerge: So what is the internal relationship among component parts of the human psyche?

Gregory Bateson suggested that the interaction between parts of Mind is triggered by difference, and

> When the connection and information exchange is happening the system is self organizing, self directing, self correcting and characterized by non-linear determinism, which means that it has a mind of its own based on its own internal wisdom, Bateson's third proposition. (Johanson 2007, p.7)

The quality, flavor, and intensity of organizing experiences influence the memory of and interpretations made by the developing psyche. The result is that the organization of the psyche vary from an optimum of balanced and harmonious collaborative organization to degrees of fragmentary, perhaps polarized and divisive modes of internal and inter relational organization, where information exchange among aspects and parts of the psyche is compromised, conflictive, and/or hindered. Internal psycho-emotional organizational patterns of 'core organizers' tend to cluster according to the principle of experiential association, and over time mind-body-spirit system specific styles of organization emerge.

Indicators for such body-mind-spirit organization show up in human verbal and most significantly in non-verbal expressions and communications. Core organizers may be directly accessed via non-conceptual non-verbal indicators. This is one of the main foci for Ron Kurtz in his refined Hakomi method: To search for and work with such indicators of core material.

Within the system information is organized into a hierarchy of logical levels of organization (Bateson's sixth proposition). There are styles, healthy and neurotic, character, archetypal, zodiac and otherwise conceptualized and categorized patterns and styles. From the roots of psychodynamic tradition and all the way back to the most ancient of the recorded philosophies, the vedic philosophy, we learn that such patterns operate in a repetitive fashion, perhaps compulsively so, particularly when anxiety, attachments and aversions are triggered within the system. The greater the distress of organizing experiences, the greater the degrees of internal polarization, disconnects, and splits.

Therapy can be conceived of as healing disconnects or splits (Wilber, 1979). Aligned with this understanding Hakomi is about assisting others in dissolving and altering fragmentary and rigid structures, which compromise access to information from mind and/or body and thereby compromise intra and interpersonal information processing towards body-mind-spirit holism and unity.

In the therapy process of healing disconnects or splits the first step is to make such experience organizing structures available to conscious awareness. In other words, the first step is to access into conscious awareness from the realm of the adaptive unconscious the organizing patterns for maladaptive and or otherwise limiting and or out-dated patterns and beliefs. This is in order to process, 'update' and correct such patterns.

Located within a tradition of psycho-dynamically inspired psychotherapy methodologies Hakomi is about gaining self knowledge, "In fact, the heart of our work is exactly this: making unconscious mental processes conscious. Yes! We do other things, but the core of the work is just that" Ron Kurtz commented in a paper "on the adaptive unconscious" given to the author at the 3rd Spirituality and Psychotherapy integrative series, May Mini-mester at the University of West Georgia, 2005.

Conclusion I

We have now touched upon the original five Hakomi principles: unity, organicity, body-mind-(spirit) holism, mindfulness, and non-violence. In addition we have introduced the later refined principles of loving presence, the adaptive unconscious and some of the implications of the principles for the organization of mind body spirit system.

The original method, which is predominantly taught and practiced by The Hakomi Institute, is made up of components that "used together in an integrated way . . . make an effective method for helping others with their personal growth and emotional healing," Ron Kurtz recently stated (2007, p.5).

"Since the early 90'ies, when I resigned as director of the Hakomi Institute, I have continued to refine the method and to teach these refinements in workshops and trainings along with a few trainers who have studied and worked with me the last fifteen years or so," Kurtz continues (ibid p.5).

Today, some 27 years into its life span, the Hakomi method has matured into a 'midlife' status of having multiple and differentiated styles and flavors of practice. Ultimately its particular style when practiced takes form shaped by the style and person of the individual practitioner.

"The work from the beginning was experiential, using reactions evoked by little experiments with the person in a mindful state. That process remains the core of the method," Kurtz states (2007, p.1). He Points to the added principle of loving presence as the appropriate state of mind for the practitioner, other refinements such as searching for and using indicators, adapting to the adaptive unconscious and other refinements, and his present view of the work as "mindfulness-based assisted self-study" as significant changes. "Seen in this light, it is closely related to the Buddhist and Taoist principles that were among my original inspirations," he elaborates (2007, p.1).

This author, originally trained and certified as a therapist and teacher by the Hakomi Institute, has in recent years trained with, assisted and been certified as a trainer by Ron Kurtz. It is the impression of this author that Ron Kurtz in his Refined Hakomi method leans even more into the principles behind the work than in earlier versions of the method. An observation he responded to in August of 2007 at the end of a level two training with the comment: "I think you are right about that."

Ron Kurtz has said that if you ground yourself in the principles, then the Hakomi method, with its particular style, feel and way of being with others, "will naturally emerge as your way of working with clients. Hakomi is a product of living, thinking, and feeling in terms of the principles, in alignment with the principles" (Keller in Kurtz et. al. 2004, p.41).

All of the Eastern wisdom traditions give guidelines for spiritual body mind practices focusing on cultivating embodied experience beyond concepts and words. These are practices classically designed to facilitate increasing degrees of body-mind-spirit integration (Yuasa). Hakomi, like all the wisdom traditions that inspired it, has embodied experience as starting point for practice of the method, and Hakomi practitioners are encouraged to pursue body-mind-spirit integrative practices such as mindfulness (vipassana) meditation, Tibetan practices, zen practices, yoga, tai chi, qigong, or other practices for personal body-mind-spirit stabilization, integration and deepening.

The remainder of this article represent a more comprehensive introduction to the principles with a discussion of some of the current scientific findings that support the validity and effectiveness of the Hakomi method.

The Principles of Hakomi II,

This section will look at the principles of Hakomi as seen from within a context of ancient philosophy and contemplative practices, contemporary sciences of physics, atmospheric chemistry, contemporary neurosciences such as neuropsychology, psychoneuroimmunology, interpersonal neurobiology, and aspects of contemporary psychological research:

Unity

> In the Upanishads, which contain revelations of the deepest meditations of early sages, we are told that not only do the trees, mountains, and rivers, the wind, and the stars surround us, but that they are to be found within us as well. Our bodies contain the very essence of Nature – and the very essence of the Divine. (Schumacker, 2006, p.3).

Within all wisdom traditions East and West there is a view of a deep unified intelligence embedded within the field and system of the body-mind-spirit. This is an intelligence beyond "the inner ecology of our egos" (Johanson, 2006, p.19) and the psychological parts of the psyche. When we skillfully and discerningly open up to this deep intelligence, it will guide the process of studying and working with the system.

This intelligence is cultivated via skilful inner listening (mindfulness from Buddhist tradition, samyama from yoga tradition), and has been called many names such as Atman in the philosophy of yoga, the larger self (Tiller) in modern psychology and Self (Schwartz) in modern psychotherapeutic methodology. All these terms for a larger intelligence are pointing towards that which has been called the soul in Judea Christian traditions. "For the East there was only one way,' Ken Wilber writes, 'the Tao, the dharma, and it signaled the wholeness under the dividing boundaries of man-made maps" (1979, p.40).

Theories of modern physics developed in the last century support this worldview of unity and interrelatedness. Ultimately, Einstein theorized in his unified field theory, there is an unbroken wholeness within us and around us. Within this wholeness, Tailhart d'Chardin a modern paleontologist added, there are infinite webs of connectivity among parts, aspects and dimensions, and aliveness is flowing through (the Tao).

> Each element of the cosmos is positively woven from all the others… it is impossible to cut into this network, to isolate a portion without it becoming frayed and unraveled at all its edges … all around us, as far as the eye can see, the universe holds together, and only one way of considering it is really possible, that is, to take it as a whole. (Chardin, 1965, pp. 43-44).

There is "unity within the biological world" Whitaker and Malone relayed in 1953 in *The Roots of Psychotherapy* (p.18), and "any change in a part of the organism, regardless of whether the change comes in the province of the physiological, genetic, chemical, or psychological, results in changes which affect every other aspect of the total organism" (ibid p. 18).

This underlying wholeness, this unity, this oneness, is not readily knowable via ordinary human consciousness. Zen master Suzuki explains that "since the awakening of consciousness, the human mind has acquired the habit of thinking dichotomously." He elaborates:

> In fact, thinking is in itself so characterized, for without opposition of subject and object, no thinking can take place … the result is that the intellectually dichotomized self is placed above and over the one which is the true Self, transcending all discriminatory distinction.(Suzuki, 1972, p.3).

According to the great mystics this unity is accessible via extraordinary "experience so convincing, so real, that all those to whom it has occurred testify unanimously that it is the unmistakable realization of the ultimate Truth of existence. In this experience, called *Samadhi* by the Hindus, *nirvana* by the Buddhists, *fana* by the Muslims, and "the mystic union" by the Christians, the consciousness of the individual suddenly becomes the consciousness of the entire vast universe "(Abhayananda, 1996, p.2).

Vedic philosophy, the oldest of the recorded philosophies which inspired many of the later developments, agrees that unity is knowable via the true Self, called Atman, and may be accessed and cultivated via skillful experience such as body-mind-spirit practices and witness consciousness.

Chatterji explains: "This Being Atman is also feeling." Not thinking, but "Feeling is the very root and ground of our existence as conscious entities . . . thus the Atman, the ultimate Self in man, is pure being (*sat*), objectless awareness (*chit*), and unclouded joy (*ananda*). Atman, the ultimate Being, is timeless and space less" (Chatterji p. 18)

"We must come to understand this Self and personally 'interview it' if we really desire to get settled at the final abode of our being," Suzuki recommends. He continues:

> The ultimate Self is above all forms of dichotomy, it is neither inner nor outer, neither metaphysical, nor psychological, neither objective nor subjective. If the term 'Self' is misleading, we may designate it as 'God' or 'Being', 'Man' or 'Soul,' 'Nothing' or 'Anything.' (Suzuki, 1972, p.3).

In the practice of Hakomi "Unity is expressed when the therapist feels what the client is feeling and helps contain and manage these [experiences] through his or her own state of mind," (Kurtz, 2004, p. 3.).

Psychotherapeutically "Unity is the principle that embraces connection and interdependence," Ron Kurtz explains.

> It is a sense of connection that derives from such things as: Limbic resonance, mirror neurons [which reflect the mutual arising of subject and object], oxytocin and the social engagement system. It shows up in therapy through the therapist's wordless understanding of the client's experience and the powerful influence of the therapist's state of mind on the client's process called psychobiological regulation by Alan Schore. It shows up when the therapist feels what the client is feeling. It is shared pain and sympathetic joy. It shows up as the ability to create cooperation and intimacy. (Kurtz 2005, this author's insert).

It was Lewis et al who coined the term "limbic resonance" in their book, *A General Theory of Love*. They defined the term as follows: "Within the effulgence of their new brain, mammals developed a capacity we call *limbic resonance* – a symphony of mutual exchange and internal adaptation whereby two mammals become attuned to each other's inner states." (p.63). "Ron Kurtz was an 'early adopter' of limbic resonance, finding in this neurological explanation of emotional attunement a clarification and confirmation of what he already understood clinically . . . (that) healing requires the presence of a sensitive, compassionate, deeply attuned 'other.' "(Keller in Kurtz et. al., 2004, p. 40).

The wisdom traditions all the way back to the Vedas agree that unity is a holographic reality from the level of the atom to the level of the universe. Each segment of manifestation is 'a holon' (Wilber), and as such represent the structure of the entire wholeness. In Hakomi, on the level of psychotherapeutic reality, indicators of core material such as non-conceptual, non-verbal facial expressions are 'holons.' They are holographic miniatures of the entirety of the system they are reflecting. When we skillfully focus on a holon, with presence, tracking, contacting, probes, experiments and other Hakomi skills and tools, we are potentially able to access the entirety of the organizing pattern.

Organicity

So within unity there are infinite webs of connectivity among dimensions, realms, aspects, and parts. Gregory Bateson, the founder of modern systems theory, proposed that what makes a system living and organic is exactly that the parts communicate within that whole.

This is also the view in modern physics where Sapp reached the realization that all systems are characterized by interactive flow and communication. He elaborates "An elementary particle is not an independently existing, un-analyzable entity. It is, in essence, a set of relationships that reach outward to other things" (Wilber, 1985, p. 37.), an insight which was embedded within native cultures such as the Native Americans and expressed in their common greeting: "all my relations."

Atmospheric chemist James Loveluck (1979, 1991) studied and described this general principle and found that in the natural world there is a constant flow of energy and matter. He and microbiologist Lyn Margulis (1974) together

identified a complex network of feedback loops within the atmosphere of the earth. The outstanding feature of these feedback loops is that they link together living and non-living systems. Therefore we can not think of rocks, animals, and planets as being separate. Instead, they belong to GAIA, a single living system where, as Frijof Capra reported, "there is a tight interlocking between the planet's living parts – plants, microorganisms, and animals, -- and its nonliving parts – rocks and the atmosphere" (1996, p.104). In the words of Margulis:

> The [GAIA] hypothesis says that the surface of the earth, which we've always considered to be the environment of life, is really part of life. The blanket of air – the troposphere – should be considered a circulatory system produced and sustained by life . . . when science tells us that life adapts to an essentially passive environment of chemistry, psychics, and rocks, they perpetuate a severely distorted view. Life actually makes and forms and changes the environment to which it adapts. Then that 'environment' feeds back on the life that is changing and acting and growing in it. There are constant cyclical interactions. (Margulis, 1989.)

We can conclude from the scientific data that there is a deep inner ecology characterized by inter connectivity within the natural world, and ultimately within all of creation. The earth is a living system GAIA, named the TAO in Chinese philosophy.

Rhythms of life force pulse through everything from the circadian rhythms of nature to the ultradian rhythms of the human nervous system. In the human nervous system this rhythmic flow and interchange involves a circling back and forth between thought, action, experience, sensing and perceiving. Neuro-psychologically this is a circling back and forth of activation and dominance between the cerebral hemispheres and the two sides of the body and between the anterior and posterior cortical zones.

Everything in the known world, organic and inorganic, is in constant dynamic reciprocal inter-relationship and co-creative 'interbeing' (Thich Nhat Han). In accordance with this the Hakomi psychotherapy encounter is a collaborative and co-creative inter-relational activity allowing for and aiming at reestablishing the natural rhythms, going with 'the grain' not against 'the grain,' and opening up to discovering the particular organization and inter connectivity within the system of the person who is the focus of the process.

Hakomi practitioners rely on the principles of unity and organicity defined and described by the wisdom traditions and by contemporary science, knowing that a living system moves towards inter-relational flow and wholeness when unhindered.

When practicing Hakomi we look for the central organizing principles and beliefs of the psyche and system, and facilitate the undoing of division and fragmentation, while leaning into knowing that underneath all division and fragmentation there is connectivity and ultimately a unifying oneness of consciousness.

Central to all wisdom traditions is a relying on and leaning into a sense of a greater intelligence in the universe, whether this is called void, God, Self, Krishna, or by some other name. This 'surrendering to God' is called Isvara pranidhana in the yoga sutra II.32 of Patanjali (Iyengar (1993) p. 136).

In other words the wisdom traditions tell us that within us and around us there is consciousness of a spiritual and wise quality which supports the unfolding of our unique and human potential in the direction of survival, nourishment, free, reciprocal, capable, creative self, and ultimately Self-actualization.

Over the years of Hakomi development and practice many students, teachers and trainers of Hakomi from the diverse flavors of the method have embodied this as an implicit principle. Having faith in this, we not only take action but also at the appropriate moments pause and linger, observe and allow, and midwife the unfolding of the unique individual potential allowing for the guidance from the inherent wisdom of the system and beyond the system.

Now, according to Donna Martin (personal conversation with this author, Jan. 2006), Ron Kurtz' partner in training for fifteen years, Hakomi, in Ron's refined version of it, is moving toward an explicit inclusion of this as a foundational principle of the method.

The following training experience is reflects this observation. On the last day of the level two training in Ashland, Oregon in August of 2007, Ron Kurtz facilitated a group guided imagery exercise of connecting with sources of inspiration from intelligence "beyond the inner ecology of our egos" (Johanson, 2006, p.19). This was followed by a discussion amongst the participants about their individual manifest or non-manifest psychological, energy, and/or spiritual sources of inspiration and guidance during Hakomi facilitation. Ron Kurtz called this "the Uncle Function," Ron Kurtz summarizes that in the psychotherapy encounter

> Organicity shows up as a deep awareness of the other's freedom to be and to choose . . . the client's needs and experiences are primary. . . . Without a sense of the client's organicity, we wouldn't know that we are only a small part of the change process and that much of what happens is what the client is making happen out of his or her own courage, will and sensitivity. Honoring that is organicity, (Ron Kurtz, 2005).

It is the organicity principle in action when in Hakomi we, therapist and client, facilitator and the facilitated, compassionately, mindfully and experimentally attend to and linger with one component or 'indicator' of a psycho-emotional-behavioral experience such as, for example, a

facial gesture or an image, and this leads to the effect that entire core organizing memories emerge into conscious awareness. The emerging from sub and unconscious realms of the original state dependent experiences unfold with the original states of arousal and experience with the sensory modality activation related to this experience (the sensory components of image, sound, smell, taste, and body sensations) unfolding and emerging like 'pearls on a string.' Once in conscious awareness these memories can be updated and premature cognitive commitments can be modified.

Body-Mind-(Spirit) Holism

"If one is [whole], one will be filled with light, but if one is divided, one will be filled with darkness," The Gospel of Thomas, (Meyer, 1992,, 47). The view of the mind and body as a single system has been a defining characteristic of the Eastern wisdom traditions for 2000-5000 years (Yuasa). In contrast Western culture, religion and science have been dominated by dualistic views of mind and body.

In the 17th century Rene Descartes (1596-1650), the father of Western science exclaimed: 'cogito ergo sum,' or 'I think therefore I am.' He defined the mind and reason as 'res cogitans' and the body and experience as 'res extensa' the extended thing. Descartes said about the body-mind relationship, that "there is nothing included in the concept of the body that belongs to the mind and nothing in that of the mind that belongs to the body" (Capra, 1982, p. 164).

Since the time of Descartes Western philosophy and science have been characterized by fragmentary views of the relationship of reason and experience. In modern times of the 20th and 21st century science in general, and main stream Western psychological theory and psychotherapeutic practice in particular, have continued this tradition and tendency by emphasizing cognitive and behavioral aspects of human functioning to the exclusion of embodied experiential dimensions.

Freud, the originator of psychoanalysis, "was known for frequently stating that the ego is fundamentally a body ego but the psychoanalysis he developed paid little attention to the body" (Friedman in Lowen p. i).

Carl Jung, psychoanalytic student and contemporary of Freud, and student of consciousness and ancient philosophies of consciousness, concluded that: "The body is . . . the personification of this shadow of the ego," and that "it holds the record of our rejected side" (Conger, p.108).

Wilhelm Reich, a student and contemporary of Freud and one of Ron Kurtz's sources of inspiration, elaborated on how "the body as bound energy that is unrecognized and untapped, unacknowledged and unavailable" is "predominantly the body as 'character' " (Conger, p. 108). He "worked directly on the armored layer in the body, in that way releasing the repressed material" (Conger p.110).

Alexander Lowen, a student of Reich, and also a source of inspiration for Ron Kurtz, extended the tradition of Reich through his development of Bioenergetics analysis. This approach to psychotherapy combines physical and psychological interventions. "Information from patients bodies . . . is used diagnostically, while physical interventions are used to facilitate changes in patients' bodies" (Friedman in Lowen, p. i).

Coming from a non-physically intervening tradition of psychoanalysis inspired psychotherapy Carl Whitaker M.D. and Tom Malone Ph.D. M.D. also distanced themselves from the mental cognitive over focus of classical psychoanalytic traditions and cognitive behavioral traditions. In the 1950s they initiated the new tradition in psychotherapy and coined the term 'experiential psychotherapy' (Whitaker and Malone, 1953). In personal interviews they repeatedly responded to Descartes' 'cogito ergo sum,' with 'Cogito ergo sum num' meaning 'I think therefore I am not,' (Malone, 1998). They pointed out that going beyond thinking to experiencing directly who we are in the present moment is a must in psychotherapy.

Modern neuroscience supports such a shift of focus. Core organizing experiences from deeply influencing and or repeated experiences are coded in patterns of neural impulse activity in the brain and in the extended nervous system (Fields, 2005). When someone is having an experience a "pattern of neural impulse activity in the brain" (Fields p.78) is activated or is 'firing.' It was psychologist Donald Hebb who in 1949 proposed the simple rule that "connections among neurons that fired at the same time should become strengthened" (Fields p.77). This has been called the Hebbs theorem: What 'fires' together 'wires' together.

When we apply the Hebb theorem to psychotherapy it implies that we best assure that a neurological 'firing' of the experiential memory of the core organizing experience is happening, that the individual is actually experiencing what they are talking about, in order for a neurological 'wiring' of an appropriate and corrective update of the experience and associated belief to occur. The core organizing experiences need to be experientially activated for a re-wiring to occur. Merely abstractly talking about issues or memories will not make a sustainable change.

Now, more than half a century after the discoveries of Jung and Reich, contemporary neuroscience informs us that it is not only at the level of armor, but into the depth and core of human experience that 'the body is our subconscious mind' (Pert), and the holder of implicit pre-reflective state-dependent (Fisher) memory, learning and behavior (Earnest Rossi).

"There are image resonances in the body of all mind states," Tom Malone used to say (personal interviews). Candace Pert has now shown how that is literally and concretely so with her psychoneuroimmunological research on neuropeptides and neuropeptide receptors. She concluded from her extensive research in the field of psychoneuroimmunology that whenever we have a thought, there is a chemical released in the body-mind. She sees this as the chemical manifestation of emotion, operating as messenger molecules between the physical body and conscious awareness, or 'mind.'

Candace Pert discovered that the limbic-emotion processing brain has a forty-fold higher concentration of neuropeptide receptors for 'the chemicals of emotion' than any other part of the brain and body and thus is principal in processing of emotion. On a neuro-chemical level of organization, residue of unprocessed chemicals from experience "floats around in the hippocampus" of the limbic brain, Bessel van der Kolk explains (2002). Such unprocessed chemicals reside in the synaptic gaps between the axons and dendrites of the neurons in the brain. (See for example Seligman et. al. 2001, quoted in Aposhyan 2004 p. 48). Here it is ready to attach itself to present-moment sensory experience signals as these pass from the body via the extended nervous system to the brain, and on this path move through the synaptic gaps. In this way, awareness of present-moment experience is infused with and distorted by synaptic gap and hippocampus residue of past experience. This is a manifestation on a neuro-chemical level of what is called core organizing material, core organizers and core beliefs in Hakomi.

In Hakomi we track, and utilizing the methodology of mindfulness teach the client to track, her or his own inner experience. Clients who have learned such tracking frequently report body sensations at core levels of the gut, solar plexus, and chest and throat area.

Neuro-psychologically, there are multiple connections from the gut, the solar plexus, the chest cavity, the heart, and the throat to the limbic brain. The emotion processing system is not only the limbic brain in the head, but includes the entire visceral core bodily system of the organs and internal cavities.

Candace Pert discovered that the entire digestive tract and the internal organs have a high concentration of peptide receptors, and are lined with neuropeptide receptors. All the organs have neuropeptide receptors and are thereby associated with emotional processing, which Chinese Medicine has known for 5000 years.

Pert learned in later studies that all cells in the body have neuropeptide receptors. So, not only the limbic brain, but the core body in particular, and ultimately the whole body represent our emotion processing system. Body and mind as a whole.

According to Pert the neuropeptide receptors not only receive and transfer current emotional information, but also hold memory of frequency and intensity of past emotional activation. The core body is an emotion-storing body, with associated holding patterns in the peripheral body. The stored emotions and emotional decisions, in the form of memory within the receptors, may be 'triggered' or activated by present events and present emotional experience and in turn may influence and emotionally color such present experience. The memory in the receptors is a neuro-impulse and psychoneuroimmunological manifestation of 'core organizers.'

Fritz Pearls, another source of inspiration for Ron Kurtz, was an early American humanistic experiential psychotherapist of Eastern influence. He asserted the importance of our coming 'to our senses,' and suggested that we use our bodies as resonant chambers of experience. He initiated the use of experiential experiments to access, process, and facilitate transformation of outdated pre-reflective beliefs and habits.

Ron Kurtz revolutionized the experiential approach by introducing the use of mindfulness as a form of inner listening. With this form of awareness, observation is placed internally at the 'sense doors of perception,' where experience is colored and at times distorted. This enables the individual to gain a more direct view of her or his internal organization and internally organizing experience.

In 1995 Tom Malone exclaimed, "Hakomi has taken it much further than we ever did," as he was reviewing a comprehensive Hakomi training syllabus (personal conversation with the author). As an experiential psychotherapy methodology Hakomi explicitly and deliberately works with mindful awareness of states of consciousness of body and mind, of meaning and experience at the experiential core levels of the body mind spirit system. Since the 1970s Hakomi has been unique in this integrated use of mindfulness to access, process and update core organizing pre-conscious material.

Core Organizing Material and the Body-Mind

Since Sigmund Freud it has been generally known within the field of psychodynamically oriented depth psychotherapy that many of our core organizing experiences and beliefs have roots in early infancy, if not earlier.

> As infants and young children we try to make sense of the experiences we are having with [m]other, with the environment, and with our bodies. Much of this "sense-making" occurs long before we have true cognitive abilities, and so it is our organism itself [the body-mind] which draws certain 'conclusions' about life on the planet, and gradually hard-wires these into the impressionable brain. (Keller in Kurtz et. al. 2004, p.33. Inserts by this author).

Conclusions reached in this way are said by contemporary neuropsychology to reside in "implicit memory," and when they operate they do so without our conscious awareness.

Such core organizing experiences are pre-verbal, pre-conceptual conclusions held in state-dependent (Fisher quoted in Rossi) experiential format in the body-mind. This include neuromuscular, neuro-impulse and neuro-chemical domains related to experiential states of arousal, of thoughts, feelings, body states, drives, and the subjective experience of the immediate interpersonal context.

Bodily felt experience is encoded via the sub-cortical, limbic-hypothalamic emotional brain (Rossi) and sensory motor brain mechanisms (Luria) of our body-minds below the surface of conscious conceptual awareness and 'explicit memory.'

In accordance with this Ron Kurtz advises therapists not to get seduced into explicitly communicative flow of conversation. We want to escape ordinary consciousness. Get some information from words and concepts but focus on noticing, what we are "seeing, hearing about the person's present experience" (Kurtz, 2005). Look for signs of present experience and look for indicators for what beliefs are running this information processing system. "The whole front end of the work is designed to get to the memories that determine the beliefs, the kind of beliefs which create suffering," Kurtz (2005)summarizes.

One of the neuropsychological reasons for closely tracking facial expressions is that this gives the most direct view into what is happening at the level of the (implicit memory encoding) emotional brain. Neuropsychologically there are direct and immediate connections between the heart, the emotional brain, and the facial muscles and facial skin. The face is the only part of the body where there are such direct and immediate connections between any part of the brain and the skin. So what happens in the emotional brain will most directly be reflected in the face and eyes. These are 'indicators' of implicit memory.

Core organizing implicit memory can be accessed via non-conceptual, non-verbal indicators, such as facial expressions, tone of voice, gestures, and energetic manifestations. When accessed this material moves from implicit embodied experiential form through limbic and posterior cortical processes, via right and left hemispheric processes into explicitly known anterior cortical awareness and attention.

In this process associated states of emotion, nervous system arousal, and sensation rise with the core organizers. "These will emerge into images, thoughts and feelings which are congruent with that emotion" (Kurtz 2005). In this process the hippocampus of the limbic system receives, sorts and categorizes the information from the body, which "is faithfully reporting the chemical processes that enter our consciousness only when we recognize them as emotions" (Pert, 2000).

Core organizing material emerges from implicit toward explicit territories as Pert indicates, typically embedded in a felt sense of emotion. The Hakomi therapist looks not simply for an emotional catharsis, but also for the belief and structures which are associated with and hold core patterns in place. Once in conscious awareness, individuals can develop a coherent narrative, and core organizing material can be directly contacted in the present moment. It can be processed, updated, and transformed.

In the psychotherapy encounter, "Holism refers to the complexity and inter-relatedness of organic systems, including human beings, with their minds and bodies, hearts and souls. It is what allows us holographically to read a person's life story in her posture or tone of voice, to infer an entire childhood from a single memory, to suspect certain core, organizing beliefs from simple repetitive gestures or words. As therapists, this means that the entire (relevant) psychological history of the client is always there before us, that there are a number of ways for us to become aware of it, as well as a variety of ways to assist the client in learning more about what troubles her" (Keller in Kurtz et. al. 2004, p.40).

Mindfulness

In Hakomi a primary methodology for accessing and working with core organizing experiences and memories is the use of mindfulness. "Mindfulness is a tool, maybe the very best tool, for developing consciousness. Mindfulness is becoming a silent witness to one's own experience in the present moment" (Ron Kurtz 2003). "In general, a mindful state of consciousness is characterized by awareness turned inward toward the present felt experience. It is passive, alert, open, curious, and exploratory. It seeks simply to be aware of what is, as opposed to attempting to do or confirm anything," Greg Johanson explains (2006, p.16).

"The method for beginning to relate directly with mind is the practice of mindfulness," Trungpa, a contemporary Buddhist teacher, explains. We relate "with the working basis of one's experience, which is one's state of mind, and that is according to the Buddha dharma [what] spirituality means" (Trungpa).

Mindfulness has at times been called 'bare attention.' It is "the clear and single-minded awareness of what actually happens to us and in us at the successive moments of perception," Nyanaponika explains. Gunaratana elaborates:

> When you first become aware of something there is a fleeting instant of pure awareness just before you conceptualize the thing, before you identify it, that is a state of awareness. Ordinarily this state is short-lived. It is that flashing split-second just as you focus your eyes on the thing, just as you focus your mind on the

> thing, just before you objectify it, clamp down on it mentally and segregate it from the rest of experience. It takes place just before you start thinking about it – before your mind says, "oh, it's a dog." (p. 161).

Mindfulness meditation, classically called Vipassana, is a way of training us to prolong that moment of awareness. The purpose of mindfulness is to "experience what one's mind is doing as it is doing it, to be present with one's mind" (Varela, 1992, p.23).

Since the time of Sigmund Freud, psychodynamic approaches have built on the foundational insight that real change comes about through awareness, not effort. Freud advised practitioners and clients to "listen with 'evenly suspended attention;' during which the critical faculty is suspended, allowing for 'impartial attention to everything there is to observe'" (Weber, 2003, p. 172). Ron Kurtz elaborates: "If you can observe your own experience with a minimum of interference, and if you don't control what you experience, if you simply allow things to happen and you observe them, then you will be able to discover things about yourself that you did not know before (Kurtz et al, 2004, p. 13).

Mindfulness is evenly suspended attention, and it is more than that. Mindfulness involves a widening of the aim and scope of awareness to include deeper embodied realms of experience. It includes what the Japanese philosopher Yuasa summarized as the foundational focus and starting point of all the Eastern wisdom traditions: the body and embodied experience.

Eugene Gendlin, the originator of Focusing, integrated this into his methodology. He coined the term "bodily felt sense" of experience, and discovered that when you pay attention to the qualities of an embodied felt sense, then it naturally reveals its inherent meaning in the form of "a word (phrase or image)" (Gendlin, p.44). He discovered that when skillfully lingering with and going back and forth between conscious conceptual awareness and embodied felt sense, the felt sense will shift when accurately named and or seen. Furthermore the felt sense will shift or slightly release as words, images and or other modes of insight arise in response to questions directed towards it.

> Mindfulness (or sati in Sanskrit) is non-conceptual awareness. It is not thinking . . . it comes before thought in the perceptual process . . . it does not get involved with thoughts or concepts. It does not get hung up on ideas or opinions or memories. It just looks. . . . Mindfulness registers experiences but it does not compare them. It does not label them or categorize them. It just observes everything as if it were occurring for the first time . . . Mindfulness is present-time awareness . . . It is the observance of what is happening right now, in the present moment (Gunaratana, 1991, p.162).

In mindfulness "We are dealing with two reversals of the most habitual cognitive functioning, of which the first is the condition for the second, and the second cannot happen if the first has not already taken place: 1) A turning of the direction of attention from the exterior to the interior, and 2) A change in the quality of attention, which passes from the looking-for to the letting-come" (Varela et. al, 1992). This brings with it a particular quality of awareness as "there is . . . a wholesome slowing down in the impetuosity of thought, speech, and action" (Nyanaponika (1972, p. 25)).

> Mindfulness is a particular relationship between awareness and experience. It is being truly present with experience while letting there be a space between the observer and the experience. It is adding a witness quality which includes observing not only the felt sense and accompanying words and phrases, like Gendlin does in his Focusing Method, but also observing the one who sees. In this way "you can discover little pieces of inner structures of your mind, the very things that make you who you are" (Kurtz in Kurtz et al, 2004, p. 13).

According to Germer (2005) and Johanson (2006) Psychodynamic therapists have become interested in how a mindfulness practice of their own can affect the quality of their lives and the relationships they have with their patients. Ron Kurtz and Hakomi have since the 1970s developed the comprehensive Hakomi psychotherapeutic methodology which has at the very principle core an integrated use of mindfulness.

In the words of Johanson, "Mindfulness in Hakomi is used as the royal road to the unconscious, or implicit, pre-reflective consciousness (Stolorow, R. D., Brandchaft, B. & Atwood, G. E., 1987)) where core organizing beliefs control experience and expression before they come into consciousness" (2006, p. 19).

Mindfulness and Psychobiology:

Mindfulness not only accesses emotion and unconscious implicit memory, but it also cultivates witnessing of and disidentification with such mental and emotional patterns and structures. Mindfulness "calms the system, [and] allows the person to focus attention" (Morgan 2002). Scientific research utilizing recent technology is beginning to show how it is that "mindfulness helpfully affects the brain through such things as left prefrontal activation that enables people to not be fused or blended with emotional activation or obsessive-compulsive behaviors" (Johanson quotes Germer, 2005, p.22-23)

Psycho-biologically, as awareness is turned inward there is an increase of "blood flow to the anterior cingulated cortex . . . the brain area that allows attention to be focused on internal events" (Morgan 2002). Candace Pert (1999), in her discussion of neuropeptides, explains that the system is able to digest information when there is focused attention on the body.

"During mindfulness information is able to flow upwards, be filtered and processed" (Morgan 2002). This happens by the open and receptive focus on embodied experience named 'inductive processing' by the Russian neuropsychologist Luria. Right hemispheric processes are activated and functions as a bridge between one shore of memory and emotional experience processed via the limbic brain, and another shore of conscious conceptual knowing processed via the left hemisphere (Myllerup, 2000).

With mindfulness there is focus on sensory experience at the sense doors of seeing, hearing, smelling, tasting, body sensations and thought as a felt sense. The neuropsychological area responsible for processing of such sensory impressions is the posterior cortex. According to Luria, the primary areas of the posterior cortex (the cortical areas for seeing, hearing, tasting, and body sensations) have identical roles between the two cerebral hemispheres. These primary cortical areas have none of the hemispheric lateralization between mind and body, between reason and experience that is typical for tertiary anterior cortical areas responsible for processes of thinking, speaking and meaning-making. Therefore, lingering with posterior cortical processes of primary sensory experience will facilitate the sensory-based accessing of embodied experience.

Furthermore, the posterior cortical areas are believed to be storage areas for encoded experiential memory. For example the sight of an apple, the taste of an apple, the smell of an apple, the sound of eating an apple are stored in the respective primary sensory cortical areas. Lingering with sensory experience of seeing, hearing, smelling, tasting, and body sensations will facilitate awakening of encoded memory stored at these primary sensory areas, and hereby lead to the accessing of experiential memory emerging like 'pearls on a string'.

When in Hakomi core material has been accessed and the client reports experience "the verbal areas [of the left hemisphere] are kept active, which helps balance the two hemispheres. In the process of developing a coherent narrative based on the emerging meaning of the experience memory fragments are gathered by the hippocampus and the frontal lobes" (Morgan 2002, this author's inserts). In this process which is alternating between mindful awareness of experience and a verbal processing and naming of experience, both left and right hemispheres are activated, which is "crucial for memory consolidation," (Morgan p.9), and there is integrative functioning between the anterior and posterior cortical functions. "Going slowly, mindfully allows processes to complete" (Ibid. p. 9). Operating in such a Hakomi manner assures a processing which is body mind integrative

Non-Violence

Non-violence is the last and the first of the original five principles of Hakomi. One of the primary principles in all the wisdom traditions, Ahimsa is the first of the Yama principles for wholesome spiritual living in the philosophy and science of yoga, rooting back "into the Upanishads, the final section of the 4000 to 8000 year old Vedas, mankind's oldest body of scripture" (Subramuniyaswani, 2004, p. vii).

The Yama, which are modes for restraint of human consciousness functioning, serve as foundation for spiritual progress. The Yama are cited in "numerous scriptures, including the Sandilya and Varaha Upanishads, the Hatha Yoga Pradipika by Gorakshanatha, the Tirumantiram of Rishi Tirumular and the Yoga Sutras of Sage Patanjali" (Subramuniyaswami p. xvi). Ahimsa, the first of the Yama (Iyengar, 1993), directs us to observe non-violence in action, speech and thought.

Non-violence is also the essence of the five precepts in the Buddhist tradition (do not kill, steal, lie, be unchaste, take drugs or drink intoxicants). In the Abrahamic traditions (Jewish and Christian), non-violence is addressed in the Ten Commandments as the directive to 'Love thy neighbor as thyself,' and to not kill or murder.

Non-violence is deeply relevant on all levels of life. As the beginning paragraph of a chapter on 'the Biology of Relationship' in his most recent book Pearce outlined that "all living creatures, from the simplest cell on up, have some form of positive-negative sensory detector, essentially a chemical approach-avoidance response necessary to basic survival: Embrace (or devour) an event that nurtures; avoid an event that threatens before it devours you. The higher in evolution, the more extensive is this primary instinct" (Pearce, 2007, p.138).

Ontogenetically speaking, non-violence is of primary importance for psycho-physiological development. From early in human fetal development the organism has a reflexive tendency to withdraw from perceived harm (the Moro reflex), and the human nervous system and brain development, including physical, emotional and mental realms of development, is measurably affected by environmental factors of threat.

Non-violence is of utmost importance not only in our cultural history and initial human development, but also in the psychotherapeutic context for healing and updating of out dated beliefs and commitments. Here it is important to be aware of the fact that as humans "we must be in a state of relaxation to enter certain states of consciousness, these are states of consciousness where healing also occurs" (van den Kolk, 2002). It is therefore of primary importance for all therapists, including Hakomi therapists, to attend to safety and to develop skillfulness in creating and maintaining a healing context which allows for a person to feel safe enough to relax.

E. T. Gendlin, one of the sources of inspiration for Ron Kurtz in his development of Hakomi, elegantly relays the needed gentleness of such relating with noting that: "Even if it is a cat or a bird, if you are trying to help a wounded bird, the first thing you have to know is that there is somebody in there, and that you have to wait for that 'person,' that being in there, to be in contact with you. That seems to me to be the most important thing." (Gendlin 1990, here quoted in Kurtz, 2007, p.16)

In the recent decades of Hakomi development Ron Kurtz has named not only non-violent presence but 'loving presence' as a foundational principle. In collaboration with Donna Martin he developed the 'loving presence series' of exercises and sequences of practices for the refinement and deepening of this state of consciousness, as he found that it facilitates a sense of safety, deepening, and accessing of inner realms. In addition to this added principle Halko Weis, one of the eight founders and Ron Kurtz has discussed the inclusion of also 'truthfulness' as a principle.

Pioneering research in the field of contemporary neurosciences has scientifically identified some of the neuropsychological effects of human presence, loving presence and non-violence (Lewis et. al., Siegel, and Porges). In *A General theory of love* Lewis, Amini, and Lannon examine experimental research on the effect of nurturance on the behavioral and neurophysiology of rats. This research revealed that parts of the hippocampus died in rats who received very little nurturance. For rats who received a high degree of nurturance none of the hippocampus cells died, even when there was a context of low oxygen. The same pattern of the effect of nurturance on post-stroke damage and recovery was found in humans. Bessel van der Kolk found in his research with PTSD suffering individuals, that long term traumatic stress has as one of the neuropsychological effect a reduction in the size and functionality of the hippocampus of the limbic system.

So the hippocampus appears to be sensitive to the existence and experience of environmental nurturance and safety. The hippocampus is the main limbic neurological structure that in humans is responsible for processing of information from the beginning to the end of an event and experience, for moving information from implicit non-declarative realms of consciousness to explicit declarative modes of consciousness, and for placing experience within a context. Together with the hypothalamus and the amygdale the hippocampus is responsible for transferring information from implicit pre-reflective realms to explicit reflective memory realms, from unconscious to conscious reams of processing and knowing.

The above mentioned research reported by Lewis et al and Van Der Kolk alert us to the fact that a nurturing context characterized by safety is of utmost importance for the functioning of the hippocampus and therefore it follows for information processing to unfold. "So being in the presence of someone who is calm, warm and caring – characteristics of loving presence - is, in and of itself, part of a healing experience" (Keller in Kurtz et. al, 2004, p.38).

"Loving presence" helps a person make connections between the emotional brain and the frontal lobes via which experience becomes conscious. Specifically loving presence affects the ability of the hippocampus to sort and process emotional experience into autobiographical memory.

By the state of the limbic areas of the brain that process emotion and regulate bodily state, we directly influence and in part "regulate" the limbic and cortical brains of others (Shore). Research on 'mirror neurons' have revealed that these neurons located in motor and pre-motor areas of our frontal cortex light up when we observe another having emotions or behaving (Dobbs, 2006). "The mother and infant regulate each other; they cause changes in each other's hormone levels, heart rates, immune functions, neural rhythms, etc. So do husband and wives, fathers and sons, pet owners and their pets, and, of course, therapists and their clients. A calm therapist helps the anxious client regulate the hormonal and autonomic functions within her body that, at one level, are producing the anxiety" (Keller in Kurtz et al, 2004, p. 34).

In the psychotherapy encounter, "Non-violence is being mindful of organicity. It's the recognition that there is a natural way that life 'wants' to unfold, and aligning ourselves with – not against – this organic, intelligent process" (Keller in Kurtz et. al. 2004, p. 40).

> This shows up as not pushing your agendas, not forcing anything, not trying to control and direct when control and direction aren't welcome. It's leaving silences when the client needs silences and changing what you are doing to accommodate to what's happening for the client, going along with what wants to happen. It also shows up as not pushing yourself, not trying too hard, being easy and relaxed. Your non-violence encourages trust and makes being in mindfulness easier for the client (Kurtz et. al. 2004, p.1).

"It means we support the client's so-called defenses (his 'management behaviors'); we don't offer advice or interpretations; and we don't ask questions unless doing so serves the client" (Kurtz et. al. 2004, p.40).

Conclusion II

This article explores the grounding of Hakomi principles within the context of their inspirational sources in ancient wisdom traditions. These tradition-based principles are furthermore discussed and related to concepts and findings within the fields of consciousness studies, history of psychology, and the sciences of physics, biology, chemistry,

and the neurosciences of neuropsychology, psychobiology, interpersonal neurobiology, and psychoneuroimmunology. As the article progresses the principles are specifically discussed in relationship to specifics of the organization and functioning of the human nervous system and psycho biological body-mind organization. On all of these levels the principles apply.

References

Aposhyan, S. (2004): *Body-mind psychotherapy*. New York: W.W. Norton & Company.

Bateson, G. (1979): *Mind and nature: A necessary unity*. New York: E.P. Dutton.

Capra, F. (1996): *The web of life*: New York: Anchor Books Doubleday.

Chardin, T. d (1965): *The phenomenon of man*. New York: Harper Torch books.

Capra, F. (1982): *The turning point*. New York/ London: Bantam Books.

Conger, J.P. (1988): *Jung and Reich*: *The body as shadow*. Berkeley Cal: North Atlantic Books

Depraz, Natalie; Varela, Francisco J; Vermersch, Pierre in Velmans, M: *Investigating phenomenal consciousness*, Benjamin Publishers, Amsterdam, 1999.

Dobbs, David (2006): a Revealing Reflection, mirror neurons are providing stunning insights into everything from how we learn to walk to how we empathize with others, in *Scientific American Mind*, April/May 2006, p. 22-27.

Dykema, R. (2006): "Don't talk to me now, I'm scanning for danger" How your nervous system sabotages your ability to relate. An interview with Stephen Porges about his Polyvagal theory, in *NEXUS* March/April 2006.

Feinstein, D., Eden, D., Craig, and G.: *The promise of energy psychology*, Revolutionary tools for Dramatic personal change. New York: Jeremy P. Tharcher / Penguin.

Feuerstein, G., (1990): *Encyclopedic dictionary of yoga*. New York: Paragon House.

Field, R. Douglas (2005): Making memories stick, in *Scientific American,* p. 75-79, Feb. 2005.

Frawley, D. (1980/1992): Introduction: some background. In Chatterji, J.C.: *The wisdom of the Vedas*. Wheaton: Theosophical Publishing House, Quest Books.

Gendlin, E. T. (1978): *Focusing*. New York: Everest House.

Gendlin, E. T. (1990): The primacy of human presence, small steps of the therapy process: how they come and how to help them come. In G. Lietaer, J. Rombants and R. Van Balen (Eds.) *Client-centered and experiential psychotherapy in the nineties*. Leuven/Louvian, Belgium: Leuven University Press.

Germer, C. K. (2005): Teaching mindfulness in therapy. In Germer, C. K., Siegel, R. D. & Fulton P. R. (Eds.) *Mindfulness and Psychotherapy*. New York: Guilford Press, p.113-129.

Greenwood, Michael (2004): *The unbroken field, the power of intention in healing.* Victoria B.C.: Paradox Publishers.

Gunaratana, B. (1991): *Mindfulness in plain English*. Boston: Wisdom Publications.

Hanh, Thich Nhat (1988): *The heart of understanding*. Berkeley: Parallax Press.

Iyengar, BKS. (1993): *Light on the yoga sutras of Patanjali*. San Francisco, Cal: The Aquarian Press,

Johanson, G. (2006): The use of mindfulness in psychotherapy: An overview. *Annals of the American Psychotherapy Association,* 9(2), 15-24.

Kurtz, Ron (2003): *Ron's new LP*, at www.RonKurtz.com

Kurtz, R; Heckler, R; Meridith, M; Sparks, F; Wangmo, D. Y. (2004): Mindfulness based psychotherapy: Hakomi for the Buddhist Minded. A Workshop at Omega at the Crossings Austin, Texas, Oct. 31 to Nov 5. Ron Kurtz trainings, Inc.

Kurtz, Ron (2005): *Principles and practices*, online document at www.ronkurtz.com.

Kurtz, R. (2005): *Every session, every Moment*. Recorded pre-conference workshop. 2005 Hakomi conference. DVD # Pre 1A, Backcountry Productions, 831 Alpine St. Longmont, Co. Tel: 303.772.8358.

Kurtz, Ron (2007): *Training handbooks for 2007 and 2006, refined Hakomi method.* Ashland, Oregon, August 2007.

Lewis, T., Amini, F., Lannon, R. (2000): *A general theory of love*. New York: Vintage Books, a Division of Random House, Inc.

Lewis, T. (2005): *The neurobiology of relationships*. Main address, 2005 Hakomi conference. DVD# key2-A and B, recorded live by Backcountry Productions, 831 Alpine St, Longmont, Co. Tel: 303.772.8358.

Loveluck, James, (1979): *Gaia*, Oxford University Press, New York.

Loveluck, James, (1991): *Healing Gaia*, New York:

Harmony Books, Loveluck, James, Margulis, Lynn (1974): Biological Modulation of the Earth's Atmosphere, *Icarus*, vol.21.

Lowen, Alexander (2005): *The voice of the body*, the role of the body in psychotherapy. Alachua, Florida: Bioenergetics press.

Luria, A.R. (1983): *Hjernen* (The working brain). Viborg, Denmark: Nordisk Forlag, Arnold & Busck.

Malone, T. (1998): *audio taped Personal Interview*.

Maslow, A. (1971): *The farther reaches of human nature*. New York: Viking.

Margulis, Lynn (1989): Gaia: The living earth, Dialogue with Frijof Capra, *The Elmwood Newsletter*, Berkeley, Calif., 5(2)..

Meyer, M. (1992): *The gospel of Thomas*: *The hidden sayings of Jesus* (Translation of the Coptic text by Meyer.) San Francisco: Harper San Francisco.

Morgan, M. (2002): *This ground so finely assembled*: *Neuroscience, trauma, Hakomi psychotherapy*. Napier, NZ: Hakomi Institute of New Zealand.

Myllerup, I.M. (2000): From mind body fragmentation to bodymind wholeness: A call to embodied intelligence. Diss. Institute of Psychology, University of Aarhus, Denmark.

Nyanaponika, T. (1972): *The power of mindfulness*. San Francisco: Unity Press.

Pearce, J. C. (2007): *The death of religion and the rebirth of Spirit, a return to the intelligence of the heart*. Tochester, Vermont: Park Street Press.

Pert, C. (1999): *Molecules of emotion*. New York: Touchtone.

Pert, C. (2000): *Your body is your subconscious mind*. Boulder, CO: Sounds True Recordings. Phone: 800.333.9185

Rossi, E. (1986): *The psychobiology of mind body healing*: C*oncepts of therapeutic hypnosis,* N.Y.: W. W. Norton & Company.

Schumacker, J: 'Namaste' Newsletter Essay in *Unity Woods Yoga Center Newsletter*, Summer 2006, July 10 – September 10.

Schore, A. N. (1994): *Affect regulation and the origin of the self: the neurobiology of emotional development*. Hillsdale, NJ: Erlbaum.

Schwartz, R. C. (1995): *Internal family systems therapy*. New York: The Guilford Press.

Seligman, M. E. T., Walker, E. F., Rosenhan, D. L. (2001): *Abnormal Psychology*, *Fourth edition.* New York: W.W. Norton & Company Inc.

Siegel, D. J. (1999): *The developing mind*: *Toward a neurobiology of interpersonal experience*. New York: Guilford Press.

Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (1987): *Psychoanalytic treatment*: *An intersubjective approach.* Hillsdale: The Analytic Press.

Subramuniyaswami, S. S.(2004): Yoga's forgotten foundation, twenty timeless keys to your divine destiny. Saiva Siddhanta Yoga Order, Kapaa, Hawaii: Himalayan Academi, US & India.

Suzuki, D.T. (1972): *What is Zen?* New York: Harper and Row.

Tiller, W., Dibble, W., and Kohane, M. (2001): *Conscious acts of creation, the emergence of a new physics.* California: Pavior Publishing.

Trungpa, C. (2000): The four foundations for mindfulness meditation, Excerpted in the *Shambhala Sun,* March.

Van der Kolk, Bessel (2000): PTSD and the nature of trauma. *Dialogues in Clinical Neuroscience*, 2(1).

Van der Kolk, Bessel (2002): Notes from a one day presentation at *NAMP*, Atlanta, Georgia, September 2002.

Varela, F., Thompson, E., and Rosch, E. (1992): *The embodied mind: Cognitive Science and the Human Experience*. Massachusetts: The MIT Press.

Weber, S. L. (2003): An Analyst's surrender. In J.D. Safran (Ed.): *Psychoanalysis and Buddhism*: *An unfolding dialogue* (pp.169-189). Boston: Wisdom Publications.

Wilber, K. (1979): *No boundary: Eastern and Western approaches to personal growth*. Los Angeles: Center Publications.

Wilber, K. (1985): *No Boundary*. Boston/London: Shambhala Publications.

Wilber, K (1995): *Sex, ecology and spirituality*. Boston: Shambhala.

Whitaker, C., Malone, T. (1953/1981): *The Roots of Psychotherapy.* New York: Bruner & Mazel.

Wilson, Timothy D.: *Strangers to ourselves: Discovering the adaptive unconscious.*

Yuasa, Y. (1987): *The body: Toward an Eastern nind-body theory.* Albany, New York: State University of New York Press.

Learning consists in daily accumulating;
The practice of Tao consists in daily diminishing.
(Lao Tzu, 48)

When they think that they know the answers,
people are difficult to guide.
When they know that they don't know,
people find their own way.
(Lao Tzu, 65)

The Tao is empty (like a bowl).
It may be used but its capacity
is never exhausted.
It is bottomless, perhaps the ancestor
of all things . . . .
It becomes one with the dusty world.
(Lao Tzu, 4)
(Lao Tzu quoted in
Johanson & Kurtz, Grace Unfolding, 1991)

Making Hakomi More Transpersonal:

Mindfulness in Psychotherapy as Vipassana Meditation, Buddhist Abhidhamma

Keating Coffey, Psy.D.

Editor's note: Though I do not believe Hakomi has ever been "unapologetically transpersonal" as Coffey suggests here, we certainly have operated on that line between psychodynamic-humanistic and transpersonal therapy through our use of mindfulness to compassionately help people reorganize core beliefs and achieve the subject-object differentiation that allows them to have symptoms rather than be symptoms. In this challenging essay Coffey asks why not intentionally step over that line? Why not also become mindful of the felt sense of "I" and move toward nonattachment, nonaversion, and nondelusion, breaking the chain of dependent origination or interdependent co-arising, and go from the alleviation of suffering to its eradication through attaining selflessness, or unity consciousness? The answer to this point has been that though we value these things, and though we hope clients will take home a better ability to use the compassionate witness in their ongoing lives, that these additional steps are best taken in an organized supportive community with skilled teachers, that Wilber is right in his *Integral Spirituality* that there is the danger of skipping "shadow work" (spiritual bypassing) if done too quickly, and that Epstein is right that we can mistakenly lose our ability to be *Open to Desire: Embracing A Lust for Life*. Most fundamentally, we have always been psychotherapists borrowing helpful wisdom regarding psychology and consciousness from ancient traditions as well as contemporary science. We have never ever portrayed ourselves as spiritual teachers, or gurus. We have no spiritual identity tied to Buddhism, Taoism, Hinduism, any of the Abrahamic traditions, or any other form, though people have explored some common threads. However, Keating demonstrates that moving across the line can be a psychologically healthy, helpful, and continuous therapeutic move. By outlining the possibilities, he is inviting us as a community to engage in dialogue, and the *Forum* invites contributions that advance this discussion. This article is adapted from Coffey's 2002 Naropa University masters thesis titled: "The Use of Mindfulness and the Object of Change in Hakomi Psychotherapy as Compared to Vipassana Meditation and Buddhist Psychology, or Abhidhamma: The Contents or the Processes of Consciousness."

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ABSTRACT: Mindfulness is cultivated in vipassana meditation as one of fifty-two mental factors in Buddhist psychology or abhidhamma. Hakomi psychotherapy uses Buddhist mindfulness. But vipassana meditators and Hakomi therapists apply mindfulness with different goals towards different objects of change. In Hakomi the object of change is maladaptive contents of consciousness which condition its processes. These contents are unconscious core beliefs. Experientially substituting more adaptive beliefs alleviates suffering. In vipassana the object of change is maladaptive processes of consciousness themselves. Bypassing the beliefs which condition them, meditators exercise volitional control over these processes directly. This eliminates suffering. These differences limit the methods and goals of Hakomi therapy. Making Hakomi more transpersonal by integrating traditional uses of mindfulness is proposed in theory and demonstrated in practice.

Introduction

Psychodynamic therapy since Freud has worked within the constraints of the fundamental processes of consciousness to alter the content of one's past as it affects the present. Asian psychologies have largely ignored psychologically loaded contents of awareness . . . while seeking to alter the context in which they . . . are registered in awareness. Conventional psychotherapies assume as givens the mechanisms underlying perceptual, cognitive, and affective processes, while seeking to alter them at the level of socially conditioned patterns. Asian systems disregard these same socially conditioned patterns, while aiming at the control and self-regulation of the underlying mechanisms themselves. Therapies break the hold of past conditioning on present behavior; meditation aims to alter the process of conditioning per se so that it will no longer be a prime determinant of future facts.

—**Daniel Goleman** (1996, pp. 239-240)

A defining task of the field of transpersonal psychology is the comparison and integration of theories and therapies East and West, ancient and modern, spiritual and psychological. The integration of psychotherapy and meditation in general is but one aspect of that task. This article concerns a single and narrowly focused example of that integration: the current and possible uses of mindfulness in Hakomi psychotherapy and *vipassana* meditation.[1]

In Hakomi psychotherapy the client is guided and supported in applying mindfulness to the various unconscious core beliefs limiting his or her functioning and experience of well-being in the world. These strategic though erroneous core beliefs, formed mostly from childhood experiences, organize the way the client currently experiences him or her self and world. Core beliefs underlie various identifiable character strategies and their corresponding symptoms. For example, in the case of Bill, described at length below, predominant experiences of rejection from primary care givers, coupled with sporadic experiences of acceptance and approval in moments of accomplishment or compliance, created a core belief in Bill that he must always *do* something to be loved. This belief ripened in Bill's adulthood as he continued to perceive others as predisposed to reject him lest he do something for them. This perceptual habit led Bill to develop a character strategy or relational pattern of always performing acts of extraordinary service or accomplishing great things for others' love and approval. The pressure of maintaining such a life, coupled with the inevitable self-alienation of rejecting other, less "acceptable" aspects of the self, manifested in Bill as symptoms of anxiety and depression.

Core beliefs like Bill's represent contents of consciousness, whereas the ways these beliefs organize the client's character in and experience of the world represent processes of consciousness. For change to occur, incomplete or maladaptive contents, or beliefs, must be both cognitively and affectively challenged and replaced with more inclusive and adaptive ones. This experiential method facilitates the organic reorganization of the client's process of experiencing. Thus, in Hakomi one applies mindfulness to both contents and processes of consciousness, but the object of change remains the multiple core beliefs that comprise its contents, while changes in the multiple processes of consciousness conditioned and organized by these beliefs occur only indirectly, as byproducts of content change.

In vipassana, or "insight meditation," a similar method is used, again experientially applying mindfulness, both cognitively and affectively, to various contents and processes of consciousness. However, in vipassana meditation there are two important differences. First, processes of consciousness are not only an object of study and indirect change, but are an explicit object of direct change in their own right. Second, to the extent contents of consciousness are also an object of direct change, as in Hakomi, there is one particular pathogenic, unconscious, core belief singled out and targeted in vipassana practice that is absent in Hakomi literature and training: the implicit belief in a discrete, stable, solid and enduring "self" over which one has mastery or control. Experiential disconfirmation of (or "insight" into) this particular maladaptive belief, or content of consciousness, has a radical effect on two interdependent processes of consciousness: it ends the cognitive process of identifying with any and all other core beliefs, and thus it also ends the related affective process of reacting to any and all other experiences, or contents of consciousness. If there is no "self," who is there to react? This reactivity, in Western psychological language, goes by the names of desire and aversion in Buddhist psychology, or *abhidhamma*, and is the very thirst or craving or attachment that is singled out as the cause of suffering in the Buddha's Second Noble Truth.

Thus while mindfulness is applied both cognitively and affectively to both contents and processes of consciousness in both Hakomi therapy and vipassana meditation, the ultimate objects of change are different in the two systems. In Hakomi one uses mindfulness to alter various maladaptive processes of consciousness by way of altering the various contents that organize them; in vipassana one uses mindfulness to develop volitional control over certain processes directly, and also to uproot the one process of organizing around and thus being reactive to any and all contents or beliefs, by way of altering one particular content or belief: that of what Buddhists call the fictitious self.

In the case of Bill, for example, Hakomi therapy was used to create the new cognitive belief, or content of consciousness, that he was inherently loveable, rather than loveable only as a result of his actions. This change indirectly altered various processes of Bill's consciousness, such as his perceptual process of misperceiving others as predisposed to reject him, and his affective process of so desperately wanting others to accept him in the first place. These changes did not, however, make him immune to other and future misperceptions and wants. Using complimentary vipassana techniques, by contrast, Bill directly learned to better tolerate, and thus alter, the affective process of wanting in general, including wanting so badly to be accepted by others. Bill also used vipassana techniques to

[1] While there are many schools of Buddhist psychology, or *abhidhamma*, and many corresponding traditions of Buddhist meditation, the term *mindfulness* is used here as translated from the Pali word *sati-sampajanna*, as defined by the Theravada school of Buddhism, and as applied in the vipassana meditation traditions of Sri Lanka, Thailand, and Myanmar (Burma). This is the tradition from which the practice of mindfulness was adapted for use in Hakomi therapy by its founder, Ron Kurtz. According to senior Hakomi trainers G. Johanson (2006) and D. Faucheaux (personal communication, March 6, 2002), Kurtz specifically derived mindfulness from *The Heart of Buddhist Meditation* and *The Power of Mindfulness* by Nyanaponika Thera (1962, 1972), discussed below.

alter processes of consciousness by altering his belief in an enduring self. Experiencing and believing himself to be less solid and more fluid, Bill found there was less of a filter of "Bill-ness" through which to perceive others as accepting or not. He also found less of a "Bill" to want others to accept him, or to be accepted by them. Also important is that these changes were global in nature, applicable to and influencing other current and future processes of perceiving and wanting.

This distinction between Hakomi and vipassana techniques and aims goes to the heart of what defines transpersonal psychology. From a transpersonal perspective, all non-transpersonal psychotherapies alleviate but do not eradicate suffering. This is because they are by definition personal, or in the Buddhist terminology of this article, still and forever rooted in the delusion of the false self. Cessation of or freedom from suffering, by contrast, is by definition the experience of oneself as something other than this fiction, hence it is other than or *trans*personal. It is as if the whole range of non-transpersonal psychologies, up through and including existential psychology, are an exquisite elaboration on the causes of and ways to cope with the First Noble Truth of the Buddha: the existential truth of suffering, that suffering is a reality inherent in our existence. What transpersonal psychotherapy dares to attempt is the realization of the other three noble truths: the cause of suffering, the end of suffering, and the path to the end of suffering. Thus the differences between Hakomi and vipassana under scrutiny here ultimately represent a difference between personal and transpersonal psychotherapy. After reviewing relevant Hakomi literature and considering in more detail the uses of mindfulness and the objects of change, first in Hakomi psychotherapy and then in vipassana meditation and abhidhamma, a case history is presented to illustrate how these ideas may be applied in a psychotherapeutic setting.

Finally, a brief note on the use of the terms *context, content, and process* may prevent unnecessary confusion. Ever since Vaughn (1979) proposed them, these three terms have been used in the field of transpersonal psychology to describe three dimensions or aspects of psychotherapy based upon which a given therapy may be considered transpersonal. The three terms can, however, be used in an analogous but different way to describe the context, content, and process of consciousness, not therapy. The distinction is important for clarity. For example, discussion, during the therapy hour, of the process of a client's consciousness during meditation outside the therapy hour, does not necessarily indicate a transpersonal therapeutic process. It may be only an example of transpersonal content in therapy. Keeping in mind the distinction between the process of therapy and that of consciousness will help to avoid such confusions. In general, it is the latter that is discussed in this article.

Hakomi Psychotherapy

Hakomi in Context: Why Hakomi?

The basic theoretical notion of core organizing beliefs is not unique to Hakomi psychotherapy, but has its counterparts in other psychotherapeutic orientations. Compare for example, in the relational psychoanalytic school, the "pathogenic beliefs" of Weiss (1993, p. v) and the "mental representations" of Greenberg & Cheselka (1995, p. 59); in the person-centered model, Carl Rogers' "conditions of worth" (Bohart, 1995, p. 95); from the existential viewpoint, the "self and world construct systems" of Bugental and Sterling (1995, p. 232); the "life decisions" (Hoyt, 1995, pp. 455-456) of Redicision Therapy based on Transactional Analysis and Gestalt; and cognitive therapy's "schemata" (Freeman & Reinecke, 1995, p. 198), "core beliefs" and "attitudes, rules and assumptions" (Beck, 1995, pp. 15-16).

Nor is the method of Hakomi, specifically its use of mindfulness as a therapeutic process, necessarily unique. Mindfulness in Hakomi is akin to any number of therapeutic techniques that go by other names: the "focusing" of Gendlin (1978, 1996), the "inward searching" of Bugental (1978, pp. 51-56), the "presencing" of Hendricks and Hendricks (1993, or pp. 103-131), the "awareness" of Gestalt (Perls, 1973, pp. 125-133).

Moreover, in the few short years since the current proposal—for the expansion of Hakomi therapy further into the transpersonal via integration of traditional Buddhist uses of mindfulness—was originally developed (see Editor's note), there has occurred a genuine explosion of therapeutic interest in and application of mindfulness under its own name. Theorists and practitioners from virtually all current schools of psychotherapy, including "Humanists, Psychoanalysts, Cognitive-Behaviorists, Brain Scientists, Traumatologists, Positive Psychologists, as well as Eclective [*sic*] General Practitioners and those open to spirituality" (Johanson, 2006, p.31), have finally either discovered mindfulness, "rigorously operationalized, conceptualized, and empirically" validated it (Baer, 2003, p.140), or overcome any skepticism they may have had towards what might appear more spiritual than scientific, and begun to employ Buddhist mindfulness as a central technique. (See, for example, current surveys by Germer, Siegel & Fulton, Eds., 2005; senior Hakomi trainer and *Hakomi Forum* editor, Johanson, 2006; from the psychoanalytic tradition, Safran, Ed. 2003; and from the Cognitive-Behavioral tradition, Baer, Ed., 2006. Bennet-Goleman, 2001, combines an authentic and well-informed use of mindfulness with "schema therapy"; and for one of the very best examples of the use mindfulness in any psychotherapy—in this case, couples therapy—and one drawn from a deep understanding of vipassana, see Boorstein, 1996.)

However, as Johanson (2006) points out, even though the use of mindfulness in psychotherapy has moved from "out of the mainstream" to a "significant and growing force…[in] contemporary psychotherapeutic practice," few of these newer converts to or original innovators of the use of mindfulness in psychotherapy do so to the same degree as Hakomi therapists: "the main uses of mindfulness still tend to be adjuncts to therapy as opposed to the main tool of a psychotherapeutic session as it is used in Hakomi" (p.23).

Thus Hakomi psychotherapy is considered here for further expansion as a Buddhist transpersonal therapy not for its general theoretical or methodological underpinnings, which, broadly speaking, are not unique, nor simply for its use of mindfulness, which becomes less unique each year, nor even because Kurtz was the "pioneer" (Johanson, 2006, p. 23), "who first integrated" mindfulness and psychotherapy "within the Humanistic branch of psychology . . . in the early 1970's" (p. 25). Rather, it is because Hakomi therapists and theorists explicitly define Hakomi as transpersonal; explicitly developed its use of mindfulness from Nyanaponika (1962, 1972), Hanh (1976), and the Theravada source of Buddhist abhidhamma and vipassana; and because, as the following sections demonstrate, Hakomi psychotherapy already comes so close to these possibilities, is already a such a good fit with them, and can so easily and organically evolve in this direction. Given these possibilities, this extensive use of mindfulness, and this Buddhist heritage, that in both theory and practice Hakomi therapists generally stop short of explicitly pursuing traditional Buddhist transpersonal goals and the traditional Buddhist uses of mindfulness that bring them about is surprising, unnecessary, and an opportunity for growth for Hakomi as well as other therapies.

Mindfulness in Hakomi

Kurtz (1990) calls mindfulness "the 'dharma' of Hakomi" (p. 2), but the term is used rather loosely to mean many things, such as non-judgmental self-observation, choiceless awareness, bare attention, spaciousness, witnessing, or just being in present-felt experience without effort to change or analyze it. This is a good description of *sati*, the first part of the compound Pali word for mindfulness, *sati-sampajanna*. This kind of mindfulness informs all aspects of Hakomi, and its intentional cultivation and use moves Hakomi therapy away from traditional psychotherapy and closer to meditation practice.

Still, Hakomi is not meditation, nor are its goals synonymous with those of meditation. "Bare attention" (*sati*) is used as a tool in Hakomi to notice and study what arises in the client's experience in order to uncover various unconscious core beliefs. However, in traditional meditation practices of applying bare attention, one does not intentionally stay with and study what arises, but simply notices and lets pass each experience. This is the first distinction between the two systems in their use of mindfulness, and will be discussed in more detail in the section on abhidhamma, below. In brief, however, when the latter method is employed, it tends to invite nonattachment rather than desire or aversion, and to lead to wisdom or insight into the ultimately selfless nature of our experience. In the case of Bill, for example, when he did not stay with and study his longing for acceptance and fear of rejection in the Hakomi fashion, but simply observed them arising and passing in the vipassana fashion, both feelings diminished of their own accord. This often happens spontaneously in Hakomi therapy too, but this is not the stated goal or basic protocol. From this practice Bill learned experientially the impermanent nature of feelings, and by extension, of the "self" who feels them. Desire, aversion, and ignorance (or belief in the fiction of an enduring self) are the three primary mental factors which lead to suffering; whereas nonattachment, nonaversion and nondelusion, cultivated by mindfulness, are three factors which end suffering. Whenever the process of Hakomi therapy imitates this Buddhist application of mindfulness, which it often does for prolonged moments, the effect, whether intentional or not, is to loosen the grip of desire and aversion rooted in a false sense of self: traditional Buddhist ends. When the process moves on into experimenting and evoking experience, Hakomi becomes more of a Western therapy again.

The second distinction between the two systems concerns the second half of the compound word for mindfulness, *sampajanna*. *Sampajanna* is the second aspect of mindfulness and is usually translated as "clear comprehension" (Nyanaponika, 1962, p.29). Clear comprehension itself has four aspects, the last of which is most relevant here: it is *asammoha-sampajanna*, or comprehension of "the deepest and most obstinate delusion in man: his belief in a self" (p.51). Right Mindfulness is at the core of Buddhist psychology. It constitutes the seventh aspect of the Eightfold Path, which is itself the Fourth Noble Truth. It is also one of the Five Faculties, the first of the Seven Factors of Enlightenment, and perhaps the most important of all fifty-two mental factors. Clear comprehension (*sampajanna*) is fully half of Right Mindfulness. In its fourth aspect (*asammoha-sampajanna*) it is synonymous with and thus includes the other most important mental factor, wisdom. Yet clear comprehension is absent as an aspect of mindfulness in the Hakomi literature and training of therapists. Nor is the application of mindfulness to the false sense of self—its traditional application—a recognized step in the Hakomi method.

These two dissimilarities to vipassana meditation—the different use of bare attention and the lack of use of clear comprehension—represent omissions of traditional Buddhist uses of mindfulness, and an unnecessary limit in Hakomi therapy. After a review of relevant literature, a more complete understanding and application of mindfulness, drawn directly from the abhidhamma tradition, is considered below to demonstrate the possible further uses of mindfulness in Hakomi therapy.

Review of Hakomi and Related Literature

Hakomi has always been an unapologetically transpersonal therapy. The third ever issue of *Hakomi Forum* ("Issue 3," 1985) was devoted to the general question of spirituality in Hakomi psychotherapy. In it, writers such as Cedar Barstow (1985), Amina Knowlan (1985), and Reba Townsend-Simmons (1985), describe the experience of Hakomi therapy in overtly spiritual terms, such as feeling God's grace or divine wisdom manifested in themselves and their clients, or feeling united with a force or wholeness greater than themselves. Such experiences do represent an altered sense of self. And while these descriptions do not address the question of change in the client's content versus process of consciousness directly, and while they speak more in theistic terms than Buddhist ones, they nonetheless are suggestive of an altered process of experiencing in Hakomi clients. However, this result is not a stated goal of therapy, nor is a systematic method for achieving it provided.

Other Hakomi writers make more direct reference to altered processes of consciousness, and do so in terms strikingly similar to Buddhist ones, though still not in direct reference to abhidhamma, nor as an explicit or detailed goal of therapy so much as an anecdotal side effect. From a non-Hakomi but Buddhist perspective, Goleman (1996) describes changes in perceptual, affective, and cognitive processes of consciousness using the language of abhidhamma; and Engler (1986), also writing as a non-Hakomi Buddhist therapist, describes precise stages in the transformation of these processes. According to Engler, a shift in perception occurs first, as a result of preliminary meditation practices. With this shift, the "sense of being an independent observer disappears . . . . is revealed to be the result of a perceptual illusion . . . . no self--can be found" (p.41). From the Hakomi perspective, Kurtz is well aware of this shift: "We create what we see . . . . Perception is always an act of creation" (1985, pp. 6-7). However, in Kurtz's case this insight comes more from an understanding of quantum physics and systems and relativity theories than from Buddhism (1990, pp. 17-38; 1997, p. 47). This may explain why it does not lead him to an interest in more specifically Buddhist therapeutic possibilities, insights, and psychological health. Still, the words are reminiscent of the opening lines of the Dhammapada: "We are what we think. All that we are arises with our thoughts. With our thoughts we make the world" (Byrom, 1976, p.1).

Similarly, Stan Hartman (1985) compares Hakomi to the Hawaiian spiritual tradition of Huna, describing how "Subject and object are no longer separate. I and Thou are no longer separate. Therapist and client are no longer separate" (p. 33). This, too, represents a change in self-identification. And while this shift in the perceptual process of consciousness is also phrased in the language of Eastern meditative traditions, again no overt reference is made to Hakomi's Buddhist heritage. Hartman also does not describe how Hakomi might bring about this perceptual shift, nor does he say that such a change in process can be a goal of therapy.

A third Hakomi theorist whose early writings go a bit further, Johanson (1985a) compares Hakomi to the Creation Spirituality of Matthew Fox and specifically relates this to Buddhism (p. 36). In a later article (1987) he comments on the Taoist roots of Hakomi and the parallel concept of letting go of oneself in that tradition. He describes Hakomi as "a shift in consciousness" and "a shift away from identifying with any particular contents of consciousness . . . . a shift into the witness" (p. 42). This does represent a further step in Hakomi thinking, but still stops short of advocating the kind of abhidhamma process change described by Goleman and Engler. It is still only a temporary shift into mindfulness, a new process for therapy perhaps, but not a lasting new process of consciousness for the client as a goal of that therapy. Rather, this temporary disidentification with the contents of consciousness is still used in the service of altering those contents towards "more satisfying ways of organizing" (p. 42). To maintain that shift and establish volitional control over the process is not generally considered as a goal of Hakomi therapists.

Those who do consider it do so with understandable caution and humility. For example, non-Hakomi transpersonal theorist Ken Wilbur (1986) unites psychological and spiritual development and pathology along one continuum of consciousness and, less cautiously, freely recommends meditation *as* therapy for the transpersonal levels. Some Hakomi therapists are interested in these possibilities, but hesitant. Johanson has written about Wilbur in considering these questions from the beginning(1985b), still cites him today (2006, p. 26), and regularly reprints articles by non-Hakomi therapists espousing similar views (Engler, 1986/1992; Wolinsky, 1993/1994). Regarding Wilbur, Johanson describes Hakomi poetically and accurately as "dancing up and down the spectrum" (1985b, p. 4); introducing Engler in an editor's note, he places Hakomi precisely on that spectrum: "Hakomi Therapy works on the border of the personal and the transpersonal, of the self and the no-self" (p.1).

But Johanson marks that border with a clear line:

> [Hakomi Therapy] is transpersonal in encouraging mindfulness . . . and a resultant sense of a transpersonal self existing beyond the normal limitations of one's personal identity . . . realiz[ing] the limitless possibilities for being many things or no-thing. [But] Hakomi stops short of deliberately fostering unity consciousness, though it certainly does not deny it . . . someone participating in HT is given a strong, though usually unspoken, disposition towards expanding their personal boundaries in the direction of ultimate inclusiveness (1985b, pp. 4-5).

In Vaughn's terminology (1979), this is a good description of Hakomi therapy as transpersonal in process by virtue of its use of mindfulness, and in context by virtue of its unspoken disposition, but not in content unless this new sense of a transpersonal self is spoken of explicitly. Twenty-one years later, Johanson's language is more clearly like that of Goleman and Engler (now quoted, too), but the line has not moved:

> Mindfulness in Hakomi is used as . . . a bridge between Western psychology that normally concerns itself with the healing of the fragmented ego or self, and Eastern psychology that normally assists people in achieving the unity consciousness of the no-self. . . . While the client continues processing to find ego-level healing in the Western sense, he also becomes more de-centered or unattached to his issues, and attains more practice in using mindfulness to distance himself from the immediacy [*sic*] of how he organizes his experience. . . . Wilber (2000) likewise extols the value of mindfulness . . . in promoting both personal and transpersonal change. Many in Buddhist and transpersonal psychology employ a . . . mindful state of consciousness to relativize normal mental-emotional life, and move toward the Eastern tradition possibility of the No-Self . . . in addition to using it in the service of the Western tradition of healing the fractured self (Engler, 2003). (2006, p. 26)

Why should Hakomi therapists not cross that line and be counted among those in Buddhist and transpersonal psychology who do use mindfulness for transpersonal Buddhist ends?

A few other Hakomi writers have also acknowledged but not undertaken this further goal of a paradoxical and lasting paradigm shift whereby the very "healthy," solid and enduring sense of self—that has been nurtured in Hakomi and other therapies—is ultimately seen as pathological and the cause of suffering, and hence dismantled. In Engler's words, "At this point *an entirely different level of psychopathology* comes into view. . . . At this level of perception, the normal affective and emotional bases of behavior are experienced as pathogenic and sources of great suffering" (1984, p. 43). Dyrian Benz (1985) is one such theorist, however he too concludes that this goal is best left to meditation. John Lloyd (1985) is another. He uses the language of Oscar Ichazo and the Enneagram: "The Hakomi idea of core material organizing experience is analogous to the fall from essence into personality" (p.48). In this he anticipates the work of Stephen Wolinsky and *Quantum Psychology* (1994), discussed below. Again, the language is not Buddhist but the concept is: Lloyd refers to the possibility of not just altering our personality by way of its core material for "better" organization of experience, but of leaving personality behind altogether by exercising control over the very process of consciousness by which that core material creates our personality in the first place. But even though Lloyd initially deems the absence of such discussion in Hakomi "an oversight," he too, ultimately concludes that such discussion is better left out of Hakomi therapy (p. 48).

More recently but in the same vein, Kurtz, writing with Kekuni Minton (1997), suggests that almost as an inevitable byproduct of the work, "You begin to distance yourself from your automatic behaviors and egocentric models about who you are . . . you begin to find a different level . . . become able to make spiritual choices" (p. 59). Still, Kurtz too remains on the same side of Johanson's line, quoting another Hakomi trainer, Halko Weiss: "When the client starts talking about religion, it's a sign that therapy is over" (p. 59). Also more recently Weiss himself (2002) makes the same distinction: "Buddhist mindfulness is designed to cause, eventually, the ultimate freeing of the individual from ego-identification with the illusory material world, a state called enlightenment . . . We, in contrast, are cultivating mindfulness in such a way as to effect a change in the *locus* of identification—from experience to observer" (Back to Mindfulness and Self-Study section, ¶ 5-6).

Most recently of all, Johanson has continued the policy of including related but non-Hakomi material in *Hakomi Forum*, reprinting the work of Belinda Khong (2005, 2007). With a Buddhist background, Khong dives deeper into the actual abhidhamma than most. She emphasizes that a therapist does not have to be a Buddhist to use Buddhism-derived techniques: "I believe that the Buddha teaches an attitude, not an affiliation;" but does recommend therapists "be familiar with the finer points of the Buddha's teachings" (2005, p. 34). She then combines mindfulness with the abhidhamma theory of dependant origination (also discussed below) to demonstrate both a weakness of typical Cognitive-Behavioral therapy: "using thoughts to conquer thoughts" (p.39); and its solution: focusing first on bodily sensations instead, to break the cycle of mental negativity. Like others cited here, Khong clearly identifies the distinction between contents and processes of contents: "therapies tend to focus on utilizing the intellect to change cognitions while the Buddha emphasizes modifying cognitions through experiential and attitudinal change" (2007, p.15), but does not make those processes the ultimate focus of therapy, as they are in meditation.

At least one Hakomi therapist does cross the line and attempt to use therapy as a form of Buddhist mental development. Unfortunately, he doesn't use Hakomi therapy for this. Jim Lehrman (2000) includes Hakomi with two Japanese Zen-inspired therapies, Naikan and Morita, along with Wolinsky's Quantum Psychology, as one of four therapies strongly influenced by and functioning like Buddhist meditation practices. Lehrman generally concurs with the findings here that Hakomi studies the process of consciousness, but chiefly alters the contents that influence that process. However, he goes on to describe how in Quantum Psychology one goes further, not just helping clients "become mindful of the relationship between their

automatic responses and what triggers them," but also of "the mechanism itself"; in Quantum, clients ultimately "are able to notice the mechanism of their automatic response . . . and thus exercise choice and control overt it" (¶ 11). Whereas "in Hakomi, one transcends the constraints of history," "in Quantum one transcends the innumerable identities of self" (¶ 12). Finally, Lehrman writes that it is Quantum Psychology, not Hakomi, that "More than any school of psychological thought today . . . is both a theoretical and practical embodiment of . . . central notions of Buddhism" (¶ 11).

Based on a review of relevant literature, Hakomi is very much a transpersonal psychotherapy in context, content, and process. Also, while there is not exactly controversy over explicitly including Buddhist goals as transpersonal goals of Hakomi therapy, there is a range of viewpoints on the subject: from a disinterest in or a lack of awareness of the distinction; to an appreciation that it happens naturally in Hakomi; to a clear recognition and welcoming of it, but one that also sees it as the proper province of meditation and spiritual practice rather than psychotherapy. Given Hakomi's Buddhist heritage, however, that no Hakomi therapist has yet taken the further step to make these Buddhist goals and methods Hakomi goals and methods, does leave such an integration open to development as proposed here. Whereas Johanson (2006) distinguishes Hakomi from other therapies based on the *extent* to which mindfulness is used (as the main tool versus an adjunct), what is proposed here distinguishes Hakomi based on *how* mindfulness is applied, and *to what end*.

Vipassana Meditation and Buddhist Abhidhamma

A Note on the Terms "Ego" and "Self"

Before moving into the language of Buddhism proper, a common linguistic confusion may be avoided, namely, the confounding of the two meanings of the word "ego" or "self" as used variously in Buddhist and Western psychologies. Ever since the popularization of the expression, "You have to be somebody before you can be nobody" (Engler, 1986, p.24), therapists, clients, and meditators alike have mistakenly believed that the same ego or self that Western psychology studies and nurtures in great detail must now be eradicated. Nothing could be further from the truth. In fact, the very ego strengths Western psychology focuses on, such as affect tolerance and cognitive capacities, are invaluable aids to meditation (Cortright, 1997, pp. 2-3; Goldstein, 1993, p.93). Epstein, (1995) calling this "an unfortunate mix of vocabulary," quotes the Dalai Lama on the subject: "Selflessness is not a case of something that existed in the past becoming nonexistent. Rather, this sort of 'self' is something that never did exist. What is needed is to identify as nonexistent something that always was nonexistent." He goes on to explain: "It is not ego, in the Freudian sense, that is the actual target of the Buddhist insight, it is rather, the self-concept, the *representational* component of the ego, the *actual* internal experience of one's self that is targeted. . . . The entire ego is *not* transcended; the self representation is revealed as lacking concrete existence" (p. 98).

This distinction is well-illustrated in the case of Bill. Bill and I did not eliminate but recognized as useful such ego strengths and capacities as affect tolerance and cognitive reasoning skills. Cultivating rational thought, Bill was better able to understand his representational self as a falsehood. Cultivating affect tolerance, Bill was better able to endure the pain of emotions like wanting and fearing without reverting to habitual reactions.

Western Psychological Perspectives

From a Western point of view the Buddha's teachings may be heard less as a religion than a universally applied psychological theory and method. As a theory the essential teachings, or Four Noble Truths, amount to a diagnosis of psychopathology, an explanation of its etiology, a hopeful prognosis for its eradication, and a prescription for treatment. In method, also like psychotherapy, Buddhism is experiential, something to do, not just to believe in (Batchelor, 1997, pp. 4-5). Thus meditation and psychotherapy are alike: both share the goal of relieving mental suffering, and both do so through the experiential use of insight into its causes. Hakomi therapy and meditation further share the use of mindfulness as integral to their methods. In this way Hakomi may well be called applied Buddhism, or interpersonal or assisted meditation.

The difference lies in whether relief from mental suffering means its alleviation or its eradication. Hakomi therapists cited above notwithstanding, other contemporary Western psychotherapists, well-versed in Theravada abhidhamma theory and vipassana practice, do suggest the integration of this tradition in therapy. Three of these previously discussed are Daniel Goleman, Jack Engler, and Buddhist psychiatrist Mark Epstein, and it is Epstein (1995), finally, who not only suggests such integration, but also demonstrates how it can be achieved in practice. He notes, "preliminary meditation practices are . . . more closely related to psychotherapy than are other practices along the meditative path" (p.134), and describes a typical vipassana meditation progression: "Beginning with the in and out breath, proceeding to bodily sensations, feelings, thoughts, consciousness, and finally the felt sense of I, meditation requires the application of bare attention to increasingly subtle phenomena" (p.110-111). It is this last step, applying mindfulness to the felt sense of I, which is possible in and even natural to Hakomi, but which is not generally taken.

This step also represents the fourth type of the clear comprehension aspect of Right Mindfulness (*asammoha-sampajanna*) described above. Again, Epstein (1995) writes, "When one begins to practice meditation, psychological issues usually predominate. But as the practices of concentration, mindfulness, and analytic insight are developed, the psychodynamics change, and the emotional issues of childhood often retreat as the focus shifts to an examination of *how* one experiences oneself" (p.131). In Hakomi this is called shifting from the contents of one's experience to the process of how one experiences. But Epstein continues, "Deep meditation is much more generic than psychotherapy: it is less about the individual details of a person's history. . . . The focus moves from *what* is being repeated to *who* it is that needs to repeat" (p. 131). This is a step beyond the typical use of mindfulness in Hakomi psychotherapy. "While the first step is to integrate the disclaimed emotions and to find and accept the feeling of 'I' that has been displaced, the crucial step, from the Buddhist view, is to shift the perspective from the reactive emotions to the feeling of 'I' itself" (pp. 211-212). According to Epstein, "examining the underlying feeling of identification that accompanies the emotional experience" (p. 213) reveals "that the self is a fiction" (p. 154), and thus "pulls the rug out from under the reactive emotions" (p. 213).

By bringing this process into and actually taking this step in the therapy hour, Epstein avoids both of the two omissions of traditional Buddhist uses of mindfulness made by Kurtz. Instead, Epstein makes his blend of contemporary relational or intersubjective psychodynamic and Gestalt therapies (personal communication, January 26, 1999) more explicitly transpersonal than anything found in Hakomi. This article proposes in theory and demonstrates by case history in practice how to do the same for Hakomi: blending it, too, with contemporary relational-intersubjective psychodynamic therapy, and making it, too, more explicitly transpersonal by completely embracing its Buddhist roots.

Traditional Buddhist Psychological Perspectives

Thus far abhidhamma has been treated here largely in Western psychological terms. A brief foray now into the actual source material of and commentaries on the abhidhamma, written by practicing Buddhist scholars and monks, will further clarify the subject. Returning to the compound Pali word for mindfulness, *sati-sampajanna*, provides a good opening into the complex world of abhidhamma. Here, the Buddhist view of mental health may be described in strictly Buddhist terms more completely than before. As has been suggested, while Kurtz borrowed the use of mindfulness from vipassana meditation as taught by Nyanaponika Thera, he borrowed it incompletely in at least two respects, and these two omissions correspond to the gap in therapeutic means and ends in the two systems of personal transformation here considered. Bare attention (*sati*) and clear comprehension of reality (*sampajanna*) are the two aspects of mindfulness that work together. In fact, the two are inseparable. The disciplined practice of bare attention in the way it is prescribed in vipassana meditation, as opposed to the way it is mainly used in Hakomi therapy (the first omission), supports and develops clear comprehension (the second omission).

To understand why this is so, it is helpful to return to the Four Noble Truths. The Second Noble Truth states that the immediate cause of suffering is thirst, or craving (*tanha*). "Thirst" has the sense of wanting things to be other than they are, and thus includes both desire and aversion (*lobha* and *dosa*), two of the three unwholesome roots (*mulas*) of karmic action, to be discussed shortly. It is important to note that these two roots are inextricably bound up with the third, which is delusion (*moha*) concerning the true emptiness of self.

There are three different types of thirst, but the most deep rooted is thirst for existence (*bhava-tanha*): "the will to be, the will to live, to exist, to re-exist, to continue, to become more and more" (Rahula, 1959, p.31). Its cause is ignorance (*avijja*), the belief in the fictitious self. Reciprocally, the cause of ignorance is thirst for existence. These two (*bhava-tanha* and *avijja*) are said to be "the [two] outstanding causes of karma that lead to unhappy and happy destinies" (Nyanatiloka, 1952, pp. 31-32, 207-208). They are also none other than two of the roots (*mulas*) described above: thirst (*tanha*) is a synonym for desire (*lobha*); ignorance (*avijja*) is a synonym for delusion (*moha*).

Where does mindfulness come into all this? Mindfulness is one of fifty-two mental factors or mental formations (*sankhara*) that comprise the fourth aggregate of existence (Bodhi, 1993, pp. 76-113). (So are nonattachment [*alobha*], nonaversion [*adosa*], and nondelusion [*amoha*] or wisdom [*panna*] the three wholesome roots which reciprocally inhibit their opposites.) The five aggregates (*khandas*) are one way of understanding the truth of selflessness (*anatta*). In short, what we normally experience as a self is seen to be nothing more than a continuous, interactive flow of the processes of mind and body. There are five of these, and in meditation one can slow down one's observational process enough to experience "oneself" in this way. This is the analytic method of understanding selflessness.

The counterpart to the analytic method is the teaching of conditioned genesis or dependent origination (*paticca-samuppada*). This is the synthetic method of understanding selflessness. As one can take apart the self as five aggregates, so one can put it back together as dependent origination, a never-ending cycle of causes and effects, of physical and mental phenomena continuously being conditioned by and conditioning one another. Mental formations (*sankhara*), are found here as well: as they comprise the fourth aggregate, so also they comprise the

second of the twelve links of the chain of dependent origination.

Innovative Buddhist Psychological Perspectives

So far all of this is simplified but straightforward abhidhamma. Where it becomes innovative, and more relevant to psychotherapy, is when one takes a psychological rather than metaphysical interpretation of karma and rebirth, as Buddhist scholar Andrew Olendzki sometimes does (personal communication, May 8-12, 2000; 2005, p.248). In a psychological interpretation, karma is the action that conditions or determines one's rebirth and future happiness or suffering not in future lifetimes, but in the very next moment of this one. Rebirth can be seen as the recreation of the false sense of self in the mind in each successive moment of experience. Mental formations are the mental actions that produce this karmic result, which condition this rebirth. As such, they are also the point of potential therapeutic intervention, the lever for change. Wholesome mental factors are simply those which lead to happiness and the cessation of suffering. They create "good" and eventually no karma. Unwholesome mental factors have the reverse effect.

This may occur in the chain of dependent origination, or more accurately, interdependent co-arising (A. Olendzki, personal communication, May 8-12, 2000), especially at two key links. The twelve links in the chain are subdivided into four phases: two active, or volitional, and two passive, or automatic (Bodhi, 1993, pp. 292-328; Nyanatiloka, 1952, pp. 150-159). These phases are also described as causes or karma processes, and results or rebirth processes, respectively. The two active or volitional phases are of concern here, as this is where mental formations, mental karmic actions, can be a lever for change. The first active phase includes links one and two, where ignorance (*avijja*), conditions mental formations (*sankhara*). The second active phase includes links eight through ten, where thirst or craving (*tanha*) leads to becoming (*bhava*). (As mental formations [*sankhara*] is both the fourth aggregate and the second link in the chain of dependent origination, so thirst or craving [*tanha*] is both the Second Noble Truth and the eighth link in the chain of dependent origination.) Ultimately, depending on one's degree of insight, the presence of wholesome mental factors in the mind at these two active phases may produce not only wholesome karma (alleviation of suffering), but no karma (cessation of suffering: no karma, thus no psychological rebirth of the self, thus ending craving, thus ending suffering).

In order to see how (and which) mental formations can be a therapeutic lever for change in each of these two active, volitional, karma producing phases of dependent origination, it is necessary to depart further from the traditional teachings. Three related teachings may be combined in an original way that can have far-reaching implications for Hakomi psychotherapy. The first two teachings have already been discussed: they are the traditional division of mindfulness into bare attention and clear comprehension (Nyanaponika, 1962, pp. 29-56), and the traditional division of dependent origination into two active and two passive phases (Bodhi, 1993, pp. 292-328; Nyanatiloka, 1952, pp. 150-159). The third teaching now to be integrated with the first two is Daniel Goleman's (1988) division of mental factors into those which are cognitive and those which are affective (p. 126). Of the roots (*mulas*), or key wholesome factors under discussion, Goleman classifies wisdom or nondelusion (*panna* or *amoha*) as a cognitive factor, while nonattachment and nonaversion (*alobha* and *adosa*) are considered affective. What is suggested here is that Goleman's cognitive mental factor is what is needed at the first active phase of dependent origination, so that wisdom and not ignorance conditions formations, while his two main affective mental factors are needed at the second active phase, so that attachment and aversion do not condition more becoming; also suggested is that these two points of intervention require the cognitive capacity of the clear comprehension (*asammoha-sampajanna*) aspect of mindfulness, and the affect tolerance of the bare attention (*sati*) aspect of mindfulness, respectively.

Looking freshly at mental factors in this way provides the two necessary ingredients for change in Hakomi—or any—psychotherapy (Yalom, 1995, p.24-28): both cognitive and affective or experiential learning. Bare attention is an affective application of mindfulness at the moment when feeling (*vedana*, link 7) is about to condition thirst or craving (*tanha*, link 8) in the forms of desire and aversion. With bare attention, nondesire (*alobha*) and nonaversion (*adosa*) may arise instead. Similarly, clear comprehension, particularly clear comprehension of the truth of selflessness (*asammoha-sampajanna*), which is clear comprehension as nondelusion (*amoha*), may be seen as the cognitive application of mindfulness when delusion (*moha*) or ignorance (*avijja*) would otherwise condition formations. In the language of psychotherapy, *bare attention is a therapeutic intervention to develop affect tolerance, while clear comprehension is a cognitive reframe*. Neither insight nor experiential learning alone is enough. The two reinforce one another.

In fact, this is exactly the teaching of classical (Nyanatiloka, 1952) and contemporary (Goldstein, 1976, pp. 117-122; Goldstein & Kornfield, 1987, pp. 122-125) vipassana teachers alike. Not surprisingly, many contemporary vipassana teachers are also psychotherapists. Of dependent origination Nyanatiloka writes simply, "The 2nd and 10th proposition practically state one and the same thing" (pp. 157-158). Like affect tolerance and cognitive reframing, all wholesome mental factors tend to arise together. They are inseparable, mutually interdependent and co-arising. So, why is there suffering?

> Because of birth. Why is there birth? Because of all the actions of becoming, all the volitional activities

> motivated by greed, hatred and delusion. Why are we involved in these kinds of activities? Because of grasping. Why is there grasping? Because of desire in the mind. Why is there desire? Because of feeling, because the quality of pleasantness or unpleasantness arises. . . . There's no possible way of . . . preventing feeling from arising. . . . *But it is right at this point that the chain can be broken*. . . . When there's ignorance in the mind, feeling conditions desire. . . . But if instead of ignorance in the mind there is wisdom and awareness, then we experience feeling but don't compulsively or habitually grasp or push away . . . we experience them mindfully. . . . No longer do feelings condition desire. . . . When there is no desire, there's no grasping; without grasping, there's no volitional activity of becoming . . . there's no rebirth. . . . The whole mass of suffering is brought to an end. (Goldstein, 1976, pp. 119-120, italics added)

Case Study

Background and Initial Meeting

Bill, an attractive gay man in his late twenties, came to me for psychotherapy in my first week at a new job. He did not call the Center's main phone line and go through the customary intake and assignment procedure, but was referred to me directly by friends from the local vipassana *sangha*, or community, who had heard me give a dharma talk, and therefore called my extension directly. Thus even on the telephone, before ever meeting, what Kohut would call a pronounced idealizing transference (Kahn, 1991, p. 109) became apparent: Bill began to flatter me, telling me he had heard that former clients insisted I was "the best therapist in town," an absurd notion considering I had no former clients in town.

In our first session Bill related his current life circumstances to me. His presenting problem involved adjustment and reentry into American life and society. Bill had no money, no job, no bank account, no drivers license. He was staying with sangha members who had taken him in. He had spent the last seven years living at a Zen center in Europe, focusing entirely on his Zen practice and his relationship to his teacher, whom he described as "an enlightened master." His teacher had returned to Asia some months before, and Bill had recently come to town with the vague notion of attending graduate school. With no money and no direction, he thought therapy might help where meditation did not. He had come to me because he wanted a therapist with a Buddhist background. He also wanted a man.

Bill grew up wealthy and privileged on the upper east side of Manhattan. His mother was a full professor at Columbia, his father "a loser from an old money family." Bill attended private schools, became an accomplished violinist, and eventually went on to Stanford, majoring in comparative literature. Immediately after that he went to Europe, met his teacher, and never returned. Never in all of this, Bill confessed, had he ever had to support himself in any way. No need to drive going to high school in Manhattan; no need to make his own arrangements as a darling of the music world; no need to earn a dime living in a rambling old European farmhouse with his Zen master and other students.

What was worse, according to Bill, was that he had always felt incompetent. He felt he took after his father more than his mother, that like his father he had gotten as far as he had only because of his looks, his name, and his family's money, but that also like his father, he "couldn't even change a light bulb." Bill had always experienced his mother as highly critical and rejecting. Her standards were too high, he said. He could never be as successful as she.

At the same time, Bill began to speak of my presumed success. He was sure from his friends' reports that I was "more enlightened than he was," and I hadn't even lived with a master for seven years as he had. Moreover, in addition to supposedly being "enlightened" while only eight years his senior, Bill also imputed to me all manner of personal and professional successes. The basic facts of my life—marriage, children, education and work history—I readily allowed, but beyond that, when Bill asked for more self-disclosure on my part, I explained that I tended to be on the liberal end of the spectrum in terms of disclosing my feelings in the moment with him, but on the conservative end of the spectrum when it came to disclosing personal information about my life outside the therapy hour.

Phase 1: Relational Therapy and Mindfulness as Bare Attention in Hakomi Therapy

Bill and I met weekly thereafter, our work becoming more overtly relational and involving more of the Hakomi method. The therapeutic approach, as described here, is not strictly Hakomi psychotherapy, but what aspires to be a seamless blend of Hakomi and contemporary relational or intersubjective psychodynamic psychotherapy (Mitchell, 1988; Stolorow, Brandchaft, & Atwood, 1987, 1994), all within the context of a Buddhist worldview. Theoretically these two models are entirely consistent; methodologically they compliment each other well. Both models seek to disconfirm limiting, unconscious core organizing beliefs. Both seek to do so both cognitively and experientially. Hakomi's strength is an efficient way to make these beliefs conscious and present-felt at the same time, through the use of mindfulness. Hakomi also offers powerful *intra*personal methods of disconfirming these beliefs experientially--or at least broadening and making them more inclusive--by providing what is called *the missing experience* (Kurtz, 1990). These experiences often take place with the client's eyes closed, not attending to the therapist. Relational approaches also seek to disconfirm these beliefs experientially, and the great strength of this approach is *inter*personal. Favoring use of the actual relationship in the

room, and working with the core beliefs as they manifest in that relationship in the moment, the client may have also have an experience, a *corrective emotional experience* (Alexander, 1946), which disconfirms the maladaptive beliefs. This is likely to occur with the client's eyes open and looking at the therapist.

Thus, throughout the first phase of our work together, Bill and I gradually became less concerned with his presenting problems and more interested in the core beliefs and associated relational patterns that underlay them. This phase of the work was predominantly personal as opposed to transpersonal. Transpersonal content entered into the work when Bill discussed his meditation practice and aspirations for enlightenment; transpersonal process occurred whenever he used mindfulness to observe his intrapersonal process, or whenever we used mindfulness to observe our interpersonal process in the intersubjective field between us; and transpersonal context was always a given. But for all that, we mostly did conventional psychotherapy, both Hakomi and otherwise. I also placed Bill in one of two weekly interpersonal therapy groups I co-facilitated with a colleague. His core beliefs and relational patterns emerged there as well. The group format served to reinforce and consensually validate our individual work, distributed Bill's transference among more people in therapy (including my co-therapist), and provided increased opportunities for Bill to disconfirm his core beliefs experientially in relationship.

What emerged in this phase of our work was a pattern of narcissistic character strategy in Bill. He would alternately inflate and deflate himself and his own worth. He would also idealize and devalue others. He spoke often of those he idealized, including his mother, his former analyst in Palo Alto, his Zen master/teacher, his current aikido instructor, and me. What's more, Bill began to seduce as well as flatter and attempt to become friends with me. He compared me favorably to his "famous" Palo Alto analyst and referred numerous friends to me; wondered out loud if he would fall in love with me (while wearing more revealing clothing than usual and absent-mindedly stroking his inner thigh); and brought me homemade brownies, books on Zen, and invitations to join his aikido class.

Moving fluidly between relational and Hakomi methods, I contacted these patterns in our relationship and encouraged Bill to relate them to his other current and previous relationships, including those with his parents in childhood. One day, in our eighth session, Bill's core beliefs emerged in what is a good example of conventional Hakomi psychotherapy. In a particularly poignant interchange, I told Bill that he didn't need to do anything for me to like him. Tears came to his eyes. I encouraged Bill to rest his attention on the tears. He closed his eyes and became mindful of the feelings in his eyes and around his heart. He described a mixture of sadness and longing. At this point Bill as vipassana meditator would simply stay mindful of these feelings, neither indulging nor repressing them, watching them come and go and change, noticing in a detached way his desire for certain experiences and aversion to others, and experiencing the inherent suffering, transience, and selfless quality of them all.

But I did not encourage Bill to do this. Unlike in vipassana, Bill and I ceased using mindfulness strictly as *sati*, or bare attention. Nor did we invoke the *sampajanna*, or clear comprehending, aspect of mindfulness. Instead, we used mindfulness as a therapeutic tool and directed it towards thoughts, feelings, and body sensations of therapeutic interest. With Bill well established in this state of mindfulness, I repeated the words that brought tears to his eyes, this time explicitly as what is called a "probe" in the Hakomi method: a verbal experiment in mindfulness intended evoke experience. Speaking slowly and softly, with Bill's eyes still closed, I instructed him to "notice what happens—all by itself—in your experience, when I say the words . . . 'You don't have to do anything for me to like you.'"

Immediately Bill's tears returned. In addition to sadness and longing he also felt relief. Bill experienced this physically as a somatic sensation of sinking and relaxing in the area of his chest and stomach. Continuing to contact and study in mindfulness this experience of relief, its opposite arose: fear and a tightening in the chest. Working in the Hakomi method, Bill became aware of images, memories, and words associated with this fear. In Hakomi, therapist and client gather information from as many "channels" of experiencing as possible. Broadly speaking these are three: bodily, physical sensations; affective, emotional experiences or feelings; and mental or thinking experiences. (These also correspond to three of the Four Foundations of Mindfulness taught in vipassana.) Images, memories and words registered primarily on the thought channel. Bill saw his mother leaving the house to live with another man when he was three. Soon, words, meanings, decisions and beliefs came into Bill's conscious awareness: his mother's voice saying, "I need you to be perfect"; his own inner voice saying, "I don't deserve to be loved."

These experiences, however real or constructed, are origins of Bill's unconscious, limiting, core organizing beliefs—what conventional Hakomi therapy seeks to uncover and disconfirm. Bill's unconscious beliefs about himself and his world, formed in the relational matrix of childhood experience, came to fruition in the perceptual and interpersonal patterns of Bill's current adult life. Believing these things, Bill saw how he was predisposed to experience a world in which they were true, to have experiences and relationships that confirmed them, to behave in ways stemming from the need to avoid feeling the pain of them and to compensate for the presumed personal deficits they implied.

Much of the first phase of our work together involved using relational psychodynamic and Hakomi therapy to work at

the personal level, to disconfirm both cognitively and affectively these and other core organizing beliefs. In terms of Hakomi, Bill had repeated experiences in mindfulness, in the therapy hour, either actually and interpersonally or imaginatively and intrapersonally, which could not have happened if the beliefs were true. When, for example, Bill was late for an appointment, he was sure I would judge him harshly for it. When, while studying in mindfulness his experience of anticipated judgment, Bill experienced that I did not reject him, tears of relief came to his eyes. He felt the anxiety in his chest dissipate. It was possible in this moment for Bill to believe that someone he admired and needed really could accept him as less than perfect. Intrapsychically, Bill then imagined how his life would have been different if this were true, and how it could be different now. Bill had many such experiences with me, in incremental doses. These experiences set in motion an adaptive spiral: these experiences being possible, new beliefs also became possible for Bill; new beliefs in place, more new experiences both inside and outside of therapy became possible.

This is a good example of how one applies mindfulness in Hakomi both towards the contents of consciousness—here the belief that Bill could not be imperfect and still be accepted; and its processes—how that belief organized Bill's perception of me, his somatic and affective experience, and the interpersonal patterns of his life. It is also a good example of how the object of change in Hakomi remains the contents of consciousness, or beliefs themselves, leading to reorganization of experiential processes only as an organic byproduct.

Phase 2: Mindfulness as Bare Attention According to Buddhist Methods in Hakomi Therapy

Dividing the therapy into phases is a somewhat artificial construct meant to help clarify the distinctions made in the theoretical section of this article. In reality the phases of my work with Bill were not so distinct. The work progressed more like a spiral, both moving forward linearly and circling back on itself. Examples of ways of working from each artificial phase thus occurred in each other phase. Still, the work progressed mainly as described.

As Bill's patterns became more familiar to us, he had increasingly frequent experiences, both intra- and interpersonally, to disconfirm the beliefs that underlay them. Bill's experience of and way of being in the world also began to change. Many of Bill's presenting problems cleared up of their own accord. He found reasonably satisfying, stable, and adequately paying work. He got a driver's license, a car, and his own apartment. He applied to and was accepted into a graduate program. Moreover, friends and fellow group members alike began to notice a change in Bill. They found him to be more consistent in his moods, less likely to be either boastful about or critical of either himself or them. They found his posture, dress, and mannerisms to be more composed and dignified, less flamboyant, seductive, solicitous or self-effacing. In short, Bill felt better about himself. I felt these changes in our relationship as well. No longer did I feel so powerful or on such a pedestal in the room with Bill.

Thus, one day, in our twenty-fourth meeting, when Bill arrived and started presenting what was by now quite familiar material concerning his diminishing but persistent feelings of worthlessness and unlovability, I began to work with him in a new way. The session began ordinarily enough, talking about a recent fight he had had with his new lover. I contacted the content, then increasingly the process of Bill's concern. Soon Bill had turned inward, closing his eyes and cultivating a mental state of mindfulness. (It should be noted that Bill was unusually proficient in the use of mindfulness, due no doubt to his years of zazen and now vipassana meditation practice.) Bill became acutely aware of a familiar sensation and attendant image. He described it like a heavy black hole the size of an orange in the center of his chest. We had worked with this feeling and image before, often connecting it to feelings of and beliefs about his fundamental worthlessness and unlovability. In the past Bill had even become aware of this unlovable feeling as the primary factor motivating him in his most self-destructive behavior: promiscuous, unprotected, anonymous sex with men. Now, hurting from the rejection by his lover, old wounds smarting and old beliefs seemingly confirmed, Bill was aware of being sexually aroused, of wanting to have sex with anyone at any cost—including me, anything to feel loved and make this feeling go away.

This time, however, after fully exploring his sexual feelings towards me in the context of the therapeutic relationship, and sensing a new strength in Bill, I did not pursue the usual line of making cognitive connections between past and present. Nor did I instruct Bill to stay with these present experiences, a Hakomi technique known as an accessing directive and designed to stabilize present-felt experience. Nor did I pursue more unconscious core material by way of probes and other experimental techniques designed to evoke new experiences in mindfulness. Instead, I simply instructed Bill to do nothing but remain mindful of the unbearable thoughts, feelings, and sensations he was experiencing, including allowing them to shift in any way they might.

This instruction was new to Bill in our work together, but not to him otherwise; indeed, he had been doing it for years in meditation. This is the traditional use of mindfulness as bare attention (*sati*). Now that Bill had so much new information as a result of our work together, it seemed an appropriate time to begin working with him in this way. This time Bill did not use his present-felt experiences as an access route to discover new variations on his core beliefs, new historic origins of those beliefs, or new manifestations of them in his current life. Staying mindful, Bill simply

observed his experiences, his reactions to them, their transient and changeable nature. "You mean do nothing?" he asked.

Bill did "nothing." The feeling in his chest got worse, then stayed the same, then got better. Thoughts came and went. Bill did not pursue the pleasant aspects of his experience, nor did he repel the unpleasant aspects. Instead, he cultivated the mental factors of nonattachment (*alobha*) and nonaversion (*adosa*) inherent in mindfulness. Doing so, Bill began to know the spacious quality that came to him often in meditation when the sense of self loosened its grip. Not clinging to a pleasant sensation that arose in his chest, for example, nor recoiling from a painful childhood memory that followed it, Bill felt there was less of a self to care what experience came next. Inevitably, the experience of selflessness (*anatta*) and the mental factor of nondelusion (*amoha*) or wisdom (*panna*) co-arose. In the abhidhamma terminology presented above, this was an affective intervention at the second active stage of the cycle of dependent origination, the seventh link in the chain, that between feeling and craving. Psychologically as opposed to metaphysically, the chain was broken for a moment or two, and Bill experienced a taste of the freedom that comes when no new karma is made, when the false sense of self is not recreated anew just yet, and hence no new suffering immediately ensues.

When the session was over Bill was amazed to find that the unbearable feelings were gone, and along with them the irresistible urge for compulsive sex. He went home and made up (non-sexually) with his lover, as he informed me the following week.

Phase 3: Adding Mindfulness as Clear Comprehension to Hakomi Therapy

Four months later, in our fortieth session, Bill came in distraught over being jilted by the lover-turned-partner just discussed. The session began much like session twenty-four, above, for about the first twenty minutes. Bill was affectively experiencing his inherent selflessness again. Then, as Bill was being mindful of feeling particularly wounded by his partner's actions (his word was "offended"), I moved toward adding a more overtly cognitive experience of selflessness. I asked the question, "Who is it that's offended?" This is a technique Epstein (1995) calls working with the moment of "injured innocence" (p. 211), when the false sense of self is especially visible. It also reminded Bill of interventions his former Zen master used to make. Just as Bill was unusually skilled in the use of mindfulness, so was he familiar with Buddhist views of selflessness, a great asset in this phase of his therapy.

It should be noted here that the possibility of *spiritual bypassing* (Wellwood, 1984) is always a concern in clients with spiritual practices. Cortright (1997) defines the term as, "when a person cloaks defensive avoidance in spiritual ideas . . . takes spiritual language and concepts to 'reframe' personal issues in the service of repression and defense, a kind of transpersonal rationalization" (pp. 210-211). Bill had exhibited some of this tendency in the past. He had, for example, once criticized himself for not yet being enlightened. Another time he had dismissed the possibility of dying of AIDS as a result of unprotected sex by flippantly saying one who was never born could never die. Certain core beliefs, such as not deserving to have needs, or it not being safe to express wants, lend themselves to spiritual bypassing, especially via spiritual systems that include "self" negation, such as Buddhism. These types of beliefs often have their origins in narcissistic parenting, and Bill was not without them. However, we had done enough work together for me to be confident this was not a present concern. This prudence was, in fact, the main reason almost a year passed before we entered into this phase of therapy.

In any case the intervention described above assisted Bill in cultivating the clear comprehension of the truth of selflessness (*asammoha-sampajanna*) aspect of mindfulness. A peaceful smile replaced the pained look on Bill's face. He sighed. Appreciation for the shortness of life and the beauty of the day suddenly entered Bill's awareness. Using terms from the earlier discussion of abhidhamma, this was an intervention at the cognitive first link of the chain of dependent origination, in its first potentially active or karma producing phase. This moment, and others like it, came naturally out of Bill's long-standing meditation practice and our consistent use of mindfulness in the second phase of therapy. Without ignorance to condition mental formations, nonattachment (*alobha*) and nonaversion (*adosa*) come naturally, and the sense of self is not reborn to cause more suffering.

In my work with Bill, interventions like this became more frequent. Enlightenment, or the Buddhist view of ultimate mental health as freedom from—rather than merely alleviation of—suffering, slowly became a further goal of therapy to be worked toward lightly. Bill began to adopt a more gradual rather than sudden view of enlightenment, which did not reinforce his perfectionist tendencies or lend itself to spiritual bypassing. He began to feel that enlightenment was nothing more than having this selfless, non-craving experience more often, more easily, more deeply, for longer durations, and under more diverse circumstances.

Conclusion

As demonstrated in the case of Bill, the theory and practice of Hakomi therapy can be not only seamlessly blended with contemporary relational psychodynamic therapy, but also fruitfully developed by extending the use of mindfulness along the lines of traditional vipassana meditation and abhidhamma study. Therapy need not be limited to

alleviation of the various manifestations of suffering as they express themselves in unique symptoms and character structures stemming from particular core beliefs. Rather, therapy may do this and also go on to directly alter affective processes of consciousness, and to challenge the one common, underlying, erroneous core belief at the root of and around which all others constellate: that of the fictitious self. In this way both alteration of the processes of consciousness, and the cessation of suffering, become additional and explicitly transpersonal goals of therapy.

These goals may be achieved in Hakomi therapy by the innovative combination of three abhidhamma teachings at two key points of intervention: *bare attention may be applied at the moment of feeling to cultivate nonattachment and nonaversion, a kind of Buddhist affect tolerance; and clear comprehension of selflessness may be substituted for ignorance as a kind of Buddhist cognitive reframe*.

Johanson (2006) "anticipate[s] a lot of future dialogue and debate on the various ways mindfulness should be used in therapeutic protocols" (p.31). This article represents one contribution to that dialogue. Ironically, while this contribution from a Western psychology perspective seeks to ensure that a Buddhist-inspired transpersonal psychotherapy, Hakomi, does not stop short of traditional Buddhist ends, those more invested in and writing from a Buddhist psychology perspective, such as Olendski (2005), share the identical concern in reverse: "The question remains whether psychotherapy, in its effort to make mindfulness useful in clinical practice, will neglect its potential for radical liberation, or whether Buddhist psychology and practice will invigorate psychotherapy with its broad conception of human potential" (p. 261). This article represents a step towards the latter.

Finally, in actual practice, such as with Bill, these two interventions are experienced simultaneously. One does not occur without the other. In abhidhamma they are called interdependent and co-arising. Cognitive and affective processes are inseparably linked. This may explain the lack of distinction between heart and mind in many Asian languages, where there is often only one word for both, a kind of heart-mind. Thus, the distinction between content and process as an object of change, so central in the writings of transpersonal theorists and so crucial to this discussion, ultimately is revealed to be a construct of language. Such distinctions are extremely useful tools for discussion, but are not entirely validated by experience. At least this is the case with the three fundamental unwholesome roots of Buddhism, also called the three poisons: the one content of a cognitive belief in selfhood, and the twin affective processes of desire and aversion both born of and recreating that belief. At the subtle level of experiencing cultivated in vipassana meditation and innovative Hakomi therapy, duality ceases. When it comes to desire, aversion, and ignorance, content change is experienced as process change, and vice versa. Words, which by their very nature are designed to make such distinctions, fail. This is also the end of suffering.

References

Alexander, F. & French, T. (1946). *Psychoanalytic psychotherapy.* New York: Ronald Press.

Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10,* 125-143.

Baer, R. A. (Ed.). (2006). *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications*. Burlington, MA: Academic Press.

Barstow, C. (1985). Spirituality and psychotherapy. *Hakomi Forum, No. 3,* 23-28.

Batchelor, S. (1997). *Buddhism without beliefs: A contemporary guide to awakening.* New York: Riverhead Books.

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond.* Guilford Press: New York.

Bennet-Goleman, T. (2001). *Emotional Alchemy: How the mind can heal the heart*. New York: Harmony Books.

Benz, D. (1985). In the spirit of Hakomi. *Hakomi Forum, 3,* 49-50.

Bodhi, B. (Ed.). (1993). *A comprehensive manual of Abhidhamma.* Kandy, Sri Lanka: Buddhist Publication Society.

Boorstein, S. (1995). Relationship psychotherapy: Lessons from the spiritual traditions. In S. Boorstein (Ed.), *Transpersonal psychotherapy* (pp. 405-426).

Bugental, J. F. T. (1978). *Psychotherapy and process: The fundamentals of an existential-humanistic approach.* New York: McGraw-Hill, Inc.

Bugental, J. F. T. & Sterling, M. M. (1995). Existential-humanistic psychotherapy: New perspectives. In A. S. Gurman & S. B. Messer (Eds.), *Essential psychotherapies: Theory and practice* (pp. 226-260). New York: Guilford Press.

Bohart, A. C. (1995). The person-centered psychotherapies. In A. S. Gurman & S. B. Messer (Eds.), *Essential psychotherapies: Theory and practice* (pp. 85-127). New York: Guilford Press.

Byrom, T. (1976). *Dhammapada: The sayings of the Buddha.* Boston: Shambhala.

Cortright, B. (1997). *Psychotherapy and spirit: Theory and practice in transpersonal psychotherapy.* Albany, NY: SUNY Press.

Engler, J. (1986). Therapeutic aims in psychotherapy and meditation. In K. Wilbur, J. Engler & D. P. Brown, *Transformations of consciousness: Conventional and contemplative perspectives on development* (pp. 17-52). Boston: Shambhala.

Engler, J. (1992). Therapeutic aims in psychotherapy and meditation. *Hakomi Forum, 9,* 31-50.

Engler, J. (2003). Being somebody and being nobody: A re-examination of the understanding of self in Psychoanalysis and Buddhism. In Safran, J. D. (Ed.), *Psychoanalysis and Buddhism: An unfolding dialogue* (pp. 35-79). Boston: Wisdom Publications.

Epstein, M. (1995). *Thoughts without a thinker: Psychotherapy from a Buddhist perspective.* New York: Basic Books.

Gendlin, E. T. (1978). *Focusing.* New York: Bantam Books.

Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method.* New York: Guilford Press.

Germer, C. K., Siegel, R. D., & Fulton, P. R. (Eds.). (2005). *Mindfulness in Psychotherapy.* New York: Guilford Press.

Goldstein, J. (1976). *The experience of insight: A simple and direct guide to Buddhist meditation.* Boston: Shambhala.

Goldstein, J. (1994). *Insight meditation: The practice of freedom.* Boston: Shambhala.

Goldstein, J., & Kornfield, J. (1987). *Seeking the heart of wisdom: The path of insight meditation.* Boston: Shambhala.

Goleman, D. (1988). *The meditative mind: The varieties of meditative experience.* New York: Tarcher/Putnam.

Goleman, D. (1996). Meditation and consciousness: An Asian approach to mental health. In S. Boorstein (Ed.), *Transpersonal psychotherapy* (pp. 227-240). Albany: State University of New York Press.

Greenberg, J., & Cheselka, O. (1995). Relational approaches to psychoanalytic psychotherapy. In A. S. Gurman & S. B. Messer (Eds.), *Essential psychotherapies: Theory and practice* (pp. 55-84). New York: Guilford Press.

Freeman, A., & Reinecke, M. A. (1995). Cognitive therapy. In A. S. Gurman & S. B. Messer (Eds.), *Essential psychotherapies: Theory and practice* (pp. 182-225). New York: Guilford Press.

Hanh, T. N, (1976). *The miracle of mindfulness.* Boston: Beacon Press.

Hartman, S. (1985). Huna, Hakomi, and spirituality. *Hakomi Forum, 3,* 29-33.

Hendricks, G., & Hendricks, K. (1993). *At the speed of life: A new approach to personal change through body-centered therapy.* New York: Bantam Books.

Hoyt, M. F. (1995). Brief psychotherapies. In A. S. Gurman & S. B. Messer (Eds.), *Essential psychotherapies: Theory and practice* (pp. 441-487). New York: Guilford Press.

Issue 3. (1985). *Hakomi Forum.*

Johanson, G. (1985a). Hakomi and the creation centered spirituality of Matthew Fox. *Hakomi Forum, 3,* 34-42.

Johanson, G. (1985b). Watzlawick, Wilbur, and the work. *Hakomi Forum, 3,* 1-5.

Johanson, G. (1987). Hakomi and the creation centered spirituality of Matthew Fox. *Hakomi Forum, 5,* 40-48.

Johanson, G. (2006). The use of mindfulness in psychotherapy. *Hakomi Forum, 16-17,* 23-34.

Kahn, M. (1991). *Between therapist and client: The new relationship.* New York: W. H. Freeman and Company.

Khong, B. S. L. (2005). Minding the mind's business. *Hakomi Forum, 14-15,* 33-42.

Khong, B. S. L. (2007). The Buddha's influence in the therapy room. *Hakomi Forum, 18,* 11-18.

Knowlan, A. (1985). Incorporating spiritual awareness in Hakomi sessions. *Hakomi Forum, No. 3,* 43-46.

Kurtz, R. (1985). The organization of experience in Hakomi therapy. *Hakomi Forum, 3,* 3-9.

Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi method.* Mendocino, CA: LifeRhythm.

Kurtz, R. (with Minton, K.). (1997). Essentials of Hakomi body-centered psychotherapy. In C. Caldwell (Ed.), *Getting in touch: The guide to new body-centered therapies* (pp.45-59). Wheaton, IL: Quest Books.

Lehrman, J. Buddhist influences on psychotherapy. Retrieved February 22, 2000, from http://www.hakomiinstitute.com/Resources/jlehrman.html

Lloyd, J. (1985). Spirituality in Hakomi. *Hakomi Forum, No. 3,* 48.

Mitchell, S. A. (1988). *Relational concepts in psychoanalysis: An integration.* Cambridge, MA: Harvard University Press.

Nyanaponika, Thera. (1962). *The heart of Buddhist meditation.* York Beach, Maine: Samuel Weiser, Inc.

Nyanaponika, Thera, (1972). *The power of mindfulness.* San Francisco: Unity Press.

Nyanatiloka (1980). *Buddhist dictionary: Manual of Buddhist terms and doctrines.* Kandy, Sri Lanka: Buddhist Publication Society.

Olendzki, A. (2005). The roots of mindfulness. In C. K. Germer, R. D. Siegel & P. R. Fulton (Eds.), *Mindfulness in Psychotherapy* (pp. 241-261). New York: Guilford Press.

Perls, F. (1973). *The Gestalt approach & eyewitness to therapy.* New York: Science and Behavior Books.

Rahula, W. (1959). *What the Buddha taught.* New York: Grove Press.

Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (1987). *Psychoanalytic treatment: An intersubjective approach.* Hillsdale, NJ: Analytic Press.

Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (1994). Epilogue. In R. D. Stolorow, B. Brandchaft & G. E. Atwood (Eds.), *The intersubjective perspective* (pp. 203-209). Northvale, NJ: Ironstone.

Townsend-Simmons, R. (1985). All roads lead home: Nourishment, transformation and grace. *Hakomi Forum, 3,* 46-47.

Vaughn, F. (1979). Transpersonal psychotherapy: Context, content and process. *Journal of Transpersonal Psychology, 11,* (2), 101-110.

Weiss, H. (2002). Mindfulness and renowned research. Retrieved June 6, 2008, from http://www.hakomiinstitute.com/Resources/halko.html

Weiss, J. (1993). *How psychotherapy works: Process and technique.* New York: Guilford Press.

Wellwood, J. (1984). Principles of inner work. *Journal of Transpersonal Psychology, 16,* (1), 63-73.

Wilber, K. (1979). *No boundary: eastern and western approaches to personal growth*. Los Angeles: Center Publications.

Wilbur, K. (1986). Treatment modalities. In K. Wilbur, J. Engler & D. P. Brown, *Transformations of consciousness: Conventional and contemplative perspectives on development* (pp. 127-160).

Wilber, K. (2000). *Integral psychology: Consciousness, spirit, psychology, therapy*. Boston: Shambhala.

Wolinsky, S. (1994). Aspects of quantum psychology. *Hakomi Forum, 10,* 33-41. (Reprinted from *Quantum consciousness: The guide to experiencing quantum psychology,* by S. Wolinsky, 1993, Norfolk: Bramble Books)

Yalom, I. (1995). *The theory and practice of group psychotherapy.* New York: Basic Books.

The Tao that can be told
is not the eternal Tao;
The name that can be named
is not the eternal name.
The Nameless is the origin
of Heaven and earth;
The Named is the
mother of all things.
(Lao Tzu, 1)

Learning consists in
daily accumulating;
The practice of Tao consists in
daily diminishing
(Lao Tzu, 48)

Some say my teaching is nonsense.
Others call it lofty but impractical.
But to those who have
looked inside themselves,
this nonsense makes perfect sense.
(Lao Tzu, 67)

(Lao Tzu quoted in
Johanson & Kurtz, Grace Unfolding, 1991

An Interview with Miriam Greenspan on Moving from Grief to Gratitude

Barbara Platek, M. A.

Editor's note: We are happy to highlight the wisdom of Miriam Greenspan in this edition of the *Hakomi Forum*. As Barbara Platek outlines below, Miriam was a pioneer in feminist psychotherapy and most recently has published *Healing through the Dark Emotions: The Wisdom of Grief, Fear, and Despair* that helps us reflect more deeply on emotions our culture might have us avoid. This interview first appeared in the online magazine *The Sun* (www.thesunmagazine.org), January 2008, Issue 385 as "The Sun Interview" titled "Through A Glass Darkly," and is reprinted her by permission of author Barbara Platek.

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ABSTRACT: Jungian analyst Barbara Platek interviews psychotherapist and writer Miriam Greenspan. Though Greenspan has been an important theorist in feminist psychology, this interchange focuses more on her recent book *Healing through the Dark Emotions: The Wisdom of Grief, Fear, and Despair*. Greenspan implicates rising levels of depression, addiction, anxiety, and irrational violence with avoidance of dark emotions. She questions the current psychiatric use of pharmacology for those whose grief goes beyond two months, and the meaning of a "happy-ending" culture. The interview touches on many issues related to transformation, normalcy, and pathology.

Introduction

Psychotherapist and author Miriam Greenspan was born in a displaced-persons camp in southern Germany shortly after World War II. Her parents were Polish Jews who had survived the Holocaust, enduring dislocation, imprisonment in a forced-labor camp, starvation, and the destruction of their families, homes and community. Although her mother and father did not speak to her about these experiences until she was thirteen, Greenspan remembers sensing their grief from a young age and knowing there was a story there that needed to be told.

A psychotherapist for more than thirty-three years, Greenspan sees the dark emotions as potentially profound spiritual teachers—if we can live mindfully with them. She knows from experience how to befriend these emotions: fate has brought her the death of one child and the disability of another. Though she believes firmly in the idea that conscious suffering can deepen our connection to life and make us more compassionate people, Greenspan understands our tendency to turn away. She quotes Carl Jung: "One does not become enlightened by imagining figures of light, but by making the darkness conscious. . . .This procedure, however, is disagreeable and therefore not very popular."

Greenspan holds degrees from Northeastern University, Columbia University and Brandeis University, and she served on the editorial board of the journal *Women and Therapy* for a decade. Her first book, *A New Approach to Women and Therapy* (McGraw Hill), helped define the field of women's psychology and feminist therapy in the early eighties. In her most recent book, *Healing through the Dark Emotions: The Wisdom of Grief, Fear, and Despair* (Shambala), she argues passionately that the avoidance of the dark emotions is behind the escalating levels of depression, addiction, anxiety, and irrational violence in the US. and throughout the world. Her therapeutic approach encourages what she calls "emotional alchemy," a process by which fear can be transformed into joy, grief into gratitude, and despair into a resilient faith in life. She questions the prevailing psychiatric attitude toward grief and despair, which relies heavily upon psychopharmacology to return us as quickly as possible to a "normal" state. Her focus is on transformation rather than normalcy.

Now sixty, Greenspan has become a spokeswoman for what Jungian analyst James Hollis calls the "swamplands of the soul." She leads the descent into the most-rejected places in our psyches, having spent a good part of her life learning to navigate this rough terrain.

I met Greenspan for this interview on a sunny day in May 2007 at her home in Jamaica Plain, a tree-lined Boston neighborhood. She lives in one part of the house with her two daughters and husband, while her ninety-five-year-old mother occupies the other. Greenspan led me to the space where she meets with her psychotherapy clients: a light-filled room adorned with images and objects from nature and mythology. Though we talked primarily about the dark emotions, the conversation was anything but depressing. I was struck by how willing Greenspan is to be present with what is. She quotes the comedian Lenny Bruce: "We all live in a happy-ending culture, a what-should-be culture. . . . We are all taught that fantasy. But if we were taught 'This is what is,' I think we'd all be less screwed up.

Interview

Platek: *Why do you think it's important for us to pay attention to the dark emotions, in particular?*

Greenspan: Actually I think it's important for us to pay attention to our emotions, in general. Too many people have never learned to do this, because they've never been encouraged to do it. We have the notion that our emotions are not worthy of serious attention.

Naturally we have less difficulty with the so-called positive emotions. People don't mind feeling joy and happiness. The dark emotions are much harder. Fear, grief, and despair are uncomfortable and are seen as signs of personal failure. In our culture, we call them "negative" and think of them as "bad." I prefer to call these emotions "dark," because I like the image of a rich, fertile, dark soil from which something unexpected can bloom. Also we keep them "in the dark" and tend not to speak about them. We privatize them and don't see the ways in which they are connected to the world. But the dark emotions are inevitable. They are part of the universal human experience and are certainly worthy of our attention. They bring us important information about ourselves and the world and can be vehicles of profound transformation.

Platek: *And if we don't pay attention to them?*

Greenspan: Well, the Buddha taught that we increase our suffering through our attempts to avoid it. If we try to escape from a hard grief, for instance, we may develop a serious anxiety disorder or depression, or we may experience a general numbness. It is difficult to live a full life if we haven't grieved our losses. I also think that a lot of our addictions have to do with our inability to tolerate grief and despair. Unrecognized despair can turn into acts of aggression, such as homicide or suicide. The same is true of fear. When we don't have ways to befriend and work with it, fear can turn violent. We see too many examples of this in the world today.

Platek: *You refer to our culture as "emotion phobic" but suggest that we are also drawn to "emotional pornography." What do you mean?*

Greenspan: By "emotion phobic" I mean that we fear our emotions and devalue them. This fear has its roots in the ancient duality of reason versus emotion. Reason and the mind are associated with masculinity and are considered trustworthy, whereas emotion and the body are associated with the feminine and are seen as untrustworthy, dangerous, and destructive. Nowhere in school, for example, does anyone tell us that paying attention to our emotions might be valuable or necessary. Our emotions are not seen as sources of information. We look at them instead as indicators of inadequacy or failure. We don't recognize that they have anything to teach us. They are just something to get through or to control.

But despite our fear, there is something in us that wants to feel all these emotional energies, because they are the juice of life. When we suppress and diminish our emotions, we feel deprived. So we watch horror movies or so-called reality shows like *Fear Factor*. We seek out emotional intensity vicariously, because when we are emotionally numb, we need a great deal of stimulation to feel something, anything. So emotional pornography provides the stimulation, but it's only ersatz emotion—it doesn't teach us anything about ourselves or the world.

Platek: *Other societies seem to have ways of acknowledging the dark emotions. Hindu images come to mind, in which Kali, the goddess of death and rebirth, is sometimes depicted with her mouth dripping blood. Why do you think we are so unwilling to face the dark side of life here in the U.S.?*

Greenspan: We have lost our connection to the dark side of the sacred. We prize status, power, consumerism, and distraction, and there is no room for darkness in any of that. Americans tend to have a naiveté about life, always expecting it to be rosy. When something painful happens, we feel that we are no good, that we have failed at achieving a good life. We have no myths to guide us through the painful and perilous journeys of the dark emotions, and yet we all suffer these journeys at some point. We have high rates of depression, anxiety, and addiction in this country, but we have no sense of the sacred possibilities of our so-called illnesses. We have no god or goddess like Kali to guide us. Instead we have a medical culture. Suffering is considered pathology, and the answer to suffering is pharmacology.

Platek: *So instead of Kali we have Prozac?*

Greenspan: Exactly. Our answer to serious pain is a pill that will take it away as quickly as possible. We have no sense that death and rebirth are parts of life. Rather than let suffering expand our consciousness, we succumb to feelings of victimization or treat ourselves as sick. For example, psychiatry has no concept of "normal" despair. We speak only of "clinical depression," an illness that can be reduced to a neurotransmitter deficiency. Even grief after a major loss is diagnosed as a mental disorder if it lasts more than two months. Our culture tells us to get over our pain; to control, manage, and medicate it. Contrast this with the Jewish practice of "shitting *shiva*" after a death. For seven days following the burial (*shiva* means "seven" in Hebrew), the mourners stay at home and sit on low chairs and receive visitors. People come to comfort and console them, to bring food and drink, and to give the mourners a chance to remember their dead and express their grief. Mourning is then gradually stepped down. The seven days are followed by a thirty-day period of mourning, followed by an eleven-month period in which the mourner's pray is said twice a day. After that, the dead are remembered once a year.

Instead of making us feel we must "get over it," these types of rituals allow us to stay open to our grief. Rather than being directed to jump back into our routines, we are given permission to move more organically through the grieving process. After my father died, for example, I sat *shiva* with my mother, brother, and aunt. When the *shiva* was over, the rabbi told us to go outside and walk around the block. This was to remind us that the world still turns and life goes on. After the intensity of sitting with our grief for days, there was a sense f renewal, of gratitude for the continuity of life. I was struck by the emotional intelligence of this process. It's very different from the notion that grief is something we suffer in private, by ourselves, and that it becomes an illness when it goes on for too long.

Platek: *A recent Forbes article named cognitive-behavioral therapy as the most effective treatment to date for depression and anxiety. By changing our thought patterns, the article suggests, we can eliminate our negative feelings and free ourselves from 'long-winded wallowing in past pain." How would you respond to this?*

Greenspan: I think there is great value in becoming more aware of our thoughts and the ways in which they trigger our emotional states. If I am always thinking that I am a horrible person, chances are I will feel depressed. If I think instead, *I am a human being, and I am not perfect, and that's fine,* it will inspire more compassion for the self. On the other hand, there are certain experiences that slam us with emotion. People we love die or suffer illness or trauma. We need to learn how to tolerate the emotions that accompany such experiences. We can't—nor should we try to—simply eliminate these feelings, because this will just entrench them further. Cognitive therapy is great for becoming more aware of our self-destructive thought patterns and how they affect our emotions and behavior, but it doesn't really address how to befriend intense emotions in the body. If I am awash in grief after my child has died, I need to go through that grief journey; I can't simply *think* my way out of it.

Platek: *Is there an appropriate amount of time for a person to grieve? When do we cross the line into "wallowing"?*

Greenspan: It's always a mistake to designate an "appropriate" time allotment for grief. Everyone has his or her own way of grieving, and the important thing is not to be afraid of grief and to let it unfold, to open up and allow it to bring you on its journey. "Wallowing" is not healthy grief but something else altogether. It's when we get grandiose about our suffering, get caught up in a victim story, or indulge our emotions without awareness.

Platek: *What suggestions do you have for people struggling with depression and anxiety?*

Greenspan: Well, first of all, they need to accept the fact that they are feeling depressed or anxious. That may sound simple, but it is actually quite hard. It goes against the grain. We are taught that we should not accept these states but rather do whatever we can to put an end to them. But we need to become friendly with the beast, so to speak. We need to be curious: What are these state we call "depression" and "anxiety"? What do they feel like? How do we experience them in the body? This allows us to be moved and transformed by them. It is not the same as "long-winded wallowing in past pain." I think that depression often eventually lifts of its own accord when we let it be. Most people don't know this about depression. When we fight depression, it becomes entrenched. There are forms of entrenched depression that are life threatening and do require medication. I am not against medication when necessary; I just believe we too often overuse or abuse psychopharmacological substances for so-called mental disorders, and we don't search for other ways to deal skillfully with these afflictions.

As for anxiety, we are probably all suffering from heightened anxiety right now if we're the least bit aware of the problems in the world. I'm not saying that we should allow ourselves to be constantly anxious. We need to know how to soothe ourselves and our loved ones without avoiding the darkness. A simple daily practice of conscious, relaxed breathing is often an antidote for anxiety. Some kind of gratitude practice is also helpful: that is, bringing to mind all that we have to be grateful for every day, and feeling thankful. Even if we don't feel thankful at the time, it helps to be aware of our blessings.

Platek: *How would you teach someone to "befriend" his or her suffering?*

Greenspan: Emotions live in the body. It is not enough simply to talk about them, to be a talking head. We need to focus our attention on emotions where they live. This willingness to be present allows the emotion to begin to shift of its own accord. An alchemy starts to happen—a process of transmutation from something hard and leaden to something precious and powerful, like gold.

This is a chaotic, nonlinear process, but I think it requires three basic skills: attending to, befriending, and surrendering to emotions in the body. Paying attention to or attending to our emotions is not the same as endless navel gazing and second-guessing ourselves. It is mindfulness of the body, an ability to listen to the body's emotional language without judgment or suppression.

Befriending follows from focusing our attention and takes it a step further: it involves building our tolerance for distressing emotions. When I was giving birth to my first child, my midwife said something that has stood me in good stead ever since: "When you feel the contraction coming and you want to back away from it, move toward it instead." The feeling in the body that we want to run away from—that's precisely what we need to stay with. A simple way to do this is to locate the emotion in the body and breathe through it, without trying to change or end it.

The third skill, surrendering, is the spiritual part of this process. Surrendering to suffering is usually the last thing we want to do, but surrender is what brings the unexpected gifts of wisdom, compassion, and courage.

Surrendering is about saying yes when we want to say no—the *yes* of acceptance. This is what really allows the alchemy to happen. We don't "let go" of emotions; we let go of ego, and the emotions then let go themselves. This is "emotional flow." When we let the dark emotions flow, something unexpected and unpredictable often occurs. Consciously experienced, the energy of these emotions flows toward healing and harmony. I've found that unimpeded grief transforms itself into heightened gratitude; that consciously experiencing fear expands our ability to feel joy; and that being mindful of despair—really entering into the dark night of the soul with the light of awareness—renews and deepens our faith.

Platek: *If someone is feeling deep depression or despair, it might feel dangerous to them to "surrender" to what they're feeling. Is there ever a danger?*

Greenspan: "Surrender," as I'm using it, means a radical acceptance of our emotional experience. We can simply say, "I'm feeling despair right now." How can that be dangerous? If anything, this acceptance makes it less likely that we will act out of the emotional intensity. The danger comes when we can't tolerate the discomfort of an emotion and so lose our awareness of it. That's how emotions overwhelm the mind or impel some kind of impulsive, destructive behavior. It's not the emotion *per se* that's destructive; it's the behavior that comes from not being able to bear it mindfully.

It sounds odd to us, but what we call "depression" can be a creative process and not just a destructive one. My sense of this probably started to develop when I was a child. My parents are Holocaust survivors, and they were grieving the genocide of their people when I was growing up. Psychiatry would, no doubt, have diagnosed my mother as "depressed." But, as I see it, she was doing the active grieving she needed to do in order to find a way to live after the enormous trauma of being the sole survivor of her family. She is now ninety-five years old and the most resilient person I know. She's legally blind and mostly deaf but goes about living her life with an almost Buddha-like acceptance. My father, who died five years ago, came through the Holocaust and still had this amazing and innocent zest for life. I've learned a lot from both of the.

Platek: *You speak of an "alchemy" by which grief can ultimately be transformed into gratitude, fear into joy, and despair into faith. How does that work?*

Greenspan: Let's begin with grief. There is a kind of shattering that happens with, say, the death of a child, or any death, but perhaps most of all violent death. Not only is your heart shattered; you lose your sense of who you are and what your life is about. So reconstruction is needed. But first we need to accept that we are broken. This initiates the "emotional alchemy." If we can hang in there with grief, it changes from a feeling of being "hemmed in" by life to a feeling of expansion and opening. We will never get back to the way we were, but eventually we reach a new state of "normal." I'm not talking about the mundane kind of "getting back to normal," in which we find ourselves doing the laundry again (although that is important too) but the deeper kind, which is a process of remaking ourselves and how we live.

Grief is a teacher. It tells us that we are not alone; that we are interconnected; that what connects us also breaks our hearts—which is as it should be. Most people who allow themselves to grieve fully develop an increased sense of gratitude for their own lives. That's the alchemy: from grief to gratitude. None of us wants to go through these experiences, but they do bring us these gifts.

The same is true for fear. We think of fear as an emotion that constricts us and keeps us from living fully. But I think it's really the fear of fear that does this. When we are able to tolerate fear, and to experience it consciously, we learn not to be so afraid of it—and this gives us the freedom to live with courage and enjoy life more fully. This is the alchemy of fear to joy.

We are all living in a heightened fear state now, and being able to tolerate fear is a true gift. Those of us who can live

mindfully amid the chaos are doing something for the world as well as for ourselves. It's essential to be able to bear fear and not go off the edge with it—not allow it to impel us to engage in one form of aggression or another.

Platek: *It sounds as if you're saying we need to metabolize the fear somehow.*

Greenspan: Yes, that's a great way to put it. Fear that is not metabolized threatens to destroy us—and perhaps the planet. I'm not saying we need to be in a constant state of anxiety, but we need to know what it is that we are afraid of and not turn our fear into destructive power. My third child, Esther, was born with numerous physical and mental disabilities of unknown origin. She is at risk for all sorts of physical injuries and is in pain a good deal of the time. One day she severely dislocated her knee at summer camp due to her counselors' neglect, and she came home in a wheelchair. She said, "Summer camp was great—up until the knee-dislocation part!" When I marveled at her cheerfulness and asked what her secret was, Esther said, without missing a beat, "The secret of life is 'Love people.'" She is an amazing soul who lives with fear every day. And every day she has the courage to laugh and love. She teaches me that it's possible to live fully with pain and fear—which is what courage is all about.

Platek: *You tell a story in your book about a man whose fear actually informed him of an otherwise invisible and silent danger.*

Greenspan: You're thinking of Adam Trombly, director of the environmental organization Project Earth. Trombly was out walking through a cow pasture on a beautiful day in Rocky Flats, Colorado, when he was suddenly seized by a sense of dread. He regarded his fear as evidence that something was wrong, so he took some soil samples from the area and had them tested. It turned out that the level of plutonium oxide in that spot was thousands of times higher than the accepted standard. A fire at a nearby nuclear installation had released plutonium oxide into the atmosphere. The accident had not been reported, but Trombly's fear alerted him to the problem and the cover-up. It carried information from the earth. Of course, most scientists would consider this ridiculous or, worse, certifiably psychotic. We don't honor information brought to us by our feelings, and therefore we don't learn how to develop our intuitive ways of knowing.

Platek: *The alchemists had a saying about "finding gold in the dung heap"—literally in the shit. In many ways you are mining the dung heaps of our lives for spiritual and psychological gold.*

Greenspan: Yes. "Shit happens," as they say, and it will continue to happen! I think the hardest thing is to feel that the shit is purposeless. This is at the heart of the emotion we call "despair." Despair is an existential emotion. It occurs when our meaning system gets shattered and we have to construct a new one. But our culture does not value this process. We don't see any value in the shit. We want to flush it away. It takes courage to allow our faith and meaning to be dismantled. Despair can be a powerful path to the sacred and to a kind of illumination that doesn't come when we bypass the darkness. As the poet Theodore Roethke put it, "The darkness has its own light."

Platek: *You went through a very difficult time with the death of your firstborn son. Did that experience bring about a process of emotional alchemy in your life?*

Greenspan: Aaron was not just an ordeal; he was a blessing. His birth and death were my initiation into the ways of the dark goddess and the occasion of a radical spiritual awakening for me. He was born with a serious brain injury and was destined to live only sixty-six days. There was no apparent reason for this. I was healthy, and I'd had a healthy pregnancy. When he was born, I was an agnostic, a social activist, and a humanist, not a "spiritual" person. My life was centered on the women's movement. I had no ideas about reincarnation or life after death. I could never have predicted what happened with Aaron.

I remember looking in the mirror on the morning of Aaron's burial and thinking, *I am going to bury my son today.* There was an absolute clarity to this. So much of the time our consciousness is not grounded in reality, but at that moment I was able to accept reality. Then, at the cemetery, when we buried Aaron, I heard this clear voice that said, *You are looking in the wrong place.* I had been looking down at the casket, and when I heard the voice, I raised by eyes. And looking up, I saw Aaron's spirit, which I can only describe as a magnificent radiance—like the energy I'd seen in his eyes, only magnified. And the message was that he was OK. I was flooded with a sense of peace. It's hard to describe because we have no language for these kinds of experiences of spirit. I wouldn't wish this kind of grief on anyone, yet at the same time, experiencing a baby's death in your arms and then seeing his spirit leaves you profoundly changed: I became a more grateful person. What I know about emotional alchemy grew from this ground.

Platek: *I have a friend who recently underwent intensive treatment for cancer that involved a period of isolation—to protect his immune system—and massive chemotherapy. During that time he prayed, meditated, read spiritual writings, and generally stayed "positive." He felt a great deal of gratitude for his life and for his family and friends, and he kept his mind focused on uplifting things. His approach was an inspiration to me. It was also in keeping with the latest research that suggests negative emotions can make us sick. How does this fit with your idea of healing?*

Greenspan: The sacred path of the dark emotions is certainly not the only path there is. It is the path we are on when we are on it, which is usually when we can't avoid it.

But journeys through dark emotions aren't incompatible with the ability to focus on the light. My daughter Esther went through two spinal-fusion surgeries within one month. If she hadn't had the surgeries, she would not have lived, but there was no guarantee that she would survive the procedures either. While she was in the hospital, my husband and I tried to be a source of positive energy for her, because it was not the time or place for us to be communicating fear and sorrow. It wasn't that we didn't feel scared, but we needed to keep her spirits up. There are times when connecting with "positive" forces, whether through friendships, or reading, or prayer, or simply keeping your sense of humor, is essential. There really is no duality here.

The ability to journey through the dark emotions brings with it the benefit of being more open to the emotions we call "positive," including joy, pleasure, wonder, awe, and love. When I teach workshops, participants cry, but they also laugh. There is a surprising amount of laughter and humor and just plain fun that comes out of this work.

Platek: *Do you think negative emotions can make us sick:*

Greenspan: Yes, I do, when they are unattended to. When we don't know how to handle their intense energies, they can become stuck. Research shows that depression and anxiety have a connection to heart disease, immune disorders, cancer, and other ailments. This doesn't mean that emotions cause cancer. Thinking so makes it easier to ignore research on how environmental contaminants, for instance, are linked to cancer. But stuck emotions do put stress on the body. That's one reason why mindfulness and the metabolism of emotions are so important. If we don't digest the emotion, it just sits in our bodies and contributes to ill health.

Platek: *Is all depression a result of avoiding the dark emotions?*

Greenspan: A lot of it is, I think, but certainly not all. Depression is a complex biochemical, psychological, social and spiritual condition. We call it an "illness" because our culture favors the medical model of explanation. Though it's perfectly true that depression is correlated with a drop in serotonin levels, this doesn't mean that serotonin deficiency causes depression. This kind of scientific reductionism is one of the main drawbacks of our culture's way of thinking about human problems. Depression is correlated to a lot of things—including gender and a poor economy. It is also important to make a distinction between despair and depression. Despair is a discrete emotion that, like all emotions, comes and goes; depression is an overall mental and physical state that we say is chronic, stuck despair.

Platek: *I think we all want to believe that if we do things "right"—eat the right diet, follow the right spiritual practice, choose the right mode of living—we will be protected somehow from the calamities of life. I have a number of clients in my own therapy practice, for example, who were shocked and hurt to find themselves in the midst of a breakdown even after having done everything right. It was as if life had betrayed them somehow.*

Greenspan: I think this is a particularly American mindset, this notion that if we get it all right, we won't suffer at all. We have even assimilated some Eastern practices through this lens, using them as a strategy for avoiding suffering. We have a hard time tolerating uncertainty. And there is so much uncertainty in this age of terror and environmental crisis. We want to believe there is something we can do that will guarantee a positive outcome and keep us safe. This is an illusion, of course, but sometimes we need our illusions to get us through the day. The illusion I'd had before my son was born was that if I had a healthy pregnancy, exercised, did yoga, and ate well, then everything would turn out fine. I'd even lived with the illusion that because my family history of genocide had involved so much suffering, somehow I would be spared any extreme suffering myself. But my child died, and nobody knew why. I wondered why for a long time. But at some point I realized that "Why?" was the wrong question. There was never going to be an answer. Instead the question was "How?"—how was I going to live now? Illusions are a false way to feel safe. But there is no guaranteed safety. Life in inherently risky, and all we can really do is live well.

Platek: *For those of us who pursue a spiritual practice, there can be a sense of shame or failure when we feel sad or afraid; if we were enlightened enough, we think, we'd always approach life with a calm, loving heart.*

Greenspan: Yes, we carry this mistaken belief that enlightenment means we do not suffer anymore. But it is possible to suffer with a calm, loving heart. These two are not mutually exclusive. Enlightenment for me is about growing in compassion, and *compassion* means "suffering with." Enlightenment has something to do with not running from our own pain or the pain of others. When we don't turn away from pain, we open our hearts and are more able to connect to the best part of ourselves and others—because every human being knows pain. I'm not sure what enlightenment is, but I'm sure it has something to do with turning pain into love.

People with a spiritual practice sometimes try to "transcend" suffering. I call this a "spiritual bypass." It's different from what your friend did: focusing on the positive while going through chemotherapy. That was essential to his survival. A spiritual bypass is not a conscious choice; it's avoiding difficult feelings by "rising above" them, when we are really not above them at all: To truly rise above, most of the time, we must go *through*. I think there is such a thing as genuine transcendence, but in my experience it is most often a form of grace; we can't make it happen. A spiritual bypass is a kind of false transcendence. Some New Age ideas carry this

flavor: they deny the evils of the world and claim that only love and light are real. This amounts to a dismissal of the pain of millions of people.

Platek: *Psychologist James Hillman has said, "We cannot be cured apart from the planet." You point out that our psychological theories—and perhaps some of our spiritual ones as well—emphasize individualism to the point that we have become myopic. Our world is suffering while we struggle to fix ourselves.*

Greenspan: One of the main aspects of this myopia is that we don't see the connection between our "personal" sorrow, fear, and despair and the pain of the world. We think that we are totally alone in it. And the isolation makes our emotions useless to us. There's a connection between not being able to tolerate our own pain and wanting to look away from other people's pain and the pain of the world. But the world is always with us. Emotional energy is collective and transpersonal; our seemingly private pain is connected to the larger context that I call "emotional ecology." I think many of us have a profound emotional sense of global crisis, of the brokenheartedness of the world, and it affects us in ways that we don't discern.

Of course, we are only human, and sometimes we need to look away, because the pain and chaos are just too much. We numb ourselves—all of us do—to get through the day, to protect ourselves. But psychic numbing is not pleasant—we don't really feel alive—and it deprives us of our ability to act. Each of us has some gift to give the world. When we become numb, we lose that potential, and the world loses out, too. Staying open-hearted in this era of global threat is really a challenge. Again, my parents have been my models. During the Holocaust, they saw firsthand the worst that humans can do. My father lost eight of his eleven siblings and the rest of his family. But the Holocaust did not destroy his extraordinary openheartedness. He told me once that, after the war, he considered killing some Germans and then killing himself. This was shocking to me; he was such a gentle, loving, and generous man. He had demons to deal with, but in the end, he chose to live and raise a family, to put his faith in life. He knew how to maintain a strong connection to the life force even in the midst of a maelstrom of hard emotions.

Platek: *Even if we're convinced of the connections between our emotional states and the state of the world, many of us would feel embarrassed to say, "I feel sad today because of the bombings in Iraq," or "I'm depressed because of the shrinking of Antarctica."*

Greenspan: True, there is no public forum in which we can make statements like this. For that matter, there is very little private space either. This really is a hindrance—that we do not have an acceptable way to express our sorrow on behalf of the world. We can speak about specific events, like 9/11, but only for a short time, and then the topic is exhausted. There is a taboo about revealing one's personal emotions about the world—even in a presumably receptive setting. I once took a yoga class in which we were encouraged to state our prayers at the beginning of class. Many people prayed for inner peace. One morning, after having read about the hole in the ozone layer, I prayed for the world. After class, someone angrily said to me, "Why are you bringing the world into the room?" I was baffled and told her that, as I saw it, the world was already in the room, and the room was in the world.

Platek: *Does the world need us to have feelings about it?*

Greenspan: I think so. When I was in retreat at Kripalu Center for Yoga and Health years ago, I had this mystical experience with a beautiful tree. I call myself a "reluctant mystic," by the way, because I've had so many mystical experiences, clairvoyant dreams, and visions that have come to me unbidden. Some of them haven't been welcome, and none of them can be understood with the analytic mind.

Anyway, at Kripalu, I was walking through this lovely meadow, and I felt a gentle tapping on my shoulder. When I turned around, there was no one there, but I found myself gazing at this spectacular Camperdown-elm tree. I felt as though the tree was calling me, so off I went to it. I touched the tree and had a kind of erotic experience of interspecies communication—of exchanging life forces with it. I felt nourished by the tree and felt that I was giving nourishment in return. After a while I noticed that many of the tree's leaves had holes in them. I was concerned that the tree might be sick in some way, so I went in search of the groundskeeper, who told me that the elm trees on the property had gotten sick and died. The community had prayed for this tree because they loved it so much, and it was the sole survivor of the elm disease.

I grew up in the South Bronx and haven't had extensive experience in nature, but I can tell you that communion with nature is more than just a poetic phrase. One of the most tragic things about our age is that we have lost this communion, and its wonder. With each generation, we lose more of it, and that loss is making us more and more anxious and depressed.

Platek: *In your book you use the word intervulnerability.*

Greenspan: When I way we are "intervulnerable," I mean we suffer together, whether consciously or unconsciously. Albert Einstein called the idea of a separate self an "optical delusion of consciousness." Martin Luther King Jr. said that we are all connected in an "inescapable web of mutuality." There's no way out, though we try to escape by armoring ourselves against pain and in the process diminishing our lives and our consciousness. But in our intervulnerability is our salvation, because awareness of the mutuality of suffering impels us to search for ways to heal the whole, rather than encase ourselves in a bubble of denial

and impossible individualism. At this point in history, it seems that we will either destroy ourselves or find a way to build a sustainable life together.

Platek: *Just after 9/11, the New Yorker devoted its back page to a poem by Adam Zagajewski titled "Try to Praise the Mutilated World." I'm sure I am not the only one who had that poem taped to the refrigerator for months after the attacks. In many ways, the path you propose mirrors the poem's sentiment: we must try to love the mutilated parts of ourselves, just as we must try to love the mutilated parts of our world.*

Greenspan: Our mutilated parts and those of the world are interwoven. If we have a child who is crying and needs our attention, we don't just tell her to "stay positive." We turn our loving attention to what's hurting her. We may also try to distract her with an ice-cream cone or a toy, and that's OK, too. But it's important that we tend to the parts that are crying. There are so many wounded parts of the world right now, and they keep telling us that they need our loving attention.

Leisha Douglas USABP Interview

Serge Prengle

Editor's Note: Leisha Douglas, Ph.D., the Media Editor of the *Hakomi Forum,* is a psychotherapist trained in several modalities, including *Transactional Analysis*, *Gestalt*, and *Hakomi*. She has taught in the United States and internationally on topics from mindfulness to intuition, as well as being an accomplished poet. This interview is a transcription that is part of the "Creative Conversations" of the US Association for Body Psychotherapy. USABP members are body-oriented psychotherapists who are interested in getting information and perspectives beyond the specific modality in which they've been trained. Hakomi graduates can check the USABP website to ascertain the level of membership for which they are eligible. Ron Kurtz was a founding member of the USABP, Hakomi Trainer Greg Johanson currently serves on its Board of Directors as membership chair, and the Hakomi Institute is an Institutional Member.
Serge Prengel, a therapist in New York City who sees therapy as a creative, experiential process, is the host of "Creative Conversations." He writes that they "are a 'Talk Radio' of sorts. The tone is informal, far from any academic discourse. Every month, a new person is interviewed. The interviews can be downloaded as an mp3 file (and played on an iPod or any other mp3 player) or listened to directly on the site, where they are permanently archived (www.USABP.org). The following is a transcript of the original audio, which is part of the *Creative Conversations* on the USABP website (www.USABP.org). Please note that this conversation was meant to be a spontaneous exchange, not an edited piece. For better or worse, the transcript retains the unedited quality of the conversation.

ABSTRACT: Serge Prengle, host of the United States Association for Body Psychotherapy "Creative Conversations" Audio Series, interviews Dr. Leisha Douglas about her psychotherapy practice that integrates Hakomi Therapy, Gestalt, and Transactional Analysis. The interview, which includes references to clinical examples, covers such topics as tracking for client psychophysical signs such as breathing and energy patterns, using the mind/body interface, employing mindfulness and experiments in awareness, tracking therapist indicators of counter-transference, employing utilization techniques that generate new techniques in the moment, applying poetry and language in creative ways, and honoring sacred dimensions of therapeutic interactions.

***Serge Prengel**: What this interview is about is getting a sense of what it's like to see you work. Maybe if you can think about some of your clients during the past week, and think if there is a session that you could recall that would give us a sense of how you work.*

Leisha Douglas: I had a relatively new client, I think it was maybe his second or third session. He's had other therapy, which is common for my clients. I tend to draw people who have been in quite a bit of other counseling or therapies. And he was talking about the difficulties he's having with his girlfriend, with whom he lives, and he was generalizing as to it being that he was suspicious that the problem that he had with her was a problem that he also had with other people in his business and as he was talking about it I was noticing how much energy seemed to be in the upper part of his body. Which is something I do when I'm looking at a client; I'm really tracking all the psychophysical signals including the color in the face, how they're moving, how they're breathing—I think the breathing is particularly significant for me since I also teach yoga and meditation and I'm just very aware of that. And I could tell he wasn't breathing very fully, and there was all this energy in the upper part of the body, and so I invited him to follow that energy and describe it if he had words for it, and he used the word "It feels like it wants to pull in; it wants to pull my girlfriend in." And then I suggested an experiment in mindfulness, which was a big Hakomi technique…

***S P:** So I want to just stop you for a minute, to just say that what you're describing is that at first maybe there wouldn't be much of a difference between what you're doing and traditional therapy, talk therapy, that you're talking with a client. But the difference is that you are tracking for signs of energy and psychophysical signs in the client that you're noticing. And based on your noticing them, then you're going to ask something.*

L D: Yes, and I'm also working back and forth between the mind-body interface. So we could start with talking, but I'm going to move it into the body if it feels appropriate, or vice versa, depending on my hypothesis about the person in front of me and how safe that person may feel going a little bit deeper.

***S P:** Okay, so you're not just tracking the psychophysical signs of activation, but you're also paying attention to the safety that exists for the client.*

L D: Yes, and so when I was with this client and I proposed an experiment, I was very clear that he could amend it any way he wanted, or he could throw it out the window, but if he was curious about it, what I invited him to do was; I got a towel out of the closet. And I held one side of the towel and he held the other, and I asked him if he wanted to do it sitting down or standing up. And he picked standing up and I said, "Okay, now let's both get mindful and when you're ready you really pull the way you want to pull."

S P: *So what I'm hearing is that there's a lot of inviting in the language and appealing to his curiosity and also involving him in terms of what to choose and what to do, is that part of your approach?*

L D: Yes, that's definitely part of the approach, and always, always tracking each reaction. So when I put something out like that, as an experiment, I'm also watching for his reaction in his face as well as his words, because a very compliant client would just go along with it and not be really involved. So I was trying to see where he was at with it, but he got very interested and in fact put a lot of energy into it and was almost dragging me around the room, and it was very satisfying for him. Actually the next week he came in and reported that that was so meaningful for him because he never had any idea how much energy he put into pulling his partner into his point of view, or his need to do something, and so it's been sort of a gauge for him that he can use now to modify it, and it's actually helped their relationship in the last week, that's what he reported at least. So that kind of sticks in my mind, both because it was kind of funny to me because I was getting dragged around the room, that's how strong he was, and secondly that it's something that I just sort of creatively got inspired about, had no idea how it was going to fly, and it turned out to be a really good experiment for him to gain insight into his behavior and his energy and his emotional display with his partner. So that was exciting.

S P: *You say it's a relatively new client that you have seen only a few times before. Did he have the sense as he was starting to work with you that you were paying attention to body-related things, or did he come for that? How did you introduce this approach to him?*

L D: Well in the first session, he had been recommended by a friend who did Hakomi work, and I guess he found my name on the Hakomi website if I'm remembering correctly. And when he came in initially, I always do an intake where I kind of ask people about their previous therapy experience, and then depending on what they say and what they seem curious about I try to clarify a little bit of how I work. And sometimes we even have a small experience of it in the first session, although I always try to make it a small experience because I like to err on the side of going slowly to build safety and also build a container of the relationship, so that people feel more secure when they go into the unknown because this present experience-oriented therapy has a lot of mining the unknown in it for people. And people get scared doing that, they also get curious. So I find I have to monitor them for that.

S P: *You mentioned when you were describing this a couple of times, the word "mindfulness." Do you want to talk more about that?*

L D: Yes, that is one of the principles of Hakomi. There are five principles. I think mindfulness for me is very sacred also because it's very connected to Buddhism, and that's been an important part of my life for a long time. But in Hakomi we use it as both a principle and a technique. So, as a principle, it's that we're recognizing the value of present experience and not trying to impose structure or judgment or old history on this present experience—not that present experience wouldn't have a tie to our history as a client—but to stay with what's here right now and try to open to it and follow where it takes us. So we teach the client about mindfulness and how to use it to become more sensitive to their internal experience. Ron Kurtz talks about it as being able to turn down the noise around you enough so that you can really go inside. That way, we evoke an experience, like I was talking about with my client, we invite the client to go into mindfulness first, and then we go and do the experiment, and it has a much greater possibility of going deeper, I believe.

S P: *And that's what you're describing, as a result of the experience, he got literally what it's like to drag somebody to his point of view, or to pull.*

L D: Right. And I think we could also talk about it in the form of Hakomi as assisted meditation, because we're kind of assisting the client to be mindful. And the thing that I found really valuable when I was training in Hakomi was how much emphasis there was on helping the therapist become mindful. So that you're mindful as a therapist of how this client is affecting you. So you kind of jump between your mindfulness and theirs, and the co-creation of an experiment and mindfulness.

S P: *So how do you track your own mindfulness as you're in a session?*

L D: That's a great question. Well, I'm always trying to pay attention to my breathing. Probably because I wasn't a very good breather in my younger years, so that's my first anchor place to go to—am I breathing into my abdomen, my diaphragm, and how's that going? So I go there first, and then I notice what else is happening—the emotions that might be coming up, getting a sense of myself in the room, because when I was a younger therapist, and I've seen this with students also, there's this tendency to get just pulled into the client's experience, I think. Where you are so absorbed, you forget to breathe! So I'm always watching that tendency to come out of myself towards the other maybe more than I need to. And then also, being able to really be empathic to the point of allowing myself when it is a really sad, tragic revelation that's going on, to let my eyes fill up, and notice that. To be touched by the client but hold onto myself also.

S P: *Yes, that feels very powerful, to be touched by the client but hold onto yourself at the same time.*

L D: I guess that's what so sacred about doing therapy.

S P: *So you talk about it in terms of sacred, and you're also very spiritual, you have a Buddhist practice that's very important to you. So do you want to talk a little bit more about the sacred dimension of the work for you?*

L D: I think what's sacred about it for me is the two elements of the truthfulness and the incredible intimacy and the trust. Those two things are implicit in doing really deep clinical work. And I feel like when a client invests themselves with all those elements in the process, it's like they're giving you as a therapist the jewel of their soul, to help them polish and bring out shining. Even though I've been working in this business for over 25 years, the moments when I really feel that happening over and over again just really touch me, and I feel so blessed to be a part of a process that allows that, because so much in the outer world doesn't allow that. So much in ordinary consciousness keeps us distracted and estranged from each other and lying and violent, and all that stuff, so that's why it seems really sacred to me.

S P: *So there's a spiritual dimension, an emotional dimension for you, the sense of being touched and letting yourself be touched and letting it be visible. And at the same time as there's all of this spiritual and emotional presence, there's also a very concrete sense of being grounded in the reality of the body. So how do you weave that in the session? Are you aware of your own body through the breathing? How do you weave all of these strands together?*

L D: Well, for one thing I always take breaks between clients so that I can kind of ground myself and prepare myself and let go from one session to another and sort of reestablish my whole body and mind. And then when I'm in a session, at the same time that I'm making the client meditate, I'm also checking in with myself constantly, and that would be my mindfulness, observing my thoughts, feelings, emotions, what's getting triggered, whether I'm spacing out, which doesn't happen very often, but that's an indicator to me that there may be something going on that I don't want to pay attention to or that the client's not paying attention to. So I'm always jumping between the client and myself, tracking both and using my own body-mind as sort of a Geiger counter, if you will. Does that answer your question?

S P: *Yes. So the word that keeps coming back is tracking—tracking the client, tracking yourself—and not just tracking thoughts but tracking the whole body-mind of the client and yourself.*

L D: And then kind of sifting out—and I think this is something that comes with experience and is harder to do when you're a beginner—which elements of the whole field you want to contact in the client and which things you really want to bookmark for follow-up. Because I think it's inevitable to be building hypotheses while you're working with somebody about how they are in their lives and what their lives look like now and where they may be self-limiting.

S P: *So you described what happened with this client, do you want to think about another example to give a sense of the range or the types of interventions or how you work with people on mindfulness, and paying attention to the body and using the body for that experience?*

L D: Well sure, here, this example is a technique that actually merges my training in Gestalt and my training in Hakomi. And I've done it with several clients. These have been clients who've come in and felt very overwhelmed, and had a lot on their plate. So what I've asked them to do is designate pillows in the room depending on size and color and weight, as the different elements of this overwhelm. Like one pillow might be picked for the career problems they're having, another might be their relationship with their mate, another might be a specific task they have on their plate, they have their deadline; another might be a child that's problematic. I remember one client ended up using every single pillow in my room, which must have been about seven or eight pillows, and he was surrounded by these pillows, because the other thing I did was ask him to get mindful and put the pillows, once he picked the pillow for the subject, and in proximal distance in terms of how it felt energetically to him in his life. Was it something that was really even on his body? Or was it something to the left or right or center? Well, this client ended up sort of in a moat of pillows. And he was so astounded when he looked around him and he said, "No wonder I feel like I can't breathe." Because he was just covered –I mean he had pillows on him, he had pillows around him. And then as a result of that we were able to get clear about which ones he could actually address, which ones he could maybe put a little further away or were connected to some other pillows, so that took a couple more sessions to work through that, but it actually gave him kind of a visual and kinesthetic sense of his overwhelm, so that he was able to strategically approach and prioritize the things that were overwhelming him and begin to kind of chip away at them. So that would be another example of how I work, integrating various techniques and mindfulness and present experience.

S P: *So the present experience brings me to the other point, you're also a poet. Does that side of you also manifest in your work as a therapist?*

L D: Occasionally . . . . I think one way it does is my choice of language. So when I'm trying to help a client put words to an experience . . . sometimes you get clients who are very verbally unable to describe what's going on with them. And I'll let them search around a little bit, but then if I feel it's appropriate I'll jump in with some words. And I think that's where my verbal ability, my poetic self comes out sometimes, because I often choose a word that's right on for that client, and it's such a relief for them to have a word for it. Sometimes I've actually used some poetry as an intervention, or a way to kind of integrate a client's

experience. I remember using, for a woman who was going through a major breakup with her husband, and there was a lot of family strife as a result, I used Elizabeth Bishop's "One Art." There's a line that's repeated in there, "The art of losing isn't hard to master." And that poem became so important to that client that she went out and bought Elizabeth Bishop selected poems and stuff and thanked me for it many sessions later. So I really believe and have experienced the power of the word when it's imbued with mindfulness and creativity.

S P: *So mindfulness and creativity are really the key words for you, aren't they?*

L D: Yes, and you probably have experienced this, when people become healthier, one of the things that you see restored is their creativity. So I really am an advocate for that, when I'm doing an intake on somebody, my intakes are kind of loose but one of the things I'm always doing for that is not only what are they doing for their physical health, but where's their creativity? Where's their passion? I just think that's so important for all of us.

S P: *So it seems to be fair to say that your passion is about creativity.*

L D: Yes, and the arts, I think. I love music, I love poetry, I love the visual arts, and I think regular doses of exposure to those things, even if you're not involved in them as an artist are really good at sort of jumping you out of your ordinary consciousness and maybe filling you with some kind of inspiration or new way of looking or feeling.
END

Evaluation of the Effectiveness of Body Psychotherapy in Outpatient Settings (EEBP):

A Multi-Centre Study in Germany & Switzerland

Margit Koemeda-Lutz, Martin Kaschke, Dirk Revenstorf, Thomas Scherrmann, Halko Weiss and Ulrich Soeder

Editor's note: This study, done my members of the European Association for Body Psychotherapy (EABP), including Hakomi Therapists, is the first major empirical research done that demonstrates the efficacy of body-psychotherapy methods. It was first published in German in the *Psychother Psych Med Psychosom* 2006 (56) 480-487, is translated here into English by the EAPB, and is used with permission. The references remain in European format, as opposed to APA style.

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ABSTRACT: The following are results from a multi-site process and outcome study of body psychotherapies. The design is naturalistic and evaluates the effectiveness of body psychotherapy treatments in outpatient settings. Three German and 5 Swiss member institutes from the European Association for Body Psychotherapy (EABP: 38 members) participated. The Swiss institutes were also members of the Schweizer Charta für Psychotherapie. Well established questionnaires (e.g. BAI, BDI, SCL-90-R, IIP-D) were administered at three points of measurement (at intake, after 6 months and at the end of therapy (after two years

at maximum). Follow-up data were collected at 1 year after termination of therapy (n = 42). Patients who sought body psychotherapeutic treatment (n = 342 participated in the study) did not differ from other outpatient psychotherapeutic patients regarding sociodemographic data, level of impairment and psychopathology. After six months of therapy (n = 253) patients showed significant improvement with small to moderate effect sizes. At the end of therapy or after two years of treatment at maximum (n = 160) a large effect was attained on all scales. These are lasting results according to follow-up data (n = 42). This naturalistic prospective field study provides evidence for the effectiveness of the evaluated body psychotherapy methods and to classify as phase IV- ("routine application") and level I-evidence.

Key words: Psychotherapy research, body psychotherapy, effectiveness, outcome, naturalistic design.

Introduction

Up until recently, there has been little quantitative research on body psychotherapies, although professionals trained in this modality considerably contribute to in- and out-patient psychiatric and psychotherapeutic health care [22, 23, 31].

Meanwhile several models exist for systematizing and historically locating body psychotherapeutic approaches [e.g. 39-46]. A recently published handbook [33] illustrates how body psychotherapies developed in relation to psychodynamic approaches and elaborates several aspects of body psychotherapeutic theory and treatment techniques. The European Association for Body Psychotherapy publishes definitions of shared basic concepts on its Website [47], which continue to be refined via an ongoing process of communication among the proponents of its member institutes.

Some of the basic body psychotherapeutic assumptions include the following (note that this is only a selection):

1) The body is an indispensable component of human existence and should therefore be explicitly addressed in psychotherapeutic treatments
2) Psychic and somatic processes evolve in a parallel manner over time. These processes interact and can be observed, examined and influenced from different system levels.
3) From a developmental point of view an extended phase of non-verbal communication precedes verbal communication – ontogenetically as well as phylogenetically.
4) In adult life information processing and communication mediated by cognition or speech only constitute a subset of all processes involved.
5) Memories as well as unconscious material can to some extent be triggered and moved to consciousness by affective, motor or sensory stimulation.
6) Vitality and health consist not only of a clear mind, but are also based on well-balanced and well-regulated physiological and emotional functioning.
7) Body psychotherapy techniques are characterized by incorporating a) nonverbal interventions, b) behavioural interactions c) physical contact d) diagnostics that also consider non-verbal (i.e. visual) information and e) psychosomatically defined goals in therapy.

Earlier studies on body psychotherapies were based on retrospectively collected data [32, 34, 38]. This study prospectively examined the effectiveness of body psychotherapeutic treatment in outpatient settings in Germany and Switzerland using a naturalistic design. According to the rules of research in medical or natural sciences [48, 49], this study can be assigned to phase IV, i.e. an evaluation of "routine applications" in practice. Following Rudolf [50] it can be attributed to the phase of "applied psychotherapy research" and claims in this context of naturalistic field studies an evidence rating of level I [51]. Data about symptoms and patients' well-being were collected at several points in time (at intake, after 6 months of therapy, at the end of therapy (after 2 years of therapy at maximum) and at a 1-year follow-up). This research was initiated in January 1998 by the Hakomi Institute of Europe. First results were presented at the 7th European Convention for Body psychotherapy at Travemünde, Germany [33]. Eventually the study expanded to multiple sites (Dresden, Heidelberg, Tübingen, Zürich). Preliminary results were published in 2003 [36, 37]. In 2005 the study was awarded the USABP research prize. Only patients who had body psychotherapeutic treatment in outpatient settings were included in the study.

Therapists from the following schools participated (in order of joining the project; names of foundation presidents (international and national), and references concerning theoretical concepts and treatment techniques in brackets): Hakomi Experiential Psychology (Ron Kurtz, Halko Weiss; [54]); Unitive Psychology (Jacob Stattmann, Gustl Marlock; [55]); Biodynamic Psychology (Gerda Boyesen; [56]) – in Germany – and Bioenergetic Analysis SGBAT (Alexander Lowen; Thomas Ehrensperger; [57, 58]); Client-Centred Verbal and Body Psychotherapy GFK (Christiane Geiser; Ernst Juchli; [59]); Institute for Integrative Body Psychotherapy IBP (Jack Lee Rosenberg; Markus Fischer; [60]); Swiss Institute for Body-Oriented Psychotherapy SIKOP (George Downing; [61]); International Institute for Biosynthesis IIBS (David Boadella; [62]) – in Switzerland.

The following questions guided our study, which completed its data collection by the end of 2005:

1) What kind of patients seek and request outpatient body psychotherapy?
2) How much do patients improve on the following variables: psychopathological and psychosomatic

symptoms, interpersonal problems, and expectations of self efficacy during treatment?
3) Can these results be maintained for a one-year period following the termination of treatment?
4) To what extent do patients' and their therapists' perspectives on the psychotherapy correspond?

Methods

Sample and Procedure

Eight institutes of the European Association for Body Psychotherapy [47] participated in this study. The Swiss institutes (N = 5) were also members of the Swiss Charter for Psychotherapy [63]. The selection of institutes was not systematic. The EABP represents 12 professional societies in Switzerland [64] and 16 in Germany [65]. Each institute taking part in the study designated one research coordinator who was in charge of organizing data collection. All certified members of the participating institutes who had completed a full training and worked in outpatient settings were invited to take part in the study. The participating therapists agreed to apply the method taught in their institutes. They were asked to attempt to recruit every patient who took up treatment within a previously defined period of time and document demographic data, symptoms and preliminary diagnoses including patients who would not participate. All patients were informed about the study and given the information that their participation was voluntary. Participants read, signed and gave their informed consent to therapists. For reasons of anonymity this written consent remained with the therapists. Anonymity was ensured by using a self-generated code consisting of 6 letters.

Data collection occurred at intake, after 6 months, and at the end of therapy (at the latest 24 months after intake). There was also a follow-up one year after the end of therapy.

The participating institutes entered the study at different points in time. Therefore data collection was extended over several years (1998-2005).

Questionnaires

For data collection well-established and standardized questionnaires were used, in order to increase comparability with other studies [68, 69]. From a body psychotherapeutic point of view these instruments can be regarded as non-specific.

Demographic information was gathered according to the "Deutsche Standarddemographie" (German standard demography) [70]. Therapists carried out diagnostic assessments according to ICD-10 [71] within the first three sessions. Symptoms of psychopathology were measured using the "Beck Angst Inventar" (Beck Anxiety Inventory, BAI: [72]), "Beck Depressions Inventar" (Beck Depression Inventory, BDI: [73]) and the "Symptom Check List" (SCL-90-R [74, 75]). Physical discomfort was measured using the "Beschwerdenliste" (List of Psychosomatic Complaints, BL: [76, 77]) and interpersonal problems measured by applying the „Inventar zur Erfassung interpersonaler Probleme" (Inventory of Interpersonal Problems, IIP-D: [78, 79]). In addition, the general "Selbstwirksamkeitserwartung" (expected self-efficacy, SWE: [80, 81]) was measured. Patients were also asked to judge global life changes that occurred since they began therapy in important domains (work, leisure time, family life, domestic duties, somatic well-being). Patients had approximately one hour to fill in all questionnaires. Therapists gave information about the formal state of the therapy and also judged global changes in the above-mentioned areas of their patients´ lives.

The average changes over time were analysed using multifactorial analyses of variance (factor „institute" = membership of therapists; repeated measurement factor „duration of therapy" = different points of measurement). In addition effect sizes according to McGaw und Glass [82] were computed. According to Cohen [83] they were categorized as small (0.2 – 0.5), medium (0.5 – 0.8) and large (> 0.8).

Results

A description of the characteristics of patients treated with body psychotherapy will be followed by a description of the process and outcome results of their therapies.

Altogether 124 therapists (between 8 and 22 per institute, on average 16) and 342 patients (between 17 und 58 per institute, on average 43) participated. Therapists had 1 – 14 patients, on average 3, included in the study. The participating therapists had the following basic professions: In Switzerland 25% were medical doctors, 54% psychologists and 21% had other basic professions. In Germany 13% were medical doctors, 21% psychologists and 43% had other basic professions; in Germany 23% of the data on therapists' basic professions were missing.

Outpatient Body Psychotherapists' Clients

At intake 342 clients with an age range between 18 and 64 years (median 37 years) were examined. 73% of the clients were female. 36% were married, 52% single and 12% divorced. 60% had a partnership and 43% had children, on average 2. The highest educational level was for 31% graduation from high school („Abitur"). 28% had graduated from a college or university. 41% had no more than ten years of school ("mittlere Reife") or had completed vocational training. 59% of the clients in this study had had previous psychotherapeutic treatment.

Treatment costs were totally reimbursed by insurance companies for 33% of the clients, partially for 29% of the clients, 28% had no reimbursement at all, 10% did not answer this question. Demographic data of the participating patients tended to vary within the ranges known from other studies of outpatient psychotherapy [23, 32, 34, 84, 85].

Diagnostic assessments were carried out by therapists at intake according to ICD-10 criteria [71]. In 79% of the cases patients were only assigned to one primary diagnostic category, while 21% therapists diagnosed comorbidities. Primary diagnoses were combined into larger categories. These catagories were 41.2% neurotic stress and somatoformic disorders (F4), 28.9% affective disorders (F3) and 12.9% personality and behavioural disorders (F6). F5, F1 and F2 ranked only with 8.2%, 1.5% and 0.3% respectively. Z-Codes were assigned in 7.3% of the cases. According to the questionnaires used in this study, patients were described as follows: 40.6% (self efficacy) and 88% (psychosomatic complaints) revealed clinically significant impairments at intake. In all measures taken, the participating patients significantly differed from normal controls ($4.26 < t < 29.55$; $p < 0.0001$). Figure 1 shows the SCL-90-profile at intake and figure 2 shows the IIP-D-profile.

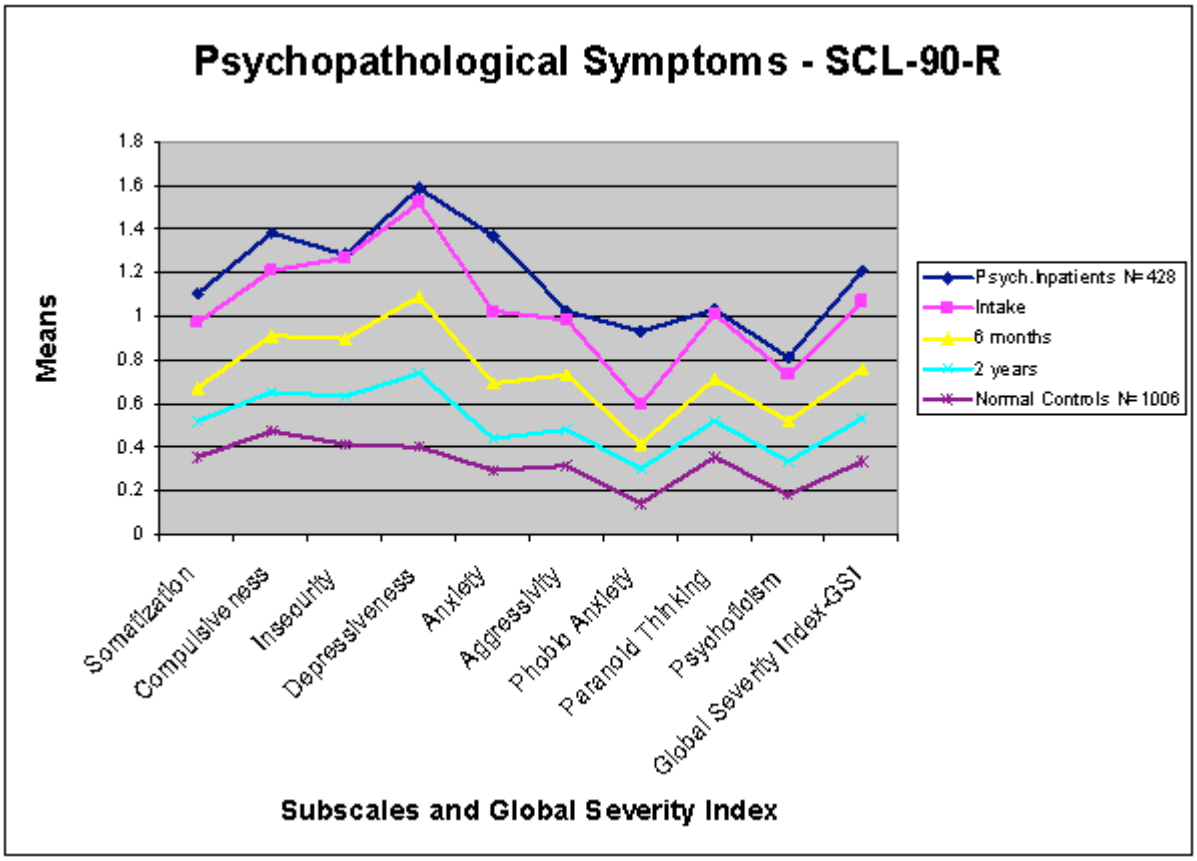


Figure 1: Subscale means and global severity index (SCL-90-R) of body psychotherapy patients at intake, after 6 months and at the end of therapy (after 2 years at maximum) as compared to normal controls and hospitalized psychiatric patients at intake.

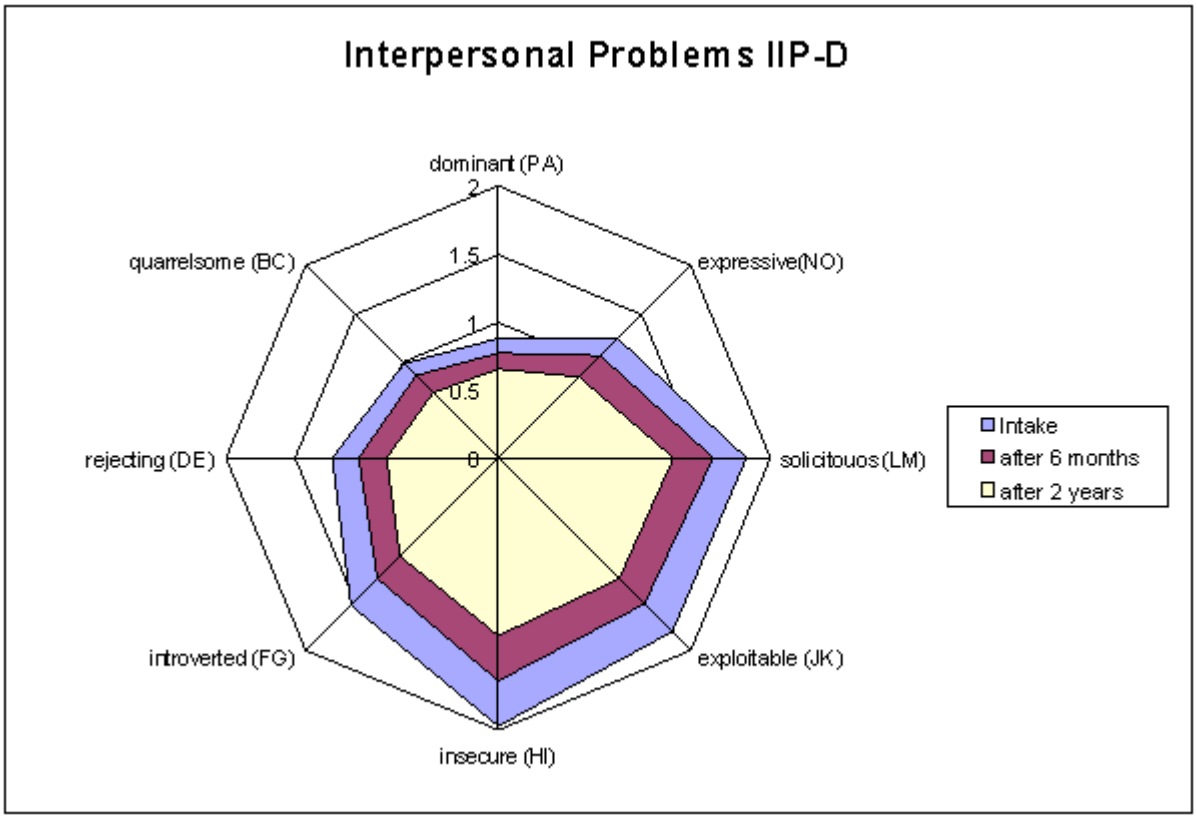


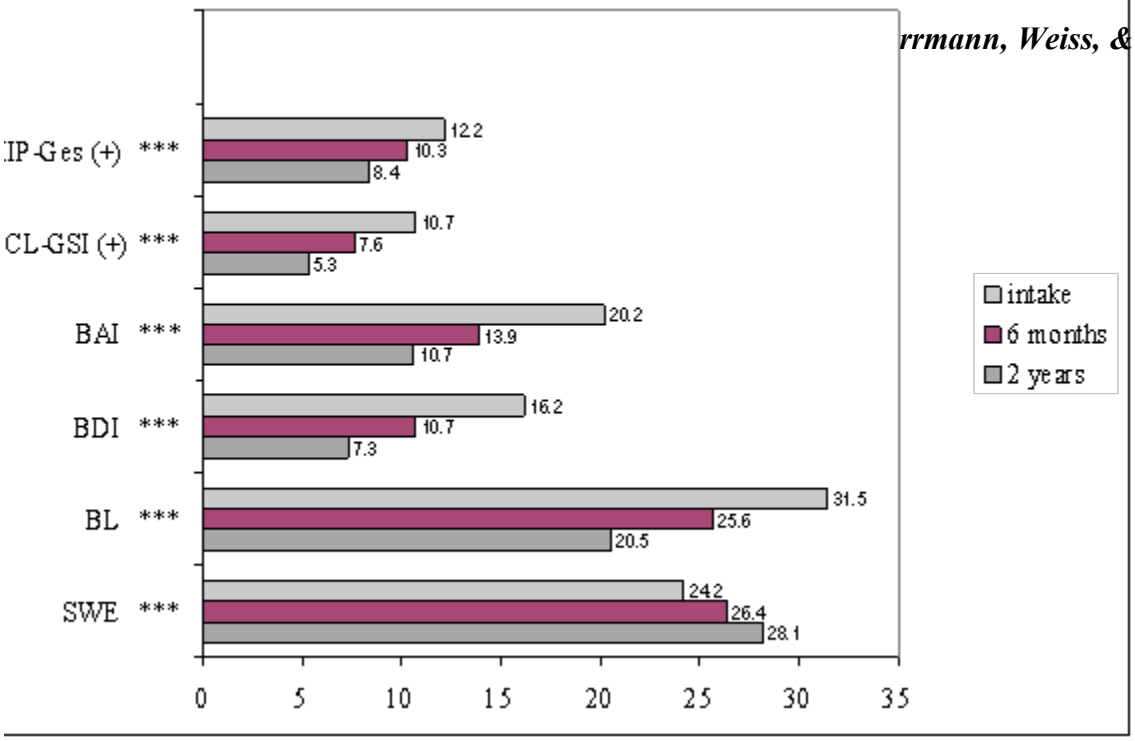
Figure 2: Subscale means IIP-D of body psychotherapy patients at intake, after 6 months and at the end of therapy (after 2 years at maximum).

Process description

Although follow-up data is continuing to be collected and analyzed, (s. [89]), the data reported in this article was collected through the end of 2005. Data from 253 cases after 6 months of therapy was analyzed, as was data from 160 cases at termination of treatment (or after 2 years of therapy at maximum). In addition data from 42 cases at a 1 year follow-up was analyzed. During the last quarter of 2005 all participating therapists were once again contacted and asked about the process of all therapies involved in the research. Fifty-eight percent of the participating therapists answered. This covered 199 out of 342 patients. Forty-three percent of these cases had ended their therapy in a way that was mutually agreed upon by both patient and therapist. Twenty-six percent had ended their treatment prematurely from the therapists' point of view (for a variety of external reasons: change of residence, financial shortcomings, death or internal reasons: lack of motivation to continue therapy). In 54.9% of therapies which ended in a mutually agreed upon termination, treatment had lasted less than 2 years. For the remaining cases measurement after two years was intermittent.

Since not all questionnaires were completed, there are varying numbers of cases for varying questionnaires. Completed therapies (n = 84) lasted 24 months on average (sd=14.8) and took 52.8 sessions (sd= 42.7; median = 42.5). Eleven percent out of these patients received medication in addition to psychotherapeutic treatment. Prematurely terminated therapies (n = 53) lasted 10 months on average (sd=7.7; median = 8) and took 26.3 sessions (sd=21.2; median = 21). Twenty-four percent of these patients had received medication. Therapies not terminated before December 2005 (n = 62) had lasted 6 - 7 years (1.6%), 4 – 5 years (8.2%), 3 – 4 years (14.8%) or 2 – 3 years (75.4%). No intake measurements were carried out later than December 2003. These ongoing treatments had taken 105 sessions on average until December 2005 (SD=59.2; median = 89.5). Twenty-eight percent of these patients received psychotropic medication.

A comparison of intake data from the four subsamples (complete data sets at intake, after 6 months of therapy, at termination (or 2 years of therapy at maximum) and follow-up) resulted in no statistically significant bias by selection (drop-outs). Chi^2-tests were carried out for level of education and sex ($0.01 \leq Chi^2 \leq 2.28$; $0.32 \leq p \leq 0.94$; exception: complete data sets at follow-up were received from patients with a higher level of education: ($Chi^2 = 15.91$; $p = 0.0004$)). Two-tailed t-tests were carried out for age and all questionnaires ($0.29 \leq t \leq 1.9$; $0.06 \leq p \leq 0.78$).



Group Changes

Treatment modality had no significant influence on therapy processes ($0.32 \leq F_{Inst}(7; 140) \leq 2.37$; $0.06 \leq p \leq 0.94$; $0.26 \leq F_{Inst*Zeit}(14; 280) \leq 1.89$; $0.14 \leq p \leq 0.95$; exception: IIP-D: $F_{Inst*Zeit}(14; 280) = 1.89$; $p = 0.03$; Unitive Psychology therapists proved to demonstrate a maximum level of change in their patients: mean at intake = 1.83; mean at termination (or after 2 years) = 0.93). However, the influence of therapy duration was highly significant in all cases ($17.07 \leq F_{Zeit} \leq 72.28$; $p < 0.0001$; s. fig. 3).

Analyses of variance were used to analyze the comparison of measures at termination and follow-up (treatments that lasted longer than 6 months were included) and proved that therapy results were stable. The data revealed that even some mild improvements could be observed ($0 \leq F_{Zeit} \leq 2.88$; $0.1 \leq p < 0.97$; BL: $F_{Zeit} = 2.88$; $p < 0.01$).

Changes of Impairment with Increasing Duration of Therapy

Figure 3: Manovas**:** Comparison of means at intake, after 6 months and at the end of therapy (after 2 years at maximum); $17.07 \leq F_{Therapiedauer}\ 2;143) \leq 72.57$; $p < 0.001$; IIP: Inventory fort he Inquiry of Interpersonal Problems – Global Score, SCL-GSI: Symptom Check List – Global Severity Index, BAI: Beck Anxiety Inventory, BDI: Beck Depression Inventory, BL: List of Psychosomatic Complaints and SWE: Selbstwirksamkeitserwartung (Expectation of Self Efficacy). (+) For reasons of perspicuity SCL-90-R-GSI scores were multiplied by 10 and IIP-D-global scores by 8.

Within the first 6 months of therapy an average of 21 sessions (SD = 9.04) were utilized. 253 cases were included in this analysis. Anxiety (BAI), depression (BDI), overall impairment by symptoms (SCL-90), somatic complaints (BL) and interpersonal problems (IIP-D) significantly decreased during this period of time. Concomitantly, the expected self efficacy (SWE) increased significantly (see fig. 3; *** = $p < 0.0001$).

For the comparison of measures at intake and at the termination of treatment (2 years after intake at most) 160 cases were included. An average of 58 sessions was utilized during this period of time.

Improvement in all scales was more pronounced than after 6 months of therapy. Again anxiety, depression, overall symptoms, somatic complaints and interpersonal problems decreased significantly. The expected self efficacy, likewise, increased significantly (see fig. 3; *** = $p < 0.0001$).

Effect sizes for changes between intake and 6 months, as well as between intake and termination (2 years at maximum) are presented in figure 4. Within the first 6 months of therapy small to medium changes occurred in all measures. Before the end of therapy (after 2 years of therapy at maximum) the effect sizes for all scales (except expected self efficacy: d = 0.41) were large and ranged between 0.80 und 0.96.

Effect Sizes after 6 Months of Therapy and after 2 Years at Maximum

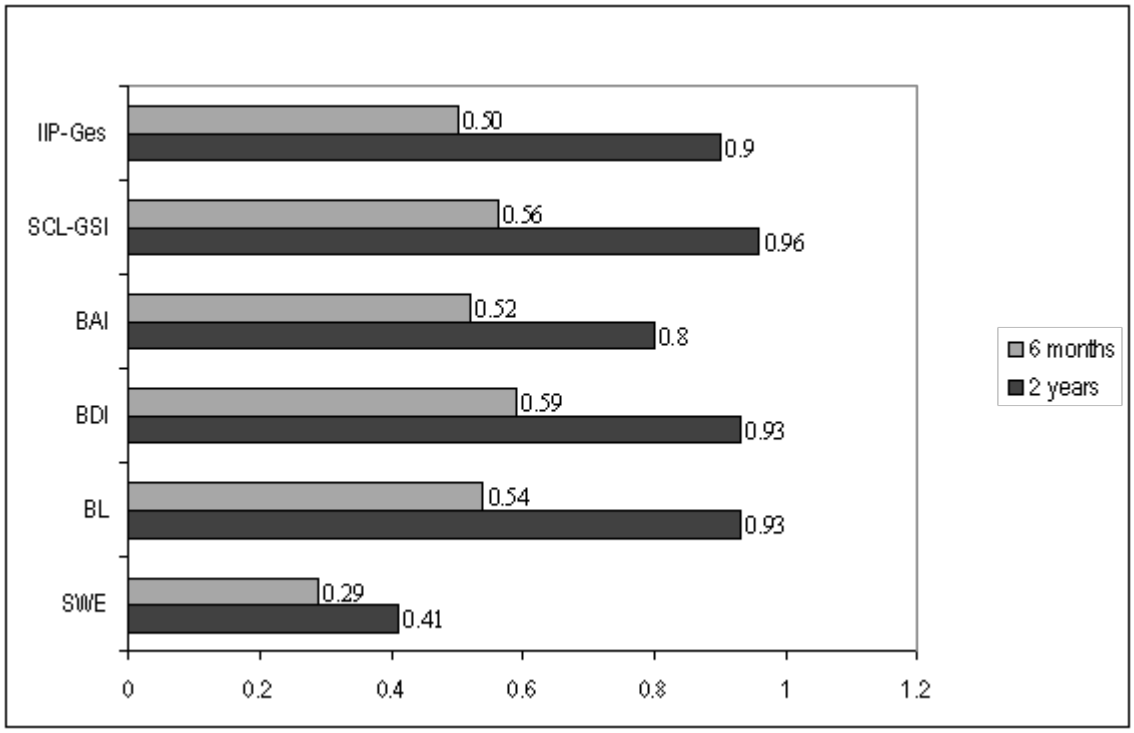


Figure 4: Effect sizes after 6 months and after 2 years of therapy at maximum (as compared to intake): small (0.2 – 0.5), medium (0.5 – 0.8) and large (> 0.8). IIP-Ges: Inventory for the Inquiry of Interpersonal Problems – Global Index, SCL-GSI: Symptom Check List – Global Severity Index, BAI: Beck Anxiety Inventory, BDI: Beck-Depression-Inventory, BL: Beschwerdenliste (List of Psychosomatic Complaints) and SWE: Selbstwirksamkeitserwartung (Expectation of Self Efficacy).

Individual Changes

In addition to group changes, individual changes concerning BAI, BDI, BL, IIP-D and SCL-90 scores will be reported here. These analyses include, according to each point of measurement, data from 253, 160 and. 42 patients respectively.

Frequencies of clinically relevant symptoms of anxiety (BAI $\geq$ 11) decreased from 70% at intake to 53% after 6 months to 41% at termination (or after 2 years) and 38% at follow-up. Frequencies of clinically relevant symptoms of depression (BDI $\geq$ 18) decreased from 35% at intake to 17% after 6 months to 5.8% at termination (or after 2 years) and amounted to 19% at follow-up. Mildly increased scores (11 $\leq$ BDI $\leq$ 17) at intake decreased from 34% to 17% after 2 years and to 14% at follow-up. Seventy-seven percent of all patients scored within the normal range (BDI $\leq$ 10) at the end of their therapy (or after 2 years of treatment), 68% at follow-up. At intake 88% had psychosomatic complaints deviating from average scores of healthy subjects (mean=14.3, sd=10.8), 23% after 6 months; 34% at the end of or after 2 years of therapy and 46% at our follow-up survey. Concerning interpersonal problems 29% at intake, 23% after 6 months, 10% at termination (or after 2 years) and 8% at follow-up had deviant scores (stanines $\geq$ 7).

Cut-off scores as well as critical differences have been published for the SCL-90-R scale. Therefore, statistically and clinically relevant changes can be differentiated for single cases [90, 91]. Following Franke [75], a GSI-raw score of 0.3 for psychotherapy patients was assessed as a critical difference. Gender specific cut-off scores are 0.57 for men and 0.77 for women. Within 2 years 41% of the patients improved to the degree that their amount of symptomatic impairment compared to that of normal controls. More than half of all patients (57%) achieved some statistically significant improvement.

Concerning the list of psychosomatic complaints as well as the anxiety inventory, patients who were still in treatment after two years tended to have been more severely impaired at intake ($p = 0.06$).

Global Measures of Impairment – A Comparison of Perspectives

In four domains (1. profession and education, 2. leisure time and social activities, 3. family life and domestic

duties, and 4. somatic well-being) ratings of therapists and patients were collected at all four points of measurement (scales ranged from 0 = none to 8 = maximum impairment). In addition ratings of perceived changes were collected after 6 months and after 2 years of therapy (1 = much better to 7 = much worse). Both groups consistently stated across all domains a continuous decrease of impairment with increasing duration of treatment (main factor *duration of therapy:* $2.16 \leq F_{time}(2; 104) \leq 147.65$; $0.0001 < p \leq 0.12$). On average patients and therapists both were in concordance regarding the perceived changes. Interestingly, the therapists' assessment of impairment was significantly more negative than the patients' at intake and still after 6 months of treatment (main factor *perspective*: $0.96 \leq F_{perspective}(1; 105) \leq 13.98$; $0.0003 \leq p \leq 0.33$). After 2 years this trend was inverted (interaction *duration of therapy * perspective*: $6.52 \leq F(2; 104) \leq 15.93$; $0.0001 < p \leq 0.01$). Pairwise correlations of patients' and therapists' ratings range (at intake, after 6 months and after 2 years) between $r = 0.37$ and $r = 0.45$ ($p < 0.0001$) for *profession* and *education*, between $r = 0.33$ and $r = 0.54$ ($p < 0.0001$) for *leisure time* and *social activities*, between $r = 0.13$ ($p = 0.01$ at intake) und $r = 0.46$ ($p < 0.0001$) for *family life* and *domestic duties* and between $r = 0.32$ and $r = 0.41$ ($p < 0.0001$) for *somatic well-being*. Correlations for perceived changes are $r = 0.50$ after 6 months of treatment and $r = 0.47$ ($p < 0.0001$) at the end of therapy (or after 2 years).

Discussion

The present study documents representative aspects of the contribution of body psychotherapists to outpatient psychiatric-psychotherapeutic care in Germany and Switzerland. It also contributes to quality assessment and management in this field. It examines body psychotherapies in the natural environment of outpatient settings.

Many studies of the efficacy of outpatient psychotherapy have been conducted in university settings. The advantages of high internal validity achieved by previously defined treatment protocols, selected samples and highly elaborated evaluation procedures are opposed by low ecological validity [52, 53]. Therefore, comparatively little is known about the effectiveness of psychotherapy outside inpatient or university settings (phase IV [48, 49], „application-oriented psychotherapy research" [50], level-I-field-research studies [51]). This study attempts to help fill this gap.

Prospective data are reported here for the first time, as opposed to other studies evaluating body psychotherapy that only used retrospectively collected data [32, 34, 38].

So far, body psychotherapy schools have kept their distance from academic research. However, the increasing pressure on all treatment modalities to prove their effectiveness in recent years has made possible an outcome study like the present one.

A multi-site focused study of the efficacy of (body) psychotherapy under natural conditions demands high organisational capability, as well as patience and endurance from all participants. When standardized measurements of efficacy are not an integral part of therapy, the extra amount of time spent on the evaluation is considerable. Since participation in the study was voluntary, it became obvious that therapists were reluctant to have their practical work scientifically evaluated. Furthermore, motivation was a problem, since the therapists volunteered and their work on this research project was not remunerated. With this in the background, data collection, which started in January 1998, proceeded rather slowly. Considerable decreases in case numbers from intake to termination of therapy presumably are due to this lack of evaluation follow-through not only from patients but also from the participating therapists.

The idea to include a "waiting-list" control group (as originally intended) was dropped, partly for practical reasons (body psychotherapists are rarely in a position to make waiting lists) and partly for ethical reasons (people seeking therapy should be offered treatment as quickly as possible with referrals to colleagues if necessary). Also, several evaluation studies of other modalities currently exist, so that the research results can be compared to them.

Diagnoses and symptom profiles of outpatient body psychotherapy patients at intake are typical of and comparable to outpatient psychotherapy clients in general; their educational level is higher than that of the normal population [92]. A considerable percentage of the patients examined exhibits comorbidities. Apart from a relatively high number of Z-codes (7.3%), a similar profile of diagnoses was found in the present study (F4 > F3 > F6) as in two other studies that examined patients in outpatient settings and included different modalities [80, 26]. Furthermore this was true for a recently published meta-analysis carried out at the university of Dresden which included over 150'000 patients [93, 94], according to which F4-diagnoses held by far the highest, F3-diagnoses the second highest rank of psychopathological disorders in Europe. A more detailed analysis of the diagnostic data in relation to outcome measures will be carried out by Kaschke [89].

The relative frequency of Z-code assignments for the classification of problems presented could be related to the requirement that the reported diagnoses were to be made within the first 3 sessions. Patients possibly speak more easily about external factors influencing their lives, at the beginning of therapy. Another reason might be that a significant percentage of the cases were not reimbursed by health insurance companies and, therefore, a diagnosis "proving illness" was not necessary. Nevertheless, the

symptom profiles still exhibited a high proportion of clinically relevant impairment at the beginning of therapy.

Statistical analysis demonstrates that with increasing duration of treatment, the effectiveness of outpatient body psychotherapy increases. Statistically significant treatment effects are not only found on a group level, but clinically relevant reduction of impairment and complaints can also be demonstrated on an individual level. Within the first 6 months of treatment, significant improvement was achieved and became markedly stronger toward the end of therapy. Apart from a reduction of symptoms in mental, somatic, and interpersonal areas, the increase of expected self-efficacy was remarkable. Self-efficacy is considered to be an important resource in handling stress and emotional problems. It is also regarded as a stable personality dimension [80]. The within group effect for the expected self-efficacy at the end of therapy was markedly lower than the within group effect for the total score of the symptom checklist (d(SWE) = 0.41 vs. d(SCL) = 0.96). Nevertheless, it is of high practical value, since it represents a change on a personality dimension. This suggests that body psychotherapy not only reduces symptoms but also gives impetus for positive personality development. The results for interpersonal problems demonstrate that positive changes in interpersonal areas begin to occur during the course of therapy.

Most outcome measures from the end of therapy remained stable until the 1-year-follow-up measurement.

Results from the comparison of perspectives concerning global impairment in several areas of patients' lives demonstrate that patients' and therapists' assessments correspond but are not totally congruent. A comparison of means may reflect a somewhat overprotective attitude on the therapists' side at intake (they tend to overestimate the severity of patients' impairment as compared to patients). Toward the end of therapy the therapists' stance changes and could be interpreted as cajoling patients into autonomy (therapists may underestimate the severity of impairment in contrast to their patients). Correlation coefficients show that individual therapist-patient couples' ratings are far from being totally consistent. This may be one of the sources from which psychotherapies generate their necessary dynamics.

Internally consistent treatment concepts and techniques for the examined treatment modalities do exist [54-62], but they lack carefully detailed disorder-based treatment routines. Therefore, consistent with our naturalistic design, we had to base our assignment of therapists to the different body psychotherapeutic modalities on their membership in the above-mentioned institutes and on their self-declarations as to which modality they applied. There were no significant differences in effectiveness between the eight body psychotherapeutic modalities. This corresponds to the results of meta-analyses comparing different modalities [3, 4], in which the specific applied methods only explain a very small amount of outcome variance. Only in the domain of interpersonal problems was there a high proportion of patients with higher than average scores at intake requesting therapy from Unitive Psychology-therapists, who in the process of therapy achieved a greater than average decrease in these scores.

Statistical analyses revealed that fully documented cases (4 measurements) did not differ from partially documented cases (3 or less measurements) according to their scores in all questionnaires at intake. Cases in which we have measurements after 6 months of therapy may be considered representative for the total sample of clients examined at intake. Those who stayed in treatment up to 2 years, exhibited slightly higher anxiety scores and psychosomatic complaints at intake. Follow-up data also come from a subsample which may be considered representative for the total sample examined at intake (with the exception that they had a significantly higher education). A higher percentage of patients, whose therapy lasted longer than 2 years (28%), and of those whose treatment prematurely ended (24%), received medication in addition to psychotherapeutic treatment – as compared to patients whose treatment ended in a mutually agreed upon termination, on average after 2 years (11%).

Not all examined patients attained clinically relevant scores on all measured variables at intake. Therefore the category "unchanged" also includes subjects who were not impaired to a clinically relevant degree at intake. Out of the follow-up group of examined patients, 62% did not exhibit raised symptoms of anxiety, 81% had no clinically relevant scores of depression, 54% did not differ from healthy controls concerning psychosomatic complaints, 92% exhibited no interpersonal problems and 41% had no psychopathological symptoms at follow-up, which was 1 year after their therapy had ended.

Prospect

More collaboration between professional researchers and practicing psychotherapists is desirable, and the dialogue among the different therapeutic modalities should be substantially increased. For body psychotherapy schools, this study demonstrates that a comparative evaluation using standardized instruments of therapy research need not be feared. Prospectively, the important task of formulating specific therapeutic goals and developing suitable measuring instruments remains important. If these were developed, the indices for efficacy discussed here could be supplemented by indices that are specific to body psychotherapy. In addition, disorder-specific interventions could be operationally defined and their efficacy could then be investigated. The results from this study demonstrate that body psychotherapeutic approaches can claim an equal stature in mental health care.

Conclusion

Patients who seek body psychotherapy treatment match clients of other outpatient facilities as to demographic variables, symptoms, complaints and severity of impairment.

The efficacy of body psychotherapy treatments could be demonstrated in several domains (anxiety, depression, other psychopathological symptoms, interpersonal problems and psychosomatic complaints). Significant improvement occurred after six months. The longer the treatment, the more the improvement. The effect sizes for treatments that lasted up to 2 years were $\geq$ .80.

References

01 Lambert M J & Bergin A E. The effectiveness of psychotherapy. Pp 143-189 in: Bergin A E, Garfield S L (eds). *Handbook of Psychotherapy and Behaviour Change*, 4th edition. New York: Wiley, 1994

02 Tschuschke V, Kächele H, Hölzer M. Gibt es unterschiedlich effektive Formen von Psychotherapie? In: *Psychotherapeut* 1994; 39: 281-297

03 Wampold B E. *The great Psychotherapy Debate. Models, Methods, and Findings*. New Jersey: Mahwah, 2001

04 Lambert M J. Alle haben gewonnen; also bekommen alle einen Preis. Aber es hat noch Patz für Verbesserungen, wenn die Therapeuten auf mögliche Behandlungsfehler aufmerksam gemacht werden. Vortrag, 1. Gemeinsamer Kongress der Schweizer Psy-Verbände, Bern, 3.7.2004

05 Berns U. Psychotherapieausbildung im Licht empirischer Psychotherapieforschung. *Psychotherapeut* 2006; 51 (1): 26-34

06 Margraf J, Lieb R & Habegger D. Ursachenforschung im Nationalen Forschungsschwerpunkt *Sesam. A Jour* 2006; 33 (März): 14-16

07 Kriz J. Von den Grenzen zu den Passungen. *Psychotherapeutenjournal* 2005; 1: 12-20

08 Orlinsky D E & Howard K I. Process and outcome in psychotherapy. Pp. 311-381 in: Garfield S L & Bergin A E (eds). *Handbook of Psychotherapy and Behaviour Change*. New York, Chichester, Brisbane: Wiley & Sons, 1986

09 Strupp H H. The Vanderbilt Psychotherapy Studies: Synopsis. *J Consult Clin Psychol* 1993; 61: 431-433

10 Henningsen P, Rudolf G. Zur Bedeutung der Evidence-Based Medicine für die Psychotherapeutische Medizin. PPmP *Psychother Psychosom med Psychol* 2000; 50: 366-375

11 Grawe K. *Psychologische Therapie*. Göttingen: Hogrefe, 2000

12 Grawe K. (Wie) Kann Psychotherapie durch empirische Validierung wirksamer werden? *Psychotherapeutenjournal* 2005; 1: 4-11

13 Tschuschke V. Die Psychotherapie in Zeiten evidenzbasierter Medizin. Fehlentwicklungen und Korrekturvorschläge. *Psychotherapeutenjournal* 2005; 2: 106-115

14 Zurhorst G. Eminenz-basierte, Evidenz-basierte oder Ökologisch-basierte Psychotherapie? *Psychotherapeutenjournal* 2003; 2: 97-104

15 Laireiter A R, Vogel H. Qualitätssicherung in der Psychotherapie. S. 18-46 in: Laireiter A R, Vogel H (Hrsg). *Qualitätssicherung in der Psychotherapie und psychosozialen Versorgung. Ein Werkstattbuch*. Tübingen: DGVT-Verlag, 1998

16 Grawe K, Donati R, Bernauer F. *Psychotherapie im Wandel. Von der Konfession zur Profession*. Göttingen: Hogrefe, 1994

17 Sanderson W C, Woody S. Manuals for empirically validated treatments. *The Clinical Psychologist* 1995; 48: 7-11

18 Chambless D L, Sanderson W C, Shoham V et al. An update on empirically validated treatments. *The Clinical Psycholgist* 1996; 49: 5-18

19 Strauß B M, Kächele H. The writing on the wall – comments on the current discussion about empirically validated treatments in Germany. *Psychother Res* 1998; 8 (2): 158-170

20 Cierpka M, Orlinsky D, Kächele H, Buchheim P. Studien über Psychotherapeutinnen und Psychotherapeuten. *Psychotherapeut* 1997; 42: 269-281

21 Willutzki U, Botermans J-F, SPR Collaborative Research Network. Ausbildung in Psychotherapie in Deutschland und der Schweiz und ihre Bedeutung für die therapeutische Kompetenz. *Psychotherapeut* 1997; 42: 282-289

22 Schweizer M, Budowski M. Versorgungsdokumentation. Gesamtbericht. Neuchâtel: Schweizer Charta für Psychotherapie, 2001

23 Schweizer M, Buchmann R, Schlegel M, Schulthess P. Struktur und Leistung der Psychotherapieversorgung in der Schweiz. Erhebung der Schweizer Charta für Psychotherapie. *Psychother Forum* 2002; 10 (3): 127-146

24 Von Weizsäcker V. *Körpergeschehen und Neurose. Stuttgart*: Klett, 1947

25 Von Uexküll T. *Psychosomatische Medizin. Hrsg: Adler R H, Herrmann J M, Köhle K et al*. München, Wien: Urban und Schwarzenberg, 1979

26 Hahn P (Hrsg). *Psychosomatik, Kindlers Psychologie des 20. Jahrhunderts*. Zürich: Kindler, 1979

27 Janet P. *Principles of Psychotherapy*. New York: Freeport, 1924

28 Ferenczi S. *Bausteine zur Psychoanalyse*. Bern: Huber, Bd. 1-4, 1984.

29 Groddeck G. Verdrängen und Heilen. *Aufsätze zur Psychoanalyse und zur Psychosomatischen Medizin*. Berlin: Fischer, 1988

30 Marlock G, Weiss H (Hrsg). *Handbuch der Körperpsychotherapie*. Stuttgart: Schattauer Verlag, 2006

31 Seidler K-P, Schreiber-Willnow D, Hamacher-Erbguth A, Pfäfflin M. Die Praxis der Konzentrativen Bewegungstherapie. *Psychotherapeut* 2002; 47: 223-228

32 Gudat U. Bioenergetische Analyse als ambulante Psychotherapie – Anwendungsbereiche und Wirkungen. *Psychother Forum* 1997; 5: 28-37

33 Soeder U, Kaschke M, Scherrmann T et al. The outcome of Body psychotherapy – an evaluation study. 7th European Congress of Body Psychotherapy, Travemünde, 1999

34 Ventling C, Gerhard U. Zur Wirksamkeit bioenergetischer Psychotherapien und Stabilität des Therapieresultats. Eine retrospektive Untersuchung. *Psychotherapeut* 2000; 45: 230-236

35 Müller-Hofer B. Klientenzentrierte Körperpsychotherapie (GFK-Methode) Ergebnisse einer Praxisevaluation. Universität Salzburg: Dissertation, 2002

The Midlife Experience: An Autoethnographic Study or How Did a Professor of Computer Scientist Find Her Way to a Hakomi Workshop?

Carole M. McNamee, Ph.D., Ph.D.

Editor's Note: Carole McNamee offers a candid account of her personal and professional journey from a successful, though unsatisfying career into the field of experiential psychotherapy, complete with lessons about listening to inner voices that escalate when ignored. Some parts of this article have appeared in *Voices: The Art and Science of Psychotherapy*.

Dr. Carole McNamee is a Professor Emeritus of Computer Science at California State University Sacramento. Her educational background includes an B.S. in Mathematics from Simmons College, an M.S. in Computer Science from Stanford University, and a Ph.D. in Computer Science from the University of California Davis. As a faculty member at CSUS, she taught and published in the area of parallel and distributed language design and implementation. She received awards for both her teaching and research. Since her retirement in January 2001, Carole has been pursuing a second career as a Marriage and Family Therapist with a special interest in the use of creative and expressive arts as a way of understanding. She received a Ph.D. in Marriage and Family Therapy from Virginia Tech in 2004 where she maintains a connection as an Affiliate Research Professor and Clinical Associate. In 2005, she founded Willowbank Creative Center in Blacksburg, VA where she maintains a private practice and provides creative arts workshops. In her spare time, Carole can be found visiting family, on the tennis court, or in the art studio.

ABSTRACT: This paper describes the midlife experience of the author as she journeyed from her career as a professor of computer science to that of marriage and family therapist with a special interest in the expressive arts. The universal elements of this journey are highlighted as well as elements that are unique to the author's experience. The author's interest in the expressive arts as a healing element are demonstrated by example as well as through description.

On September 6, 2002, I listened to a version of the biography above as I was introduced to an Information Technology group retreat focused on issues of change. I was to lead an experiential exercise designed to provide the group with a metaphor for the process of change and their experiences of it. It was the first time since I left the field of computer science in January 2001 that I was willing to own my own biography, to take some pride in my accomplishments. The last several years have been a period of dramatic change and even now when I look at my curriculum vitae, the person on paper, whose accomplishments are readily apparent, seems very remote.

The midlife transition phenomenon is described by Jung, Hudson, Chinen, and Bergquist among others. (Berquist, Greenberg, & Klaum, 1993; Chinen, 1992; Hudson, 1999; Jung, 1989). In many respects, the midlife journey is a journey of the spirit. Hudson describes the dilemma with which we grapple with a quote from Angus Campbell's *Sense of Well-Being in America*.

> For many Americans the "revolution of rising expectations" may be simply a desire for a larger house and a second car, but for some it is a growing demand for the fulfillment of needs which are not basically material but are a search for a larger and more satisfying life experience (Hudson, 1999, p.7).

This quote and Hudson's book give the impression that this search for meaning is perhaps an American experience and a function of our rapidly changing and materialistic culture. While our culture is certainly a contributing factor, I believe there is something more intrinsic about this stage of life experience. Carl Jung who devoted much of his life to understanding the midlife experience and Alan Chinen, whose work with cross-cultural midlife folklore is informed by Jung's work, both provide evidence of the universal nature of this process.

This autoethnographic study provides both a visual and a narrative description of my own experience of midlife transition. The visual description of this experience, "A Pea's Progress," predated the narrative and provided a framework for the work that my transition required. The initial exploration began with an attraction to a work of art viewed many years ago--a large ceramic plate with an

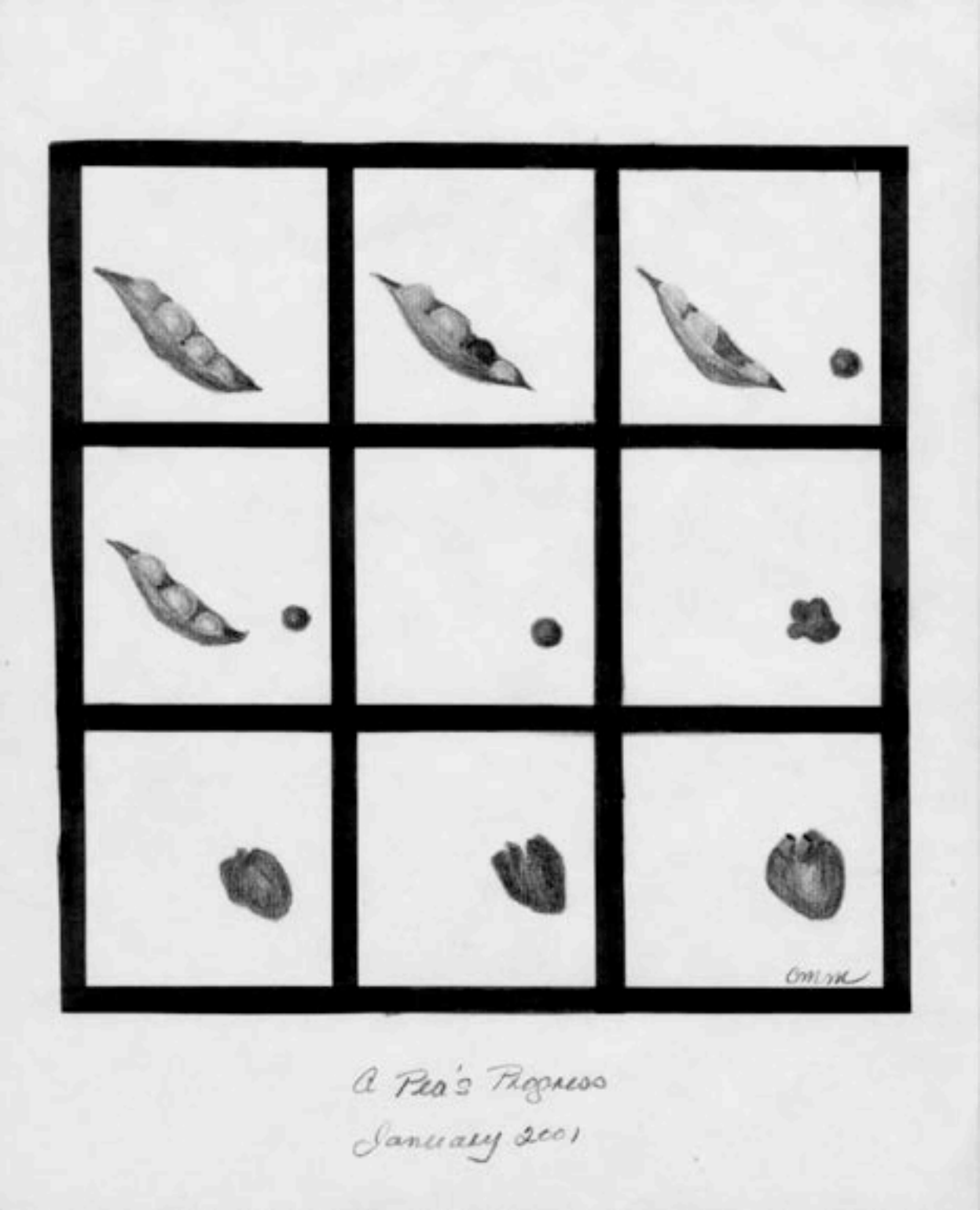

A Pea's Progress
January 2001

image similar to that in frame three of "A Pea's Progress." The work was entitled "The Great Escape." It had a whimsical character, but something less whimsical resonated. The image and the title stayed with me and emerged in my own artistic effort. In the midst of my transition, the image came back to me and over a six-month period it evolved into the sequence of images that comprise "A Pea's Progress."

The following narrative parallels the visual portrayal of my experience. Some make this transition gracefully; others like myself do not. My change was painful and abrupt. I include a quote from Parker Palmer's compassionate accounting of his experiences as a framework for my own narrative.

> Depression was, indeed, the hand of a friend trying to press me to the ground on which it was safe to stand--the ground of my own truth, my own nature, with its complex mix of limits and gifts, liabilities and assets, darkness and light.
>
> Eventually, I developed my own image of the "befriending" impulse behind my depression. Imagine that from early in my life, a friendly figure, standing a block away, was trying to get my attention by shouting my name, wanting to teach me some hard but healing truths about myself. But I--fearful of what I might hear or arrogantly trying to live without help or simply to busy with my ideas and ego and ethics to bother--ignored the shouts and walked away.
>
> So this figure, still with friendly intent, came closer and shouted more loudly, but I kept walking. Ever closer it came, close enough to tap me on the shoulder, but I walked on. Frustrated by my unresponsiveness, the figure threw stones at my back, then struck me with a stick, still wanting simply to get my attention. But despite the pain, I kept walking away.
>
> Over the years, the befriending intent of this figure never disappeared but became obscured by the frustration caused by my refusal to turn around. Since shouts and taps, stones and sticks had failed to do the trick, there was only one thing left: drop the nuclear bomb called depression on me, not with the intent to kill but as a last-ditch effort to get me to turn and ask the simple question, "What do you want?" …
>
> The figure calling to me all those years was, I believe, what Thomas Merton calls "true self" (Palmer, 2000, p.67-68).

While the circumstances are my own and the befriending image takes a different form, my story matches the pattern of denial and depression described above.

My befriending image was a very little voice that became audible in my late twenties. In retrospect, the voice had surfaced earlier but I was not able to acknowledge it then. In my late twenties, I heard it, I knew it carried a message, but I chose to ignore it. It was easy to ignore; I had married an incredibly kind and accepting man and had two wonderful young children. With them to balance my then part-time career I could have handled almost anything. In fact, my career was almost irrelevant--just something else that I did; it never came in first, second, or even third. All of my very intense energy was focused on my family.

As the children grew older, their need for independence, and my need to be needed were in conflict. Knowing that I had to let go, I tried to focus on my career. Despite an honest effort, my heart was not in it. Ignoring this, my first round of depression hit, only to be lifted by the knowledge that a third child was on the way. Again, I was able to balance my life--that which I loved, my family, with that which I did not, my career. By that time, I knew that there were issues that I should be dealing with but I continued along the path I thought I *should* be following. The little voice continued whispering but it continued to fall upon deaf ears.

Encouraged by the senior members of my department, I tried to invest in my career. I began working full-time, sponsoring graduate students, getting a large equipment grant, administering the graduate program, and I even ventured out to University-level committees--something that would look good when I came up for tenure. I continued to ignore the very tiny voice that repeatedly told me "you've sold your soul" as I drove to work. I ignored the voice that asked "but are you really interested in this?" and "you realize that you are just going through the motions don't you, that you are just pretending to be a professor?" I was very successful as a professor at California State University Sacramento (CSUS): publishing, receiving much positive feedback for my teaching, and awards for both. However, I refused to really invest in my position. Everything that I did was secondary to the family. I did not "feel" the part.

Then another type of question began to haunt me: "Is what I am doing improving the quality of life for anyone?" The only answer that I could produce was that the graduates of our program were in demand by the computer industry and they were being handsomely rewarded monetarily for their expertise. I was also aware that many of the students were feeling overworked by employers who demanded long hours and who were supporting the immigration of foreign labor because they were easier to exploit. I began to feel that I was just providing more "fodder" for the computer industry. This was undoubtedly a very biased perspective but it was one that haunted me. .

By this time, my youngest child had developed some medical problems that resulted in a significant focus on her. I became very involved in her health issues and her life. Initially, there was just a vague awareness that something was "not quite right." In retrospect, this uneasiness actually began when she was quite young. Not knowing what the

problem was, but just her symptoms, I would search obsessively for information on the web, in the library, and in bookstores. I shut out my husband whose career was blossoming and fulfilling as he moved from professor to administrator at UCDavis. He didn't really understand what was happening at home.

Nine months after the initial visit to our family doctor and several doctors, physical therapists, and specialists later, we received the diagnosis that I had feared--a chronic, life altering but not life threatening condition. An aspiring athlete, her world collapsed around her and mine around me. By that time, it was hard to tell whose pain was whose.

The details of the events leading up to that nine months and the nine months themselves as well as the year that followed are the subject of another story. Suffice it to say that after a lot of hard and painful work, she is now a delightful young person. Aside from my concern about the long term effects of all of her medications on her liver, I was confident that she would have every opportunity to lead a fulfilling life.[1]

Feeling that my daughter was once again on the path to a normal life, it was time for me to heal. We had become too close. I needed her to separate from me, to do the things that normal teenagers do, but I was too fragile to withstand the onslaught of the normal teenage rebellion that needed to happen. Depression was setting in: crying, sleep disturbances, social withdrawal. I knew it was happening, but I kept pretending that everything was fine (I had fine-tuned the art of avoidance and denial). In retrospect, this was not the best approach.

While my husband was oblivious (or in denial), my daughter knew. It was clear that her progress was intimately connected with my own health. In the process of extricating myself from my daughter's being (but not her life) I had to face my own life--something that I had successfully avoided for years. The circumstances that made and still make this difficult for me are part of yet another story that I was still trying to understand and accept. As part of this process, I began to keep a journal and have found the writing to be helpful. It became an avenue of expression for my little voice.

As a first step in healing, I needed to bring my husband back into the fold. That actually turned out to be fairly easy and rewarding. While he still works long hours, we make more of an effort to communicate in meaningful ways and make better use of our time together.

[1] Unbeknownst to us at the time, this story was not over and at the age of 18. My daughter finally received a diagnosis of juvenile diabetes. With this diagnosis the events of the previous ten years finally made some sense and she is now on her own path having just completed her second year as a student of naturopathic medicine. This path has been largely determined by her own experiences with traditional medicine.

The next pressing issue was my career. I continued to think that I should be able to be happy as a professor. It was a job that many people would envy. It was only, technically, 34 weeks per year. I had much flexibility with my schedule. I was able to see all of my children's after-school sporting events over the years, had vacations that matched theirs. So what was my problem? Palmer's sticks and stones where hurled at me in the form of questions. Why couldn't I make it work? Why did I feel my contributions were meaningless? Why was I so dependent upon the children for validation? Why did I not relate to my peers in the department? Why had I found it necessary to take so many leaves of absence over the past ten years? And why did I keep wishing that I didn't have to be there? Why did I find it so difficult to be alone? Why was I going to bed at six o'clock? Why was I withdrawing from others? These questions raced through my mind almost continuously. I continued to write and the little voice grew stronger and louder. It was no longer a little voice. It was screaming at me. My body had become a battleground. Head and heart were at war.

Ready to explode, I finally recognized that I had to make some changes. I had to pay some attention to the voice. I started to look at what I was reading and what I was not reading, what might really be interesting me, what sections of the library and bookstore was I exploring. In response to some of my experiences with my daughter's medical condition and my experiences in therapy, I had started some self-directed reading: Carl Jung, James Hillman, and others. I had not expected to either like or understand what I was reading but I became more and more interested (although probably only partially understood). I realized that I had not been reading my computer science journals for years; many sat with their mailing wrappers unopened. In April of 2000, I made the decision to take some psychology courses. I decided to explore two courses during summer session at UCDavis. After auditing two courses; one in cognitive psychology and one in psychobiology for several weeks, I discovered that while they were interesting, they were not what was really piquing my interest. It was the clinical side of psychology that I wanted to learn more about.

I took my first course in clinical psychology at The Professional School of Psychology (PSP) during the summer of 2000, loved it, and decided to continue in the program. Although I conceded to working part-time at CSUS that fall while I took courses at PSP, I was still unable to give up my position. I loved my courses at PSP but I was miserable at work. I had to submit my file for review at CSUS in September and when I looked at it, I felt like a fraud--I did not know the person whose file I was looking at. At this point, I began falling deeper into the well of depression. I was viewing the world from the outside rather than participating, and it became clear that I needed pharmacological help. It took this more serious manifestation of depression for me to listen to what my little

voice had been trying to tell me for years. I tried to figure out what it was that kept me at CSUS. The money? For years that was an issue, but the two older children were now through college and financially independent and that issue was no longer relevant. The students? Yes, I would miss them. My peers? No, we had little in common. Guilt? Yes, the department was short-staffed and I would be making a difficult situation worse, and I felt bad about that. Fear? Absolutely! I was very afraid of being judged; of being viewed as "unstable" or self-indulgent. (I am still working on this one.) The title? The title! I had to think hard about that one. Finally, I realized that retirement would not strip me of my previous accomplishments; I would always own them even if they felt foreign. Retirement would enable me to explore everything else.

I began to draw and take dance classes, both activities that I very much enjoyed as a child. I enjoyed writing in my journal as well as in my classes. I developed a passion for the use of creative and expressive art as a way of understanding. I was resistant to activities that required the use of my more logical and analytical thinking skills. This bothered me for some time until I came across the following passage in Carl Jung's account of his own midlife experience.

> After the completion of *The Psychology of the Unconscious* I found myself utterly incapable of reading a scientific book. This went on for three years. I felt I could no longer keep up with the world of the intellect, nor would I be able to talk about what really preoccupied me (Jung, 1989, p. 193).

I have been asked many times if I miss my former career and I can honestly say that I do not. I have never once regretted my decision to retire. I continued to struggle with "left brain" activities for several years and barely tolerated the quantitative methods courses required for my second Ph.D. It was the first quantitative thinking that I had done in over a year. Over the past few years, my willingness to engage in logical and analytical thinking has increased dramatically, and while I have no intention of returning to my former profession, I no longer avoid its trappings.

My goal became to be an art therapist. I believe that many people come to therapy to heal the soul and that expressive art is a viable path to growth and healing. I believe the arts touch the spirit of an individual and those processes are what I wanted to facilitate. While a major family move to the east coast did not position me to transfer to an art therapy program, the Marriage and Family Therapy program at Virginia Tech was supportive of my interests, and to the extent possible encouraged my use of art clinically. I struggled with many elements of this transition: being a beginner after so many years of feeling competent, being a student after so many years of teaching and research, taking course from new faculty who had less research and teaching experience than I did (it wasn't easy for the faculty either!), the risks associated with being vulnerable, and more research coursework than I cared to take. I loved the clinical aspects of the program and it is there that I found my true self at home.

By this time, I have pulled together the fragments of the story that made this journey so difficult.
Writing this paper has been one more step toward accepting the reality of this story, one more step in acknowledging the pain, and one more step toward healing. The writing was less difficult than I thought it would be. The harder part has been sharing it and "letting my life speak."

I completed my studies in marriage and family therapy with a special interest in the integration of neuroscience, art, and family therapy. I have continued to explore various approaches to clinical work including Hakomi and energy psychology. I was intrigued by Hakomi's focus on mind-body and its integration of neuroscience and family systems, all of these interests of my own. Participation in two Hakomi workshops reinforced my interest and I hope for an opportunity to continue my connection with Hakomi work in the future.

In 2005, I opened Willowbank Creative Center in Blacksburg, VA where I offer workshops in the creative arts, and maintain a small private practice. I maintain a connection with Virginia Tech as an Affiliate Research Professor and Clinical Associate and provide supervision to students interested in using the creative arts clinically, and more recently taught a course in expressive arts therapy. Some time ago a colleague asked if I was "living my dream," and I am. I believe that experiences with the creative arts are metaphors for our lived experience. I enjoy providing opportunities for others to challenge themselves and the creative arts provide a path.

References

Bergquist, B., Greenberg, E., & Klaum, G. (1993). *In our fifties: Voices of men and women reinventing their lives.* San Francisco: Jossey-Bass Inc., Publishers.

Chinen, A. (1992). *Once upon a midlife: Classic stories and mythic tales to illuminate the middle years*. New York: Jeremy P. Tarcher/Putnam.

Hudson, F. (1999). *The adult years: Mastering the art of self-renewal* Revised Edition. San Francisco: Jossey-Bass Inc., Publishers.

Jung, C. (1989). *Memories, dreams, and reflections*, Jaffe, A. Ed. New York: Vintage Books.

Palmer, P. (2000). *Let your voice speak: Listening to the voice of vocation*. San Francisco: Jossey-Bass Inc., Publishers.

[The Sage] only helps all creatures
to find their own nature,
but does not venture
to lead them by the nose.
(Lao Tzu, 64)

He simply reminds people of
who they have always been.
(Lao Tzu, 64)

Humility means trusting the Tao,
Thus never needing to be defensive
(Lao Tzu, 61)

How do I know about the world?
By what is within me.
(Lao Tzu, 54)
Lao Tzu, quoted in Johanson & Kurtz, 1991)

Personal Process of the Integration of Hakomi Body-centered Psycho-therapy with Holistic Nursing and Healing Touch

Nancy Lukas Perrault, MS, RN, CHTP, AHN-BC

Editor's note: In the midst of her doctoral studies at the Santa Barbara Graduate Institute, which grants credits toward the doctorate for studies in body-centered modalities such as Hakomi, Nancy Perrault offers a personal reflection on how her work with Hakomi, holistic nursing, energy work and more are integrating in her work as a therapist.

Nancy Lukas Perrault is presently in private practice as a psychotherapist in Hardwick, VT where she pursues interests in somatic psychology, spirituality, and energy healing. She has a B.S. in nursing from the Univ. of CT, an M.S. in nursing from the Univ. of VT, and at the time of writing was entering the candidacy phase of a Ph.D. at the Santa Barbara Graduate Institute. She also is certified in Healing Touch, has completed the Certificate Program in Integrative Imagery, and is a Board Certified Advanced Practice Holistic Nurse. She may be contacted about this paper at dennisperr@aol.com.

ABSTRACT: This paper discusses how the concepts of organicity, mindfulness, nonviolence and unity are integrated within a personal practice that combines body-centered psychotherapy with holistic nursing and energetic healing. Challenges to the therapist are considered, and the uses of Hakomi principles are discussed as they relate to the personal process of the therapist.

Introduction

My personal, emerging style of using body-centered psychotherapy is based in a belief system that explicitly honors the wholeness of the individual. In my search for the best way to facilitate healing, I came to realize that when one focuses only on physical, or mental symptoms, or when one concentrates only on emotional expressions, one loses the bigger picture and it might be difficult to accurately perceive who is the person behind the symptoms, or what is actually being communicated. In order to provide care and healing that is integrated, not fragmented, it is necessary to consider all aspects of what makes a person human. The physical, mental, emotional, and spiritual components of the person are vital to understanding the person in her wholeness and to facilitate the person's own exploration, understanding and change through psychotherapy.

With the perception of integrating wholeness into psychotherapy, and through personal experiences with body-centered psychotherapy, I came to realize that including the body was fundamental to accessing one's inner wisdom and to accelerating personal growth. The underlying principles that inform my practice include the belief that we bring our wholeness as human beings to all communication and interaction, the belief that our energy systems also serve as a vehicle for communication (and that we are embodied in our energy systems), and the principles of Hakomi (Kurtz, 1990).

The foundations for my approach are in the practice of holistic nursing, a specialty of nursing in which I hold the certification as an Advanced Practice Board-Certified Holistic Nurse. Within this framework, the person is perceived as reflecting the nature of the self in all expressions of the self, physically, mentally, emotionally and spiritually. Holistic nursing does not dilute the essence of the person by considering only specific physical or emotional systems or symptoms; rather the person is considered to bring the entirety of the self to each interaction.

As my knowledge of holistic nursing evolved, I became aware of a personal neglect of the spiritual aspects of care. Spirituality is an integral part of being human, yet I found that I had little direct access of the spiritual dimension of humanness, until I began the study of energy work. Working in the human energy field allowed another aspect of consciousness to be accessed, which is considered by many (Brennan, 1988; Hover-Kramer, 1996; Kunz, 1985) to be the spiritual aspect of consciousness. As my study of energetic therapy increased, I realized that the body was the

entry into the wholeness of the human being, allowing contact to deepen experience of the mental, emotional and spiritual aspects of the self. Healing Touch is an energy based modality involving hands on the body or in the energy field of the person. Healing Touch is non-invasive; it has not been known to cause harm to the client and it is done with the client fully-clothed. I obtained the experience, class work, academic and personal credentials to achieve the certification as a Healing Touch Practitioner (CHTP) and I use energy techniques from Healing Touch in various venues, including private practice.

Yet, I found that my practice was still missing a truly integrative aspect of care: the ability to work deeply with processing the thoughts and feelings that arose spontaneously in the body. I had the desire to learn more about psychology that included the body. Until I began the study of Hakomi, I had only an intuitive knowledge of how this might be accomplished. When I began to study Hakomi, there was a resonance in my being that the study of body-centered psychotherapy might provide the path to allow me to practice holistic nursing and energetic healing in a way that maximized the potential for human growth, and that truly embodied the principles that I espoused.

The Use of Hakomi Methods in Practice

The study of Hakomi lead me to the pursuit of a Ph.D. at the Santa Barbara Graduate Institute. Faced with the choice of embarking on a doctoral program of study, I made the decision to temporarily discontinue the formal study of Hakomi. After one year of Hakomi study, I realize there is still much to learn and it is an area of study that I plan to continue. The guiding principles of Hakomi (organicity, mindfulness, nonviolence, mind-body holism, unity; Kurtz, 1990) allow me to integrate the concepts of holistic nursing and energetic therapy with other beliefs about body-centered psychotherapy into my practice.

The concept of organicity implies that humans are naturally developing and evolving towards a more coherent way of being. As plants turn towards the sun, so are humans also innately programmed to move towards nourishment. Kurtz (1990, p. 25) writes, "healing is an act of self-recreation," and the therapist serves as a midwife for this process. The therapist essentially holds the space for healing, but the "answers and resolutions, completions and new directions, are all within" (Kurtz, 1990, p. 25). This principle is consistent with the practice of holistic nursing, which is non-prescriptive, instead honoring the individual's own time and capacity for healing. Similarly, energetic healing allows the client's process and intention in a healing session.

Mindfulness is a principle that acknowledges the reality of the present moment. While the roots of an issue might occur in the past, the event that already happened can not be changed. Healing, psychotherapy, and consciousness occur in the present. By encouraging the client to be mindful of the present experience in psychotherapy, physical sensations and movement might hold unconscious information that sheds light on old events. The history of the person becomes part of who the person is and mindfulness in therapy is useful to bring consciousness to the fragmented parts of the self with the "the hope . . . [of] . . . transcend[ing] them . . . know[ing] them . . . completing then and moving on" (Kurtz, 1990, p. 28).

Kurtz (1990, p. 28) discusses the principle of "nonviolence: reverence for life" as flowing naturally from the principle of organicity. The person knows inherently what is needed for healing and it is the therapist's task to allow the unfolding of the other in a way that honors the implicit knowing. The person has innate knowledge of what is needed for healing and the actions and sensations in the body provide insight into that knowledge. If the therapist acts in a way where assumptions and interpretations of the person's experience are viewed as more valuable than the person's innate wisdom, then the therapist is negating the wisdom of the body and behaving in a manner that might be considered as violent. Similarly, standards of practice for holistic nursing ask the nurse to "assist the person to access inner wisdom that can provide opportunities to enhance and support growth, development, and movement toward health and well-being" (Dossey, Keegan, & Guzzetta, 2000, p. 32). Likewise, teachings in Healing Touch ask the practitioner to "make no comparisons; make no judgments; delete your need to understand" (Hover-Kramer, 1996, p. 218). By opening the self to the experience of the client, while resisting the urge to make meaning for the client, self-understanding and transformation might occur in a nonviolent manner.

The Hakomi principle of mind-body holism is inherent to holistic nursing and to Healing Touch. Kurtz (1990, p. 30) elaborates on the concept of holism in psychotherapy: It implies

> the influence deeply held beliefs, guiding images and significant, early memories have on behavior, body structure and all levels of physiology, from cellular metabolism and the strength of the immune system, to blood flow and the distribution of heat and muscle tone in the body, to the expression of these beliefs in posture, movement, gesture and facial expression.

Hakomi body-centered psychotherapy, like holistic nursing and Healing Touch seeks to integrate the body and mind in a way that honors the personal experience of the individual.

The final Hakomi principle is "Unity: A participatory universe" (Kurtz, 1990, p. 31). This concept implies a spiritual dimension of the human, containing, yet also transcending the present moment. We exist with other beings in a world that is continuously shifting and evolving. Healing Touch addresses the communication that occurs

between client, practitioner and the universe as a conduit for healing (Hover-Kramer, 1996). Holistic nursing also identifies the connections between individuals, nature, and "the Absolute" as integral components of one's spiritual self (Burkhart & Jacobson, 2000, p. 94). Kurtz (p. 33) writes, "The unity principle states that the universe is fundamentally a web of relationships in which all aspects and components are inseparable from the whole and do not exist in isolation." Being in relationship with the therapist, invites the witnessing of the unconscious forces in the body that allow the personal interpretation of experience.

Other theoretical considerations

La Barre (2001) describes Freud as being the first to explain how the body depicts the internal workings of the mind. La Barre further discusses how Deutsch elaborated on Freud's body-mind connection by hypothesizing that unconscious influences were manifested by changes in the physical body. There are similarities between the Hakomi method and between Deutsch' theories. Deutsch considered that unconscious behaviors or gestures might symbolize unconscious conflict and that these unconscious movements might be fertile ground for analysis. Likewise, in Hakomi therapy, clients are invited to mindfully experience body movements, as the movements might lead to insight around unconscious processes.

Fosha (2000, p. 20) discusses the "core state . . . [as] an altered state of openness and contact where the individual is deeply in touch with essential aspects of his own experience. The core state is the internal affective holding environment generated by the self." In Hakomi therapy, the mindful attention to physical sensations and movement is often the precursor to accessing the core state. The unconscious movement serves as a clue to the holding environment, which might lead to identification of the core state. Fosha (p. 21) describes how the core state is often accessed by affect, which "unlocks deeper experiencing, and through it, entire realms of previously unavailable material". In Hakomi therapy, it is in mindfully bringing the unconscious movement, gestures or sensations to consciousness, that core affect and memories are accessed.

The experience of mindfulness has been further described by Surrey (2005) as a connection that enhances the relationship between therapist and client. The connection described by Surrey has elements similar to the unity principle described by Kurtz (1990) in creating a state of being in which both client and therapist appreciate "a more whole and spacious state of mind and heart . . . [where] the interdependent nature of our existence is intuitively experienced" (Surrey, p. 95). Germer (2005) also writes about the transcendent nature of mindfulness when used in a non-directive way. It seems that the concepts of nonviolence and mindfulness are intertwined as Germer (p. 172) discusses "the paradox between goal-directed behavior and non-striving" as an attempt to allow the client, in the present moment to have an experience of moving through past fear and hurt. In this endeavor, Germer recognizes, as does Kurtz, the harm that can result from compelling a client to prematurely abandon defenses leading to accessing unconscious material that has served to protect the client for many years.

My experience as a body-centered psychotherapist

The Hakomi principles of organicity, mindfulness, nonviolence, mind-body holism, and unity form the philosophical basis for my body-centered psychotherapy practice, which I also consider to be my holistic nursing practice. Hakomi principles, like holistic nursing principles and energetic healing principles embrace the individual as a holistic being, who exists in relationship with others. Energetic therapy adds another dimension to the experience of spirituality and universality as it works within the body, yet transcends the physical experience.

My intention in psychotherapy is to honor the client and to ask for the highest good of the client. I bring my own belief system to the therapeutic process: the most basic is that the person (client) exists as a bio-psycho-social-spiritual being who is innately programmed towards wholeness. Whatever resistances might exist were formed as methods of adaptation (Sieck, 2007). With humility, I seek to honor the resistances and provide a safe place where they might be explored. Fosha (p. 29) writes, "The essence of the therapeutic presence in the affective model of change is being inside the patient's world as an other, and the patient's feeling it and knowing it". Using my bodily sensations, and feelings that are evoked with a client, I try to offer the client a safe place for us to be with her experience.

Shaw (2003) suggests that empathy in an embodied psychotherapist consists of understanding, by perceiving the other's experience in one's own body. The simultaneous perception of one's own body sensations and experience, and that of a client is integral to using energy field therapies. In my holistic nursing practice, my body is the main tool that I use in relating with clients. The feelings and sensations that I experience might provide guidance about unconscious client feelings, or about my own countertransference. As I increasingly learn to trust my body, I also learn to trust my intuition. The principle of non-violence implies that I not impose my beliefs on the client, yet my intuition might lead me to invite a client to consider a perhaps, unconscious thought-form (from an energetic perspective) or emotion.

With body-centered psychotherapy, my intention is to use a psychodynamic approach to psychotherapy, along with my presence, both physically and energetically to communicate

my honoring of the person and why they came to me. On a spiritual dimension, consistent with Kurtz' (1990) concept of a participatory universe, I believe that my client's and I "chose" each other on many levels. We have co-created the potential for a healing relationship. The experience with the therapist is one wherein the client might perceive her connection with another human being (Fosha, 2000), which might be considered as a small representation of seeing the divine in the self reflected in the being of another.

Philosophically, and practically, my body feelings, and sensations provide the vehicle used to access the inner experience of another in psychotherapy. Philosophically, I think that a prerequisite of a body-centered psychotherapist is to be aware of one's own body sensations and movements with a client. From a holistic nursing perspective, my presence, including embodied mindfulness and empathic attention is the best tool to use to facilitate healing.

From a practical position, using techniques such as energetic healing, guided imagery, intuition and the resonance of my body in relationship are familiar. With these techniques, I can easily trust the process. I know that the unfolding of the client's experience will come as I hold the space for the healing. I know that the desire for wholeness is innate; I merely create the container for that to occur.

It is with more difficulty that I seek to encourage mindfulness with my clients, to help them become aware of their bodily sensations, to assist them in seeing the body as a friend, companion, and deep source of information and experience. Although licensed to touch, I sometimes find myself hesitant to use touch to support, restrain, or amplify a gesture. When a client is reluctant to "stay with" a sensation or physical experience, I have self-doubts: Is it my own reluctance that they sense, or is it their body wisdom saying, "Not yet, not now"? Perhaps, I have not created an environment where safety is felt or where the body is accepted. I have the knowledge to use techniques that enhance the experience of the body; I have the theoretical basis to use that knowledge; and I trust techniques of body-centered psychotherapy. Is it only the confidence that I lack or is there more to it?

The benefits of practicing within my comfort zone seem very familiar, even old. My clients get an experience in therapy that works for many: they feel understood, personal perception increases, change results, and they terminate therapy having achieved their goals. Their experience in therapy honors their wholeness, uniqueness, encourages core affect, and supports the exploration of insight and change.

Recognizing that we exist in a participatory universe, I question my reluctance to use a bolder approach in psychotherapy. Am I truly espousing the concepts of nonviolence or am I doing the client a disservice by allowing the resistance to the body's wisdom? As I write this, my awareness as a body-centered psychotherapist, indicates a knowing over my upper abdomen, in the area of the third chakra, the solar plexus chakra. (I am leaving in the message from my unconscious as my intention was to write "gnawing", not "knowing".) My background as a Certified Healing Touch Practitioner informs me that the solar plexus chakra is "associated with power, strength, and the ability to feel one's ego identity" (Hover-Kramer, 1996, p. 63). Physical dysfunction in the solar plexus chakra is manifested by digestive disturbances such as ulcers, symptoms which I am presently experiencing. My body is speaking to me and my knowledge base allows me to read the signals. The benefit of practicing inside my comfort zone may be negated by the cost to my body.

The principle of unity suggests that my experience does not occur in isolation. By not allowing the experience of my full identity, how can I allow that of my clients? If I don't take the risk of stepping outside my comfort zone, how can I expect my clients to do so? How can I best advance my practice as a holistic nurse and as a body-centered psychotherapist when I have difficulty turning theory into practice? How can I most effectively support the professions of holistic nursing and somatic psychotherapy?

The principle of organicity suggests that I am in a continuous state of flux; I am evolving and moving towards higher growth. The principle of mindfulness allows me to be aware of how my body responds to unconscious, unresolved issues. From the gnawing and knowing in my gut, to the movements that my hand makes while typing, I can be aware of my body's communication to me. This feels spiritual; it is as if the universe is telling me, "Don't miss this," in a language that is too compelling to dismiss.

Writing this puts me in relationship with my peers, teachers, clients, and the universe: we are all interconnected, what touches one resonates with all. The most difficult part of the lesson for me, in the present moment is perhaps, the principle of nonviolence. It is putting the concepts into personal practice and trusting that as I continue to develop, my issues around personal identity will resolve at the right time, without force. My work in Healing Touch has taught me about setting intention and the movement of energy. My background in holistic nursing has taught me to trust that each of us (including myself) is doing our best in each moment. Allowing the concept of organicity involves trusting the process of the self as well as that of the client. As tears come to my eyes, I remember how truth that resonates deep within the body is accompanied by affective experience and expression.

References

Brennan, B. (1988). *Hands of light: A guide to healing through the human energy field*. NY: Bantam.

Burkhardt, M. & Jacobson, M. (2000). In Dossey, B., Keegan, L.,

& Guzzetta, C. *Holistic nursing: A handbook for practice.* (3rd ed.) Gaithersburg, MD: Aspen.

Dossey, B., Keegan, L., & Guzzetta, C. (2000). *Holistic nursing: A handbook for practice.* (3rd ed.) Gaithersburg, MD: Aspen.

Fosha, D. (2000). *The transforming power of affect: A model for accelerated change.* NY: BasicBooks.

Germer, (2005).). In Germer, C., Siegel, R., & Fulton, P. (eds.) *Mindfulness and psychotherapy.* NY: The Guilford Press.

Hover-Kramer, D. (1996). *Healing touch: A resource for health care professionals*. Albany, NY: Delmar.

Kunz, D. (ed.) (1985). *Spiritual aspects of the healing arts.* Wheaton, IL: The Theosophical Publishing House.

Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi method.* Mendocino, CA: LifeRhythym.

La Barre, F. (2001). *On moving and being moved: Nonverbal behavior in clinical practice.* Hillsdale, NJ: The Analytic Press.

Shaw, R. (2003). *The embodied psychotherapist: The therapist's body story.* NY: Brunner-Routledge.

Sieck, M. (ed.) (2007). *Relational somatic psychotherapy: Collected essays of Robert Hilton, Ph.D.* USA: Santa Barbara Graduate Institute.

Surrey. J. (2005). In Germer, C., Siegel, R., & Fulton, P. (eds.) *Mindfulness and psychotherapy.* NY: The Guilford Press.

He who knows men is clever;
He who knows himself has insight.
He who conquers men has force;
He who conquers himself is truly strong.

He who knows when he has
got enough is rich . . . .
And he who dies but perishes not
enjoys real longevity.
(Lao Tzu, 33)

Be content with what you have;
Rejoice in the way things are.
When you realize there is nothing lacking,
The whole world belongs to you.

(Lao Tzu, 44)
(Lao Tzu quoted in
Johanson & Kurtz, Grace Unfolding, 1991)

Hakomi Therapy with Families: A Theoretical Case Study

Emily Van Mistri

Editor's note: A classic Hakomi training concentrates on how to work therapeutically with individuals, though the principles and techniques apply to all levels of the system. We have had previous articles in the *Hakomi Forum* relating to work with couples and organizations, but this one by Emily Van Mistri is the first one exploring Hakomi and work with families. During her graduate studies Emily had opportunity to reflect on how the theory and practice of Hakomi Therapy might inform a family therapist working with the case below. We hope this reflection will lead to more articles relating Hakomi to family work, since many members of the community are working in this area.

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ABSTRACT: This paper describes how Hakomi Therapy could theoretically be used in the case study of an emotionally at-risk, severely diabetic adolescent boy and his recently separated parents. The therapeutic stages and interventions outlined in this paper are informed by the writings of Hakomi's original founder Ron Kurtz and several Hakomi Institute trainers, as well as the experience of the writer, who is a Hakomi-trained practitioner and has previously worked with teenagers.

Family Case

Jeremy is a 14-year-old Caucasian male who was referred for a family evaluation and treatment a week or so after his release from the hospital following treatment for a diabetic coma. Jeremy had been treated for juvenile-onset diabetes since he was 7. His diabetes was reasonably well controlled with diet and daily insulin injections and blood sugar checks, which he did himself. Besides this chronic medical problem, his health was good. He is the younger of two siblings, his sister, Maggie, being 8 years older. His mother, Ann, admits that Jeremy was an unplanned pregnancy and that her moderate social drinking during her pregnancy might have had some bearing on his diabetic condition. Jeremy had done reasonably well in school, had a few friends at his school, and was quite involved with both scouting and coin collecting. Jeremy's sister is married and living out of state. His parents separated about 7 months ago, and Jeremy has been living with his mother in the family home, although he spends most weekends with his father, Mark, who is living in a nearby apartment. Mark continued the affair that had led to the separation, and Ann had begun dating. Needless to say, Jeremy was confused and frightened by these changes.

Three weeks prior to the evaluation, Mark said that he was planning on getting married in 6 weeks. Later that day, Jeremy stopped taking his insulin and went off his diet. Two days later, he was found unconscious in his room by his mother, who rushed him to the emergency room where he was diagnosed with diabetic ketoacidosis, treated, and released. Jeremy's parents immediately rushed to his bedside and, putting their animosity aside, planned how they could support Jeremy as best they could. His father moved back into the family home and spent all his free time with Jeremy. The family was back together again, at least for a while. As things stabilized, his father moved back to his apartment and went forward with his wedding plans. The next day, Jeremy was taken by ambulance to the hospital where he was treated for a diabetic coma. The pediatric endocrinologist who consulted on the case told the parents that Jeremy had nearly died, and that his body was unlikely to sustain another incident such as this. Recognizing that family dynamics were involved, the doctor made the referral.

Introduction

When a family is referred to a therapist from a concerned medical doctor, the therapist automatically feels the desire to help. Knowing in this particular situation that death is the ultimate and immediate fear of the doctor and family members heightens the concern—the therapist wants to be especially helpful. At the same time, many experienced

therapists are aware of the powerful and resilient forces existing within individuals and family systems. These are the forces that create troubles for families, and they are the same forces that guide certain families out of difficult situations and towards resources. In other words, while the therapist wants to be extremely helpful, she also realizes that the people she counsels will make their own choices and the family will ultimately do what it does. From this starting point the therapist enters into therapy with hopes for the family, with knowledge of its strength, as well as a clear understanding of the family members' free-will in choosing their own destiny. Hakomi therapy was designed to begin in this open and hopeful, yet unassuming, place, and it is the model used to describe potential treatment for this case study. The sequence of the following therapeutic interventions roughly follows the suggested stages of Hakomi therapy sessions as outlined in Johanson & Taylor's (1988, 241-257) article "Hakomi Therapy with Seriously Emotionally Disturbed Adolescents.

Safety First: Unity and Non-violence

In the case study of Jeremy and his family, a Hakomi therapist would first establish safety with all members of the family as individuals and subgroups. The therapist starts here because Hakomi therapy, like many psychotherapy models (Becvar & Becvar, chaps. 6-13) emphasizes joining with and creating (and maintaining) basic emotional, physical, and interpersonal safety (Fisher & Hull, 1999). The therapeutic alliance between client and therapist is a foundation for Hakomi therapy (Kurtz, 1990) that has some of its roots in experiential psychotherapy (Kurtz, 2008, p. 1) and is similar in respects to Carl Whitaker's Symbolic Family Therapy (Napier & Whitaker, 1978; Nichols & Schwartz, 1998, 177-24), which emphasizes therapeutic relationship above any and all techniques (Becvar & Becvar, 2006, p. 160). Without safety and trust, a therapist could offer little to no therapeutic support to Jeremy and his family (Kurtz, 2008, p. 5; Kurtz 1990, p. 55).

Focusing first on safety is adhering to the Hakomi principles of non-violence and unity. Non-violence in therapy refers to the importance of the therapist not having an overt or subtle agenda of her own (Kurtz, 2008, p. 4). This should not be confused with the therapist having a wish for clients, using therapeutic confrontation, or in the case of Jeremy, attempting to keep him safe by proactively helping the family avoid another diabetic coma. Non-violence, rather, steers the therapy towards a dynamic collaboration between therapist and client (Kurtz, 2008, p. 6). Non-violence also implies the need for therapists to win over the trust and support of their client's conscious and unconscious processes through implicit and explicit messages that communicate that the therapist wants to help the family do what they need and want to do (Johanson, 1986, p. 8). This encourages the client to trust the wisdom of his or her own knowledge, and to look to the therapist as an ally. By immediately creating and maintaining an environment of safety clients begin to realize that their therapist is working *with* them. C. R. Taylor (1985) writes: "The truly disturbed adolescent is certain that there is no such thing as a trustworthy adult" (p. 35). With this in mind, building trust and safety is critical to this case with 14-year old Jeremy.

The unity principle refers to the notion that all things are connected—including the therapist and the client (Kurtz, 1980, p. 32). Unity adheres to a systemic approach, and a Hakomi therapist would know that Jeremy is not the origin of this family's problems; in fact, there is no single origin or solution (Johanson, 1986, p. 7). Unity and organicity principles in Hakomi guide people to affirm and remember that in terms of foundational human dignity and worth there are no dominator hierarchies (Fisher, 2002, p. 10). In touch with the organicity principle that stems from Bateson's proposition that when all the parts within a system are communicating that the system is self-organizing, self-directing, and self-correcting (Kurtz, 1990, 34-38), the therapist has confidence that despite the challenging circumstances, Jeremy and his parents have innate wisdom and resources. The therapist's job is to help them discover and use these resources.

Safety Interventions

In summary, a Hakomi therapist guiding by the principles of non-violence, unity, and organicity would start with creating a safe environment for Jeremy and his parents as soon as they entered her office. Establishing safety would entail two parts: 1) building rapport, and 2) making sure all parties understand the gravity of the situation. The therapist would build rapport first by engaging in a warm, friendly, conversational manner, drawing from whatever information she knows about the family and their interests. This engaged chit-chat offers an opportunity for the family to sense the warmth and humanness of the therapist while being met where they are strong and comfortable. The therapist's interest in mundane (but meaningful to the family) topics tells the family that the therapist is interested in them beyond their status as clients, and it invites the possibility that the therapist could also be trustworthy in terms of offering deeper support. (Johanson, 1986, p. 7).

In this case, because the parental dyad is not intact, it might make sense to begin by engaging with the adolescent, Jeremy, knowing that he is the most outwardly pained and confused, most likely the outlet for his family's pain, and most central to bringing them together now. Engaging Jeremy first would help set the tone that he is important, and has value to the therapist beyond his obvious health risks. Here, the therapist models the Unity and organicity principles of interconnections. Given that little is known about Jeremy's interests besides his scouting and coin collecting, it would be advantageous for the therapist to begin getting to know him more deeply and widely,

deepening into the relational networks. The conversation could look like this.

> **Therapist**: "Hey, you must be Jeremy . . . "
> **Client**: "Yup."
> **Therapist**: "You're coming from school?"
> **Client:** "Yup."
> **Therapist:** "You're 14, right? You must be in ninth grade . . . high school, huh?"

Or, the therapist could mention scouting or coin collecting (assuming it was okay to share that she knew this information). Or, even better, the therapist could comment on something she notices displayed on Jeremy's clothes (band names, sports teams, colors). Two important notes for her striking up initial conversation: 1) use simple, casual language and tone, and 2) choose a subject that hopefully does not relate directly to the problem. Anything that acknowledges that the therapist sees Jeremy (literally and metaphorically) and wants to relate to him on his terms helps build rapport (Johanson, 1986, p. 10). Acknowledging the problem comes subsequently.

The therapist knows it can take more or less time to build trust and safety (Johanson, 1986, p. 11), and yet as part of establishing safety she would need to use the time wisely and move to discussing the safety risks with Jeremy's diabetes. This is important given the doctor's concern that Jeremy would not survive another diabetic coma. This part of the conversation could look like this.

> **Therapist:** So, that's cool you like baseball so much (or whatever she is talking about with Jeremy). I'm sure there's a lot you could tell me about it. Right now, though, I want to make sure we use your time wisely and check in about what you were referred for. I hear there is some concern with your health . . . "

The therapist could go on to confirm the facts of the situation with Jeremy and each of his parents, making sure to engage each one of them and to make certain the medical risks were clear. While this technique may differ from traditional Hakomi techniques, in this case it is important to focus on the facts first to establish clarity about the need for safety through addressing physical wellbeing.

Internal Shifts in the Therapist

While establishing safety and a clear understanding of the situation with the family, the Hakomi therapist would be recognizing the uniqueness of the case and making some internal shifts. She would know to let go of any notions she might have to practice "pure" Hakomi (Johanson, 1986, p. 7). Understanding that her work involved engaging with a complex family system as well as an adolescent in moderate to severe distress, the therapist would need to let go of any desire she might have to practice particular Hakomi techniques with Jeremy or his family. Instead, she would do what is termed "falling back on the principles." Taken together, Hakomi principles of unity, organicity, mind/body holism, mindfulness, and non-violence encompass a vast range of material that can be simplistically summarized as "do what needs to be done," whether it looks like classic, textbook Hakomi linear process or not. This internal move might mean shifting towards the use of creative, "non-traditional" Hakomi solutions such as increasing collaboration with Jeremy and his family with regard to their inner and outer resources while engaging in less mindful states of consciousness (more ordinary conversation) (Johanson & Taylor, 1988, p. 236). Hakomi characteristically invites people into a mindful state of consciousness that helps them study the underlying, normally preconscious organization of their experience, however sometimes a therapist must work with whatever level of awareness clients have to start with. Especially in cases where trauma is involved, Ogden (Ogden, Minton, & Pain, 2006), a founding Hakomi trainer who has specialized in trauma through her own Sensorimotor Psychotherapy Institute, teaches that the first stage of therapy has to do with resourcing.

In reality, we can't know what therapy would be like for Jeremy and his family because it is only possible to predict probabilities in response to any case (Johanson, in press,a). We can say, however, that the therapist would be geared towards finding creative, pragmatic ways to work with the family while being informed and guided by the Hakomi principles named above (Fisher, 2002, p. 2).

Making Contact

The family's response to talking about Jeremy's health risks would affect how the Hakomi therapist would respond. The therapist might attempt to tickle out the multiplicity (Rowan & Cooper, 1999) and ambiguity of the many elements in play by asking:

> **Therapist**: Perhaps, as Jeremy has begun to share here, it would be good for all of us to name the various parts of us that get evoked by this situation; the parts of us that want to help, that are confused, that are angry, that want it to all go away – whatever. All of these, of course, are just parts of us, not the whole of us, but it is good to bring them into awareness.

Generally speaking, her next steps would be to follow what was most alive. She would do this by tracking the underlying (and overt) responses in Jeremy and his parents as they each spoke (or chose not to speak), and making verbal contact with these arising parts.

> **Therapist**: As you talk you seem a bit worried about that.
> OR

Therapist: That scares you, huh?
OR
Therapist: You frustrated with that?

Following the Hakomi founder Ron Kurtz's guidelines for therapeutic contact, statements would be brief (not even full sentences) and would tend to highlight present-moment experience (1980, p. 81) with a tone of voice that invites further curiosity and exploration of the experience. If the therapist's tone of voice does not function to help the person deepen into their experience, explicit questions or directives might be used.

Therapist: Why don't we stay with the worry a bit longer and invite it to say more about itself?
OR
Therapist: Can you sense where the scariness shows up in your body? Maybe we can listen to it and get more specific about what kind of fear this is.
OR
Therapist: What is the quality of the frustration?

Sometimes the therapist contacts and deepens (Roy, 2007) the experience of an individual, and sometimes it is something that is happening systemically between the family members (Fisher, 2002).

Therapist: (to the dad): So when Jeremy talks about getting upset, some emotion comes into your face?
OR
Therapist: (to the parents): As Jeremy begins to struggle with naming his anxiety, you both lean into him, like you really want to get it?
OR
Therapist: (to the mom): When Jeremy says he wonders why he should care, it seems like you slump a bit, in a way that looks defeated?

The question marks at the end of these contact statements indicate the therapist is guessing, not attached to the correctness of what she is observing, and willing to be corrected or fine-tuned with any observation. It is simply a respectful way of attempting to contact and honor present, felt present experience, while encouraging the person to slow down and mindfully (Johanson, 2006) consider more deeply what is being evoked within; materially that is normally glossed over in ordinary conversation in the habit to quickly move to the next thing. How the person or family unit reacts or responds to such initial contact gives the therapist diagnostic information for the next step of assessment. Throughout, the therapist continuously embodies an engaged, gentle, non-judgmental state. This communicates nonverbally to the family's conscious and unconscious parts that the therapist is congruent both in what she says and what she inwardly feels: she cares and she's trustworthy (Kurtz, 2008, p. 6; Kurtz, 1980, p. 82). She is willing to be with the family and help its members mine the wisdom of their deepest experience in the trust that this will guide the process forward.

Assessment

The next stage of a typical Hakomi therapy process would be to continue making contact, accessing deeper material, and to encourage mindfulness if the participants appear willing to consider intrapsychic aspects of their interpersonal relationships. Whether this would happen next in this case would depend on what the therapist sensed in the moment. *Does there seem to be alive experience here to access? Is the family too volatile to engage in deeper vulnerability and experiencing? Could Jeremy or his parents tolerate a "dip" into mindfulness, or is better to wait and establish more rapport and safety first? Would it be advantageous to have family members witness each other more deeply, or wait for individua, or dyad sessions before deepening with the entire family present?*

Depending on the therapist's assessment of these answers, she could choose to do a number of things next. She could continue the conversation about Jeremy's health risk (brainstorming some barriers to and resources for keeping him safe, perhaps even creating a contract between Jeremy and herself or his parents); she could continue to explore the underlying experiences in and dynamics between family members; or she could choose this moment to talk about the therapeutic process and her ideas for how sessions could proceed. Creating a plan for establishing physical safety is something that should happen sometime during the session. It's up the therapist to "feel out" when would be the most appropriate moment, and collaborate with the family about how and when to discuss this sensitive topic. For the purposes of this reflection we will assume that the therapist senses it would be best for her clients to forego deepening into present-moment experience at this point, and more timely to discuss a plan for keeping Jeremy safe. (For clients new to Hakomi it is often best to allow clients an opportunity to move between present-moment states and ordinary conversation/planning, as they become used to the intensity of present-moment experiencing (Johanson & Taylor, 1988, p. 248))

A Plan for Therapy

Establishing a plan for safety could happen in a number of ways. This writer is inclined to suggest the therapist get more information about what precipitates Jeremy going into a coma, to find out what times are most risky for him. It is helpful if the family can objectively identify the systemic nature of the cycle that leads to Jeremy's coma. Once this is established, the therapist can inquire about what aspects of each person feed into driving the cycle (Fisher, 2002). This in turn can lead into discussing a plan for family therapy. In this case, it would make sense to suggest individual therapy (for Jeremy), couples therapy (for parents), and joint family therapy (all three members). Working with family members separately would probably be advantageous given the obvious tension between the parents as shown by their

recent marital separation, and given Jeremy's clear need for lots of structure and support to help him find non-dangerous ways of communicating his feelings. Working with the family together as a unit would be important as a way of bringing the individual and parenting pieces together, and as a way of working with the dynamics of the familial system.

The therapist would share these suggestions for multiple therapeutic relationships, noting the responses and potential financial limitations of the family, while being ready, in the spirit of collaboration, to describe her reasoning for suggesting so much varied therapy. She would also need to be willing to work within the confines of the family's situation. If the family was not willing, or could not financially afford to do individual and couples therapy in addition to family counseling, the therapist could suggest alternating the sessions. The therapist could offer to do all the therapy herself, or suggest that Jeremy (or his parents) see another therapist. It would be important to receive permission for the therapists to work together if multiple therapists were to be involved. It is already clear that Jeremy's diabetic outbursts can be correlated to his parent's separation—and that treating just him or them without bringing the processes together would deny the systemic dynamics at play. Again, the principles of unity and organicity recognize the power of treating the system with all its external and internal parts (Kurtz, 1980, p. 31).

Following what's Organic

Once a plan for therapy sessions and how to keep Jeremy safe is in place, depending on the time left in the session and the energy of the group, there are a number of options. One option would be to engage the family in conversation on a topic interesting to them. This would let them know that therapy, while seriously professional, is not based on a doctor-patient pathology model, but follows from their curiosity (Johanson, 1988) and concerns, validates other areas of the family's life than dysfunction, and can be enjoyable and fun. Another option would be to begin individual treatment for Jeremy or couple's treatment for the parents. This could happen with all members present, or with asking certain family members to leave for the rest of the session. The advantage of seeing people conjointly is that it can give every member a clearer sense of what vulnerabilities triggers the others, and what is needed, and thus promote more of a supportive network (Napier, 1988). However, if there has been so much hurt and defensiveness that evoked material is used against one another, this is counter-indicated. Sensing the energy and endurance of the members, as well as asking them outright what they think the best course would be, could be an effective way of determining where to go next. Collaboration is a hallmark of Hakomi where there is no need for secrets since the method aims at empowering people through mining the wisdom of their own organic wisdom.

Is Jeremy's attention span for therapeutic work done for today? Do the parents have further questions or concerns for the therapist? Could it be useful to have everyone stay present even as the rest of the session focuses on one or two family members? The therapist could ask these questions or sense other possibilities for the remaining minutes. Either way, she would want to give the impression of being both flexible, and capable of being directive and creating structure to support the agreed upon therapeutic goals. Thus, the family's knowledge of the therapist's ability to manage the session is insured, as well as her ability to follow the needs of the moment. A balance between structure and openness shows clients once again that the therapist is capable, resourced, and trustworthy.

Following the overt or subtle needs of clients is part of Hakomi's organicity principle, and is a critical element of this kind of therapy. Organicity honors the organic process that exists in all life forms: life is self-organizing and in a supportive environment will move towards growth and healing. In therapy this means clients have an innate ability to grow and heal in their own way and time (Fisher, 2002, p. 5). The therapist helps clients to experience the safety of the therapeutic environment and to discover how they want and need to process and grow. As any therapist knows, this process is different for every client, and we can assume Jeremy and his parents' process will be uniquely informed by their histories, strengths, resources, personalities, triggers, etc. As Hakomi trainer Greg Johanson (1986) writes, the therapist's job is to "enter into the organic flow of what is healing" for this particular family (p. 11).

Continuing Contact

By the end of the first session, hopefully, all family members will have had a chance to engage with the therapist, feel joined, and have a positive sense of her--If not positive, then at least a sense of the possibility of her genuine helpfulness. A plan should be in place for how Jeremy can avoid risking another coma. This plan might include a contract between him and his parents, and it might include the use of practicing some new and basic resources designed to maintain safety. Examples of these could be Jeremy letting someone know if he starts to feel the kind of extreme feelings that precipitated his previous diabetic ketoacidosis; temporary close monitoring of Jeremy's insulin injections and food intake; Jeremy's father Mark temporarily remaining at his ex-wife house; or Jeremy going to live with his father. If the family has identified the cycle that leads to coma, there can be an agreement that any member of the family can name aspects of that system when they see it in process. There are many creative possibilities for keeping Jeremy safe, especially since he is still a minor and a dependant.

There should also be an understanding of how therapy sessions will proceed. This should be clear and agreed upon

between all family members (otherwise the therapist risks a no show). What takes place in upcoming sessions depends on the set-up and structure for therapy, as well as the unique process that arises. For our purposes here, we will assume that this family has the resources and willingness to send the son, Jeremy, to therapy, as well as to attend couple's sessions and to meet all-together occasionally as well. We will assume that everyone is comfortable with the current therapist providing all these sessions and that everyone is clear the therapist's main "client" is the family and no one member in particular, even as she supports each member. The following paragraphs briefly outline the likely stages and interventions for therapy. They focus on the sessions with Jeremy.

Introducing Mindfulness and Accessing Deeper States

Next time Jeremy came in (by himself) the therapist would continue to engage him in what we will call "meaningful chit-chat," facilitating the two getting to know each other and building trust. In addition the therapist would help Jeremy build a tolerance for noticing and feeling his underlying present-moment experience. She could do this by continuing to track and make verbal contact with what Hakomi calls "indicators" (Fisher, 2002, p. 34). Indicators are signs that a person is managing some kind of deeper experience. They may be obvious: crying is often a sign of sadness. Or, they may be subtle: lack of eye contact, little movements of the hands, concave posture, or stillness. In the case of subtle indicators, the therapist may have a hunch about what Jeremy's indicators are related to based on her knowledge of character, but she nonetheless remains curious and open to learning about her client's unique organization as she supports him in discovering the meaning for himself (Kurtz, 1980, p. 40). By gently contacting indicators and following Jeremy's process, the therapeutic process deepens.

> **Therapist**: A bit angry at them, huh? (about parents)
> **Client**: Uh-huh
> **Therapist**: How do you notice that anger right now? Do you hear anything inside, feel anything in your body, or have an impulse to do anything?
> **Client:** I feel like screaming at them, but I can't!
> **Therapist:** Seriously angry, huh?
> **Client:** (collapses . . . and face crumples)
> **Therapist**: Something changed there. You start feeling defeated?

By simply naming Jeremy's process the therapist is beginning to help Jeremy notice what's happening as it happens. This is the beginning of fostering mindfulness and of incorporating the mind-body principle. For a fourteen-year old, mindfulness would be taught simply and perhaps without even using the word "mindful." Mind-body holism is a point of view about the innate connections between mind and body, physicality and psychology. As Kurtz (2008) writes simply, "Your mind is hooked up to your physiology" (p. 8). The connection between Jeremy's mind and body and the discovery of his body's wisdom would also be taught to him casually by simply assisting Jeremy to listen to his own body as part of the therapeutic process (Aposhyan, 2004).

By following Jeremy's process as it develops and changes, the therapist helps Jeremy see that safety will be maintained, that there will be no pushing, even as he builds a tolerance to feel what is painful. Ron Kurtz (2008) eloquently writes about incorporating mindfulness into therapy:

> There are no tricks or manipulations here. Going into a state of mindfulness is a deliberate choice and not always easy. The client chooses it, chooses to be vulnerable. Clients relax their defenses when they become mindful. They choose to take what comes. If they feel painful emotions as part of this process, it is because they believe it is worth in order to understand themselves. (p. 2).

As Jeremy learns to trust that he can share and explore deeper parts of his experience with the therapist, his therapeutic process deepens. This phase is called accessing, and requires patience and creativity on the part of the therapist, who basically is helping Jeremy begin to explore what is known and unknown, and most likely painful, inside him. No easy task for anyone, and especially for an at-risk adolescent boy. Hanging out here, on the edge of deeper material could take a number of sessions—it depends on Jeremy's needs and the safety of the therapeutic alliance. Often, clients young and old become more invested in the therapy when they realize the therapist is helping them mine the wisdom of their own experience, as opposed to lecturing them on things and legislating behaviors from a position of expertise and power.

Johanson (1986) writes: "Emotionally disturbed children basically need compassionate, genuine, realistic adult relationships with a large measure of structure, clarity, and consistency provided" (p. 12). By remaining warm and open to Jeremy the therapist provides compassion. By giving directions (even as she follows) the therapist provides consistency and structure. By being upfront and collaborative she is being genuine. In order for her to be realistic, it is important to notice whether attempting to deepen the process is therapeutically useful for Jeremy or not. If not, therapy can remain in the stages of contact, light accessing, insight and resource building, and developing safety in relationship. If the therapist thinks Jeremy is capable and ready to move deeper, she can begin using the experimental technique called probes.

A "probe" is a shorthand way of talking about an experiment in awareness, the essence of many Hakomi techniques. Since we all, as clients and therapists, organize all aspects of our experience (Stolorow, Brandchaft, & Atwood, 1987, 28-46) experiments to access how we are

organized can be verbal, non-verbal, relating to how one stands, moves, relates, breathes, makes gestures, talks, fantasizes, dreams, and more. The word "experiment" here refers to an experimental attitude. This means any result of an experiment is fine. The experiment is not trying to force a particular outcome, but bring awareness and curiosity (Johanson, 1988) to what actually happens.

Probes for Deepening

A verbal probe is a statement said by the therapist to the client who is invited into a state of mindfulness where awareness is turned toward felt, present experience in an open, exploratory, non-judgmental, non-agended way (Johanson, 2006). In metaphorical terms, the client is invited to be an alert but relaxed passive observer, standing by the pond of his own consciousness and effortlessly bringing bare attention to the ripples that go off when a fish jumps in the pond. The fish is the probe or experiment in awareness. The ripples could be sensations, feelings, tensions, memories, thoughts, attitudes, or a non-verbal felt sense (Gendlin, 1996). Any of these are creations of the person's imagination, and can be used to access the level of the creator, the core organizing or narrative beliefs that brought them into being.

Probes are normally positive, nourishing, true statements such as "You are welcome here."; "You can be yourself here."; "It's okay to show your feelings," Etcetera (Kurtz, 1980, p. 94). Even though probes are theoretically nourishing, they are used to get information about what Hakomi calls the "nourishment barrier." This is the place in a client's psyche where he does not let himself receive the nourishment offered because of past experiences of wounding in relation to the offer, and the perceived need to protect from anticipated further harm (Fisher, 2002, p. 156; Kurtz, 1980, p. 185). The particular probes a therapist introduces, therefore, are usually designed to address exactly what the client does not believe, and has organized out of their experience as a possibility (Johanson, in press, b). Because probes are delivered to clients in a mindful (open, watchful, nonjudgmental) state, it enables them to notice the automatic responses that arise, based on the core organizing beliefs that normally work outside of awareness in the pre-reflective unconsciousness (Stolorow, Brandchaft, & Atwood, 1987, 12-13). Usually these responses evoke a different, more experiential quality of knowledge from the ones that happen in ordinary consciousness—they are deeper, allow more right brain input (Siegel, 2007), and are often tied to unconscious material (Kurtz, 1980, p. 98).

If the therapist working with Jeremy were to use verbal probes (with his consent), she would try probes that seemed appropriate for him based on her particular knowledge of him, and general assumptions of where nourishment barriers might arise. Given what we know from the case study description, the probes might be ones about expression, communication, safety, familial care/love. In this case, they could be as obvious as, "You don't have to hurt yourself to get your parent's attention." "It is okay to express your truth." Again, there is a qualitative difference between voicing thiese assertions in ordinary consciousness as opposed to a mindful state of consciousness that can take normally habitual reactions under awareness. Once a probe was delivered and an automatic response noticed and named, the next step would be helping Jeremy hang out with his response longer, so that he could deepen into it and eventually discover what is needed. This is called exploring the barrier (Taylor and Johanson, 1988. p. 253).

Supporting Defenses: Taking Over Technique

Once Jeremy's barrier, to a nourishing probe is clear, the therapist can help support his response. This is called taking over, which means doing for the person what they are already doing for themselves. This has two functions. The first aspect of supporting a client's automatic response is that the therapist is providing additional safety as the client moves into unconscious vulnerable territory. The organicity principle assumes that if a person is resisting something, even something potentially nourishing, there must be a good reason. Supporting, or taking over, the resistance communicates that the therapist honors the organic wisdom present, and the client can relax into the assurance the therapist is not going to try to take it away. Support of automatic defenses is related to the non-violence principle, which would not want to see a therapist push a client through their barriers into unsafe territory where increased resistance would be engendered (Johanson & Kurtz, 1991, 40-47). The other aspect of taking over is that paradoxically by supporting defenses, the client's consciousness is freed from fighting for its perceived need for the defense and enabled to discover more information about what is underneath the defense, and the process often deepens (Kurtz, 2008, p. 3).

If Jeremy witnessed a voice that responded to the therapist's probe "you can express yourself fully" by saying "no way in hell!" the therapist could "take over" that internal voice. She would ask Jeremy to teach her how to say the words as closely as possibly to the way he was hearing them in his head. Jeremy would stay mindful and watch his responses to hearing the probe statement said again, immediately followed by his initial "no way in hell!" reaction to the probe. If Jeremy now noticed feeling something physical holding him back, or a tension in his body, the therapist could assist him in doing what his body was naturally doing—with her hands, for example. It should be noted that physical touch always should be done with permission (Hunter & Struve, 1998; Smith, Clance, & Imes, 1998; Zur, 2007), and that in the case of teenagers, it may be wise to use sparingly, if at all (Johanson & Taylor, 1988, p. 256). This therapist would at this point know Jeremy well enough

to know whether to even suggest taking over through the use of touch. Other alternatives to touch would be using pillows, Jeremy's own hands, or having him imagine supportive taking over. Meanwhile, tracking for safety and tolerance to stay mindful would remain absolutely critical. In addition, sessions should remain collaborative and move slowly enough to allow Jeremy to integrate whatever arises in his process.

Processing Child Material

If clients feel comfortable with mindfulness, experiments like probes and taking over they often are able to tolerate and take under awareness the experiences that arise in response to the experiments—with support from the therapist. Common responses to mindfully accessing and deepening into core material through such techniques as taking over are emotional release and experiencing memories (Kurtz, 2008, 4). During this time the therapist helps the client to experience his or her feelings fully by offering gentle encouragement and in some cases physical support when there is spontaneous emotional release Hakomi practitioners term "riding the rapids" (Johanson & Taylor, 1988, p. 255). When riding the rapids is provoked by the appearance of core memories, they can be processed so that clients gain insight about the meaning they made as children (Eisman, 1989). Due to the way that child experiences relate to core beliefs, Johanson & Taylor (1989) write that processing child memories is "highly valuable, therapeutically speaking" (p. 240). If Jeremy were able to reach this state with his therapist, it could be highly effective for helping with what he perceives is going on with his parents that cause him to engage in risky behavior. Perhaps he is able to begin integrating the new belief that "I can ask directly for attention without getting sick."

Integration

Lastly in the therapy process is developing and integrating these new (more inclusive, helpful, healthful) beliefs. This could be adding a new perspective or increasing flexibility towards receiving support. Or it could be a new story or a narrative about a client's life, family, or world (Taylor & Johanson, 1988, p. 257). In any case, integration is based on the client's unique needs and insights. In the integration stage, Hakomi therapists stay attuned to the way that their client's system knows how to re-integrate, while also creating structure to help them integrate. In Jeremy's case, it would probably mean the therapist helping him find resources to maintain his new beliefs, and assisting him in preparing to communicate his feelings and needs with his parents. Jeremy's integration would include a plan for his life outside therapy, and a plan for how to effectively incorporate what he's learned about himself next time he's in family therapy.

The Couple and Family

The stages of therapy for working with Jeremy's parents (as well as for working with the family as an entire unit) would be similar to the process of working with Jeremy. The main difference would be that the therapist would alternate accessing and processing material between the family members and would include helping the family members dialogue with one another (Fisher, 2002, p. 245). The therapist would also assume and ask for more self-responsibility on the parts of the parents than she would with Jeremy, who is not yet an adult. Depending on how the family progresses, the therapist might decide to refer the parents to see individual counselors (Hakomi or otherwise) for additional support. Mark's fiancé or even Jeremy's distant older sister could be invited to attend therapy if this proved therapeutically appropriate. The therapist would remain creative in her approach, along the way continuing to follow the arising needs of the individuals and the family unit. She would focus on assisting the family in finding practical solutions to their dilemmas (such as how to keep Jeremy safe, how to allow the parents to finalize their divorce, and Mark to move on with his plan for marriage—assuming these remained the goals of the family). Even as she worked with interpersonal dynamics, a good Hakomi therapist would help family members work with intra-psychic relationships that affected their ways of interacting, steering them from the stories and ideas of ordinary consciousness *about* their experience to the deep healing work of actually processing unconscious material in a mindful, experiential way, knowing this distinction to be a Hakomi trademark (Johanson, 1986, p. 9).

Conclusion—Humble Beginnings

As shown to this point, Hakomi Therapy offers many possibilities for how to work with Jeremy's case. Due the creative nature of the model that rests in principles more than techniques much could happen, and though it would not always model the "pure" Hakomi method taught in training environments, it would still be considered Hakomi Therapy. Becvar & Becvar (2006) warn about this:

> Despite our enthusiasm for a particular model that seems to have successfully supported therapy in the past either for ourselves or for others, we must be aware of the limitations of all theories and not endow them with a certainty they may not deserve. That is, we need to suspend our stories and allow the client's story, as it evolves in the context of the therapeutic interaction, to be our primary focus. (p. 317).

No matter the name of the theory, it is safe to say creating a safe and genuine therapeutic relationship with Jeremy and his parents is always an appropriate and hopeful place to begin treating them.

References

Aposhyan, S. (2004). Body-mind psychotherapy: Principles, techniques, and practical applications. New York: W. W. Norton & Co.

Becvar, D. S., & Becvar, R. J. (2006). *Family therapy: A systemic integration.* (6th ed.). Boston: Allyn & Bacon/Longman.

Eisman, J. (1989). The child state of consciousness and the formation of the self. *Hakomi Forum*, 7, 10-15.

Fisher, R. (1996). Using Hakomi with Couples, *Hakomi Forum*, 12, (Summer):3-8.

Fisher, R. (2002). *Experiential psychotherapy with couples: A guide for the creative pragmatist*. Phoenix, AZ: Zeig, Tucker & Theisen, Inc.

Fisher, R, & Hull, J. (1999). Applying Hakomi principles and techniques to mainstream psychodynamic, behavioral, and systemic couple's psychotherapy. *Hakomi Forum*, 13, (Summer):18-26.

Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York: The Guilford Press.

Hunter, M. & Struve, J. (1998). *The ethical use of touch in psychotherapy*. Thousands Oaks, CA: SAGE Publications.

Johanson, G. (1986.) Hakomi in the trenches. *Hakomi Forum,* 4, 7-17.

Johanson, G (1988). A curious form of therapy: Hakomi. *Hakomi Forum*, 6, 18-31.

Johanson, G. (2006). A survey of the use of mindfulness in psychotherapy. *The Annals of the American Psychotherapy Association*. 9(2), 15-24.

Johanson, G. (in press b, in English) The organization of experience: A systems perspective on the relation of body-psychotherapies to the wider field of psychotherapy. In Gustle Marlock, and Halko Weiss, (Eds.) *Handbook of Body Psychotherapy* first published in German as Die Organisation unserer Erfahrungern – ein systemorientierter Blick auf die Koerper-psychotherapie. Herausgegeben von Gustl Marlock und Halko Weiss *Handbuch der Koerperpshchotherapie.* Stuttgart: Schattauer Verlag.

Johanson, G. (in press a). Non-linear science, mindfulness, and the body. *The Humanistic Psychologist*.

Johanson, G., & Taylor, C. (1988). Hakomi therapy with seriously emotionally disturbed adolescents. In C. E. Schaefer (Ed.), *Innovative interventions in child and adolescent therapy* (232-265). New York: John Wiley & Sons.

Johanson, G. & Kurtz, R. (1991). *Grace unfolding: Psychotherapy in the spirit of the Tao-te-ching*. New York: Bell Tower.

Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi method*. Mendocino, CA: LifeRhythm.

Kurtz, R. (2008). A little history. *Hakomi Forum*, 19,

Napier, A. Y. (1988). *The fragile bond: In search of an equal, intimate, and enduring marriage*. New York; Harper & Row.

Napier, A. Y. & Whitaker, C. A. (1978). *The family crucible*. New York: Harper & Row.

Nichols, M. P. & Schwartz, R. C. (1998). Family therapy: Concepts and methods 4th. Boston: Allyn and Bacon.

Ogden, P, Minton, K. & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York: W. W. Norton & Co.

Rowan, J. & Cooper, M. (1999). *The plural self: Multiplicity in everyday life*. London: SAGE Publications.

Roy, D. M. (2007). Body-centered counseling and psychotherapy. In D. Capuzzi & D. R. Gross (Eds.) *Counseling and psychotherapy: Theories and interventions* (360-398). Upper Saddle River, NJ: Pearson-Merrill/Prentice Hall.

Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York: W. W. Norton & Co.

Smith, E. W. L., Clance, P. R., & Imes, S. (1998). *Touch in psychotherapy: Theory, research, and practice*. New York: The Guilford Press.

Stolorow, D., Brandchaft, B. & Atwood, G. E. (1987). *Psychoanalytic treatment: An intersubjective approach*. Hillsdale, NJ: The Analytic Press.

Taylor, C. R. (1985) Use of Hakomi therapy with seriously emotionally disturbed adolescents. *Hakomi Forum*, 2, 35-36.

Zur, O. (2007). Touch in therapy and the standard of care in psychotherapy and counseling: Bringing clarity to illusive relationships. *The USA Body Psychotherapy Journal*, 6(2), 61-94.

When the world is governed according to Tao,
Horses are used to work on the farm.
When the world is not governed according to Tao,
Horses and weapons are produced for the frontier.
No crime is greater than that of ambition.
No misfortune is greater than that of discontentment.
No fault is grater than that of conquering.
(Lao Tzu, 46)

All things arise from Tao.
They are nourished by Virtue.
They are formed from matter.
They are shaped by environment.
Thus the ten thousand things all respect
Tao and honor Virtue.
Respect of Tao and honor of Virtue
are not demanded,
But they are in the nature of things.
(Lao Tzu, 51)

(Lao Tzu quoted in
Johanson & Kurtz, Grace Unfolding, 1991)

Accessing Implicit Material Through Body Sensations:

The Body Tension Sequence.

Joe Mowrer, Ph.D.

Editor's Note: In this article, Joe Mowrer, who has had wide-spread training in a number of modalities, takes the "body tension sequence," a training exercise commonly used in Hakomi workshops, and fleshes it out in theory and practice to communicate to therapists in general who work in an experiential mode.

Charles "Joe" Mowrer, Ph.D. is an experienced therapist of some thirty-plus years who has had training in many of the therapeutic models that inform or parallel the methodology of Hakomi, including Gestalt Therapy, Client-Centered therapy, Internal Family Systems, and various other approaches to Family Systems work such as that of Virginia, Satir. He is informed from his long practice of Zen meditation. A Graduate of Purdue University, he has been teaching faculty at the University of Iowa in both the Counseling Psychology Program and School of Social Work. He has also been a member of the training staff and curriculum coordinator for The Family Therapy Institute of Milwaukee. Although not a certified Hakomi therapist, he has adopted Hakomi methods and principles as a way to integrate the many modalities that inform his current practice, and believes that Hakomi work represents an approach that truly targets the underlying neurological processes involved in therapeutic change.

ABSTRACT: This article provides a brief summary of the way in which body centered therapy helps clients attend to body sensations as a means to access implicit material and narrative in psychotherapy. Rationale for the importance of body-centered methodology based on resent neuroscience is provided. Some of the principles and understandings used in Hakomi body-centered psychotherapy are presented as a context for therapeutic choices in developing and expanding a client's awareness around a bodily felt tension, one of many indicators that can be attended in the therapeutic situation. A sequence and a case example are described that illustrates the process of self-reflection encouraged through the careful cultivation of present-centered mindfulness of body tensions. Turning a person's attention to the physical aches, pains and tensions that arise in the course of therapeutic exchanges is a powerful means to evoke core material associated with blocked potentials, and address the limited sense of choice associated with client problem presentations.

Introduction

Body-centered psychotherapy is associated with a wide range of psychotherapies (Caldwell, 1997), all of which, to one degree or another, see the body as part and parcel of the "mental" processes that govern the flexibility and range of our response patterns (Johnson & Grand, 1998; Smith, 1985). Among many, are Gestalt therapy, Pesso-Boyden Psycho-Motor Psychotherapy, Focusing therapy, Client-centered therapy and other therapeutic models with existential/experiential roots. Although there may be vast differences among the methodologies of these approaches, they fundamentally agree that the body literally holds and maintains implicit cognitive, emotional, and perceptional material that shapes and constrains how we act (Kurtz & Prestera, 1976) and that access to and transformation of this material is necessary for increased flexibility and choice in our life situations (Rosenberg & Rand, 1985; Wylie, 2004). These body oriented approaches put great emphasis on the immediate on going experience of the client (Hartley, 1995). As adherents of these approaches have suggested, this kind of focus has the benefit of by passing the usual cognitive processes that maintain well formed, but often problematic world views on the part of our clients.

Somatic processes of the body have indeed been shown to be inherently involved in the implicit and explicit emotional/cognitive activities of the individual. Neurological and biochemical research points to the usefulness of a unified mind/body/brain model (Siegel, 1999, Pert, 1999) in which feelings, perceptions and cognitions are a function of interactions of the mind/body/brain unity. More recent neuroscience (Cozolino, 2002, 2006) suggests further, that within the unity of mind/body/brain, there is indeed three distinct ways of processing experience. First, there is a sensory-motor level associated with the body and lower brain functioning. Then there is an emotional schematic level that serves to color our experience and is centered in the midbrain. Finally, a conceptual/cognitive verbal process centers in the cortical portions of the brain. These three processes, sensory-motor, emotional schematic, and cognitive/conceptual are not linear. One does not cause the

other, (i.e., a cognitive thought does not cause a specific emotion) but inform and influence one another in complex ways (Morgan, 2006).

The outcome of this complex interaction results in what seems to be two circuits of human affective experience. On the one hand there is a more intuitive emotional process, one that often operates more implicitly and without the mediating influence of cognitive processes. It is largely the function of sensory-motor process. It can only evolve into the experience of emotion when it is reaches a critical mass of raw sensation, and attention is directed towards it. It is this implicit intuitive emotional level to which body oriented therapies bring awareness by tracking indications of somatic processes.

Awareness of emotional material connects it to a higher order of experiencing, a complex affective-cognitive system which organizes mental representations of emotions or emotion schema (Mahoney, 2003). These schemas are in part our mental maps for reacting to emotion provoking situations, and what part of our experience we organize in or out. These emotional schema or "somatic markers" as Damasio (1999) calls them are embodied narratives of our history with developmental caretakers. Such embodied narratives well be what give us the "felt sense" of our predicament that is sought in Focusing therapy developed by Eugene Gendlin (1996).

The evidence concerning these two levels of affective experience suggests change in an embodied felt sense requires change at both the somatic and schematic levels of emotional experiencing (Kepner, 1993). In simple terms, the client must have a new experience in relation to an old predicament while rewiring the emotional narrative that accompanies it. It may be that body-centered therapies are particularly suited for accessing the somatic-motor level of experiencing and gaining access to the implicit emotional material with their focus on the immediate embodied experience. Change at the emotional schematic level may be more complex.

One form of body centered therapy that might accomplish both is that of Hakomi as developed by Robert Kurtz and his colleagues (Kurtz, 1990). The Hakomi approach provides a clear set of principles, methods, and techniques to help individuals access deep implicit material (i.e., somatic-sensory memory) and transform related internalized narratives (i.e., emotional schema) in a manner that seems to correspond to underlying somatic and neurological processes. Some of the working principles of Hakomi are presented here to provide context for a case example meant to illustrate change instituted at both levels of embodied experiencing. A relatively confined methodology, the Body Tension Sequence (BTS), is provided because it can be used by any experientially oriented therapist who provides a safe empowering relationship for their clients (Mahoney, 1991).

The Hakomi Approach

Hakomi Therapy is a body-centered psychotherapy that is organized around a few fundamental principles that inform the therapeutic stance and range of choices available to the therapist. The principles also form the basis for a set of clearly defined methods and techniques that constitute the skill means by which the therapist engages and relates to the client. Working within these principles, the primary purpose of the therapist is to invite and evoke the here and now experience of the client so that it becomes the object of the clients self study. This self study (Kurtz, 2008) becomes a potential source for identifying and transforming implicit narrative and emotional barriers in such a way as to open the client to fuller and more flexible functioning.

Although the principals and methods are well known to those familiar with the Hakomi approach, and have been explained more fully and more elegantly elsewhere (Kurtz, 1990), a brief explication of some key concepts are needed here. This will help ground the reader's understanding of the Body Tensions Sequence described below. The original principles, methods, strategies, and techniques of Hakomi were derived intuitively and grounded in understandings of other effective therapeutic modalities, the sciences of living organic systems, as well as tenets of the eastern wisdom traditions. The latter stand in their own right as exquisite perspectives on human transformation.

The therapist working within the frame of Hakomi principles invites the client to collaboratively study the way in which experience is organized outside ordinary awareness. The working assumption is that our experience is organized in implicit habituated ways by beliefs rooted in early developmental events. These experiences often include various degrees of trauma, interrupted developmental processes (i.e., attachment) as well as defensive patterns that confirm these beliefs over and over (Johanson, 1999). Certain significant beliefs (core beliefs), along with associated emotional memories, are seen as underlying nearly all of the habituated patterns that constrain an individual's flexible and balanced functioning. Without our recognition and understanding, core material (narratives and emotional memory) shape and organize virtually all of our experience.

The focus of the Hakomi process is to make core beliefs and emotional memories explicitly conscious where they can be transformed into more flexible and functional understandings. The intent is to help the client to establish and stabilize new beliefs, thereby diminishing and ending the habituated power of old beliefs and implicit emotional material.

The Central Role of Mindfulness

Since experience is organized constantly, the present experience of the client is a central focus for the therapist. By focusing on current experience access to core material is often easier because our implicit beliefs are constantly organizing experience in the present moment. It is worth noting that the work of Eugene Gendlin (1996) and his colleagues have consistently pointed to the value of the client's ability to reflect on his own experience. That ability appears to be the client's single most significant contribution to positive outcome in therapy. The Hakomi therapist actively helps the client attend to their experience by cultivating mindfulness, one of the key principles to the approach.

Over the past ten years or so, mindfulness has become the new watch word in the world of psychotherapy, as perhaps it should, given its power to impact the psychological, physical, and spiritual well being of the individual, (Johanson, 2006). Ron Kurtz, the founder of Hakomi, was one of first to recognize and utilize mindfulness as a central and necessary process in the therapeutic process. He borrowed the concept from his study of eastern traditions to capture the process of internal attention to ones present experiencing that seems so necessary to therapeutic movement.

Mindfulness can be and has been defined in many ways, but for our purposes we will try to stay with the simple view not unlike that of Eugene Gendlin's concept of Focusing (Gendlin, 1996). Focusing or mindfulness is noticing, remembering and reporting present thoughts, feelings, impulses, and so forth, without judgment or evaluative reaction. Hence, mindfulness constitutes a nonjudgmental curious observing of internal, sometimes non-verbal, phenomena arising. Although the apparent capacity for mindfulness varies from person to person, it fortunately seems to be a skilled means, and does not solely depend on any inherent ability. Some are better at it initially but there are very few who can not increase their mindfulness over time (Gunther, 2006;, Siegel, 2007).

In fact one of the initial intentions of the Hakomi therapist is to invite the person in various ways to leave ordinary states of consciousness and come into mindful reflection of his ongoing experience. Ordinary consciousness is by nature habituated and without the reflection inherent in mindfulness. In the state of ordinary consciousness, we readily perceive what we already know, and our choices are often limited to what we have already tried. It is in a very real sense involuntary. Ordinary consciousness is defined by repetitive emotional reactions, as well as unexamined narratives and autobiographical stories that maintain a static and limited view of ourselves and others. The Buddhists, who over time have proven to be exquisite psychologists, have called ordinary consciousness "habit mind" because of its seeming automated quality. In the Buddhist perspective mindfulness is, of course, seen as the antidote to habit mind.

Inviting Mindfulness

In Hakomi work various means are used to invite mindfulness. For one thing, the Hakomi therapist works at a slower pace than utilized in many therapies, minimizing the number of responses on the part of the therapist as well as their length and complexity. Pacing, minimalism, and a supportive loving posture, (called "loving presence" in Hakomi; Kurtz, 2008) on the part of the therapist contribute to eliciting mindfulness on the part of the client (Lewis, Amini, & Lannon, 2001). By slowing the pace and minimizing responses, the therapist creates a context where clients often find themselves in uncertain waters, and needing to search their experience more carefully--frequently finding material that may be more novel and less familiar. Through this patience the therapist also essentially communicates that "there is no hurry here" (Johanson & Kurtz, 1991). The reflective state of mindfulness is timeless in the sense that there is no push to get somewhere or get something done.

Often minimal response takes the form of what are known as contact statements. Contact statements are short statements by the therapist that attempt to capture the emotional flavor and deeper meaning of the client's current experiencing (Kurtz, 1990). For example, a client describes a conflict he is having with long time girl friend that is critical of the frequency of his contact with his family. In describing this he seems quite perplexed about her reaction, and expresses self doubt. He expresses this, in part, by raising and opening his hands in front of himself and shrugging his shoulders. Then he says, "What am I suppose to do, give up my family?" The therapist could respond in a variety of things here, of course, but the Hakomi therapist might offer simply, "So, it is confusing, torn between two loyalties?"

This might seem to some like an over-simplified response, one any first year counseling student might offer in an empathy practice class. From the Hakomi point of view, however, more is being offered than an empathy or insight by the therapist. Offered supportively with the tonality of a question (Johanson, 1988), it is an invitation to turn inward and reflect curiously on the accuracy of the therapist's contact. The well grounded Hakomi therapist is not seeking to be right or perfectly accurate. The purpose of contact statements is primarily to turn the person's attention mindfully to their own internal meaning making process, or as Eugene Gendlin (1992) calls it, the "felt sense" of a thing. Meaning as a felt sense implies that it is imbedded in somatic processes. In this light our bodies are the key to the deeper meanings embedded in our communication (Aposhyan, 1999, 2004).

It is this "felt sense of things" that makes bodily related processes powerful allies of mindfulness. Core beliefs or deeper narratives can of course be found through cognitions, emotions, images and memories. Many Hakomi methods are directed at these dimensions. However, communication of these dimensions is mostly a cerebral cortex function more subject to filtering and censoring than automated behavior patterns or bodily sensations that tend to be functions of lower brain centers. This makes identifying some aspect of the client's observable behavior, i.e., gestures, voice tone, breathing, posture, etc., a particularly powerful means of encouraging mindfulness. This may be even more true of body sensations that can only occur in the present moment, and are directly connected to bodily felt experience, whereas cognitions, memories, and feelings (and the description thereof) can more easily slide back into ordinary consciousness, and an "as if" state.

The Utility of Body Sensations

Here we are focusing on the utility of body sensations work because it is the dimension that may be the least filtered of body/mind expressions (Bainbridge-Cohen, 1993). Inviting individuals to notice behavior can sometimes invite self-consciousness and an associated resistance to exploration (and mindful reflection). On the other side it may be easier for them to develop curiosity about body sensations because it is totally internal and generally novel to them. Another way of considering this is that we tend not to develop the same kinds of defensive patterns around body sensation as we do around other aspects of our perceptual field. The caveat here is that some individuals are cut off from perceptual access to their bodies (often in the case of PTSD clients; see Gunther, 2006, and Ogden, Minton, & Pain, 2006). And as clients feel safer, and have more experience in the state of mindfulness, the various dimensions become more accessible and it is less necessary to identify a particular dimension to cultivate mindfulness around.

Be that as it may, the Body Tension Sequence (BTS) (Kurtz, 2000) we outline here is a methodology that tracks body sensations that can be used by other therapists who work experientially with their clients.

Identifying a sensation occurs in a variety of ways. Sometimes it is by spontaneous report of the client. Sometimes it emerges out of tracking one of the other dimensions. The outline of the sequence offered here is descriptive only. It is not meant to be followed as an exact sequence, or to the last detail. In practice the sequence may loop back on itself where you get to one place in the sequence and it makes sense to return to an earlier part of the sequence (or jump forward to a later one). It is more a range of choices to be made at a given juncture of focus on a body sensation(s). In actuality, the process seems to follow the sequence more often than not.

The Body Tension Sequence (BTS)

In the course of interaction with a client that is based on inviting self study through mindfulness, it is common to notice body shifts or hear verbalizations that point to a tension somewhere in the body. The case example used here is representative of a BTS (Kurtz, 2000) and approximates a therapeutic episode that took place in a group training workshop experience. It illustrates the course of such a sequence. Content and facts have been changed to hide the identification of the individual involved. The example is meant for illustrative purposes only. The BTS begins with the:

Identifying a Tension in the Body.

The client is a fifty plus, single, divorced woman with grown children. As the interaction began the client indicated she was not sure what she wanted to focus on. As she said this she began to move around in her chair hunching her shoulders and furling her brow as if she were in pain. The therapist noticing her seeming distress, remarks in a gentle questioning voice, "Having troubled getting comfortable?" Here, calling attention gently to current behavior brings awareness to present experience. The woman, in response, says slowly, as if trying to determine whether this was true, "yeah, I guess."

Because of the body movement and apparent distress (and the seeming hesitancy), the therapist attempts to turn the focus more directly to her body by asking, "where do you she feel most uncomfortable?" The woman, in response, complains of pain centered in the middle of her neck where it joins her back. She spoke of the pain in vehement terms of aversion. "I hate this! It is all I need right now--just when I have been feeling better." Here the client was referencing a prolonged period of struggle where she had recently completed recovery from depression and various ailments that kept her constantly focused on her health, with neck and back pain among the issues.

At this point therapist asks if she wanted to, "explore anything about the pain's return?" and waits for her to indicate her willingness before proceeding. Respect for the client's wisdom concerning what is safe and needed requires the therapist to stay in the loving presence consciousness, and not proceed without the client's agreement. The client has had some experience with body-centered work, and quickly expresses a willingness to proceed.

The therapist then asks if she "could notice any details about the pain." By focusing more directly on the sensations the therapist is inviting the client to deepen her state of mindfulness, and create the potential for accessing deeper material. In this situation the client did not respond right a way, but spent a few moments moving around in the chair

and turning her neck and head to one side and another – than laying her head over each shoulder. The therapist holds back responding, giving plenty of room for the client to explore the sensations associated with the pain. Trusting the client's capacity to know her own experience requires an unusual patience. Making room for mindfulness requires the therapist to be unhurried. One Hakomi therapist speaks of this slower pacing as "allowing for the space in between thought."

After a few moments of moving about, the client says it feels like a "dull ache" that "just won't go a way." To this, the therapist minimally responds with a nod of his head and an implied question, "An ache?" The client responds with a tone of curiosity, "It feels like it is moving." The curiosity in her voice is an important cue to her state of mind. It seems to indicate that she is processing in mindfulness as she attends to the sensation of the ache.

Develop a mindful curiosity about the tension; study, and befriend it.

At this point she again angrily protests the unfairness of the pain and emphatically cries that she, "Just wants it to go away."

The therapist acknowledges how "unfair it must feel," but wonders if it might not be an opportunity "to learn more about the pain by getting to know it. Perhaps it might have something to tell you." To provide a more embracing frame the therapist adds, "Even friends trying to help can be pains in the ----." The client smiles and closes her eyes and again begins rolling her shoulder. The therapist continues to offer the possibility of a friendly relationship with the pain, by suggesting she "Invite the pain to help her understand it's role in her life." At which point the client says, "It doesn't say anything, it just keeps moving."

Waiting for a few moments, the therapist then asks if, it (the pain) "is still moving?" When the client says "yes," the therapist asks the client to describe the movement, maintaining the focus on the immediate experience of the pain. She suggests after several moments (the pacing of a response can signal whether the client is indeed mindfully tracking her experience with slower response, generally more indicative of mindful attention). "It seems to move between my shoulder blades, sort of like a rolling ball--going back and forth." Her movements seem to reflect this as she lifted one shoulder than another a number of times.

At this point the client seems to break from her mindful attention, opening her eyes and looking at the therapist as if seeking further instruction. The externalizing of her attention suggests the client might have shifted out of her mindful state. This is not unusual as most clients will be able to maintain mindfulness for relatively short periods of time, a minute or so at most. The Hakomi therapist pays close attention to the "state of mind" held by the client. Ordinary consciousness is not a "working state" as it tends to repeat and maintain the status quo of perception.

Experiment with it, i.e., make it voluntary, more intense, etc.

Recognizing the client had perhaps jumped out of mindfulness, the therapist invites a return to mindfulness by setting up an experiment. The client is asked if she would like to try to take control of the movement of the pain, by suggesting she "Ask the pain if it minded if you moved it from one side to the other at your own pace." This is a kind of experiment that furthers and perhaps changes the client's relationship with her own experience. The pain becomes something to be curious about. In a sense the client is invited to become a scientist about her own experience, to literally study her experience as a subject to understand, not something to resist, ignore or overcome.

In response, she changes her position from one in which she has been slumped forward to a more upright one. She begins to roll back and forth and swing her shoulders in a circle and turning her head as if trying to loosen up. After about a minute a slight smile appears on her face, taken as an indication by the therapist of a shift of some kind--away from the earlier antagonism toward the pain. He makes contact, "Something is different, huh?" striving to stay close to the client's direct experience. The client immediately replies, "Yeah, it feels good not to feel so helpless." The swift spontaneity of her response suggests a shift in her experience of the pain in continued mindfulness.

As you experiment, notice how the rest of the body interacts with or participates in the tension.

It is often helpful to open up the scope of mindful awareness. The holistic perspective of Hakomi suggests that how a client organizes experience is interconnected at many levels of the body/mind interface. Accessing of core material has many doors so to speak, and the possibilities are rich. Here the therapist inquires, if (the client) "notices any other parts of the body respond as you move the pain from side to side." The client continues her rolling motion, having stopped briefly. She does a variation on her rolling, sometimes hunching her shoulders, tilting forward. Then she comes to rest and is quiet. The therapist waits – again giving room for her unconscious to unfold in mindfulness. Her non-verbal behavior suggests she is still in a state of mindfulness.

When she speaks, it is slow and deliberate. "The pain is less intense, sort of spreading through my body." The therapist offers another contact statement at this point, "Like you

don't have to hold it in one place any more?" The client says, "Sort of . . . but more like I was holding myself up because nobody else will." She references her experience and easily refines the contact statement to make it more precise, a possibility facilitated by the therapist not being attached to the correctness of his observation. Her manner has become more matter of fact, as though she was offering a platitude.

Notice any associated images, attitudes, or feelings that arise in relation to it.

Suspecting the client had shifted states of mind, and hoping to expand the recognition in her statement, the therapist wonders, "What it feels like to be the only one holding yourself up?" Feelings, images, or attitudes can require a different kind of internal search than cognition alone, perhaps more likely to pull up "material" connected to core beliefs. At the very least it is more likely to return the client to deeper mindfulness as she checks for internal feelings and images.

In this situation the client hesitated for a moment--and then sighs deeply, and slumps visibly. She says, "Tiring," in a voice that speaks volumes about her fatigue. Here the therapist reflects gently and with a questioning tone, "So tired, it is hard to keep going?" She replies quietly and simply, "Yes." The therapist chooses to wait for a moment. The client appears to be in mindful state. At this junction she looks up at the therapist with what seems like a look of expectancy. Mindfulness more often occurs when the person's eyes are looking down, unfocused, or even closed. Her questioning look suggests that she has externalized her focus for the moment.

It is worth noting here that this frequent moving in and then out of the working state of mindfulness is not problematic. It is one of the primary tasks of the Hakomi therapist to continue to monitor and re-invite a state of mindfulness. One general, but not rigid rule of thumb is to return to the last point of access so to speak. The therapist asks again about the pain, in a slightly different way. "Is the pain still there?" This invites the client to focus again on her body experience, which, as Tolle (1999) suggests, is the most powerful "portal" to present experiencing. It initiates a search that is by its nature, mindfulness. In response to this question the client looks down and closes her eyes. She reports softly, "Yes, but not so sharp."

Allow it to tell more about itself-- its story, concern, etc.

The client seems to be re-engaged in a state of mindfulness, so the therapist asks, "Does it have anything it wants to tell you?" The client again looks down and moves her body slightly. She then says "Yes, it is angry and feed up." The therapist simply says, "Angry and feed up, huh?" She lets out big sigh, "Yeah ,and lonely." The therapist says gently, "Like, just aching with loneliness? Her facial expression changes then to one of a grimace that appears to be the start of a sob, but apparently being held back. The therapist acknowledges what seems to want to emerge with another contact statement, "It hurts so much, you just want to cry."

Then the client begins shaking and sobbing deeply. She seems have given herself over to the flood of emotion, so the therapist waits quietly, wanting to see what she does with this intense release of emotion. Since she now seems comfortable exhibiting her deeper feeling, the acceptance inherent in the therapist's silence seems best. The emotional response seems congruent, and is taken as a sign that the client has accessed deeper emotional material associated implicit memory.

After a few moments the client looks up and begins to describe how lonely she feels in her current situation. She explains that she lives in a spiritual community where the cultural ethic is one of self reliance, with an inclination to work out internal struggle privately, and where there is no touching. "There is just nobody I can turn to when I am struggling, and what is worst, my daughter (a grown child) will have nothing to do with me."

The therapist suggests, "So, it is hard to support yourself when you feel alone?" In response, her shoulders slump forward and head drops and she whispers, "I am so tired . . . ." In many therapeutic modalities the therapist might find the client's statement regarding her daughter something to pursue and explore. Her conflict with the daughter may be important and even relevant, but asking about content changes the ground of the interaction. It becomes something that is "told about," but not referencing present experience. Body-centered experiential work rests on the moment to moment experiencing of the client, with the therapist trusting that relevant connections will emerge through that experiencing. At this stage of the process, to pause for the story, risks leaving the ground of "immediate" experiencing."

Explore what might be needed

The tracking of the pain sensation seems to have lead to, or be connected with, a deep sense of tiredness, still another bodily sensation. Tracking any bodily related phenomena is likely to result in shifts of kind and quality. The therapist follows, as opposed to leading, this process. In this case, the therapist focuses on what may be needed, by asking, "What does the tiredness need?" The inquiry is not, "What do *you* need?" which might lead to cognitive reflections about what might be helpful. By referencing the experience of tiredness, the client must do a mindful search of her immediate sense of tiredness, which she appears to do. She says, "It does not want me to do all the work anymore."

Offer in response to expressed needs, a potentially nourishing experiment in awareness, encouraging the person's openness to what parts of them take it in and what parts keep it out.

Once a need is expressed, the therapist has an opportunity to change the usual outcomes that are predicated on unexamined implicit core beliefs. Opening the client to a new experience formed around the expressed need allows the person to observe reactions that resist and/or accept the novel experience. In general, Hakomi focuses not on withholding gratification or nourishment, but by helping people organize in nourishment that is realistically available, through helping them work through the barriers they have that keep it organized out (Kurtz & Minton, 1997). The experiment here was to ask the client if it was, "Okay if someone did the work of supporting you for awhile so that you do not have to work so hard at it?" This is an example of a Hakomi technique called "taking over," which means doing something for someone that they are already doing for themselves (trying to hold herself up while being so tired, in this case.) When one of the members of the group slide behind her to provide some support, she seemed to stiffen a little, causing the therapist to offer that if she was "not comfortable with someone there, it was OK to say no."

In Hakomi work nothing is forced. The power to choose the direction of the interaction is given totally to the client. The individual who moved behind her may have done so precipitously, before the client was vetted so to speak about whether she was ready, (or perhaps whether the person who moved behind was acceptable to her as a support person, a male in this case). In reaction to the checking in statement by the therapist, she seemed to considerate for a moment, and then indicated she felt safe with the man behind her, and wondered if he could give her a shoulder massage. The man began to give her a gentle massage, and the client appeared to relax as her shoulders slumped and loosened.

The therapist waits, as the client seems to be enjoying the massage. After a minute or two she slumps back and lets the man behind support her. Her eyes are closed and there is a slight smile on her face. The experimental providing of a nourishing experience directed at an unexpressed or an unacknowledged need can often be the basis for transforming the original core beliefs into more flexible and balance ones. It is a transformation to go from believing no one is there for me any of the time, to some people can be there for me some of the time.

Track and contact any barriers that arise.

One of the goals of Hakomi is to help the client incorporate new experiences, ones that stand in contrast to more habituated ones. In the process of the interactions the therapist may have a variety of thoughts about what experiences have been organized out by the client's core belief system. In this case the client has little nurturing in her current situation, but it is possible that her life choices have followed a pattern that take her to non supportive environments (Keleman, 1981); or it may be she believes there is nothing available for her when in reality it might be there if she made the choice to contract for it; or perhaps she organizes herself to block support from her peers. The therapist might consider such thoughts but as hypothesizes only. They are not offered as "interpretations" or insights, but might form the basis for possible experiments for the client to study in mindfulness. Use of therapist insight in the form of interpretation is more likely to inhibit mindfulness than not. Interpretation frequently invites a return to the cognitive processes of ordinary consciousness, or worse, to a defensive state relative to the therapist.

So when the client opens her eyes this time she looks at the therapist in a relaxed way. One option at this point is to see how the client experienced the "support experiment." The question is whether the person can take the experience in, not as an exception, but as an ongoing possibility. So the therapist asks, "What is it like to feel supported?" She says, "Nice" (hesitates a little), and then says "but a little scary, like I might get to expect it."

The latter can be taken in this context as indicating some resistance to the experience of support and nurturing. It may indicate a barrier (or barriers) that prevent the acceptance of support, and by implication an overdeveloped sense of needing to support herself. The therapist responds by inviting exploration of the potential barrier. With a questioning quality in his voice he expresses his curiosity, "Scary?" The client hesitates, and then says, "I don't want to be one of those people who are forever needy." The therapist simply replies, "You know a lot about that, huh? The client responds with, "Yes, my mother taught me." This suggests is that her resistance to support from another is rooted in her experiences with her mother.

Retry experiment with nourishment modified by concerns of barrier.

Again in some forms of therapy this would be an invitation to explore in more detail her relationship history with her mother. That may be useful, but from the Hakomi perspective, it moves us away from our purpose of helping the client integrate an experience that transforms a barrier; in this case to gain more flexible behavior around the issue of getting and receiving support. The therapist looks for ways to incorporate the concerns reported by the client into the nourishing experiment.

The therapist says, "can you turn around (to the man providing her support), and say something that would reassure you that you are not asking too much?"

At this point the therapist could be getting it wrong. As was suggested, wrong is good in this approach, and creating an experiment on a mistaken assumption can lead to some experience in mindfulness that enriches understanding on part of both the client and the therapist. The client turns around and faces the man. She takes a few moments looking in his face as if studying him, then says, " If I let you support me, will you promise to let me know when it is too much--not leave me before I know it is too much for you?" The man nods and says, "Yes, of course."

They sit there for a few moments, until the therapist asks if she would like a little more back massage? She immediately responds by asking the man if he would mind. He does not mind. They spent a few minutes doing so. The therapist then asks, "how does it feel now?" and she says, "Wonderful!" quite enthusiastically.

That there is no qualification of her experience this time is taken by the therapist as evidence that for now she is able to take the experience in fully. The therapist, wishing to highlight and bring completion to her experience of safe support, asks how it feels to know she "might not have to pay a price for being supported?" She replies enthusiastically, "Really good," indicating there was no barrier this time.

Because of time constraints in this training setting, the therapist asks if this is a good place to stop and she responds in the positive. Since the acceptance of support is new for her, it likely that she will have to revisit this more to fully transform the original resistance, but this episode in all likelihood opens the door for further fruitful work around this issue.

Repeat until person is able to organize in the new experience

Sometimes, continued resistance arises in the context of a nurturing experiment as described above. This is not viewed as a problem. New information about the need of the resisting part is used to modify the experiment further until hopefully the client can take in the experience without resistance. When it seems clear that the experience has been taken in by the client, it is often useful to have a more cognitive discussion about how the client might use this information, a sort of imagined future moving forward with the awareness discovered in this session. It is also a time where insight or alternative perspective can be offered to the client as a way of anchoring new learning. This would be the integration phase of a Hakomi session. Home work organized around the experience may also be assigned.

Comments

This case example illustrates the methodology of BTS and some of the working principles of Hakomi. Here it may be helpful to comment on its correspondence to change, and its relation to the change model derived from neuroscience research mentioned earlier.

With minimal contactful response, pacing and careful selection of what to invite the client to attend to, the therapist was able to help the client access the somatic level of experience (implicit emotional material). Inviting the client to attend to sensations and bodily related phenomena in the present moment brought the client to emotional material of some long-standing. Her habituated stance in relation to support was embodied as a backache, that, when attended to, unfolded (Johanson & Kurtz, 1991) to her felt sense of anger and fatigue at having no one to support her. Receiving support and/or asking for it was previously ruled out by her emotional schema (in Hakomi terms, core belief) that she would be abandoned if she ask for too much.

At this point, the question becomes what has to happen to effect change at both levels. It helps of course to have insight, but in Hakomi the therapist seeks to provide a new experience, often called the "missing experience." This is done as an experiment addressed precisely to what the client did not experience in key developmental situations. To impact the neurology of the client, new experiences have to resonate at both the cognitive and affective levels of neural circuits (Cozolino, 2002). In this case the client was provided a safe relational environment, and an experiment in receiving support by a group member. Since we are seeking changes at both the somatic and narrative level, the therapist needs to see and hear congruency in the response of the client. Body position, facial expressions, voice tone, etc. must reflect the client's incorporation of the fresh experience if in fact some neurological change (in the form of new neural pathways) can be expected. It is of course likely that no single event can effect a permanent change at the neural and somatic level of the person, but with repeated variation of similar experiences the client can indeed expect to have new and fresh options to old issues.

The methods and case example demonstrate one approach that incorporates understandings arising from recent research in neuroscience (Morgan, 2006). It is clear that psychotherapy does effect change at the level of neural and somatic processes. Practitioners of all approaches to psychotherapy should take seriously the growing understandings neuroscience offers (Cozolino, 2002, 2006). Where needed, we should reexamine and modify our methods and techniques to account for this new knowledge. It is also true that informed clinical intuition has often served as the foundation for a methodology (Gendlin, 1986) later found remarkably close to the mark of recent research

results (Siegel, 2007; Schwartz & Begley, 2002), as is true of Hakomi.

References

Aposhyan, S. (2004). *Body-mind psychotherapy: Principles, techniques, and practical applications*. New York: W. W. Norton & Co.

Aposhyan, S. (1999). *Natural intelligence: Body-mind integration and human development*. Baltimore, MD: Williams and Wilkens.

Bainbridge Cohen, B. (1993): *Sensing, feeling, and action: The experiential anatomy of Body-Mind Centering*. Northampton, MA: Contact Editions.

Caldwell, C. (1997). *Getting in touch: The guide to new body-centered psychotherapies*. Wheaton, IL: Quest Books.

Cozolino, L. (2006). *The neuroscience of human relationships: Attachment and the developing brain*. New York: W. W. Norton.

Cozolino, L. (2002). *The neuroscience of psychotherapy: building and rebuilding the human brain*. New York: W. W. Norton.

Damasio, Antonio (1999). *The feeling of what happens*. New York: Harcourt Brace.

Gendlin, E. T. (1996). *Focusing-oriented psychotherapy: A manual of the experiential method*. New York: The Guilford Press.

Gendlin, Eugene (1992). On emotion in therapy. *Hakomi Forum*, *9*, (Winter): 15-29.

Gendlin, E. T. (1986). What comes after traditional psychotherapy research? *American Psychologist*, *41*(2), 131-136.

Gunther, U. (2006). Hakomi: Strengths and limitations: Indications and contraindications for the use of Hakomi with clients with significant clinical disturbances. *Hakomi Forum, 16-17*, pp. 35-42.

Hartley, L. (1995). *Wisdom of the body moving: An introduction to Body-Mind Centering*. Berkeley, CA: North Atlantic Books.

Johanson, G. J. (2006). A survey of the use of mindfulness in psychotherapy. *The Annals of the American psychotherapy Association, 9*(2), (Summer):15-24.

Johanson, G. J. (1999). "Far beyond psychoanalysis:" Freud's repetition compulsion. *Hakomi Forum, 13*, pp. 27-41.

Johanson, G. J. (1988). A curious form of therapy: Hakomi. *Hakomi Forum, 6*, 18-31.

Johanson, G. & Kurtz, R. (1991). *Grace unfolding: Psychotherapy in the spirit of the Tao-te ching*. New York: Bell Tower.

Keleman, S. (1981). *Your body speaks its mind*. Berkeley, CA: Center Press.

Kepner, J. I. (1993). *Body process: Working with the body in psychotherapy*. San Francisco CA: Jossey-Bass Inc.

Kurtz, R. (2008). A little history. *Hakomi Forum, 19-20*, Summer: (in press).

Kurtz, R. (2000). The body tension sequence. A training exercise available from Ron Kurtz Trainings, Ashland, OR.

Kurtz, R. (1990). *Body-centered psychotherapy – the Hakomi method: The integrated use of mindfulness, nonviolence, and the body*. Mendocino, CA: LifeRhythm.

Kurtz, R., & Minton, K. (1997). Essentials of Hakomi body-centered therapy. In C. Caldwell (Ed.), *Getting in touch: the guide to new body-centered therapies*. Wheaton Il: Quest.

Kurtz, Ron & Prestera, Hector (1976). *The body reveals: An illustrated guide to the psychology of the body*. New York: Harper & Row/Quicksilver Books, Publishers.

Lewis, T., Amini, F., & Lannon, R. (2001). *A general theory of love*. San Francisco: Vintage.

Mahoney, Michael J. (2003). *Constructive psychotherapy: A practical guide*. New York: Guilford Press.

Mahoney, Michael J. (1991). *Human change process: The scientific foundations of psychotherapy*. New York: Basic Books.

Morgan, Marilyn (2006). Neuroscience and psychotherapy. *Hakomi Forum*, *16-17*, 9-22.

Ogden, P., Minton, K., Pain, C. (2006). *Trauma and the body*. New York: W.W. Norton.

Pert, C. B. (1999). *Molecules of emotion*. New York: Touchstone.

Rosenberg , J., & Rand, M. (1985). *Body, self, and soul: Sustaining integration*. Atlanta, GA: Humanics, Ltd.

Schwartz, J. & Begley, S. (2002). *The mind and the brain: Neuroplasticity and the power of mental force*. New York: HarperCollins.

Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York: W. W. Norton.

Siegel, Daniel (1999). *The developing mind: Toward a neurobiology of interpersonal experience.* New York: Guildford Press.

Smith, E. W. L. (1985). *The body in psychotherapy*. Jefferson, NC: McFarland and Company, Inc.

Tolle, E. (1999). The power of now. Novato, CA: New World Library

Wylie, M. S. (2004). Beyond Talk: Using our bodies to get to the heart of the matter. *Psychotherapy Networker, 28*(4), 24-28, 31-33.

The Tao is called the Great Mother;
Empty yet inexhaustible,
It gives birth to infinite worlds.

It is always present within you.
You can use it any way you want.
(Lao Tzu, 6)

The reason why Heaven and Earth can
Endure and last a long time—
Is that they do not live for themselves.
Therefore they can long endure.

Therefore the Sage:
Puts himself in the background yet
finds himself in the foreground;
Puts self-concern out of this mind yet finds
that his self-concern is preserved.
(Lao Tzu, 7)

(Lao Tzu quoted in
Johanson & Kurtz, Grace Unfolding, 1991)