

Hakomi Conference Experience

“Mindfulness, Brain and Body in Psychotherapy”:

Katie Cofer, MFT

Editor's Note: The International Hakomi Conference of 2008 in conjunction with Naropa University in Boulder was a wonderful event, as was its predecessor in 2005. Here Katie Cofer offers a personal perspective on the conference. Katie has written a number of articles for the *Bridge*, a quarterly journal serving the Bay Area (bridgeinfo@hotmail.com), where this article first appeared.

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ABSTRACT: Writer/therapist Katie Cofer offers a personal perspective on attending the 2008 Hakomi Conference at Naropa University in Boulder, Colorado.

Psychotherapists, probably more than other professions, are very apt to go on a so-called “busman’s holiday”. This is in part, but not solely, due to the mandate to pursue continuing education. The obligation (for MFTs) to obtain 36 hours of “CEUs” in a 2-year licensure period does not by itself explain the pull to spend one weekend a month for a year, or two, or three, not to mention untold sums of money, to be trained in a particular approach, or to study at the knee of a master therapist. (Quite beyond personal growth or the master’s cachet, though, the “CEU cruises” to Cabo do sound alluring.) For myself personally, however, this year I opted to spend my continuing education dollars on the Hakomi Conference in Boulder, Colorado.

Faithful *Bridge* readers may recall my description of the Hakomi Method (Winter 2007, Volume 2, Issue 2) as an experiential, body-centered, mindfulness-based approach to psychotherapy. But you wouldn’t have to be Hakomi-trained to have felt drawn to this particular gathering. Its title, “The Essential Connection: Mindfulness, Brain and Body in Psychotherapy” unites some of the hottest topics presently circulating in the field, each of which has been previously featured in the pages of this newsletter.

Accordingly, the conference was a meeting ground for a wide range of practitioners of the healing arts, going way beyond just psychotherapists to include bodyworkers, acupuncturists, yoga teachers, organizational consultants, psychiatrists and neuroscientists (yes! mainstream physicians, armed with research projects and more); voice teachers, dancers, and energy healers. A motley assortment, numbering about 280, and yet what drew us all from our various corners – and from places as distant as Hawaii, Germany and Australia – was our fundamental belief in the importance of augmenting the power of words in working with disorders of the mind and emotions with the wisdom of

the body. And, our dedication to studying the messages of the body for more information about the afflictions of the soul, and for resources for healing. And, our excitement about these resources that are rooted both in the cutting edge of neuroscience and in ancient wisdom traditions such as yoga and Buddhist meditation. This common ground was our own “essential connection” that deepened and became increasingly rich over the four days of the conference.

This unity – which, incidentally, is one of the five guiding principles of the Hakomi method of therapy – was palpable in the group sessions and keynote presentations. The topics discussed there – trauma (a constantly recurring theme), attachment (which, of course, is just another word for connection) and application of neuroscience to therapy – were at the heart of the conference’s material. Many of the 50 presentations in the five workshop sessions echoed these themes, from an amazing multiplicity of perspectives. These ranged from the more pragmatic (**The Body Beloved: Essential Connection at Your Fingertips**) to the abstract/theoretical (**The Missing Interpersonal Experience in the Light of Neurobiology and Complexity Theory**) to the almost mystical (**Listening with a Third Ear: Developing the Heart of a Mindful Therapist**).

My own choices from this menu included both the soberly serious and the playfully experiential. In **Healing the Effects of War’s Violence**, MFT Robert Bornt presented his very moving use of Hakomi in working with traumatized veterans in Oceanside, CA. In **Is Mindfulness an Antioxidant?** Psychiatrist Jeff Berger, from Sedra-Woolley, WA, discussed his experiences with mindfulness in working with cognitively impaired geriatric patients and, especially, their caregivers. **Voicing the Self: Be Seen and Heard** and **Embodying the Self in the Presence of Other: Authentic Movement as a Body/Mindfulness Practice**, therapists

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Eve Maisonnier, from Boulder, and Maya Galen Shaw, from Santa Barbara, guided us into experiences with voice and movement that sprang from our deepest core. And in my personal favorite, **Embracing Embodiment: Igniting the Body's Wisdom and Celebrating the Body Ecstatic**, Rachel Fleischman, working with a blend of music, art, poetry, and, of course, ecstatic dance, created a space of joyful liberation. (We are fortunate to have Rachel here in the Bay Area, where she offers workshops, groups, and individual sessions. She can be found at www.dancingyourbliss.com.)

For many, including myself, the highlight of the conference was renowned trauma expert Bessel van der Kolk's presentation. Bessel has been working on the front lines of the trauma field for more than 30 years, both in the trenches as a clinician and in the lab as a neuroscientist. For many years a psychiatrist with the Veteran's Administration, he worked extensively with Viet Nam vets and was instrumental in getting Post-Traumatic Stress Disorder "legitimized" as a mental disorder. He continues his groundbreaking work at his own trauma center in Massachusetts and is a hero of the body psychotherapy world because of his insistence on the need for incorporating the body into trauma treatment, and his

endorsement of body/mind therapy modalities for trauma such as EMDR, Somatic Experiencing, and Sensorimotor Psychotherapy. He is also known for his dynamic presentation style and bold humor (who of those present will ever forget his description of a certain very noted politician immediately following the 9/11 attacks as "a man without a frontal lobe"?). His emphasis of the immobilizing effect of traumatic "freezing" and his exhortation of clinicians to follow his example in amplifying their compassion with dynamism and magnetism, to help patients regain access to their aliveness will be an inspiration for a long time to come.

Therapists could probably meet their entire CEU requirements for less than fifty dollars online. But it is only through the "essential connection" of spending four days' worth of learning and growing with like-minded colleagues from all over the world, of being immersed together in the Hakomi principles of Unity, Mindfulness, Nonviolence, Organicity, and Mind/Body Holism – and of cutting the rug together at the legendary Saturday night dance – that we can re-inspire ourselves, that we can keep ourselves open, alive, juicy, and effective in this healing work that is so necessary for our well-being in the world as it is today. And that is something that no CEU.com can provide.

Ron Kurtz USABP Interview

Serge Prengle

Editor's Note: Ron Kurtz, DHL, is the originator of the Hakomi Method of Body-Centered Psychotherapy and the method of Mindfulness Based, Assisted Self Study. He is a preeminent influence in progressive psychotherapy. Author or co-author of influential books, published in several Western languages (*Body-Centered Psychotherapy*, *The Body Reveals*, and *Grace Unfolding*) and three books in Japanese. Ron has led hundreds of trainings and workshops around the world over the last quarter of a century. At present he is leading trainings and workshops where he lives in Ashland, OR, and other places that can be found by contacting him at rktinc@ronkurtz.com. This interview was done at the United States Association for Body Psychotherapy 2008 Conference where Ron was given the Lifetime Achievement Award for his contributions to the field.

Serge Prengle, a therapist in New York City who sees therapy as a creative, experiential process, is the host of the USABP's Somatic Perspectives on Psychotherapy. 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 *Somatic Perspectives on Psychotherapy* on the USABP website (www.USABP.org), and can also be linked at www.SomaticPerspectives.com. 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 "Somatic Perspectives on Psychotherapy" audio series, interviews Ron Kurtz, the originator of Hakomi Therapy. The interview covers how Kurtz experiences the work, how it evolved, and the mechanisms that support its effectiveness. Various aspects of mindfulness and loving presence are explored.

Serge Prengle: Hello, I'm with Ron Kurtz. Hi Ron.

Ron Kurtz: Hiya, how are you Serge?

S P: So in this conversation, we're going to talk more about you personally, and your role. And just before starting the recording I was sharing with you that sense of seeing you as somebody who loves, has a lot of pleasure from self-discovery, and from sharing the pleasure of self-discovery with others.

R K: Okay. There is for me a great pleasure in the work, in just helping find a way to bring something out the person's unconscious that we can resolve and have them feel. . . . Well there's another step. Once the issue is resolved it means that they can take in a kind of emotional nourishment or mental nourishment that they weren't able to take in before. And it's very much like somebody in the desert getting a cold glass of water. . . . It's that good if you've waited all your life for something. A simple example would be somebody who has a chronic underlying fear, a lot of people have something like that, and suddenly they feel safe. Suddenly they realize in this place, I'm safe. It feels marvelous; as you say, pleasurable.

S P: Yeah, it feels marvelous. And this analogy of somebody who's been in the desert and has a cold drink to have . . . so something that you've been needing, and something that is so necessary.

R K: Yeah, yeah to have a complete life; to be available for something that you weren't available for, a good thing that you're available for now that you weren't available for before. That's the goal of the work, you know, to find those things.

S P: And so that goes with your not wanting to approach things from the point of view of medicine, pathology?

R K: Right, right. I think of it as, I don't want to get too technical, but I think of it as old adaptations that haven't been reexamined. You had some situation probably in your early life that you had to build protection around. And you still have that building but you don't need it anymore. I see that all the time.

S P: And so, how has it evolved for you?

R K: Oh, let's see. Well you said "it"; I don't know which "it" evolved.

S P: The whole thing.

R K: The whole thing, well it's a big thing. There were lots of big steps since I've started out. Basically imitating the medical model that I have been acquainted with, and eventually I tried some things, and some events happened that changed my mind about something. Piece by piece I evolved into what I do now. And the big evolutions were realizing, first of all, that I didn't need to take a history, that I didn't need to try to ask a lot of questions and find out

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about this person. I could find out about them by looking and listening to the tone of voice, I didn't have to follow the words very much. Once in a while a key word comes up.

And then I learned about loving presence, I learned how to put myself in a state of mind that automatically finds something pleasurable about the person, something that evokes good feelings in me and those good feelings are communicated non-verbally from my limbic to their limbic. So if I'm in a state where I really feel good about this person, instead of looking for a pathology, for example, that affects them. That changes the context for them. They have a friend. And not only do they have a friend, but they don't have to think about this, this just happens on a physiological level. Not only do they have a friend, because I'm doing things that demonstrate -- some subtle things too -- that I understand what's going on. They have a friend that's intelligent enough to follow them, to understand what's going on and that's a great context to work from.

S P: The friend who understands them and who is intelligent enough to follow them and provide the context . . . yeah.

R K: Yeah. So those are big evolutions for me. Then I learned a couple very important things about using silence. You watch the clients so you know when they need you to be silent, when they need me to be silent. That's very important because it gives them a chance to find their way, and the way that they find their way is that these spontaneous impulses will come up which really direct the process for me. I typically follow whatever comes up spontaneously in the client, do something with it. And I guess the last thing, I've always known this, but there's a taboo in general academic psychology about comforting clients, about touching them and well, I do it all the time. Not personally, because I have assistants who do that. So that is very significant, very important. It's one of the things that were missing during these early adaptations. Nobody comforted this person.

S P: So there is a sense of extending the setting as one where there is this comfort. And when you talk about mindfulness, what I notice when I see you work is that you don't spend a lot of time telling people what mindfulness is, but you create it with your presence so that people will get it through the resonance, through the context you provide.

R K: Right, through the tone of voice, the pace.

S P: The tone of voice, the pace.

R K: I can also watch for the external signs of mindfulness in the other person. So that when I'm doing that, I can begin to see when their being mindful, and then I can do what I have to do.

S P: Yeah, so that you notice what is there of the mindfulness you're helping them get more into it. And so, in

a way, instead of just talking to people about it, you simply lead them through it and through the experience of being mindful.

R K: It's a little bit like a dance. Where I know the dance and I'm kind of dancing with them until they get it. I got that from . . .

S P: Okay so, but the dance there is that as you notice these indicators, it helps you to be more in tune with them. And as you are in tune with them and you slow the pace, and you bring it to that more mindful thing, they in turn are more able to follow your pace.

R K: Yeah, yeah that's true, yeah. It's a beautiful experience on that level. It's a more intimate experience. The distance evaporates when I work.

S P: So you know, over the years you have simplified the model.

R K: Yes, yes exactly. I was listening to a talk by Murray Gell-Mann about beauty and science and physics and something like that, how the most important discoveries always, there's some kind of simplicity in them. He talks about the form getting simpler. I had another thought about that, but it flew out of my head. (laughter). It'll come back.

S P: But something about the simplicity?

R K: You have to drop what's unnecessary. There were so many unnecessary things I had been doing that I don't have to do. And a big general one, this is very hard for some people to get, is don't slip into a conversation. It's a dance, it's not about talking and questions and figuring out. You have to do some figuring, but you better be dancing when you're doing it. You don't stop. Oh yeah, now I remember, it's a quote from some scientist who said, "Every great leap in science was occasioned by the giving up of a great prejudice." We have to give up our prejudices about disease and about defenses. I don't call them defenses, these are management behaviors. This is somebody managing their behavior, managing their experiences. It's not personal, it's not like I'm attacking them. They just have this adaptive habit of protecting themselves that way, of managing their experience that way.

S P: So you know there is a dance at different levels. There is the dance that you have with the person you're working with, and then the dance that the person has had with their environment and how they have learned some adaptations to it.

R K: Right, so we have to learn a new dance. Because your mind will create the idea that this is similar to some old situation, you know, you've got a whole set of possible situations. You pick one, and that's the one you think you're in. And so you won't pick the ones that you've

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already shut out, like nobody loves me, or its never really safe, or something terrible could happen. You know all of these. They don't see safe situations or situations where they're being loved, so I have to help them experience something new, something new and positive.

S P: So you see the dance they're in, the steps they're making as an adaptation to, you know, their environment. And then you lead them into the possibility of there being another way to dance.

R K: Yes, I help them discover that. First I have to help them discover what they're doing automatically, which is like making the unconscious conscious. And I do that by studying external signs, like with indicators, certain behaviors, certain habits, even if they're postural habits or facial expressions or tone of voice or pace -- those habits suggest to me what might be the adaptations they are making. Which means I know what kinds of experience they're trying to manage. I like to give the example of the person who doesn't look at you straight but has their eyes looking at you like they're skeptical or doubtful. I feel that they must have been betrayed. They must have been lied to or tricked or something; manipulated. So I have a good guess about what it is, and I can test my guesses using these experiments with the client and mindfulness. It's very simple; the process is very simple.

S P: Yeah, you say its very simple and its very quick; its not something where it takes you a long history or you know just look at something, and in a moment there's something that catches your attention, like the eyes that are not looking straight.

R K: Yeah, I saw that the other day. Some of them were really fast (laughter). But it's possible if you practice thinking that way and working that way that they become obvious. These indicators become obvious. Everybody's got one, nobody's in neutral out there. If he is, he's a Buddha. Follow him around, borrow some peace of mind.

S P: So very quickly you get an indicator, and that indicator gives you a guess. And it's not a diagnosis, it's a guess.

R K: You always test it as a guess. I have a lot of experience with indicators, so it's probably a good guess, probably a good guess.

S P: Yeah

R K: And I'm not bragging. It's a matter of you can learn these things. You start looking for them.

S P: And then you play, you experiment, you test?

R K: An experiment is a design to help this person realize what's going on. So the person who is skeptical or doubtful or been betrayed, I would say something like -- I would ask

them to be mindful. When I see that they're mindful and they tell me that they're mindful I'll say something like, "You can trust me", which is exactly what they can't do. And they'll get a reaction that tells them that, you know, they'll hear a voice that says, "Don't do that" or "Bullshit" or something will come up, they'll start to be afraid. So I have evoked this situation, a piece of the situation that created that adaptation. And from there we can easily process.

S P: So in a way what's been happening is that from that indicator, from that piece of body related behavior, you see what the crux of the person's drama is.

R K: Could be; something like that.

S P: And with just a few words you just create the drama, you bring it to consciousness.

R K: Consciousness, awareness, yeah. So it's not like asking questions about it or anything like that which will not work generally. You do an experiment in mindfulness; the person has a reaction if it's a good experiment, accurate. And they can't doubt their reaction. They can doubt my words. I could tell them, "Well I think you're afraid, I don't think you trust people". "Oh yeah, I trust people," you know, you could do that for days (laughter). But once they see their own reaction, there's no doubt inside us, there's no argument.

S P: It's not a question, because you're bypassing the judgment part. You're just going into the . . .

R K: It's not a diagnosis; it's a real live experience. If I'm silent at those times, if I let that experience sink in, very often a memory will arise that makes sense of it. And that's when we can deal with the pain of that memory and resolve it somewhat . . . help the person make sense of what happened. Like very often in Germany I'll have to reach a place in people where I tell them, "Well, I think your parents must have been affected by the war." I want them to understand, make sense of what happened to them. And it helps, that's one of the ways it gets resolved. (mystery noise). What's that, a doorbell?

S P: (In response to mystery noise) That's just like in the movies

R K: (In response to mystery noise). Are you getting messages from outer space? That's an encounter, that's a close encounter. (Both laugh).

S P: It's the perfect accompaniment to that notion of making sense, you know you were using that expression of making sense. And I related to this notion of self-discovery.

R K: Self-discovery, yeah. You discover this memory in a situation, and there may be more than one situation, that

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created your behavior . . . that created your adaptation which is now running your behavior. That's discovery; you discover how you're organized. You discover why you do what you do. And when that's conscious, you can change your mind.

S P: Yeah

R K: When it's unconscious, you can't.

S P: *So in a way, it's the same thing as a quest for purpose, you know that sense of organization that's not a purpose that's imposed from the outside, but discovering how you're organized to face the environment in a certain way.*

R K: How you became who you are, yeah, and your way of doing things, yeah. It's wonderful and you get a sense of freedom, you decide to be free. Which is exactly what spiritual traditions are of; mindfulness, they will free you up.

S P: *So maybe that's good as you mentioned, the spiritual traditions about mindfulness. Many people are intimidated by the word, "mindfulness".*

R K: They are.

S P: *And we think, "Yeah, okay, you can do all this stuff if people are in mindfulness, but the trick is to bring them there. So for somebody who has not experienced, who has not seen your work, maybe the word mindfulness would seem like a big barrier.*

R K: Okay, so we can simplify it. You just have to be calm enough and attentive to your own reactions, we don't have to say "mindfulness" at all. If you're calm enough and steady and available to notice your reaction, which means you, have to relax your activity. You can't be busy doing something if you're going to notice your reactions. That's all they need to do, you don't need to spend six hours sitting in meditation. That will help you right there, that's clear, simple.

S P: *So just enough to notice, just enough, just you know, just quiet enough to just pay attention to what's happening.*

R K: Right. And what happens spontaneously, what happens, what is evoked automatically from these little experiments.

S P: *And I notice you don't necessarily use the word mindfulness when you talk to people, you talk about noticing what's happening.*

R K: Yeah. It's not necessary for two reasons. One is it's much easier to understand if you explain it in simple terms. And I can watch them and see, I can pace them a little bit

and watch when they get mindful. You know there are signs of mindfulness. So you don't have to use the word.

S P: *So in a way what's more important is your own mindfulness as a therapist, you know, as a presence.*

R K: Yeah, yeah yeah.

S P: *And the ability to observe your own and other people there.*

R K: Yeah. I have to be present for everything that happens in this sequence. I have to watch all the changes. So there's a kind of presence you have to have. When I talk about loving presence, it's very necessary to be very glued to what's going on right now, with you and them.

S P: *So that loving presence is another definition, another way of focusing or retaining or staying in that state of mindfulness as a therapist.*

R K: I never equated those, but that's close. Presence is definitely part of mindfulness . . . maybe compassion too. I'll have to think about this longer (laughter).

S P: *So in your own journey of getting there, can you think about people or experience or events that you can think now as building blocks?*

R K: You know, I made a long list last night, because I have to give a talk. Not a talk, I'm just going to say thanks. I was looking for those significant people and what they did. Several of them from back in graduate school, some of them encouraged me to go to group therapy, another was to do workshops with her still. And several people encouraged me that way. I did workshops with lots of different people during the years as a co-therapist or a co-workshop leader. And one really big event, I think the event that sealed my fate was a workshop I did as a participant with Will Shutz at San Francisco State. I was excited for weeks. I knew that's what I wanted to do. I watched what he did and I knew I wanted to do that. And I really made that decision right then. I have pursued it ever since.

S P: *So what was it in that experience that was so powerful?*

R K: Well it was totally different for one, than I would have expected from psychotherapy. It had experiments; he'd have people try things out. He had us do exercises; you know these kind of experiential exercises. And I just got so excited, it was so much fun. And it was so fascinating to watch him work. It was dramatic and I just knew I didn't want the same dry conversational stuff. I had read Freud when I was fourteen, and this was not the stuff. I knew even then that he had more variables than he had data points. You know, he could explain everything (laughter).

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SP: But he was having fun doing it.

R K: He was having fun and he had some good insights too. But it wasn't science as much as it could have been. And now it's getting very scientific, I like that. And then another guy named Ken Lux who I went to graduate school with who was a psychologist and a psychotherapist, he encouraged me, set me up in private practice, and that's when I first started doing therapy for a living. One thing led to another and finally I wrote this book with Hector Presteria about body reading which I learned somewhat from John Pierrakos. I mean, I went down, took him photographs and he'd read them for me. I could see what he was saying, and I knew those people, they were my patients. So John was a big influence.

SP: But I remember from that book the ideal, you know you were describing the exchange information between the various people. You were doing the other therapists. And this sense of looking at each other's photographs, you know, and of paying attention to it both in terms of a subject, and also the emotions that were brought up. So that the sense of experimenting with yourself as a sensor.

R K: Yeah, yeah. We did a lot of that in the trainings . . . what is your reaction when you see this or when somebody says that. I have people close their eyes and have them get mindful, and have somebody else standing there, and I have them open their eyes again and close them. And I have them notice their reaction to that. So what's your reaction? You have to sensitize yourself to getting that relation and doing it consciously. We do it unconsciously all the time, but to do it consciously, that puts you in a position to really work with people. Is this thing still jumping?

SP: Yeah it's working, it's still alive, another sensor, another indicator.

R K: So are we getting close to the end here?

SP: Yeah, I think so. I think we could at any time. Maybe just say a few words to end it, whatever needs to be said at this moment.

R K: Well I'm thinking now that I don't know how much more refinement I will discover in this method. But I know that I want to write more. You know, I have about 500 videotapes.

SP: Wow!

R K: And I'm going to do another hundred this summer. I have a very professional camera guy and I'll do lectures and sections. I have a big library of these things. I want to leave this body of material as my legacy . . . a thousand pages of writing. I want to clean that up and have this material archived somewhere. SBGI has offered to do that. So that will be my older years (laughter). But you know, I'm always surprised. I always get surprised by some new refinement. You read a book and you don't expect, "Oh wow", so maybe . . . maybe there'll be more.

SP: It's hard to believe how it could be simpler.

R K: Yeah it is. Who knows? Every changes, somehow. And Murray Gell-Mann was talking about the peeling of the onion. You know, at every level of this onion it gets simpler and simpler. There is something similar about the mathematics is what you were saying. I'm going to look for this now; I'm going to look for what's similar in these different stages of the development of the work. I haven't tried that yet. What is the essence of the mathematics? What is the essence of these similarities? Maybe I'll find it.

SP: Yeah, good. Thanks Ron.

R K: Thanks Serge.

This is part of USABP's "Somatic Perspectives" series, edited by Serge Prengel. Transcribed by Corinne Bagish. Transcript was not proofread.

Hakomi Principles in Relation to Systems Theory

Sid Kemp with Greg Johanson

Editor's note: Sid Kemp wrote this article that integrates Hakomi principles with systems theory through his own knowledge of Hakomi, Bateson, Buddhism, systems theory and more, combined with a resource paper written by Greg Johanson. That paper titled "Psychotherapy, science & spirit: Nonlinear systems, Hakomi Therapy, and the Tao" is in press at the *Journal of Spirituality in Mental Health*.
Sid Kemp is an author, consultant, coach, and trainer who applies systems theory and emotional intelligence to human group interactions, especially in business and spiritual communities. His *Surviving & Thriving* programs help solo practitioners and small businesses succeed, and he coaches therapists through *Surviving & Thriving as a Healing Professional*. Sid is trained in both Hakomi and Internal Family Systems (IFS), and applies these tools in his coaching and organizational consulting. He is a student of the work of Gregory Bateson, a Zen practitioner, and author of eight business success books and the *Fix Your Business* column at Entrepreneur.com. A meditation teacher for over 20 years, he is founder of The Living Joy Network, which teaches the fundamental practices of Ancient Buddhism and the living practice of generosity.
Greg Johanson's biographical notes can be found with his article in this edition of the *Forum* titled "Humanistic Hakomi and It's Interface with Non-Linear Science."

ABSTRACT: In this article Hakomi Therapy is considered in relation to its principles as they interface with systems theory, broadly conceived. Hakomi roots in the work of Gregory Bateson and the sciences of complexity are outlined as well those in Buddhism and other spiritual traditions. A coherent philosophical-scientific theory is outlined that offers an underlying basis for doing therapy, and integrating multiple disciplines and perspectives.

Introduction

General Systems Theory and other philosophical approaches that describe the nature of living organisms provide a framework for understanding the core principles of Hakomi therapy. In addition, general systems theory can be used to translate material from other realms, such as scientific research and spiritual traditions, into usable concepts that guide therapeutic process and therapeutic tools. In this chapter, references will be made to the more important and accessible literature in the philosophy of science. The large volume of material available precludes anything more than a brief introduction to the most essential elements of this material. See Johanson 2009 for a more extended discussion.

General systems theory allows psychological theoreticians and practitioners to do two things:

- *Provide a philosophical framework for therapy and its principles:* Philosophy addresses such basic questions as: Is there a model that justifies the notion that any therapy, or particular therapy models, are likely to have a transformative effect on the lives of clients? What principles guide therapeutic relationships and technique that are likely to maximize their effectiveness?
- *Connect psychological therapy to other disciplines and traditions.* General Systems Theory can provide a *pattern which connects* (Bateson, 1979) other patterns. For example, it is not obvious how to connect the results of research in psychoneuroimmunology to therapeutic practice. But they can be linked through general systems theory. The links are not as

robust as empirical experimental results, but they do guide therapeutic practice and future experimental design. General Systems Theory can also support us in making wider connections: it can suggest links between the human wisdom of ancient Buddhism, Taoism, Hindu yogic, and Jewish or Christian anthropologies, or abstract mathematics with the core principles of Hakomi Therapy.

The Hakomi principles are: Unity, Organicity, Mind-Body Holism, Mindfulness, and Non-Violence.

Unity

The *Unity Principle*, states that each person or object is best seen as a system that is composed of sub-systems and is also itself part of a larger system. Although Bateson spoke of systems, the term *holon* was introduced by Arthur Koestler (1967), and will be used here. In general systems theory, a holon is the most fundamental unit of reality. It is a whole made up of parts, which in turn is part of a larger whole. The term unity indicates interconnectedness, stating that when one holon interacts with another, they are also a larger holon, and each holon within the larger holon affects the other in unpredictable ways.

Each holon has a self-consistency (agency), and also the capacity to interact with, and change other holons (communion). Further, in the biological realm, living organisms are complex holons that are self-organizing, self-directing, and self-healing (Bateson, 1979). Ilya Prigogine (Prigogine & Stengers, 1984). won the Nobel Prize for

demonstrating that biological systems (including organisms, communities, and ecosystems) have a quality called negentropy, a capability to increase their complexity and the complexity of their environments (Cowan, Pines, & Meltzer, 1994). This is the opposite of entropy, a general Newtonian principle about the mechanical universe that indicates that complexity and available energy are reduced over time. As negentropic systems, organisms, individuals, societies, and ecosystems become inherently more complex, able to contain more information, more varied, more robust, and more stable over time. As diverse organisms and species interact, each adapts to its environment, and also changes the environment to suit themselves. The whole environment is both greater than the sum of its parts and also better for each individual, as well. Bateson's focus was to show that the principles needed to describe minds were fundamentally different than the principles used to describe physical systems. Prigogine took this work much further by identifying negentropy as a fundamental quality of living systems, of self-healing holons.

Applying this view of living systems to therapy gives rise to a sense of optimism. First, it supports a trust in a client's own ability to understand life, and integrate newer, more nuanced views of life. A client whose experience is shaped by the core belief "I am unlovable," may come to see, "love is difficult, but possible." This perspective is supported by research reported by Goleman (1996) that indicates that realistic optimism is the healthiest physiological and psychological state.

The other implication of the Unity principle is that a short interaction between a client and therapist can lead to a dramatic, lasting change in the life of the client. Because the two holons become one during the interaction, the client has an opportunity to experience a very different type of relationship with one other person (Cozolino, 2006). The client can then extend both this new experience, and also what is learned during this experience, to other relationships and other aspects of life.

Although *unity* was the term chosen in the Hakomi context, the term relates most closely to the Buddhist philosophical term *non-duality*, and also *interbeing*. The core teaching, which dates back to the Buddha (Macy, 1991), and is also core to contemporary Buddhist thinking (Nhat Hanh, 1987) is that it is a harmful error to think that we are separate from one another, and it is also a harmful error to think that we are all one and the same. Rather, interconnected diversity is a valid and healthy model for how holons interact. The Buddhist model suggests that all people should interact with one another different, yet not entirely separate. This can be a guide for the therapeutic relationship, and also a model for healthy family and social relationships. Compassion, as Thomas Merton once said, is the profound awareness of the interconnectedness of all things. The clients who stands across from us are not other. He or she is us, as well.

The scientific concepts most closely related to Hakomi's Unity Principle are found in quantum mechanics. Quantum mechanics has determined that the behavior of a photon cannot be described solely as if it is a particle, separate from everything else. Nor can the observed behavior of a photon be explained if it is a wave, interconnected with everything else. We can only explain all the things photons do if we view them simultaneously as independent particles and also as waves connected with the larger universe. That is, the fundamental nature of the photon is non-dual – it can only be described as both separate and also united with all things.

The other relevant concept from quantum mechanics is that the observer inevitably changes the object of observation. The act of observation is contact that transfers energy and information, and that transfer changes both the observed and the observer. No direct connection can be made between the behavior of photons in quantum mechanics and the behavior of clients in therapy. However, the perspective of General Systems Theory as a pattern that connects suggests that there are certain fundamental qualities that are true of all systems. From that, a therapist may make good use of the concept that she will inevitably change her client's lives. And, because the client is a negentropic, self-healing holon capable of learning and growth, that change is likely to be beneficial. The remaining Hakomi principles guide the therapist in increasing the likelihood of maximal benefit from the therapy.

Organicity

Organicity distinguishes the qualities of living systems from those of non-living systems (Vallacher, & Nowak, 1994a, 1994b). The core defining work is Bateson (1979). Bateson uses the term "mind" for complex systems. As "mind" has a very different meaning in psychotherapy, we will use the term self-healing holon.

There is a hierarchy of complexity of systems, from a simple assemblage, such as a cart, up to complex, living, organic systems, and beyond. The simplest mechanical systems can be modeled without a need to introduce systems interactions at all. At the next level, we have the simplest homeostatic systems, where, in addition to describing each part, it is also necessary to describe interactions among parts at a systems level. Bateson (1979) demonstrated that the functions of windmills, thermostats, fire alarm bells, and regulators for engines all require the introduction of the timing of the system to explain their function. For example, two regulated generators with identical parts will behave very differently, depending on their system timing. One will run smoothly and handle variable loads. The other will build up pressure and explode.

This notion of multiple levels of description is critical to the understanding of complex systems. Bateson saw the same phenomena in an anthropological context, and presented a

model of *schismogenesis*. The implications for psychology are clear: an individual can function well and cope with life, or become overwhelmed and split apart, without anything more than a change of how the timing of communications within him occur.

The most basic systems that Bateson called minds had two levels – the level of parts, and the level of the system. Living systems are far more complex, demonstrating qualities of Organicity, including self-organization, self-direction, and self-healing. People, as holons with organicity, are capable of healing, and also of adaptation and creative growth.

The modeling of simple systems led to the concept of homeostasis, where a system can automatically adjust itself to return to a given set point, producing stability through constancy, as when a thermostat regulates the temperature of a household. However, the homeostasis model is too simple for self-healing holons. This concept has been applied inappropriately to the human body, individuals, families, and organizations as Bertalanffy (1968) cautioned years ago. More recently, Gottman, et. al. (2005, p. 166) concur that “when applied to the study of interacting systems such as a couple . . . the concept of homeostasis is highly inadequate.”

The concept better able to accommodate the features of living organic systems is Sterling’s (2004) theory of “allostasis” or stability through change. The system is seen as making predictions to adjust parameters to best function in the situation at hand. As opposed to maintaining some mythical normal setpoint, for instance, blood pressure fluctuates in an adaptive way depending on the activity anticipated to come next (Sterling, 2004, p. 6).

It is important not to assume that only biological organisms have organicity. Ecosystems and social environments that include life interacting with the physical environment have organicity and are self-organizing, self-directing, and self-healing. This thinking can link to theological views of social structures, such as the early conception of the church as many members of one body, to practical applications in contemporary sociology and psychology.

Self-healing holons are complex and unpredictable. They cannot be effectively modeled by reductionistic models. For example, it is possible to model the consequences of kicking a football by creating a simplified model of the foot, the football, and the force applied. However, the consequences of kicking a dog simply cannot be modeled in the same way. When a dog is kicked, its interpretation of the *meaning* of the kick comes into play. Is the kick perceived as hostile or playful? Is the person doing the kicking known to the dog, or a stranger? The dog has an internal perspective that must be considered in order to predict its actions.

Both Bateson and Bateson (1987) and Wilber (1995) recognize that complex, self-healing holons have an internal perspective that interprets meaning. Diagnosis is a form of prediction. To diagnose and support the healing of a therapy client, the therapist must honor and receive information from this internal perspective of the client.

Wilber (1995) proposes that an individual can only be fully understood if four quadrants of experience are all engaged as sources of information. The individual’s own inner experience of events must be addressed, not only outer behavior. The interior and exterior aspects are two of four quadrants relevant to describe a person. The other two quadrants are at the collective level. This level also has its interior aspect, cultural values, which can only be discovered by asking the collective about its beliefs. It also has its exterior aspect, the externally observable social structures. This is Wilber’s All-quadrant-full-spectrum model (AQAL) of Integral Psychology, in which Wilber also argues that all four quadrants develop or evolve together over time.

An excellent discussion of the implications of the need to address individuals in therapy at individual and social levels, and to also include internal and external aspects is found in *Metaframeworks* (Breunlin, Schwartz, & Mac Kune-Karrer, 1992). These models or metaframeworks seek to make a more rigorous definition of what it means to be a holistic therapist. To operate holistically, a therapist must address all aspects of the client and the client’s situation – individual and social, internal and external. This means that in addition to offering quality Hakomi Therapy when appropriate, the Hakomi therapist should seek to understand any and all tools that might be useful to the client. This implies understanding and working with multiple modalities of therapy (such as individual and family therapy), addressing cultural-social issues, and also being aware of the interaction between physical health and psychological well-being. Since single practitioners do not have skills in all these areas, an interdisciplinary teamwork approach is necessary.

Mathematics has models that can assist the therapist in working with organic complexity. In mathematics, mechanical models, even very complex, multidimensional ones, are called linear models. In linear models, a defined situation and set of inputs will lead to a predictable output. These models are fundamentally inappropriate to self-healing holons with the quality of organicity. It is not simply that we do not have enough information to plug into a mathematical model; linear models are fundamentally inappropriate to living systems. As Marilyn Morgan puts it, understanding the brain and mind in terms of “linear thinking involving cause and effect is inadequate. The brain is the most complex structure known in the universe. The human being is way too complex for simple logic. We need to turn to complexity theory for a better understanding” (Morgan, 2006, p. 14). Nowak & Vallacher (1998) agree

that the brain is composed of “100 billion neurons, each of which influences and is influenced by approximately 10,000 other neurons. . . . The range of potential mental states is unimaginably large” (p. 3), and “the same variable can . . . act as a ‘cause’ one moment and an ‘effect’ the next. This feedback process is at odds with traditional notions of causality that assume asymmetrical one-directional relationships between cause and effect” (p. 32).

Fortunately, mathematics has developed two other tools: non-linear mathematics and Chaos Theory. Chaos Theory was evolved to model natural systems such as weather, geological formation, and plant growth. A precise model of the growth of snowflakes in clouds is one of its most advanced applications (Gleick, 1988). We can now create a computer program that creates snowflakes very close to the snowflakes that will actually be created in nature. And this program demonstrates that miniscule changes in controlling variables produce radical, unpredictable changes in the results of complex systems. One of the most useful applications of Chaos Theory is a partial model of the neuro-electrical control of the heart. Although this model is not complete, it has proved sufficient to support development of new defibrillation techniques and pacemakers that are more effective at lower voltages.

At this point, it is not possible to formulate mathematical equations using Chaos Theory or non-linear modeling and apply them to psychology (Barton, 1994). However, it is possible to apply Chaos Theory metaphorically (Robertson & Combs, 1995). One example is this: Chaos Theory has a set of mathematical models called Strange Attractors. In these equations, a point moves in complex orbits tending to stay close to one, two, or three locations, and to rarely go elsewhere. A small change in the parameters of the equation will cause a shift from an orbit primarily around one attractor to an orbit primarily around a different one, or can even introduce a new attractor. This can serve as a metaphor that supports a holistic model of how to work with addictive, obsessive, or compulsive behavior. The person can be seen as orbiting around a limited set of behaviors over time. The person’s core beliefs would be the parameters that, if changed, would radically alter the orbit. A small change in a core belief might lead to a reduced tendency to remain near a less healthy attractor, and a greater tendency to spend more time near a healthier attractor, or might even open up the possibilities of new attractors, that is, behaviors the patient previously found impossible.

The analogy is quite robust and expansive. In both the mathematical model, and also in actual therapeutic experience, a small change in a parameter can lead to a large and permanent change in behavior. The change is unpredictable: that is, one small change in a parameter might make no significant difference, while another small change can make a large difference. Changes in parameters can cause shifts either towards one parameter or another,

just as changes in core beliefs can cause either an increase in healthy behaviors, or, unfortunately, an increase in unhealthy behaviors. However, the principles of Unity and Organicity give us reason for optimism. If the process engages the client holistically and brings core beliefs into awareness, the client is likely to be able to choose changes in belief that lead to a better life, and will naturally choose to do so. This becomes likely if the therapy includes mind-body holism, mindfulness, and non-violence, the three remaining Hakomi principles.

Many other tools are available for the therapist interested in applying non-linear models. The field is also called “the study of dynamic, synergistic, dissipative, non-linear, self-organizing, or chaotic systems (Thelen & Smith, 2002, p. 50),” or “dynamical systems (Nowak & Vallacher, 1998, p. 2).” John Holland (1995) in line with the work of the Santa Fe Institute (Morowitz & Singer, 1995, Cowan, Pines, & Meltzer, 1994) uses the term complex adaptive systems (CAS). Laszlo (2004) speaks of adaptive self-regulating systems, and Varela, Thompson, & Rosch (1991) also adopt the term dynamical systems.

It is crucial for the therapist to maintain the distinction between self-healing holons, that is, living systems, and mechanical systems. Hakomi has always been clear that neither therapy nor science is ever value free. We continuously work to inquire into our own values. We struggle to bring our values into meaningful coherence while acknowledging that we are always “involved participants” as opposed to “alienated observers” (Berman, 1989, p. 277). We seek to avoid harmful reductionisms (LeShan & Margenau, 1982) that may be present in our explicit models, or may implicitly influence us. *Organicity* provides the Hakomi therapist with a model of healing that is rich with possibilities:

- Fundamentally, individuals are self-healing, and also able to adapt to and change their environment, growing in healthy ways.
- The therapeutic relationship can provide brief contact leading to new visions of possibility, and therefore new potential, health, and habits for the client.
- The therapist’s role is a collaborative and supportive role, more so than a clinical diagnostic one. This means less work for the therapist. Relaxation and trust replaces the need to change or fix the client. Also, as the client is self-determined, the client has the central role of change agent.

Mind-Body Holism

It is common in Western thinking to separate the mind and body. Hakomi corrects this view with a principle called Mind-Body Holism. The separation of mind and body proposed by Rene Descartes has not stood up in more recent centuries in philosophy, and has been thoroughly disproved by research in neuropsychiatry and psychoneuroimmunology.

By definition, a mind processes information, and a body processes energy. But all information is energy, and vice-versa. No aspect of human experience can be described as either purely mental or purely physical, and no sub-system of a person is purely mental, or purely physical. Therefore modeling a person as a “mind” and a “body” is inappropriate. What is the most appropriate model of a human being’s inner holons (sub-systems)?

Bateson and Bateson (1987) proposed that a science of living systems should have an alternate model for theory selection, replacing the classic Ockham’s Razor. Ockham’s Razor states that, if two theories have equal explanatory power, the one that introduces the fewest unknowns is preferable. Bateson proposes that, where self-healing holons are involved, if two theories have equal explanatory power, then the one that most closely models known sub-systems of the living system is preferable. This model will be easier to follow and use, and is likely to be a more accurate predictor of new phenomenon. For scientific inquiry and for therapy, the implication of Organicity is that determinism, or predictive power, is an insufficient and inadequate guiding principle. For complex systems, modeling is essential.

Within each person are subsystems – the nervous system, the endocrine system, the circulatory system, and so forth. We can also talk about mental and emotional systems, such as worldview, character, or complexes. But none of these systems can be thought of as either purely mental, or purely physical. A thought is meaning, and also is an electrochemical impulse in the brain. A feeling contains meaning, and is also a combination of neuromuscular tension and hormonal balance. A sensation is the translation of a physical change, such as pressure, heat, or cold, into a neural impulse. And that impulse is immediately interpreted, perhaps as comforting or hostile, by the person receiving it. So a person is a body-mind system, with mind (information) and body (energy and matter) so intertwined that they cannot be thought of as separate.

It is therapeutically powerful to work with information and energy (sensory experience) simultaneously, to use the mind/body interface. The body reflects mental life (Kurtz & Prestera, 1976; Marlock & Weiss, 2006). The body is immediate and present, and has not been overused in therapy, as has verbal exchange (Johanson, 1996). The body’s revelations are more closely connected with the deepest levels of the tri-partite brain and the ways we organize experience. That is why it is necessary, as Ogden, Minton, and Pain (2006) suggest, to incorporate the body, titrating sensation and doing bottom-up processing when there has been trauma. Traumatic events can trigger the primitive fight, flight, or freezing mechanisms that will lead clients to dissociate if standard mental-emotional top-down processing reactivates the memories with inappropriate timing and preparation.

An effective Hakomi therapist will work with, and learn from, those who treat the body, as well as those who treat the mind. Mind-body holism calls the therapist to take a holistic and cooperative attitude, rather than an imperious one. Diagnosis of physical ailments, pain management, and proper nutrition will affect the mind, as well as the body. Effective methods for addressing the client’s bodily condition are therefore essential to holistic psychotherapy. For example, if people present themselves as depressed, we attend to metabolic issues through nutrition, biochemistry, movement, massage, and so forth, as well as the developmental, psychological issues that psychotherapists traditionally address, as well as employ cultural-social issues as necessary (Herlihy & McCollum, 2007).

Mindfulness

Mindfulness is a range of states of consciousness including witnessing, bare attention, and loving presence. In Hakomi therapy, mindfulness is used in two ways. First, the therapist enters mindfulness and loving awareness (Germer, 2006) before each session and remains in it. Second, the therapist induces the client into a state of mindful self-reflection as early in the session as is feasible, and helps the client return to mindfulness as appropriate.

The therapist’s mindfulness is a present-moment enactment of the Hakomi principles. Mindfulness supports awareness of unity as the therapist remains aware of both his/her own breath, body, feelings and thoughts, and those of the client. In this state, the therapist can gather much more information about how the client organizes meaning and holds energy. Mindfulness allows the therapist to draw information from all four of the quadrants in Wilber’s model (1995), moving seamlessly from one context to another. Mindfulness supports organic healing because it is a natural, healthy state of mind, and because it allows the way the individual organizes experience into meaning to become apparent. Once the limiting core beliefs become apparent, they can be changed. Since the limiting core beliefs operate at a very deep level of the client’s organization, a small change there can result in a large and lasting change in operant beliefs, feelings, habits, and behaviors.

Mindfulness interacts with mind-body holism in many ways. Nhat Hanh (1987) defines mindfulness as the state where mind and body become one. Being mindful, the therapist and client can pick up clues about the mind from the body’s posture, position, tension, and habits. This makes the body a royal road to the unconscious (Johanson, 2006). In Hakomi, experiments in mindfulness evoke mental patterns through triggering or taking over bodily reactions.

The core origin of mindfulness as applied in Hakomi is the Buddhist tradition. The Buddha himself taught mindfulness as the first of seven steps on the path to the liberation from

suffering. In both Buddhism and Hakomi, mindfulness is the first tool used to begin the work that will lead to the moderation of suffering. And the tool that follows immediately afterwards is self-inquiry. Buddhism and Hakomi have a common goal, the elimination of unnecessary suffering, and a common method, mindful self-inquiry.

Mindfulness is an aspect of many spiritual traditions, not only Buddhism. Self inquiring and witnessing are part of the Advaitist yoga of the Hindu tradition. In Orthodox Judaism, the practice of saying prayers during many common activities, such as the washing of hands, can be used to induce mindfulness. Catholic monk Thomas Merton found mindfulness so essential to the Christian contemplative tradition that he developed Centering Prayer, an adaptation of Zen practice that is now commonly used by Catholics and Episcopalians.

But the presence of mindfulness is far wider even than this. Mindfulness is expressed by being “in the zone,” in an optimal state of consciousness for athletic or artistic activity. Mindfulness has also been demonstrated to be a healthy, relaxed state, and a state that supports improved brain function (Austin, 1998; Davidson, 2003; Davidson, Kabat-Zinn, Schumacher, et.al., 2003; Fargoso, Grinberg, Perez, Ortiz, & Loyo, 1999.)

Gary Snyder, who spent ten years as a Zen monk, and is also an ecologist and naturalist, proposes that mindfulness is “hunter’s mind,” the optimal state of consciousness for finding and tracking animals in the wild. If so, mindfulness is more, even, than universally human.

From a developmental perspective, mindfulness may be a state of every healthy child enjoying a safe environment, particularly a natural environment (Siegel & Hartzell, 2003). But self-inquiry only becomes possible at around age eight (Piaget & Inhelder, 1969).

Even though mindfulness is a natural state, it needs to be induced and supported in most people (Johanson, 2006). For some, it is induced by time in nature, or in the practice of an art or sport. For others, intentional practice, such as Buddhist meditation or Hakomi therapy can be useful. Methods of inducing mindfulness, such as turning attention to the breath or to bodily awareness are discussed in numerous places. The most common barrier to mindfulness is fear arising from an experience of not being safe. This brings us to the next Hakomi principle, non-violence.

Non-Violence

The 20th century concept of Non-Violence was developed by Mahatma Gandhi. He cited roots in both the Hindu tradition of equating love with *ahimsa* (literally non-harm), and also in the Christian tradition, both the teachings of

Christ in the New Testament and also Thoreau’s *Civil Disobedience* (2007) first published in 1866.

Non-violence is a way in which one holon can choose to interact with others. Gandhi proposed it as a quality of social, political, and military interaction to resolve conflicts between societies with no intent to harm, and with a minimum of injury. Non-violence is expressed in many spiritual traditions: the Buddhist vow of non-killing; the Hippocratic oath which includes the commitment “first, do no harm,” the tradition of conscientious objection in the peace churches and some Orthodox Jewish traditions, and the religiously based civil rights movement associated with Martin Luther King, Jr. are examples.

General systems theory allows us to generalize the social-political concept of non-violence so that it can be applied to relationships and to the inner realms addressed by psychology. Non-violence is also a position that states that the ends and the means are one, and therefore that the ends do not justify the means. Holons are fundamentally both mental and physical. Non-violence must not violate a holon on either level. Rather, non-violence supports the integrity of each holon. To support that integrity with clear boundaries and healthy contact (providing both information and energy) is non-violent. Violation (intruding inappropriate energy and information) and abandonment (failing to provide appropriate energy and information) are violations of healthy boundaries, forms of violence that result in injury (Whitehead, 1994, 1995). From a position of non-violence, the Hakomi therapist does not seek to push through a client’s resistance, or to impose a diagnosis or treatment on the client, or to promote an up-down position of doctor-patient or teacher-student.

This definition also distinguishes non-violence from passive resistance, or from any type of avoidance due to self-protection or due to a conceptual theory. The non-violent therapist is actively engaged in the elimination of suffering, and in the establishment of relationships based on truth and respect. (Gandhi’s term for his movement was *satyagraha*, which means “to grasp the truth.”) Non-violence is fundamentally engaged, not passive. It includes both a commitment to non-harm and also the development of skillful means that ensure that the original intent not to harm is carried through. Gathering information from the other holons through dialog, relationship, and mindfulness are powerful ways of developing skillful means. Skillful means can further be developed through observation and feedback, and through the Plan-Do-Check-Act cycle of self-correction based on feedback developed in the field of Total Quality Management (Kemp, 2006).

Hakomi brings non-violence to the intrapsychic realm. It proposes first that we be non-violent, psychologically and physically, with others, and then that we go further, that we maintain a non-violent stance in relation to any part or state the client may experience. The recognition of each person

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as self-organizing, self-directed, and self-healing can best be expressed as respect for each person's inner wisdom.

This intrapsychic non-violence appears in the Hakomi approach of supporting resistance, and then inquiring into the nature of resistance, rather than trying to push through resistance. In fact, the defining moment in Kurtz's practice that distinguished Hakomi from his earlier practice of the hard body interventions (Roy, 2007) was a choice to support resistance, rather than try to press through it (Kurtz, 1990).

The non-violence of the Hakomi model has been extended in a clear way by Schwartz in his Internal Family Systems therapy method. In this model, each person is perceived as having human-like or intelligent "parts," and each part is granted the full respect that a non-violent person would grant another person. Furthermore, the therapist encourages each part to be non-violent with respect to other parts. This respects the fragile inner ecology, engages inner safety and improved inner communication, and often leads to rapid healing. This is supported by Wilber (1979) where he notes that one way of thinking about therapy in general is a matter of healing splits; splits between one part of the mind and another, between the body and the mind, between the whole self and the environment, and a final transpersonal split that overcomes all divisions.

Conclusion: Transformation Arising from Application of the Hakomi Principles

All psychotherapy must answer two key questions: Is it possible for brief encounters between client and therapist to establish long-lasting, healthy changes in the client's experience of life, outlook on life, habits, and behaviors? If not, then therapy is not of value. If yes, then how is this done?

Of course, all those who engage in or promote therapy answer the first question, "yes." But what is the basis for that answer? There are many possible grounds for this assertion, and most of them can be expressed as a metaphor. The metaphor to the medical model either proposes psychotherapeutic medication, or suggests that the therapist can diagnose the client the way a doctor diagnoses an illness, then offer some treatment. Some treatment models suggest that the therapist, by modeling healthy relationship, inserts (or introjects) a healthy way of being into the client. This implies that the client is fundamentally lacking some essential human quality at the outset. The therapeutic work is analogous to a surgical implant.

Hakomi takes a different perspective. Each person is a self-organizing, self-directing, self-healing holon operating in a negentropic context. Furthermore, all holons are so complex that efforts to model them from without will always be more limited than efforts to observe them from within. Also, ill health and imbalance arise not from a missing or defective part (or sub-system), but from a failure

of communication between parts. If proper communication of information and energy is restored, then the system will heal itself. This perspective leads to a therapeutic approach that is collaborative. The therapist, in mindfulness, supports the client's mindful self-inquiry. Mindfulness allows the therapist to acquire extensive information about how the client processes experience. The client, with some guidance from the therapist, comes to contact his or her core beliefs. Together, client and therapist create the experience waiting to happen, causing an experiential shift in core beliefs. Core beliefs act as high-level parameters in the client's complex control system, so small changes can lead to substantial changes in behavior.

The collateral role of energy (Bateson, 1979) is significant in Hakomi therapy in two ways. First of all, all information is carried on a flow of energy. If the client cannot receive the energy on a bodily level, then he cannot receive the information that comes with it. This is illustrated when a client "rides the rapids." The energy associated with the information being processed overwhelms the client, and the client cries or yells or releases the energy in other ways. The therapist supports this and allows the client to complete the process. When the process naturally relaxes, the therapist guides the client first to mindfulness where information about the experience and new possibilities is integrated, and then to ordinary consciousness and further integration. Note both that the energy flow must be respected, and also that timing is a critical component to successful therapy.

The second way in which collateral energy is relevant is in the arena of the client's motivation. If a shift induced by therapy engages the client's attention and motivation, the client can do a great deal of work (Johanson, 1988) – during regular life, and not only in the therapy session – to grow, learn, and integrate the results of therapy. Exploration of core beliefs in mindfulness, and creating a single incident of the experience waiting to happen can unleash the tremendous healing and creative potential of the client.

On a physical level, most organisms will heal, even from relatively serious injury, given a safe environment and appropriate nourishment. Clearly, the same is not true as frequently or as fully on a psychological level for people. Why? One possibility is that the human psyche is complex enough to develop patterns that would be modeled as attractors in chaos theory. People internalize abuse from past experience. This is potentially a protective mechanism, designed to produce what Schwartz (1995) calls "managers" and "fire fighters" to help us avoid that which is dangerous. Sometimes the external danger is removed, but the pattern of behavior orbiting a protective attractor is still present.

Through a fresh experiential encounter in mindfulness, the core beliefs created by developmental trauma can be changed. A relatively small change to core beliefs can cause the pattern to move to abandon an old attractor. Of

course, there is usually a significant possibility of return to the prior attractor. But this model illustrates the kind of transformative healing that we often see with Hakomi therapy: The unpacking of a core belief, and the presentation of the experience waiting to happen, brings lasting transformation. It is practical application of Wilber's (1995, p. 48) observation that "We never know, and never can know, exactly what any holon will do tomorrow."

This transformation generally takes the form of an opening in the client's sense of the possible. Whereas before, a core belief "I can't trust anyone to support me" may have been present, it can be replaced with a more realistic perspective that finding support is difficult, but possible with some, though not all. Attitudes and beliefs are less polarized, less extreme. As a result, possibilities that were previously excluded by the client's perception and definition of experience now become possible experiences, and hope is restored (Johanson, 2006).

Hakomi Therapist/Teacher Laurie Schwartz cites extensive evidence that lasting recovery from substance addiction is far more likely to occur if the client has the opportunity to engage the original trauma that preceded the addiction (personal conversation, 2006). By engaging the original injury in non-violent, loving awareness, the client can see that this one event does not define all possible experience. The client can allow a healing event, the "experience waiting to happen" (Kurtz, 1990) that allows core beliefs to shift at the unconscious level where they operate. By shifting the core belief, the client releases the mind's orbit of thought (obsession) and action (compulsion) around a past attractor. The client can then leave behind old, ineffective habit patterns (addiction) and entertain new possibilities for a healthy life and healthy relationships.

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The Use Of Mindfulness In Psychodynamic & Body Oriented Psychotherapy

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Editor's Note: In this article Halko Weiss outlines the use of mindfulness in body-oriented psychotherapy within the more general realm of psychodynamic psychotherapy. The article first appeared in *Body, Movement and Dance in Psychotherapy* (Vol. 4, No. 1, April 2009, pp. 5-16)

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ABSTRACT: This article summarizes some of the ways that 'mindfulness' starts to appear in Western psychotherapy and medicine, showing that it has become a legitimate area of scientific inquiry and that it shares common objectives with Western treatment approaches. It then explores its origin in Buddhism as well as the meaning of the concept and aspects of its practice. Claiming that the use of mindfulness can move psychodynamic therapy from a 'thinking' to an 'observing' mode, the role and power of the Buddhist concept of an 'internal observer' is explained and discussed. Then the author outlines the reasons why body psychotherapy is particularly predisposed to embrace mindfulness as a core concept and shows how, using the example of the Hakomi Method, it would have a deep impact on the way psychodynamic therapy is conducted. He argues that the therapeutic relationship would have to be shaped according to a radical understanding of 'acceptance' and an 'experimental' attitude.

Keywords: mindfulness; body psychotherapy; psychodynamic therapy; Hakomi; Hakomi Method; Buddhist psychology; acceptance.

The West Listening to the East

Mindfulness has become a red hot item for psychotherapy in the last decade. It comes as a surprise that of all the major modalities Cognitive Behavioral Therapy (CBT) would take a leading role in selecting an ancient Buddhist technology of mind to enhance their work. But they did-- and we will see why.

In the wake of Jon Kabat-Zinn's research, who was able to clearly show that mindfulness not only reduces stress, but contributes significantly towards the healing process for a wide range of diseases (Kabat-Zinn, 2005) psychotherapist Marsha Linehan created a crucial place for mindfulness in many therapeutic treatment protocols and spearheaded a movement that rippled through the international psychotherapeutic community (Linehan, 1993). Patients suffering from borderline syndrome (Linehan, 1993), depression (Segal, Williams & Teasdale, 2002) or trauma (Ogden, Minton & Pain, 2006) are among those that are benefiting from understanding the workings of the mind through Buddhist psychology.

Psychoanalysis has renewed its dialogue with these ancient teachings as well (Safran, 2003; Germer, 2005),

and even the business world has started to embrace mindfulness as the core ingredient to emotional intelligence (Goleman et al., 2002; Dietz & Dietz, 2007).

In line with these developments, mindfulness has become a legitimate subject for academic psychology and neuroscience inquiry. Research in neurobiology, in particular, has started to provide a solid base for critical minds through demonstrating, among other things, that even short-term training of mindfulness can improve functioning of the brain and the immune system (Davidson et al., 2003, Smith et al., 2004), and further, that the practice of mindful observation and naming of feelings produces therapeutic effects (Creswell et al., 2007).

There is a clear understanding in academic psychology that Buddhist psychology is not a religion in the familiar theistic sense, but a classical wisdom teaching about how to reduce suffering (Fulton & Siegel, 2005). In the light of this understanding both Western psychotherapy and the Buddhist teachings pursue similar goals. The academic world is considering more seriously what was discovered by a very different type of science some 2500 years ago.

In this article I will first review the core concept of mindfulness and its potential. Then I will reflect on its use in psychodynamic therapy, and in body psychotherapy in particular. Finally, I will show how its inclusion in psychotherapy impacts the very way therapists work and how they relate to their clients.

A Classical Tool for the Pursuit of True Happiness

In the satipatthana sutra, (his teaching about mindfulness), the Buddha presents this seemingly simple technique as the very heart of the path towards liberation from suffering (Nyanaponika 1976a and 1976b; Gunaratna, 1970). Teaching the mind to stay in the present moment and observing the person's own being for seconds or, eventually, continuously is understood as a way to "awaken" from identification with mental and emotional processes. Such processes are seen as delusional and not fit to deal with impermanence, the very source of all suffering.

Although the terms mindfulness and meditation are not interchangeable, as there are a number of different meditation techniques, the classical practice, passed down from the Buddha is called insight meditation (Vipassana). It centers on the idea of "sati" ("mindfulness" in the Pali language).

Mindfulness can be understood as a special state of consciousness that can passively observe the present moment, pleasant or unpleasant, just as it is, neither clinging to it, nor rejecting it. Typically, it is focused inward, on internal experience in general, or on specific features of its landscape (Johanson, 2006).

That sounds simple enough, but turns out to be a lifelong project if taken up in earnest. For the mind rambles. It jumps and moves and twists away from present experience all the time. It is sometimes likened to a young dog that runs here and there relentlessly and enthusiastically without any plan. Even though we do not notice this in everyday life, the phenomenon is quite obvious as soon as we try to follow the Buddhist prescription. While a beginning meditator is attempting to maintain observation of a present moment object, like her breathing, she may be gone on a thinking and reliving journey for minutes at a time before this comes into her awareness, and she can return to present experience.

And there is another major problem: It is our human habit to not just observe, but to observe with a critical, comparing or judgmental mind. In contrast, Buddhism claims that we all are equipped with a potential to have an internal "observer," which if correctly trained, will be able to look at ourselves without judgment, with equanimity, benevolence, acceptance, curiosity, passivity, and calm. This internal observer, or the state of internal observation, is a skill that becomes stronger only when we practice it. Just like each child is equipped to learn languages, for instance, but will not ever know one if it does not get a chance to practice one.

If we take a brief look at Western science at this point, it is a fairly safe assumption that the well-researched theory of neuroplasticity (Kandel, 1995) applies to this process, namely that a growing "internal observer" would be accompanied by the establishment of long-lasting neural connections that represent a change of the brains architecture, as well as an acquired skill. That takes time.

As the practitioner does her daily session(s), there are a number of benefits that are expected to show up as the result of the routine: Equanimity of mind, expansion of awareness, improved focus, a sense of freedom, better self regulation, increase of vitality, etc., and, at the far end, experiences of deeply absorbed states called "samadhi", or even enlightenment. Generally, it is expected that the practitioner will become calmer, wiser, and happier over time, though these are byproducts, as opposed to the object of the practice.

Shared Objectives

Assuming that the East really did find a way to move a person in these directions, and that the practitioner does indeed benefit in some of the ways described above, we can see that psychotherapy and the mindfulness tradition in fact share common goals.

From the point of view of body psychotherapy there is a particularly interesting and practical element in this mix that can support our work in a number of different ways: The "internal observer"--sometimes called the "witness." It is worthwhile to look at this phenomenon for a moment. Western psychotherapists like Roberto Assagioli, Ernest Hilgard and Fritz Perls already started searching in this direction in the first part of the 20th century. The Freudian tradition also seems to address something like an internal observer when it speaks about the "reflexive ego" for instance, even though its particular understanding is deeply steeped in notions about internal battles to be won.

From the Buddhist point of view practicing the observer creates a greater "detachment" from identifications with everything that seems to be part of the "I": Emotions, thoughts, memories, sensations, impulses, etc. For once a practitioner starts being an observer of himself, he also starts creating a distance between the observer and the observed. Whatever is observing is looking at an object (for instance a strong emotional state), and consequently ceases *being* that emotion to a certain extent.

Through practice, observer and the observed are pried apart. Over time, a person slowly lets go of actually experiencing their being or ego states as the only reality, as something they are pulled into and merged with. Instead, they experience a position of observation from where they can see those states come and go, and from where they can gain curiosity and compassion for them.

It is important to note that this process is fundamentally different from that of dissociation. There is, in contrast, a strong compassionate and aware connection between the observer and the observed--not a disconnection. As a matter of fact, the process actually creates integration, as

the observed elements are not controlled or pushed away, but allowed to show their true face, their sources, and their meaning (Perrin, 2007). From a systems theory, as well as from a communications theory, perspective we are looking at a meta-level capacity that grows through a concrete training process.

Here it becomes obvious why CBT would jump on the wagon along with all the other freedom seekers. "Distancing" (Beck, Rush, Shaw & Emery, 1979) from unpleasant and burdening emotional states like depression, and finding a position from where the habitual feelings and thought patterns become less and less important, from where a person is not easily sucked into them, and from where the "I" seems to rest more in the observer than in the observed, presents as a very desirable goal. Along with, for instance, improved flexibility, mindsight (Siegel & Hartzell, 2004), and self-regulation (the ability to modulate emotional reactions), the package appears to encompass valued objectives of Western psychotherapy.

From Thinking to Observing

Yet, training such an internal observer opens up an additional advance for Western psychotherapy. When practiced enough and used with the support of an experienced psychotherapist, it allows unlocking the gates of "implicit memory" (Schacter 1996; Roth, 2003), our reservoir of unconscious knowledge about the world and how to deal with it, our learned and habitual patterns of self-organization that keep repeating whether they still work well or not. This knowledge manifests as feelings, emotions, attitudes, and habitual patterns of behavior.

Neuroscientists have clearly shown that some aspects of Freud's concept of the unconscious seem to be right on. The "explicit" memory system, which can be distinguished from the "implicit," not only functionally, but also anatomically and histologically, does seem to be close to Freud's understanding of the conscious ego, even though it proves to be a lot less in control than what Freud would have liked it to be.

The bad news is that the parts of the brain that are not conscious (implicit memory), but very fast, very efficient and very powerful pull the strings in our lives. They have absorbed knowledge, confirmed by repetitive experiences or strong emotional ones, that is deeply connected in the very tissue of the body (Damasio, 1999). One important aspect of this is that, contrary to what Freud emphasized, these experiences are not so much repressed, but moved into "implicit" and "emotional" memory for economic reasons. The explicit memory just cannot store the amount of data needed. Gerhard Roth for instance, a renowned German neuroscientist, says that "... our conditioned feelings ... are nothing but concentrated life experience" (Roth 2003, p. 375, translation by the author).

Traditional psychodynamic therapy has learned to lean on our conscious capacities to reflect thinking, feeling and memories. As unconscious information is uncovered by using a variety of paths (dreams for instance, or the

therapeutic relationship), meaning is also reflected. However, neuroscience has shown us that mental reflection is a very dubious process, always prone to bend and distort towards social desirability, defense of our behavior, and habitual thought patterns (Roth, 2003; Weiss & Harrer, 2006). The conscious, explicit, mind also has very little power over the implicit. We all know this from our own experience: It is much harder to feel differently than to think differently.

The situation changes with a trained internal observer. This type of observer is not used to interpret, judge or reflect. It simply observes the implicit memory at work as it responds to events inside and out. Here is a typical example from a couple's therapy session:

Alan was quite convinced that he was very open to connecting deeply with his wife Gail on an issue that she saw quite differently, and had complained about over and over again. In an experimental context the therapist had her slowly move closer to him while Alan mindfully observed his internal experience. As Gail inched closer, he noticed that something started to tense up deep inside himself, and that his eyes seemed to be compelled to look past her--without any awareness of why he might be doing that. When she moved even closer, Alan noticed that his breathing started to restrict subtly, and that his muscles began to harden ever so slightly. He was very surprised, and became quite curious about what was happening to him.

Such a process can be understood as the internal observer observing the "unconscious" (the implicit and emotional memory) at work. Alan did not know or remember anything related to his reaction. He could just see that there must have been some kind of learning process in his life that now steered an automatic response pattern that he could not control, or had even been aware of. He could not name any reasons, nor any events in his life that could have lead him to be that way.

That is particularly important because, (again, we can build on neurobiological research—Roth, 2003) in our particularly formative years, the first two years of our lives, we cannot yet form autobiographic memory. What we learn during that time is absorbed and represented in unique patterns of somatic, motoric, and emotional self-organization; patterns that are fundamental to our character (Stern, 1995; Downing, 1996), and define the quality of our lives. The memories that we hold in explicit memory on the other hand, are very unreliable and may *not* represent meaningful elements of self-organization (Weiss & Harrer, 2006).

Therefore, in order to significantly connect to what is truly forming our habitual character patterns, we be able to observe and study their emergence in the present moment from a somewhat removed position--like the internal observer. Psychotherapeutic modalities that follow this course will therefore not center around thinking and reflecting, but around observing thoughts, feelings, sensations, impulses, etc. arising from moment to moment. This allows implicit memory to reveal itself;

this part of our memory that holds such power over our lives.

A Body-Psychotherapy Tool

The use of mindfulness in body-psychotherapy makes particular sense, for even in the classical Eastern literature and practice the body is the first and easiest object to observe in mindfulness. The somatic realm is also not only deeply tied into all our emotional and mental processes (Damasio, 1999), but it reflects them precisely, allowing us to uncover fundamental issues and memories that gave rise to them (Marlock & Weiss, 2006).

It is no surprise that most approaches to body psychotherapy, starting with the grandmother of the art--Elsa Gindler, have emphasized ways to become "aware" or more conscious of bodily processes in some way. Patients are usually encouraged to sense, feel and observe their bodies at great length. Mindfulness sets itself apart, as it is particularly well defined and much more elaborate than all other methods of supporting consciousness.

Consequently, it was a body psychotherapist--Ron Kurtz, who pioneered the integration of mindfulness into psychodynamic therapy in the 1970s (Kurtz, 1990). His approach, the Hakomi® Method, is so tightly built around the notion of mindfulness that he considered using the term "mindfulness" as part of the very name of the approach. It certainly shapes the essence, the feel, and the process of Hakomi.

A therapist trained in this method constantly monitors the state of consciousness of her client and helps to regulate it. In the course of a successful therapeutic Hakomi process there is normally an expanding sense of mindfulness, and the core of the process actually takes place in this state. The client is guided towards observing himself from a mindful perspective, while the therapist has an eye on a number of specific characteristics, some of which are adaptations of the original concept for psychotherapy. Generally, the process is created around:

- a) the conscious regulation of attentional processes *inward*
- b) the conscious regulation of attentional processes in relation to *time*, including a lot of spaciousness and lingering with perceived phenomena
- c) the establishment of an *internal observer* with a number of its critical *characteristics*
- d) a therapeutic approach that consequently needs to let go of goals and become *experimental* instead, and
- e) a therapeutic relationship that necessarily becomes *radically non-directive* in order to not interfere with mindfulness. When completely in tune with mindfulness, the therapist will manifest a being state that Kurtz calls "loving presence."

In practical terms, working in mindfulness requires the therapist to introduce the idea of an internal observer and guide her client towards this style of self-observation. In the process she monitors the client's state of consciousness and contacts his experience in ways that support the internal observer. She is acutely aware if the client becomes highly identified with, let's say, a feeling

state, and has a number of ways to help the client back into a more observing state. This process can be understood as the co-regulation of attention processes by an "external interactive regulator" (Schoore 1994).

Typically, the therapist proposes little "experiments" related to the issues at hand that engage the client's observer, and eventually leads towards "formative" experiences--experiences that left imprints in the implicit memory that have the power to organize day-to-day experiences and behaviors. (See example above). She also has techniques available to deepen the state of mindfulness and help the client stay with their experience until these fundamental layers appear in consciousness, and can be worked through.

This form of working can be interpreted as "assisted meditation" where, other than in many meditation techniques, an experience is not just observed and then dropped, but the therapist gets constant reports about what is going on inside the client and then helps him to stay with, and deepen that experience towards its formative sources. Powerful emotional memories and experiences may spontaneously emerge as formative material is evoked. However, they are always accompanied and modified by the monitoring quality of the internal observer.

Some core benefits of this approach are:

- a) Powerful work with the body also requires a powerful tool for observing internal somatic processes, especially if that tool can be taught to grow and expand.
- b) Mindfulness allows for comparatively easy conscious regulation of attentional processes that do not follow the automatic and habitual patterns of already established pathways of self-organization. Instead, it allows for a slow but direct exploration of hitherto unconscious processes.
- c) Mindfulness supports a non-judgmental exploration of self. It creates a gentle and accepting relationship towards "parts" of a person that were previously seen negatively or became somewhat dissociated.
- d) Mindfulness strengthens reflexive ego functions, or, in the words of Schwartz (1995), "Self"-type states that serve progressive objectives, and give protection from the dangers of regressive therapy processes that body psychotherapy has been prone to, and sometimes embraces as part of its methodology.
- e) Establishing a stronger and stronger "internal observer" over time is already a transformatory element. The observer allows for a process of "disidentification" from the trance-like pull of limiting states of being, like depressive states.

No Preferences

As mindfulness reflects Eastern thought, it stands opposed to some of the intuitive attitudes towards healing in the West. Among the critical differences is the Eastern willingness to be accepting of all things.

CBT therapists and others have embraced the idea of "acceptance" along with mindfulness, because there is no way to keep an observing mind when the notion arises

that something is wrong and should be different (Hayes et al., 2004). This understanding is an integral part of Buddhist psychology.

Such acceptance is easily claimed, but hardly ever realized with the conviction and depth of the original concept. The reasons are manifold: From the clients own beliefs that something is wrong and needs to change, to transformational concepts and techniques that imply some sort of disorder, and to the therapists attitudes deeply engrained by science, culture and personal upbringing. Even very soft approaches like saying: ". . . have you ever thought about trying . . .," is directing the client's mind to alternatives that imply that the original approach is lacking something.

By contrast, mindfulness is very radical. It fundamentally strips away any fantasies about how the world should be different. Instead it just studies, it listens to reality in order to see and understand it more clearly. There is absolutely nothing to strive for. It is an expression of Eastern "non-doing," though it is not the same as Western "doing nothing."

So, while a therapist working with mindfulness will certainly hold the intention of assisting a client in his growth on one level, at another level, in the present moment within the shared presence of the process, there should be absolutely no preference for the client to be any other way than he is. Some psychotherapist readers may have had moments like this with their clients. Some will realize how difficult that it is to maintain this stance when the other is suffering, for instance, or giving them a hard time. For a therapist, learning to stay with such an attitude in a consistent manner usually requires substantial training and personal growth.

The requirements for a therapist to work in a mindful way, and foster a mindful attitude in clients, are radical and challenging. This is especially true in a world where the medical model of diagnosis and treatment goals is guiding the understanding and professional processes of the therapeutic community on all levels.

Of course there have been early pioneers with a different attitude: Carl Rogers and Heinz Kohut being two respected ones. In practice, however, such a path is exceedingly difficult. Fritz Perls, the godfather of here-and-now self awareness, for instance, was clearly influenced by Eastern thought, but was also infamous for his sometimes harsh and demanding style that was designed to show the client what was NOT OK. Experientially, such a style leads a person away from self-understanding.

Mindfulness instead, is meant to explore exactly what a certain emotion, thought, or behavior is designed for; why it makes sense; why it has to be that way. It needs a full receptiveness to open up, a total willingness to let it be the way it is. Then the emerging understanding is enveloped with another of the core concepts of Buddhism: Compassion.

Here we are at the core of Buddhist psychology. Even though Buddhism does not deal with psychological suffering in the pathological sense (Engler 1984, 2003), the idea of what calms internal turmoil is clear: Observing, knowing, and deeply understanding it in a heartfelt way (Germer, 2006).

Treatment plans, psychopathological concepts, and ideas about a desirable outcome can counteract mindfulness. Because therapists model attitudes towards healing, their own intuitive relationships to those concepts have great impact. Research has shown that successful therapy proceeds with the client's world view enlarging to that of the therapist (??).

Integrating mindfulness into psychodynamic treatment can therefore not be understood as a mere addition of a potent tool. It requires an attitude and a process that contradicts typical Western medical models. It also requires that the therapist immerses herself in its practice (Segal, Williams & Teasdale, 2002; Hayes et al., 2004) so that its spirit and effects come to life.

When done with any depth and utilizing its powers fully, the therapeutic relationship will shift in a number of meaningful ways that the Hakomi Method, as one example, has attempted to embody:

- Therapists will have to become truly accepting, which means that they will have to learn to be in different states of being than in ordinary life: A state that allows them to be present in a radically compassionate and mindful manner; a state that does not have preferences, but makes room to embrace and understand absolutely everything.
- Methods and processes used will have to organize around a curious and exploratory style, rather than be directed towards specific goals.
- Input towards change will have to wait until the client and therapist together have uncovered and inspected normally unconscious beliefs held by implicit memory, and both understand clearly what kind of positive learning from what kind of experiences have not happened in life and still yearn to happen¹.

Conclusion

As body psychotherapists seek to enhance and advance their methodologies, mindfulness is certainly an extremely powerful tool to consider. It makes therapy faster, easier, and more loving. It sharpens awareness, and starts opening the tremendous resource of an internal observer.

However, its use also requires a fundamental shift in attitude that is hard to fathom for those who have not yet fully experienced its possibilities and challenges. Having trained therapists from all walks of life for more than 25 years, this author has seen the struggles and subsequent

¹ Here we are at the issue of human change and how to bring it about that goes beyond the scope of this article. A short summary of an underlying concept can be found in Weiss, 2006.

conquests of those therapists who have learned the traditional ways of Western psychotherapy first. It takes a few years to find a firm standing within a mindful approach. Yet, body psychotherapists, in particular, are predisposed to embrace this way of working since they are already used to sensing, feeling and observing the internal world, rather than simply thinking about it. Elsa Gindler, Wilhelm Reich, Charlotte Selver, Fritz Perls, David Boadella, and many others have opened the door wide. The next step could be heading East again.

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Humanistic Hakomi and It's Interface with Non-Linear Science

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Editor's note: A foundational source of Hakomi for Ron Kurtz, in addition to experiential--humanistic psychotherapies, and Eastern wisdom resources, was the sciences of complexity that reflected Ron's background in physics, computers, and experimental psychology. The article here continues that tradition with Hakomi's dialogue and applications of non-linear science. This article was first printed in a highly condensed version in the June 2009 issue of *The Humanistic Psychologist*.

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ABSTRACT: The article begins by reviewing concerns about the humanistic psychology-science dialogue that Hakomi has engaged from its beginnings. It then moves to outline the contours of recent non-linear approaches to science, and how that understanding might interface with the use of mindfulness and the body in humanistic psychotherapy that Hakomi has pioneered. Various ways in which both client and therapist use the awareness and compassionate aspects of mindfulness in passive and active ways are explored. Research involving the body in terms of interpersonal neurobiology and neuroplasticity, and its use as a royal road to the unconscious are outlined. A case study is referenced throughout. The conclusion returns to the basic concerns, and offers a final critique.

*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*
(Johanson & Kurtz, 1991, p. 15)

Concerns & Cautions

Contemporary developments in science are decidedly more hospitable and helpful to humanistic psychology and psychotherapy than the previous Newtonian-modern models. This is a somewhat controversial statement given that the long tradition of discourse related to the psychotherapy-science-humanistic dialogue (Shoben, 1965; Madsen, 1971; Rogers, 1985; Aanstoos, 1990; LeShan 1990; Rice, 1997) has resulted in a number of continuing concerns.

Gregory Bateson, who did not think psychotherapy and science were well related in his own day (May, 1976), was clear that ideas have consequences, and one should be wary of uncritically adopting various scientific concepts. LeShan and others argue that we must avoid harmful reductionisms (LeShan & Margenau, 1982) by insuring that an adequate science take into account "such observables as self-consciousness and purpose, which [do not] exist in the realm of experience studied by the physicists" (LeShan, 1990, pp. 14-15). In his numerous works Wilber (1995, 2000) likewise champions the necessity of not getting

caught in a flatland science of objective external perspectives that jettisons the depth of subjective internal realities of both the individual (consciousness) and the culture (values). Berman (1989, p. 277) argues we must always remain "involved participants" and not succumb to being solely "alienated observers," in addition to not leaving out significant parts of life not encompassed in some systems theory (Berman, 1996).

Sundararajan (2002, 45) expresses the concern that after immersing ourselves in scientific perspectives, therapy must still allow "an open ended process, which unfolds in the expressive space of the body and capitalizes on the strategic play with temporality." Likewise, she is concerned that psychotherapeutic practice not devolve into rules of applied theory that ignore the embodied "logic of practice" (Bourdieu, 1990) that leads to the high level "skillful comportment" in psychotherapy (Spinosa, Flores, & Dreyfus, 1997) valued by humanistic therapists (APA Division 32 Task Force, 1997); a concern echoed by LeShan (1996) that our work carry us *Beyond Technique*. The dimension of grace and art that Bateson valued (May, 1976) must be allowed. Room must remain for the union of

feeling and thinking that poetry conveys. The art and science of therapy, the interpretive and explanatory, the romantic and objective traditions should not feel at inseparable odds (Smith, 1994; Salzinger, 1999). Since learning to do therapy is experiential, like learning to ride a bike, one must ask how hard will it be to learn to ride in practice while struggling to assimilate heavily abstract science-laden theories about how to ride?

Or, when Margurite walks into our office, how should we view her? Does it constrict humanistic concerns to think of her in terms of a complex adaptive system (CAS)? Are flexibility and creativity retained? Is the language appropriate to full human-beingness? Do we risk missing her while concentrating on parts of her system as real as opposed to preserving knowledge of her patterns and their contextual roots in relationships that Bateson taught? Do we leave enough room for immaterial form, order, and pattern to escape being materialists?

This article agrees with Giorgi (2000, p. 56) that it is desirable for psychology to become more unified, but not that humanistic traditions need to take “a complete break from the natural science conception of psychology.” However, the psychotherapy-science dialogue must proceed with the above cautions in mind. Apparently caution has been winning out for the most part. At the time of writing, there were no articles listed in *The Humanistic Psychologist* or *Journal of Humanistic Psychology* that contained the words “psychotherapy” and “science” in their titles. We proceed experimentally then, with a prudent caution.

Science

The Organization of Experience

Bateson (1979) offered us stunning insight into the nature of living, organic systems in his classic *Mind and Nature* that outlined a number of propositions that describe a system characterized by mind (Kurtz, 1990, pp. 34-36). His first proposition is that we are all wholes made up of parts, and in turn part of a greater whole, what Koestler (1967) termed holons, a terminology adopted by Wilber (2000) and many others. Berman (1990) suggests this places us in a participatory universe where we are joined with many other parts in increasing levels of complexity as subsystems join with suprasystems (Skynner, 1976).

Bateson's second proposition clarifies that what makes the system organic is not simply that it has parts, but that the parts communicate within the whole. Plus, if that communication is happening, the organism is self-organizing, self-directing, and self-correcting, thus demonstrating that it has a mind or wisdom of its own. This is Bateson's third proposition, which Wilber (1979) echoes in his argument that therapy can be thought of as healing splits within the organism; perhaps one part of the mind from another, the mind from the body, the whole organism

from its environment, and a final transpersonal split that transcends all boundaries.

Proposition four is that energy is secondary or collateral to the system, while what is of primary importance is the way the system processes information. The system encodes, filters, or transforms signals from both internal and external sources (proposition five), and then organizes this information into a hierarchy of logical levels of organization (proposition six).

Together, these propositions take us out of the linear, cause and effect hydraulic systems of Newtonian mechanical models, and into the contemporary information processing world. This is a place consistent with philosophical new key methods such as Langer's (1962) conception of the symbolic transformation of the given.

In psychotherapy it is consistent with the emerging consensus that all therapies deal with the organization of experience. While there is ongoing dialogue about how things get organized and what is required to reorganize them, the agreement of Kurtz (1990) in the humanistic world, Schwartz (1995) in the family therapy world, White and Epston (1990) in the narrative therapy world, and Mahoney (2003) in the cognitive-behavioral world is that we are working with the organization of experience. The title of Stolorow, Brandchaft, and Atwood's (1987) chapter on transference in their *Psychoanalytic Treatment: An Intersubjective Approach* is “The Organization of Experience.”

When Margurite comes into our office then, a reasonable question to have in the back of our minds is, “how has this person organized her life?” Actually, organizing ourselves in a way that makes meaningful sense out of the life we experience is not a therapy issue. It is a normal task, complete with the requisite hard wiring to do it (Siegel, 1999).

Since Bateson argues that a living organic system is self-organizing, self-directing, and self-correcting when all the parts are communicating within the whole, if Margurite is struggling with more than the inevitable suffering of life, the therapy question would be more specifically, “what might she be organizing out of her life” (Johanson, 2006b)? Or, as Kurtz puts it, what are the indicators of a missing experience in this person (Keller, 2005)? Could she be organizing out realistic possibilities we all need and theoretically have available in life, such as experiences of welcome, support, intimacy, freedom or inclusion? What core organizing beliefs (Kurtz, 1990) would account for her present presentation and distress?

Non-linear Organization & Emergence

Whatever Margurite needs, we know she is not like a machine, even an information processing one, where one

input will result in a predictable deterministic output. Here is where computer models and terminologies are suspect. LeShan (1990, p. 137) notes that there may one day be a computer that can write decent poetry, though he doubts it, but that there will never be a time when one computer wants to give roses to another and run off to live with it forever.

Morgan suggests that understanding the brain and mind in terms of “linear thinking involving cause and effect is inadequate. The brain is the most complex structure known in the universe. The human being is way too complex for simple logic. We need to turn to complexity theory for a better understanding” (Morgan, 2006, p. 14). While Bateson talks of living organic systems, others term this science “the study of dynamic, synergetic, dissipative, nonlinear, self-organizing, or chaotic systems” (Thelen & Smith, 2002, p. 50). John Holland (1995), in line with the work of the Santa Fe Institute (Morowitz & Singer, 1995, Cowan, Pines, & Meltzer, 1994), uses the term complex adaptive systems (CAS). Laszlo (2004) speaks of adaptive self-regulating systems, and Varela, Thompson, and Rosch (1991), dynamical systems. Since these ways of understanding are relatively new and use technical language not always familiar to psychology readers, specialized terms are italicized. The following discussion compresses a wide amount of material. The reader is referred to the references for more complete expositions.

All these frameworks refer “to a class of systems that are both *complex* and that exist *far from thermal equilibrium*” (Thelen & Smith, 2002, p. 51). They are *open dissipative* systems since they continuously interact with their environments, taking in energy and matter to fuel their work, and dissipating some back to the environment. They display a capacity for self-transcendence, symmetry breaks, creativity or *emergent transformation* into new wholes with new forms of *agency and communion* (Wilber, 1995). This reflects the *nonlinear* character of systems.

Holons emerge in unprecedented ways not determinable from knowledge of component parts. Growth implies *indeterminacy*. Ernst Mayr (1982, p. 63) writes that “the characteristics of the whole cannot (even in theory) be deduced from the most complete knowledge of the components, taken separately or in other partial combinations. . . . As Popper said, ‘We live in a universe of emergent novelty.’” In terms of scientific inquiry in general, determinism, or *predictive power* is an insufficient and inadequate guiding principle.

Older theories of maturationism, environmentalism, or interactionism between genes and environment are inadequate to account for “problems of emergent order and complexity” (Thelen & Smith, 2002, p. xiii), namely how new structures, patterns, or core narratives arise. These older theories basically note the eventual outcome or product of where people end up, but “take no account of process . . . the route by which the organism moves from an

earlier state to a more mature state” (p. xvi). To put it another way:

The grand sweep of development seems neatly rule-driven. In detail, however, development is messy. As we turn up the magnification of our microscope, we see that our visions of linearity, uniformity, inevitable sequencing, and even irreversibility break down. What looks like a cohesive, orchestrated process from afar takes on the flavor of a more exploratory, opportunistic, syncretic, and function-driven process in its instantiation (Thelen & Smith, 2002, p. xvi).

Soft-Assembly, Attractors, and Not Knowing

If we assume that Margurite’s present organization and situation is multiply rather than absolutely determined, and we can not make discreet deterministic interventions, then how do we proceed? Siegel (1999, p. 218) suggests: “Every moment, in fact, is the emergence of a unique pattern of activity in a world that is similar but never identical to a past moment in time.” As therapists, we must affirm we enter into a mysterious place of not knowing, and not controlling (Sorajjakool, 2009) when we work with others (Johanson & Kurtz, 1991, pp. 4-8), which is a vote for collaborating closely with Margurite’s own inner organic wisdom and creative intelligence.

Schwartz (1995) finds it helpful to think of organization in terms of an inner ecology of *parts*, which is the language commonly used by clients. Parts imply a system characterized by multiplicity (Rowan & Cooper, 1999). Systems can be studied for “the way energy flows through” and coordinates the components (Thelen & Smith, 2002, p. 52). As Peterfreund (1971, p. 119) says: “All structure involves information; indeed, it is information that truly marks our identity. As Norbert Wiener writes (1950, p. 96), ‘We, are not stuff that abides, but patterns that perpetuate themselves.’”

Margurite and all of us perpetuate ourselves through multiple patterns that evolve over time. Self-organizing systems begin with many parts with large *degrees of initial freedom* that are then “compressed to produce more patterned behavior” (Thelen & Smith, 2002, p. 51). “In self-organization, the system selects or is attracted to one preferred configuration out of many possible states, but behavioral variability is an essential precursor” (Thelen & Smith, 2002, p. 55). Nonlinear means order out of chaos.

In Schwartz’s terms, many different patterns of parts can be Self-led and/or blend or fuse with consciousness at any given time to lead a person in many directions. This accounts for Margurite presenting in many guises: Successful non-profit consultant – energetic lover uneasy about intimacy – generous giver, less adept at receiving – good competitor who likes to celebrate accomplishments of others – dutiful helpful daughter who lives 1,000 miles

away – one who likes to help people, but gravitates towards individual sports like bike riding and running – and more.

Which part-pattern of Margurite that emerges depends on the interactions of her internal parts, and their perception of what is happening in the external world. Neurologically, the activation of one pattern often corresponds to the inhibition of another (Siegel, 2006).

Under different conditions the components are free to assemble into other stable behavioral modes, and it is indeed this ability of multi-component systems to “*soft-assemble*” that both provides the enormous flexibility of biological systems and explains some of the most persistent puzzles of development (Thelen & Smith, 2002, p. 60).

Siegel (1999) describes “the brain as an anticipatory machine” (Morgan, 2006, p. 15). Out of our experience we develop what Kurtz calls core organizing beliefs that provide the core narrative structure of our stories, and shape the way we tend to assemble our characteristic guises in the world (Shoda, Mischel & Wright, 1994).

As the emotional responses of the beliefs become engrained patterns of neural firing (Schoener & Kelson, 1988), Siegel (1999, p. 218) observes that they come to function as *attractor states* that “help the system organize itself and achieve stability. Attractor states lend a degree of continuity to the infinitely possible options for activation profiles.” Laszlo (1987, p. 70) maintains that “the principal features of dynamic systems are the attractors; they characterize the long-run behavior of the systems.” *Static attractors* govern evolution when system states are relatively at rest; *periodic attractors* govern those systems that go through periodic repetitions of the same cycle; and *chaotic attractors* influence the organization of seemingly irregular, random, unpredictable systems (Barton, 1994; Gallistel, 1980; Nowak & Vallacher, 1998; Vallacher & Nowak, 1994).

Core Organizing Beliefs, Fluctuation, and Flexibility

Siegel makes the point that new adaptations to new attractors form the foundation upon which increased complexity can build. Nowak & Vallacher (1998) explain that

in nonlinear dynamical systems, small incremental changes in the value of *control parameters* [external variables that influence behavior] may lead to dramatic, qualitative changes in behavior, such as a change in the number and type of attractors. Radical changes in a pattern of behavior are usually *bifurcations*, although they are sometimes referred to as dynamical *phase transitions* and critical phenomena. Bifurcations represent qualitative changes in a system’s dynamics and thus are revealed by noteworthy changes in the values of the system’s *order parameters* [internal variables or attractors that organize behavior] (p. 61).

Out of multiple possibilities for the soft assembly of parts, the system organizes around a particular one.

Whereas before the elements acted independently, now certain configurations or collective actions of the individual elements increase until they appear to dominate and govern the behavior of the system. Haken (1977) refers to these dominant modes as the *order parameters*, which are capable of slaving all other modes of the system. The system can be described, therefore, in terms of one or a few-order parameters, or collective variables, rather than by the individual elements. The order parameter acts to constrain or compress the degrees of freedom available to the elemental components (Thelen & Smith, 2002, p. 55).

Order parameters correspond to core organizing beliefs. Taking in or experiencing Margurite from the outside, it appears she is struggling with some core beliefs related to support. She supports others, but has a hard time receiving support, while often engaging in a lot of self-reliant behavior. As a hypothesis, she might have some order parameter in play that tells her there is something dangerous about counting on the support of others.

When systems self-organize under the influence of an *order parameter*, they “settle into” one or a few modes of behavior that the system prefers over all the possible modes. In dynamic terminology, this behavior mode is an *attractor state*. The system prefers a certain topology in its *state space*. The state space of a dynamic system is an abstract construct of a space whose coordinates define the components of the system; they define the degrees of freedom of the system’s behavior (Thelen & Smith, 2002, p. 56).

Thelen and Smith (2002, p. 62) make it clear that the “control parameter does not control the system in any conventional sense; it is only the variable or parameter that [disposes] the system [toward] one or another attractor regime.” Margurite can manifest fear, a disposition to withdraw, an offer of help, or the face of defensive anger. Persons can show variable forms of attachment in relation to different persons (Siegel, 1999). “The concept that a system can assume different collective states through the action of a quite nonspecific control parameter is a powerful challenge to more accepted machine and computer metaphors of biological order” (Thelen & Smith, 2002, p. 62).

Thus, the order that emerges “is created in the process of the action” (Thelen & Smith, 2002, p. 63). Action is understood in terms of *stability and fluctuation*, and not simply schemata, filters, maps, programs, beliefs, and such. As stated above, a stable state where the system settles into a relative equilibrium “can be thought of as an ‘attractor’ state” (Thelen & Smith, 2002, p. 52), another term for order parameter.

Stability and fluctuation can also be thought of in terms of *continuity and flexibility*: Siegel (1999) argues that:

Complexity does not come from random activation, but instead is enhanced by a balance between the continuity and flexibility of the system. "Continuity" refers to the strength of previously achieved states, and therefore the probability of their repetition; it implies sameness, familiarity, and predictability. "Flexibility" indicates the system's degree of sensitivity to environmental conditions; it involves the capacity for variability, novelty, and uncertainty. The ability to produce new variations allows the system to adapt to the environment. However, excessive variation or flexibility leads toward random activation. On the other hand, rigid adherence to previously engrained states produces excessive continuity and minimizes the system's ability to adapt and change (cf. Fogel et al., 1997) (p. 219).

Piaget talked about these issues developmentally in terms of "assimilating" new experience into previous structures of organization, as opposed to "accommodating" to new experience by modifying and expanding the schemata or maps, and thus incorporating increased complexity (Horner, 1974, pp. 9-10).

Attractors can have varying degrees of stability and instability, continuity and flexibility depending on the reinforcement of learned response schemas to anticipated events. Siegel (1999) notes that neural nets that fire together tend to wire together. Schwartz's ecology of inner parts can be understood in terms of a CAS having "two or more attractors with different basins of attraction coexisting, . . . *multistable modes* which are discrete areas in the state space" (Thelen & Smith, 2002, p. 61). Again, a person can act in varying ways, depending on the context, though Freud's repetition compulsion speaks to the relative stability of an inner ecology of attractors (Johanson, 2002).

Perturbations, Bifurcations & Transformation

In terms of transformation in psychotherapy we know that, "nonlinear phase shifts or phase transitions are highly characteristic of nonequilibrium systems and are the very source of new forms" (Thelen & Smith, 2002, p. 62). What leads to shifts or transitions is *fluctuations*, "the inevitable accompaniment of complex systems. It is these fluctuations that are the source of new forms in behavior and development and that account for the nonlinearity of much of the natural world" (Thelen & Smith, p. 63). "Change or transformation is the transition from one stable state or attractor to another" (Thelen & Smith, p. 63).

Transformational changes are fostered when "inherent fluctuations act like continuous *perturbations* in the form of noise on the collective behavior of the system. Within ranges of the control parameter, the system maintains its preferred behavioral pattern despite the noise" (Thelen & Smith, 2002, p. 63). However, when the internal and/or

external perturbations sufficiently shake the system's ability to satisfyingly operate out of old order parameters, it can come to a *critical or bifurcation point* where transformation to new attractor states becomes possible.

There are an endless number of perturbations that can drive a system to fluctuating enough for someone to enter therapy: Spouses or friends confronting the client saying certain behaviors are enough to threaten the relationship; bosses saying addictions are getting out of hand; unhappiness growing through an inability to get beyond predictable, unsatisfying interactions; longings for more meaning than what is being met through work or possessions; children being born or leaving the home; one's once solid pension being reneged, or decent paying job being outsourced, etc.

In Margurite's case, she was experiencing a high level of distress in her increasingly intimate relationship with her boyfriend Rolf. The ambiguity of feeling her longing for a mutually satisfying relationship alongside her fear of allowing herself to fully rest in Rolf's offer of support and comfort was producing a lot of anxiety (noisy perturbations) in her. At the same time Rolf's own issues of never feeling good enough to be fully included were activated when Margurite subtly maintained a distance, and he too was bringing more anxiety and distress to the relationship. Thus, the noise was being amped up in a mutually reinforcing relational system of pursuit and distancing (Fisher, 2002, pp. 109-121).

Mindfulness & Studying the Organization of Experience

With the emphasis on *complex* in complex adaptive systems, how is a therapist to helpfully collaborate with Margurite in relation to such a dynamic, non-linear system? A simple, though paradoxically powerful approach, is to encourage mindfulness. Among the many aspects of mindfulness (Johanson, 2006a) there are two that can be touched upon here.

One, is that mindfulness can allow Margurite to get some distance on the way she is automatically driven or activated by her present organization (Khong, 2004). She can move from being her symptoms to having symptoms, making in Kegan's (1982) sense of the evolving self what was once subject, now object. Or, in Hayes' (2005) phrase, get more out of her mind and into her life. As Segal, Williams, and Teasdale (2002) discovered in their work researching cognitive-behavioral methods for depression relapse, what is most clinically helpful is that the patient's relationship to negative thoughts and feelings is altered (Segal, Williams, and Teasdale, pp. 38 ff.). It is the distancing or de-centering aspect of cognitive work, namely the mindful aspect, which proves helpful through allowing one to shift perspective and view negativities as passing events rather than abiding realities.

Secondly, mindfulness can also become the premiere tool for studying the organization of her experience, thus discovering core organizers in implicit memory where they can then become available for explicit reorganization (Kurtz, 1990, 2008). For Germer (2005, p. 6), this is employing mindfulness as “a psychological process (being mindful),” described by Baer (2003, p. 125) as “the nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise.”

When therapists help clients become mindful about what they are experiencing in the ongoing stream, a number of possibilities are brought into play. Nyanaponika Thera (1972, p. 46) notes that “the detrimental effect of habitual, spontaneous reactions . . . manifest in what is called, in a derogative sense, the ‘force of habit’ [with] its deadening, stultifying and narrowing influence, productive of [identifying] with one’s so-called character or personality” (stable attractors) may be studied. To do this “we must step out of the ruts for awhile, regain a direct vision of things and make a fresh appraisal of them in the light of that vision. . . . [The insight from mindfulness] is helpful in discovering false conceptions due to misdirected associative thinking or misapplied analogies” (p. 52).

False conceptions are often perpetuated because “on receiving a first signal from his perceptions, man rushes into hasty or habitual reactions which so often commit him to the . . . misapprehensions of reality (Nyanaponika, 1972, p. 33).” To counteract this,

in practicing bare attention, we keep still at the mental and spatial place of observation. . . . There is . . . the capacity of deferring action and applying the brake . . . of suspending judgment while pausing for observation of facts and wise reflection on them. There is also a wholesome slowing down in the impetuosity of thought, speech and action. [This is] the restraining power of mindfulness (Nyanaponika, 1972, p. 25).

Thich Nhat Hanh (1976, pp. 10-11) adds:

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

Mindful therapy, which studies the organization of experience, may begin then by taking some aspect of what we have created (sensations, feelings, memories, etc) and mindfully following the thread back to the level of the creator (core organizing beliefs or order parameters). Nyanaponika (1972, p. 61) suggests, “[use] your own state of mind as meditation’s subject. Such meditation reveals

and heals. . . . The sadness (or whatever has caused the pain) can be used as a means of liberation from torment and suffering, like using a thorn to remove a thorn.” In clinical practice, an implication here is that mindful attention to one’s present moment experience goes beyond free association (Kris, 1982). When there is Bateson’s trust in the organic wisdom of the system always moving toward self-correction, disciplined attention to the seemingly chaotic thread of the ongoing stream of internal stimuli that arises inevitably leads to an underlying need to reorganize that makes eminent sense.

In Margurite’s case, since she presented with a sense of sadness, the therapist invited her to slow down, be curious about it, and study it without preconceptions. Being mindful of the sadness clarified that it had a sense of grief. Maintaining a mindful state by befriending the grief led to a mixed sense of anger and hurt, like something had been taken away.

At this point awareness did not seem to be deepening, so the therapist suggested they do an experiment in awareness. To have an experimental attitude means to be open to any result, and to consider any result a valid part of the experiment that expresses organic wisdom (Kurtz, 2008). To experiment in awareness means to maintain a mindful state of consciousness. Although it is true that experience and expression is automatically or unconsciously organized before it comes into our ordinary consciousness, mindfulness allows us to stand back a step and study how our organization responds to internal or external stimuli.

The hypothesis that Margurite’s therapist had developed through his experience of her to this point was that some of her core organizers, parts, or order parameters were afraid to make her vulnerable to taking in support. This seemed to be where her system manifested the most continuity and least flexibility. Since sharing this interpretation in ordinary consciousness would have little or no effect, he thought of verbal and non-verbal experiments that might help her deepen into her own curiosity and wisdom. He decided to try an experiment with words, namely, “It is okay to take in support” (Kurtz, 1990, pp. 89 ff.). If he was right, the experiment should evoke barriers to this belief, which are a therapeutically rich place to explore. If he was wrong, or off somehow, whatever the experiment yielded would guide them to the next step. As Gendlin (1992) suggests, the next step always evolves, but not until we have taken the step just before it.

So, the therapist asked Margurite if she was willing to do a verbal experiment, and she agreed. The therapist then did a little induction into mindfulness that could later be streamlined when Margurite understood the process better. Slowing down, calming himself, finding that place of compassion for whatever might arise, the therapist modeled mindfulness through his voice and pacing (Porges, 1995) saying: “Okay. Let me invite you to turn your awareness

inward where you can pay attention to your present felt experience. If you are comfortable closing your eyes, it may help you focus more on your own experience -- not having the distractions of the outer environment here. Now then, notice whatever comes up spontaneously, without you having to effort or produce anything . . . any sensations, tensions, thoughts, feelings or memories . . . when you hear me say these words . . . (pause to allow the ripples in Margurite's pond of consciousness to subside from the instructions themselves) . . . 'It is okay to take in support.'" After a few moments, the therapist inquired, "What did you notice in terms of the first instantaneous reactions? We normally pile on secondary stuff a moment later."

- Margurite: "Yes, I simultaneously felt a sensation in my heart, and a rush in my sternum."
Therapist: "Good witnessing. And, it is also good if you can stay with your experience as you name it. You don't have to come out of it to tell me about it (an attempt to help her learn how to maintain mindful intrapsychic focus without defaulting to the normally expected interpersonal focus of therapy.) So, a sensation in the heart and also the sternum, huh? Which one has the energy . . . the one you seem to be most curious about?"
Margurite: "The sternum."
Therapist: "Okay. Let's stay mindful about that. Simply being present to it . . . what is the quality of the rush?"
Margurite: "Scary"
Therapist: "Uh huh. Scary like . . .?"
Margurite: "Scary like . . . you might be getting ready to . . . do something dangerous."
Therapist: "Yes, dangerous. So let's hang out with this sense of danger, and see if it will tell us more about itself."
Margurite: "I don't know why, but all of a sudden I'm getting the smell of apple blossoms, and I'm not too happy about it."
Therapist: "Apple blossoms ((?))"

The ((?)) symbol indicates a certain implication in the therapist's voice that attempts to communicate: "Oh, apple blossoms. Isn't that interesting? How about we hang out with that longer, be curious, and see where it leads?" This general implication in the voice tone has been there throughout. Doing this form of therapy involves inviting and following the client's curiosity, as opposed to the therapist's, which means encouraging ongoing mindfulness on the part of the client of their own process (Johanson, 1988).

Mindfulness of the Body

The reader might notice that mindfulness in the above case verbatim is brought to bear on bodily aspects of Margurite's experience. In general, this is because the therapy is not directed at the content, the stories people tell, so much as the storyteller (Kurtz, 1990). Stories can go on forever with infinite variations on a theme. Therapeutic work happens at the level of the order parameters that translate into core narrative beliefs that inform the themes that give rise to the

story. To put it another way, since we organize our experience, it is the experience that is already organized that we need to be mindful and curious about, so that it can lead us to the level of the core organizers.

The body reflects mental life (Dychtwald, 1987; Kurtz & Prestera, 1976; Marlock & Weiss, 2006b). The voluntary musculature is under cortical control. The protein receptors of every cell membrane of the body receive signals about the environment from the brain, informed by the mind, that activate growth or withdrawal responses (Lipton, 2005). Order parameters that lead to perceptions of the world such as "life is a fight and you have to be ready to win at all times," or "life is a wonder to be enjoyed" mobilize the body in different ways that are congruent with these differing beliefs. The mind-body interface can be used in both directions, studying what mental-emotional material is evoked when we do body-centered interventions, or noticing how the body organizes in response to some mental-emotional experiment (Fisher, 2002, pp. 69-96).

The verbatim of Margurite's case also illustrates that right brain questions ("What is the quality of the rush?") and/or directives ("So let's hang out with this sense of danger") that require the client to reference her experience to discover a response, supports mindful inquiry. This support is more so than left brain questions that tend to ask for a theory about one's experience (Why is there a rush? Why do you suppose a sense of danger is happening?) The actual right brain query a therapist might use is not that important, except that it functions to keep the client mindfully attuned to her experience longer, so that the transformational capacity of the unconscious (Fosha, 2000, 2003) has the time and space to lead the process to unfinished business or unprocessed memories it wants to deal with. This approach embodies trust in Bateson's proposition of a self-correcting system.

Processing in this manner is necessary for the fluctuations and perturbations in Margurite to actually lead beyond disturbance to a phase shift where she can transform and organize in the attractor of Rolf's offer of support. The way the case example is progressing indicates that there is the safety and trust present in the therapeutic alliance and the process itself that the cooperation of Margurite's unconscious has been gained (Kurtz, 1990, pp. 57-59). With other clients, other things might need to be done to attain the necessary safety and trust.

The emphasis on experience here is in line with Stern's work (2004) on the importance of the present moment that questions associative work that moves too quickly away from "the exploration of the experienced-as-lived" (p. 38). In rushing toward meaning Stern notes that, "We forget that there is a difference between meaning, in the sense of understanding enough to explain it, and experiencing something more and more deeply" (p. 140).

Morgan (forthcoming) writes that centering on experience is also in line with the “role of the body in self-awareness, relationship, life satisfaction, and therapeutic change now supported by a growing body of writing and research in neuroscience and attachment” (Cozolino, 2006). We are finally overcoming what Damasio (1994) calls the abyssal separation between body and mind. However, there is a long and substantial tradition of somatic psychology that has realized the inseparability of mind and body, and the ability of the body to be a royal road to the unconscious that should not be forgotten (Kurtz & Prester, 1976; Marlock & Weiss, 2006; Johanson, 2006b; Goodrich-Dunn & Greene, 2002). *The USA Body Psychotherapy Journal* currently provides a window into the field. Morgan (2006, p. 17) summarizes a wealth of recent research also chronicled by LaPierre (2004, 2005, 2006).

Mindfulness calms the system, allows the person to *focus attention*. The . . . quality present in [a] mindfulness induction has been shown to heighten mental imagery, disconnect attention from external senses and increase the blood flow to the anterior cingulate cortex. This is the brain area that allows attention to be focused on internal events. Candace Pert (1999), in her discussion on neuropeptides, talks of the system being able to digest information when there is focused attention on the body. This allows information to flow upwards, be filtered, and be processed. When the client *reports experience* to the therapist the verbal areas are kept active, which will help balance the two hemispheres. Memory fragments are gathered by the hippocampus, and the frontal lobes so these fragments can be brought together in a meaningful way. Movement between the left and right hemispheres is crucial for memory consolidation. This could involve a process of feeling something, speaking about it, expressing emotion, linking this to a remembered event, feeling the body, or making some sense of the feeling. Freezing in the body [when there is trauma] can then melt, and energy can then be released in movement, heat and trembling. Going slowly, mindfully gives time for these processes to sequence through and complete.

Likewise with mindfulness the

attention is taken inwards, and time is spent in quieting the internal “noise.” Scanning body sensations lowers arousal and allows more subtle signals to come to awareness. Body signals are usually missed when the attention is in outer, task focused mode or sufficient time is not given. Signals may be changes in the felt sense of the body, impulses, small movements, and tension in the muscles. These can evoke words, images, memories, and so on. Candace Pert suggests that paying mindful attention to an aspect of body experience releases molecules in that area that are carriers of information upwards to the brain (Morgan, forthcoming).

In terms of the signal to noise ratio, mindfulness serves to lower the back ground noise so that the signals related to

additional attractors can be more clearly noticed (Austin, 1998, p. 658).

Damasio’s research (1999, pp. 40-42) suggests these signals originate in part from our life experiences that generate sensations through the emotional brain that he terms *somatic markers* that then inform us of the significance of whatever we are considering. Normally these somatic markers work on our decisions below consciousness, supplying us preverbal intuitions of “right” or “not right” about doing something. Mindfully attending to these felt bodily senses, as in Gendlin’s (1996) work, brings their messages and memories into consciousness.

Margurite mindfully following the thread of signals and sensations her unconscious was offering to the sense of smelling apple blossoms indeed led her next to core formative memories. The therapist asked her for details of the smell that served to stabilize the memory that was emerging.

Therapist: “Does it seem like you are by an apple blossom tree or in a florist shop or something else . . . ?”

Margurite: “I’m feeling younger . . . and it seems I’m out of doors . . .”

Therapist: “Oh, out of doors ((?)) . . . uh, day time or night time?”

Margurite: “Day time . . . getting towards dusk, I think . . . Oh my God!” (followed by spontaneous tears and holding herself in.)

Therapist: “A really emotional memory comes up, huh?” (while supporting and allowing the emotional release through dyadic regulation) (Fosha, 2003).

Margurite: “YES! (crying) it was the final time he didn’t show up, and I knew!”

Therapist: “Oh, you were waiting for someone, and were disappointed when he didn’t come?”

From here the therapist talks with Margurite as the seven year old child she was in this memory, and much more memory surfaces. Margurite’s dad was a life-long, everyday, after work hard drinker. He was so good at it he could drink others under the table and walk away in a straight line, which meant it wasn’t always easy to tell if he was under the influence or not. But, as Margurite grew, she discovered little clues. For instance, when he was driving, he would pull out too fast into traffic, and when Margurite or her mother would exclaim, “Father!” he would retort with belligerence, “They have brakes!”

More personally, Margurite was suffering an ongoing series of disappointments when dad wouldn’t come through with things promised. She had an “ah hah” experience one time that gave her some young insight. One night (after her father had some shots and beer chasers, but was talking in a very present, logical manner) she showed him her doll house and asked if they could go into the shop and do some modifications to the roof and rooms. Her father answered in a very confident manner, “Sure, we can do that. You bet.” When she brought it up the next morning, father said,

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“What? Redo the roof line? Are you kidding? That would be way too complicated.” Margurite was stunned by the sure knowledge her father didn’t remember a thing he had said the previous night. He couldn’t be counted on for dependable support. She felt sick and hurt, like throwing up.

Then there was incident in the apple orchard. Despite ongoing disappointments, Margurite was still tempted to hope for more from her father, especially since he could come on with such confident, charming promises of fun and connection. One thing they liked to do with each other was ride bikes. There was a wonderful road to ride along this apple orchard, though her parents told her she was not supposed to ride it alone without one of them with her. One day when Margurite was looking down a little, Dad said, “Let’s make a date to ride bikes down the orchard road tomorrow. I’ll meet you there after work at five-fifteen! Okay Pumpkin!”

The next day Margurite was there at the apple orchard road corner by 5:00 p.m. sharp while her father dropped by the tavern after work, forgetting the date completely. At 6:15 p.m. she knew she had been forgotten and abandoned as the anger, hurt, and disappointment welled up within her. The incident became a lighting rod for all her previous disappointments, and solidified a core belief that you can’t count on others to support you. This included Mom, who was nice, but too busy to pay much attention with three other children, plus working longer hours than she would like in order to pick up the slack from Dad frequently getting fired and needing to find new jobs.

Margurite peddled determinedly down the road by herself, with her tears, but certain in her new life strategy that if you can’t count on others to support you, you better take care of yourself. Both parents were angry with her when she got home for heading out on her own without permission, but she didn’t care. She was unwavering in seeking to be as self-reliant as possible. Even though she cared for her parents, leaning on them for anything was a recipe for deep hurt that she did not want to experience again. All of this, of course, was not so clearly a rationally thought out process, but the end result was a powerful order parameter that would influence all her subsequent relationships.

Not Knowing, Transformation, and the Bridge

Not Knowing

Margurite’s session to this point is an example of non-linear unfolding. No expert, no textbook could have predicted that becoming mindful of her initial report of sadness would have led to sensing apple blossoms and evoking formative childhood memories.

What therapists can know and trust is that important experiences in both implicit and explicit memory are

embedded in emotion as Morgan (forthcoming) points out, “and emotion arises in the body. Damasio differentiates between *emotion* as bodily response, and *feeling* as conscious perception of the emotion. Emotions play out in the theatre of the body. Feelings play out in the theatre of the mind.” Further:

When the client focuses on the body, in the present moment, unconscious material can surface into awareness. Implicit memory doesn’t feel like memory; it is perceived in the present. Unconscious memory related to core material seems to come in *packages*, similar to the complexes described by Carl Jung, and COEX systems detailed by Stanislov Grof (1975). . . . Touch one aspect of the package, use mindful attention and hang out with the experience, and the rest will emerge into awareness. Often it is experiencing the somatic marker that is the doorway opening to awareness and change.

To trust the wisdom of organic unfolding moving towards increasing levels of wholeness implies that the therapist must proceed in a disciplined way in terms of process, and a radically non-directive way in terms of taking cues from the client (Weiss, 2008). The best leader follows was the ancient wisdom of Lao Tzu (Johanson & Kurtz, 1991), echoed in contemporary times by D. W. Winnicott (1982) who affirmed that it doesn’t matter how much therapists know, as long as they can keep it to themselves.

Transformation

More good news for psychotherapy is that Siegel (2007, p. 31) reports, “Experience can create structural changes in the brain.” This is the basis for interpersonal neurobiology that demonstrates how the mind shapes the brain (Gallese, 2001; Lewis et al., 2000; Lipton, 2005; Siegel, 1999). Experiences change neural firing that changes neural connections. Siegel (2007, p. 31) then goes on to say, “mindful awareness is a form of experience that seems to promote neural plasticity.”

The notion of *neural plasticity* (Schwartz & Begley, 2002) is also supported by the work of Lynn Nadel (1994) on the hippocampus, memory, and brain structure. In particular, when working in the here and now evokes a memory, for a short time that memory is available for re-coding before it is restored. When the memory is present as a felt-sense phenomena (as opposed to an ordinary consciousness recollection), it is possible to introduce what Kurtz & Minton (1997) term a *missing experience* (not merely an insight); a cortico-limbic emotionally corrective experience (Fosha, 2003, p. 245).

This happened for Margurite on a number of levels. When she was deeply regressed into the experience of the distraught seven year old, the therapist acted as if he were present with her in the old memory as a *magical stranger* (Kurtz, 1990, p. 131), and helped her understand things that only an older, wiser, compassionate adult could.

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Specifically, he let her know that yes, there were people in the world, like her father, who could disappoint and not support her, and that it was good to be able to be self-reliant and be careful about letting herself in for further disappointment, because that hurts so much. And, when she got older, she would find other people in her life that could and would support her in important ways. So, she would need to learn how to study closely which persons she could trust to help her, and which ones to be careful of trusting too much. The little, inner child Margurite received this news in a demonstrably meaningful way that shown in her body and breathing relaxing, as well as her giving ascent to understanding. Later, in the integration phase of this session, the therapist had Margurite mindfully observe this younger self from her Self (Schwartz, 1995) or core state (Fosha, 2000) position, and lovingly tell her the same message, and agree to touch base with her in the coming days.

Still later, in a group therapy setting, Margurite experimented with literally allowing group members to support her physically. At first, she willingly melted into the support and took in the newness and goodness of the experience. Then, all of a sudden, she popped up and said, "Okay, that's enough for now." The therapist contacted her by saying, "Oh, some part pulled you right out of there, huh?" When she nodded, the therapist invited her to slow down, be mindful of the part that pulled out, and what it might be concerned about. She sensed that it was afraid that releasing into support would take away her power to take care of business in the world. The therapist asked her how she might respond to the part's concern from her center of compassionate witnessing, or what Schwartz (1995) terms the concept of Self. She said the part needed to know that taking in support did not have to mean giving away her power. After she communicated this to her part, the therapist suggested she physicalize this new experience by voluntarily going back and forth from allowing the group to support her and then standing on her own two feet, feeling her power, and walking intentionally around the room. She mindfully enacted this rocking sequence four times, which felt very integrative to her.

Then, in a couple's session with Rolf, the therapist set up a mindful experiment in awareness where Rolf said to Margurite, "You don't have to do everything by yourself." Margurite could witness the part of her that took that in with grateful warmth, and also a little doubt that said, "But you might die." Rolf responded, "Yes, I can never know when I might die, but until that happens, I can support you like you are willing to support me." The honesty of the response, which was in such contrast to her father's shallow, undependable promises, melted her final barrier, and she could feel her heart opening as she released herself to Rolf's embrace.

Margurite's process can be considered a transformative phase shift because she has organized in, or accommodated

to, a new possibility previously organized out. She has gone through a bifurcation point from an order parameter whose core belief was "nobody can be there for me any of the time," to "some people can be there for me some of the time." She is living in a larger, more complex world. Her mind can anticipate more possibilities. Now when her system is in a place of soft assembly with many initial degrees of freedom, there are more modes or attractors available in her multi-modal system. Her early memories of the orchard and the lessons learned then have been modified to a degree through "updating the files" from those places frozen in time when she felt, as only the seven year old could, that there were no other options for her than riding by herself. Damasio (2003) would suggest that integrating these missing experiences provide new positive somatic markers.

In her ongoing life and behavior, the attractor that pulls her toward accepting the possibility of support will be more fully integrated as she encounters situations offering support, is mindful of both her caution and desire, and makes conscious decisions about accepting or rejecting the offers (Khong, 2006, 2007). Neurons that fire together, wire together, as Siegel (2007) suggests. Also, as Nadel's work (1994) proposes, the hippocampus has created a new memory by integrating additional context and time sequencing to a new present. Two or three months of sleeping and dreaming will give the updated memory more permanent status.

The Bridge

There are two things related to the above description of mindful therapy focused on the bodily based organization of experience that can provide a bridge between the concerns of Eastern and Western therapy (Engler, 1986, 2003). One, the witness in mindfulness is used in the passive sense of bringing bare attention to what is, neither adding nor subtracting to what is observed. In Eastern psychology, this disidentification with ego illusions can eventually lead one to the no-Self of unity consciousness. As noted above, this decentering approach is increasingly valued by Western practitioners as well. However, Margurite's process also called upon active essential qualities, such as understanding, wisdom, curiosity, calm, and compassion to be brought to bear in the service of healing her fragmented, stressed ego-organization that is generally valued in the West.

A valid question to ask about the work outlined here is does it not make the illusions real by taking seriously such ego-based phenomena? Should we not forsake therapy (Reynolds, 1980) that can immerse us in hopeless archeological entanglements, and opt for meditation that simply observes what arises as ethereal clouds, and allows them to pass by?

The answer implied here is that this is a false choice. If one can observe thoughts, name them, and allow them to pass, this is a helpful freeing practice. If the same thought comes

distressingly into awareness for the 10,000th time, it might mean it needs a little graceful, compassionate attention, unreal though it might ultimately be. In Buddhist wisdom awareness and compassion, mind and heart are not two. To illustrate, if Thich Nhat Hahn (1976, pp. 61-62), who counsels, “We should treat our anxiety, our pains, our hatred and passion gently, respectfully, not resisting it,” came upon a young or old person sitting on the ground in pain because of a thorn in their foot, he would stop and remove the thorn, not simply pass by while suggesting s/he meditate on her/his pain as pain. There is an abundance of inevitable suffering in the world. If we can relieve certain forms of unnecessary pain, as well as help people not be so identified with their perceptions, it is a valid dual calling.

This is the judgment of Wilber (1995, 2000, 2006) who in his many works constantly makes the point that serious meditators/teachers who attain high states of consciousness can still be hurting persons because they have not dealt sufficiently with their shadow, or inner ecology of parts. Likewise, Germer (2006) cautions that there is a danger in that mindfulness is now being manualized for therapeutic applications in a way that leaves out the crucial element of compassion. Brach (2003, pp. 27-31) agrees that healing work must include the wings of both clear mindful awareness, and of compassion that allows for wholehearted acceptance. Kurtz (2008) has taught for many years that cultivating loving presence is essential alongside mindfulness. Schwartz’s (1995) concept of the Self includes passive awareness alongside a number of essential qualities that need to be actively employed in healing. Siegel (2007, pp. 16-17) puts it this way:

With mindful awareness we can propose, the mind enters a state of being in which one’s here-and-now experiences are sensed directly, accepted for what they are, and acknowledged with kindness and respect. This is the kind of interpersonal attunement that promotes love. And this is, I believe, the intrapersonal attunement that helps us see how mindful awareness can promote love for oneself.

Siegel’s study of interpersonal attunement in relation to attachment issues leads him to suggest “that mindful awareness is a form of intrapersonal attunement. In other words, being mindful is a way of becoming your own best friend” (2007, p. xiv).

Mindful therapy involving the reorganization of our experience optimally involves the therapist making the client the object of his/her meditation, including awareness and compassion. The healing relationship is vital as many texts have suggested (Lewis, Amini & Lannon, 2001; Mahoney, 1991). It is equally optimal to evoke and employ the client’s ability to be mindful, curious, and caring in relation to their inner organization in an intra-personal way. When transformative phase shifts occur, the integrative power of inner affirmation and outer confirmation is a powerful combination.

Mindfulness can thus be in the service of actively and compassionately reorganizing deep structures, as well as providing distance and perspective on the inner world of our historically conditioned egos. It can be used as the main therapeutic tool within a session, as well as a life-long practice and skill during and beyond psychotherapy (Khong, 2006). This approach represents a bridge between Western psychology that generally concerns itself with the healing of the fragmented ego, and Eastern psychology that generally assists people in achieving the unity consciousness of the no-self.

Margurite found ego-level healing in the Western sense through employing and receiving the essential qualities of passive mindfulness and active compassion on the part of both herself and her therapist. Plus, she also became more de-centered or unattached to her issues, and attained practice in using mindfulness to distance herself from the immediacy of how she organizes his experience (Coffey, 2008).

Conclusion

We will conclude by reconsidering some of the initial concerns about this subject matter. Overall, it seems that it would be helpful for humanistic psychotherapists to know something about non-linear science, mindfulness, and the body. Working with such concepts as the organization of experience, indeterminacy, multi-modal systems, attractors, order parameters, soft-assembly, fluctuations, bifurcation points, and phase shifts allows for more of the complexity of human-beingness than former models of science, and supports the necessity of collaborating closely with a client’s organic wisdom. However, while many psychologists agree on the inadequacy of cause and effect models, and of the necessity of embracing non-linear approaches, the vast majority of contemporary research studies embody the old model (Thelen & Smith, 2002).

Also, while Bateson’s propositions, non-linear models, and his own tenets of development are fundamental according to Wilber (1995), they are not what are most significant. As holons we are compound individuals made up of physical and organic parts, as well as wholes capable of evolving capacities for mind and soul in developmental models that acknowledge growth through material, biological, mental, and spiritual phases (Graves, 2008). See Wilber, (2000) for examples of such multiple models.

The systems theory we have been covering to this point is necessarily addressed to the lowest common denominator that covers physical and biological aspects of our holonic existence. While it can tell us such things as there is emergent transformation and development toward increased complexity, it does not tell us about the other things that life-holons or mind-holons can do, that go beyond their commonality with physical-holons. It informs us that we can count on a force, negentropy (Prigogine & Stengers,

1984), that is moving things toward increasing wholeness, differentiation, and integration, but says little about reproduction, dreaming, falling in love, doing art, being curious, building ships, joining committees, writing constitutions, or being moved by Shakespeare or Rap. So, there is a wealth of other material for humanistic psychotherapists to keep in mind that Wilber (2000, 2003, 2006) outlines in his AQAL theory (all quadrants, all lines, all levels) that includes further reaches of consciousness and behavior in the context of cultural values and social structures.

Thinking of Margurite as a complex adaptive system who might need our assistance in reorganizing her experience is valid then, but an inadequate view of her overall. However, using basic concepts from CASs does not lead to an unacceptable reductionism, and may facilitate a process helpful to her. Consciousness and purpose, an open ended and involved exploration that allows for the art and science of therapy complete with feeling and thinking is within the bounds of this approach. Hands-on practitioners will need to evaluate if the framework of non-linear science helps them in their work or not.

Hopefully, it is clear that psychotherapists need to become increasingly familiar with the mind-body interface. The recent research in interpersonal neurobiology and neuroplasticity are disclosing how the mind shapes the brain (Cozolino, 2002, 2006; Gallese, 2001; Lewis et al., 2000; Lipton, 2005; Siegel, 1999). The progress made in treating trauma (Ogden, Minton & Pain, 2006; Rothschild, 2000; Van der Kolk, 1994) likewise points to the necessity of needing to understand bodily based, bottom up processing that stems from the activation of lower, non-cortical aspects of the brain. Wylie (2003, p. 28) writes, "it is through and in the language of the body that we most fully and completely express our human *being*." Aron (1998, p. 4), from a relational psychoanalytic perspective on the body, writes:

I believe that research into and clinical study of self-reflexivity [reflecting similarities to mindfulness] (and especially the relationship among self-reflexivity, intersubjectivity, embodiment, and trauma) is among the most promising areas of psychological research and psychoanalytic investigation taking place today.

Mindfulness itself helpfully affects the brain through such things as left prefrontal activation that enables people to not be fused or blended with emotional activation or obsessive-compulsive behaviors (Germer, 2005a, pp. 22-23). Rather, impulses may be witnessed as they arise, and choice introduced in terms of a variety of responses (Austin, 1998; Libet, 1999; Schwartz & Begley, 2002; Schwartz, 1996). It is helpful to be aware of these findings.

Mindfulness, as evidenced by this volume, is generating an increasing body of research (Johanson, 2006c) where it has been employed in numerous clinical situations. We will close with Germer's (2005a, p. 27) optimistic view of the future of mindfulness in therapy.

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

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Hakomi on Campus: Teaching Loving Presence and Mindfulness at a Public University in Mexico City

Fernando Ortiz

Editor's Note: Hakomi trainings emphasize the principles upon which its methods and techniques are built. The unity principle always points towards the interconnectedness of all life and the necessity of working on many different levels and in interdisciplinary ways. However, the bulk of the training (unless students choose to sign up for extended times) necessarily focuses on the applications to individual, couples, and family therapy, while simply naming other possibilities. So, it is always wonderful to hear reports of how students have taking the work back to neonatal wards, jails, senior centers, law mediation situations, schools, and more. In this issue we welcome the creative report of Professor Fernando Ortiz, and how he made applications to teaching low-income students Hakomi methods in the Division of Social Sciences and Humanities in a large Mexican University.

Fernando Ortiz is a professor at Universidad Autonoma Metropolitana –Iztapalapa and a Certified Hakomi Therapist. Previously he received training in various modalities of Body Psychotherapy, including Psychodrama, Bioenergetics and Functional Psychotherapy. He has led or participated in psychotherapist training programs in the last 20+ years. He is author of two books *La relación cuerpo mente* (The body mind relationship) and *Vivir con estrés* (Living with stress) and of several articles. He lives and practices psychotherapy in Mexico City. Contact fernandoortizl@yahoo.com.

ABSTRACT: This paper describes the teaching of Loving Presence as a state of mind to students at a public university in Mexico City, the majority of which come from lower income homes. Most of them have no intention of becoming psychotherapists, but, to get their bachelors degree in Social Psychology, they must do research and lead workshops dealing with various social problems, such as delinquency, violence towards women and children and attitudes toward people with AIDS. The article describes how experientially learning some of the principles of Hakomi has allowed them to work through their experiences, and nurture themselves and their research subjects.

During the last 6 years I have taught some fundamentals of Hakomi to Social Psychology students in their last year at Universidad Autonoma Metropolitana –Iztapalapa (UAMI), a public University in Mexico City. The principles and techniques come mainly from the Loving Presence and Quieting the Mind Workshops, as led by Ron Kurtz and Donna Martin during my training in Mexico (1999-2003). This is not to say I did therapy or trained the students in therapeutic skills. I can not even claim that I facilitated Hakomi workshops at UAMI. It was more like incorporating some exercises, fostering a few minutes of mindfulness and speaking about empathy and loving presence.

The setting was usually a regular classroom (no cushions or rugs), and the attendants were students coming from lower income families, (instead of growth oriented, upper and middle class people who had already gone through at least two training programs in psychotherapy, as was the case with my fellow trainees in Mexico). But then again, the principles may guide any type of work with most types of people, and the techniques are valuable far beyond the realm of psychotherapy. I think I might have been doing my own “Hakomi in the Trenches” (Johanson, 1986).

This university has 45 000 students in 4 unidades (units or campi). Their families have an average yearly income of

5000 pesos, or about \$ 450 dollars. Iztapalapa receives many students that come from lower income families living¹ in the eastern, poorer parts of the city and neighboring *municipios* (counties) in the *Estado de Mexico*, so more than 60 % of them do not have, or barely have, sufficient social and economic conditions in order to study.

The *Licenciatura en Psicología Social*, (Bachelor's Degree in Social Psychology) one in about 12 programs offering a Bachelors degree in the Division of Social Sciences and Humanities, has about 500 students. In their first three years, they take courses on social psychology theory and methodology. In this stage most of them have no intention of becoming therapists, though many have that in mind when they enter the University (Aguilar, 2005). In fact, many of their teachers warn them against learning anything that sounds like individual or clinical psychology, which is, to some of the professors' belief, opposed to Social Psychology as they conceive it.

As part of their thesis, they must do research on topics such as the terminally ill, single mothers, fostering reading abilities, prevention of sexually transmitted diseases, violence, etc. This entails interviewing and/or applying questionnaires or surveys to their subjects. They must also make an *intervention* that is often a brief workshop. Additionally, they have to do “social service,” meaning

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working without wages in an authorized agency. Sometimes they can manage to do their social service and their research in the same place. During the gathering of data for their projects in leading the workshop, and as they work on their social service, they have to deal with their own as well as their subjects' feelings. Perhaps some good intentioned teacher might offer some advice regarding what to do when you have a real person speaking about real problems, flooded with emotion, but the official curriculum does not prepare them for that.

My teaching usually includes a trimester long introduction to attachment theory and two trimesters of group process during which I include the principles and some of the techniques of Hakomi.

When I studied psychology, back in the 70's, my teachers advised me to be emphatic when interviewing people. Only, nobody told us *how* to be emphatic. Was it something you had, or something you could learn? And if it was more a skill to be learned than a gift, how could anyone learn *that*? How could one "identify with and understand another's situation"? And if one could be empathic, what then?

Many years latter, the Loving Presence workshop gave me a practical answer to my question. Throughout the training, we learned and practiced the ability to be in the present, focused on what is happening in the moment on both our own experience and the experiences of the other, *and* finding pleasure in being with the other (Kurtz, 2007).

In order to foster the Loving Presence state of mind, I usually proposed the following exercises:

The Awareness Continuum Exercise, described by Stevens (1971) which invites participants to observe their awareness and notice where it goes.

The Being With exercise, in which participants sit in pairs, facing each other. Their task is to look at their partners and mindfully study whatever happens to them as they look and are looked at, closing their eyes as soon as anything outside the present moment, non verbal interaction comes to their minds.

The priming the Pump and Search for Non-egocentric Nourishment exercises, consisting in remembering a peak experience and sharing it, either in pairs or in small groups. The idea is to go beyond Rogers' unconditional regard "insofar as loving presence invites us to notice and appreciate specific qualities in our clients, and to allow those qualities to nourish us as we work" (Cole and Ladas-Gaskin, 2007). The qualities that nourish us may be as obvious as our consultants' smile or eloquence or traits such as their courage authenticity or perseverance.

Someone speaking about significant material while his/her partner stays in Loving Presence.

In our case, significant material usually refers to the following topics:

Working through the process of saying goodbye to their student years and preparing for the often frustrating task of looking for a job.

In Mexico, as in many other countries, being a student means having more status and tranquility than having a Bachelors degree and being unemployed. Many of them are pioneers. They are the first in their families to receive higher education, which may mean both great expectations and a lot of pressure. Although Mexico has gone through decades of underemployment, most people still have the belief that a college degree is a lifelong passport to the middle class. The truth is that, after months of knocking on doors and sending CV's, perhaps 50 or 60% of our graduates manage to get rather low paying jobs that are somewhat related to their studies. The loving presence exercises help to create a trusting environment in which to share their doubts and fears, as well as accepting the mixed feelings associated with leaving school.

Managing the stress of doing research and writing their thesis.

The students are required to do a small piece of research and write a thesis during their last year. This means not only going through the literature, applying questionnaires and interviews, and doing statistics, but also coping with the authorities of the chosen institution in order to get access to their subjects, plus writing in readable Spanish. The practice of mindfulness and some of the quieting the mind exercises helps them cope with those tasks, which they may share with their schoolmates in our sessions.

Coping with both their own and their subject's emotions.

Fostering a Loving Presence state of mind, and being able to stay with their subjects helps them get their data, as well as pay something back through empathic listening, and face the real world as they do research with vulnerable populations. Their task goes, in part, against one of the first rules that I learned during my training in Hakomi: Don't ask questions! Yet they must ask their research subjects both demographic and specific questions regarding their investigation. Nevertheless my proposal is that they can get the data *and* regard their subjects as unique, valuable human beings, not merely sources of information. The *quid* of the situation is, how can one get the facts *and* give something in return, mainly an hour or so of being attended to by someone who does not judge or interrupt, tries to stay attuned, and is willing to suspend the survey if strong emotions come forward.

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Two months ago, I e-mailed some of my former students, asking them what if they remembered and had practiced Loving Presence. There was no method in my asking, as I have no complete list of their addresses. Two of my respondents were currently working with their thesis:

Rita was working with people suffering from rheumatoid arthritis:

I feel that I have employed (loving presence) in my surveys, because sometimes I get patients that are very sick and that is why I am not progressing much, because I spend more than an hour with them when they start telling me what they are going through. Automatically I can put myself in their place, listen to them and they feel that presence without anybody telling them anything, simply listening to them

Silvia interviewed women who had been abused by their partners:

When you spoke about loving presence, I must confess I felt, like rescued, because I am working with something that is not easy to deal with, and when I started my research I knew that what we were learning would be very useful. Although we are not therapists, we can give that person the opportunity of being listened to without making faces, or interrupting them, or making any comments, or judgments because sometimes we make the mistake of trying to give advice when the only thing the person wants is someone who listens, and that we can give.

The best way is to focus completely on that person, no matter if it is 5 minutes or 2 hours, the important thing is that the persons can see we are with them, interested in what they are saying and, if possible, be empathic and show them that we are listening and understanding.

As you know, the issue I was working with was not easy. In gathering my data I interviewed a girl who felt pain regarding what had happened with her husband, but was also very anxious about the mental health of her son, so I felt that the interview was getting out of control, but I realized she had to let that out so she could speak about violence in her marriage,

so I listened and stayed with her. When I saw that she was feeling better I resumed the questioning and at the end of the interview she seemed fine.

Sara, who got her degree 4 years ago and does research on addiction, wrote:

Loving Presence refers to the fact that to be able to have a good relationship and interaction with others there must be "love," but not sexual love. It's more like unconditional love. Of course I have applied it in my jobs, when I work with people especially, and I try to practice it with the people who are close to me. Of course, I am sure I need to know it (The Hakomi Method) much better.

As I read this last testimonial, I remembered I was sort of shy in introducing some of the exercises in my courses. I thought, or at least a part of me thought, I had to dedicate most of the sessions to teaching theory and supervising the student's progress in their thesis, on telling them what do should a specific problem came up. And then there is the danger that some of the students might try to "do therapy" without any formal training, not to mention my colleagues' probable criticism: "Ortiz is teaching clinical stuff to the students". As I write this paper, I am changing my mind. Next time I'll dedicate a few more sessions to the Method.

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¹ More than 60% of Iztapalapa's students either have no computers or outdated models. The majority has no internet at home and can't afford textbooks, so it is common practice to photocopy them (De Garay, 2004).

² Retrieved from (<http://education.yahoo.com/reference/dictionary/entry/empathy>), July 20, 2008..

Language and the Ineffable Aspect of the Bodymind

Mark Repplinger, AM (MSW)

Editor's note: In this article Mark Repplinger grapples courageously with the issue of language in relation to experience in life, therapy and the body-mind we employ in Hakomi. Of particular import, and cause for humility for therapists, he dialogues with the postmodern caution that language can be not only be descriptive, but prescriptive. There is the constant danger that the words we use to understand can overlay another's experience with an abstract theory that results in non-understanding, non-contact, and the subversion of the healing impulse.

Mark Repplinger received his Bachelor's degree in Psychology and Philosophy from Northeastern Illinois University and A.M. in Clinical Social Work from the School of Social Service Administration, University of Chicago. He can be reached at 773-386-0523.

ABSTRACT: This essay explores the often incongruent relationship between language and deep bodymind experience, with a view toward opening space in which to create and explore new bodymind concepts. The emphasis is on ways that language often fails to adequately represent bodymind phenomena, obscuring direct apprehensions of bodymind experience, with some suggestions for what veridical bodymind concepts might look like.

The Ineffable

The use of old, formal concepts to explain the new music might be acceptable if only the old categories were employed to demonstrate the difficulty of expressing the strangeness of the new in terms of the familiar. . . . One is almost tempted to believe that in the absence of a newly discovered technique every explanation of music in terms of a static material principle suppresses the best and distorts the work by forcing it into the straitjacket of an antiquated framework (Adorno, 1998, p. 11).

We understand the ineffable, not as that which is beyond our grasp merely for its refusal to be captured in verbal language, but that which must be respected and held in a specific way, with a special kind of recognition. One definition in the Oxford Universal Dictionary (1933) is "*that which must not be uttered*." This usage, whose first appearance is dated 1597, suggests some occult or supernatural reference, resonant with the numinous quality of our most deeply felt experiences. In countenancing an ineffable register of experience, we gain an image, some sort of marker for the nonverbal dimension of experience, of us. Here the more common usage of ineffable, "*that which cannot be expressed in words*" comes into play with the one cited above: this double meaning speaks to the experience of knowing that something is there that resists verbal formulation, and yet if verbal formulation *is* engaged, the thing is lost or changed; it becomes a pale facsimile of what it was.

The notion that we are constituted by language—that consciousness and the self owe their instantiation to language, that they are produced upon linguistic cognitive processes—has always felt somehow stultifying; although difficult to refute, it does not inspire visceral conviction.

The idea that "it is *language* that is the primary condition of all human experience" (Ricoeur, cited in Johanson, 1996) has been a dominant view. But if some sense of the insufficiency or oppressiveness of this hypothesis is shared, it may be edifying to read the following, from Antonio Damasio's *The Feeling of What Happens* (1999):

Language—that is, words and sentences—is a translation of something else, a conversion from nonlinguistic images which stand for entities, events, relationships, and inferences. If language operates for the self and for consciousness in the same way that it operates for everything else, that is, by symbolizing in words and sentences what exists first in nonverbal form, then there must be a nonverbal self and a nonverbal knowing for which the words "I" and "me" or the phrase "I know" are the appropriate translations, in any language. I believe it is legitimate to take the phrase "I know" and deduce from it the presence of a nonverbal image of knowing centered on a self that precedes and motivates that verbal phrase.

The idea that the self and consciousness should emerge *after* language, and would be a direct construction of language, is not likely to be correct. Language does not come out of nothing. Language gives us names for things. If self and consciousness were born *de novo* from language, they would constitute the sole instance of words without an underlying concept.

Given our supreme language gift, most of the ingredients of consciousness, from objects to inferences, can be translated into language, and for us, at this point in the history of nature and the history of each individual, the basic process of consciousness is relentlessly translated by language, covered by it, if you will. Language is a major contributor to the high-level form of consciousness which we are using at this very moment, and which I call extended

consciousness. Because of this, it does require a major effort to imagine what lies behind language, but the effort must be made (pp. 107-08).

As we suffer through questions posed under the "mind-body problem" and their intersection with linguistic theories, our direct apprehension of the bodymind, our *experience*, is elided in a flow of unsettling words. We lose touch, forgetting that it simply and miraculously exists. Aline LaPierre has suggested that "the lack of language available to support the emergence of the body's own voice is a real clinical obstacle" (2007, p. 38). In thinking the bodymind we continually strive to overcome the alexithymic obstructions inherent in previous theoretical constructions and linguistic process itself. But exactly how this striving takes place deserves a look. This paper aims at clarifying some of the obstacles to the body's own voice; it is offered as a contribution toward creating more transparent, more direct metaphors and concepts of the bodymind.

A key phrase in the quotation above is "*a nonverbal image of knowing centered on a self that precedes and motivates that verbal phrase.*" If I read him correctly, the phenomenological apprehension of this "what lies behind language" receives an articulation in Gilles Deleuze:

Let us return for a moment to those states of experience that, at a certain point, must not be translated into mere representations or fantasies, must not be transmitted by legal, contractual or institutional codes, must not be exchanged or bartered away, but on the contrary, must be seen as a dynamic flux that carries us away even further outside. This is precisely the process of intensity, of intensities. The state of experience is not subjective in origin, at least not inevitably so. Moreover, it is not individual. It is a continuous flux and the disruption of flux, and each pulsional intensity necessarily bears a relation to another intensity, a point of contact and transmission. *This* is what underlies all codes, what escapes all codes, and it is what the codes themselves seek to translate, convert, and mint anew. . . . Intensity refers neither to the signifier (the represented word) nor to the signified (the represented thing) (Deleuze, 1977, p. 146).

"Intensities" has a special intensive ring, producing an image of organismic events not bound by the categories of "thought," "language," "belief," "sense modality," nor by the binarisms subjective-objective, conscious-unconscious, organic-inorganic. We recognize that this *intensity* suffers through an articulation process, or it remains unarticulated. Failing to find words, it remains there, in some capacity, suffering mutely, or perhaps happy to have escaped signification and death. Intensities are, can we say, ineffable?

Now the suggestion that we attend to a class of things ineffable is not intended as an injunction; no proscription of speech is urged, and of course no one is going to stop trying

to articulate the ineffable anyway, nor should they. The ineffable is safe, in a way, because according to the strict definition, it *cannot* be spoken; it is "what escapes all codes, and it is what the codes themselves seek to translate, convert, and mint anew" (Deleuze, above). But something is incomplete in our theory of persons, our theory of the bodymind: its ineffable aspect. The assertion here is that the ineffable refers us to something of great interest, something that most definitely reflects upon clinical aims and spiritual aspirations as well: a class of things about which it makes sense to say that they are, paradoxically it seems, that which *cannot* be spoken, and that which *must not* be spoken, and yet they *want* to be spoken—the *body's own voice wants to emerge*.

Thus articulating, and then *holding*, a category of "the ineffable," seems an important component in a veridical explication of verbal process vis-à-vis the bodymind, and a necessary step in countering the logorrhea and confabulation inherent in so much psychological theorizing. For many years we have referred to this other, "ineffable" space with the term "unconscious," but this word has become so freighted with various meanings that we have to wonder if it can be reliably used to evoke what we intend;¹ so many things have agglomerated to it over the years that we should perhaps ask if it even any longer makes sense. The "where it comes from": *that* is what is intended by "ineffable." It refers us to some place other than words, a place both impacted by language and out of which language emerges—it refers us directly to the bodymind. The ineffable is a moment in a process: what is ineffable may become effable at some future time; we acknowledge our knowing for what it is, in its conjunctions and disjunctions across all realms of experience, and offer a cognitive gesture of recognition toward the ineffable.

A Brief History

In light of the alienations that language can produce in us (cf. Johanson, 1996), it seems clear that we need to differentiate a *veridically* ineffable, i.e., legitimately, profoundly ineffable, from that which is improperly, wrong-headedly *rendered speechless*, lost in a tide of verbiage that captures human being, precluding access to its ineffable source. In so many encounters with psychological theories, academically, clinically, there is often a sense of a template being placed over experience, and that one is tacitly being urged to make experience fit the template, to see in the model one's own mind, one's own self. When these models are misused in the consulting room, the urging is no longer tacit; it can be very direct. Successive encounters with psychological theories come to have an alienating, even harrowing quality. The hoped-for cure begins to look worse than the disease, if that were possible.

. . . if I say of myself [for instance] that I am an introvert, I am likely to be caught in my own subject-predicate trap. Even the inner self—my self—becomes burdened with the onus of actually being an introvert

or of finding some way to be rid of the introversion that has climbed on my back. What has happened is that I named myself with a name and, having done so, too quickly forgot who invented the name and what he had on his mind at the time. From now on I try frantically to cope with what I have called myself. Moreover, my family and friends are often willing to join in the struggle (Kelly, 1969, p. 71).

George Kelly sums up a process of *predication*, that potentially alienating linguistic-organismic operation by which one tries to apprehend oneself through some idea, label, concept, nominalization, or "narrative." Predication is something we easily become party to when we try to name things about ourselves and others. And it is innocuous enough, and can even have happy results in everyday life. But it has the potential to go grievously wrong when psychological theories partake of this predication process, and particularly when unseen, outside claims are made upon personhood, and in turn, the person:

People have always fallen into the trap of interpreting their experience only through stereotyped concepts whereby the actual stream of experience is largely missed. . . . Already today, even without a science of psychology, very many people feel constrained to interpret themselves as the concepts and contents given us by Freud or by the Sunday-magazine test-yourself psychology. Young people take vocational tests to find out what their interests are, as if a test could substitute for a direct differentiation of their own actual experiencing of interest. And if experiencing and its directly felt significances even now struggle against the imposition of these constructs, *we must indeed fear that attempts at scientific concepts could rigidify, stereotype, and destroy the integrity of experiencing* (Gendlin 1997, p. 17-18, italics added).

In strict scientific description and explanation, the human element is seen, correctly, as error, a hindrance to clear concepts; it is a projection from the subjective realm onto the phenomena at hand, in metaphors that carry errant entailments. But just as science must refuse anthropomorphic constructions for the sake of its endeavor, so too does an opposite contingency appear: The self or subject has its own prerogatives, its own sovereignty. In the movement from the strictly scientific context to the human, some of the attributes of scientific thinking can be carried over to the specifically human where they then have the potential to perform alienating, depersonalizing functions upon subjective experience, as evidenced here:

'Subjectivity' is what stands, for Descartes and Galileo, between the knower and an accurate perception of the world. It is the barrier that casts the shadow of Cartesian anxiety, the possibility that our human capabilities may be such that we may never be able to reach the ordinary, changing world unless, as Dewey put it, "the mind were protected against itself." What it needs to be protected against is its own subjectivity (Bordo, 1987, p. 51).

Captivated by the fascinations of the scientific milieu in which we live, the subject takes himself to be an object like the rest and thereby forgets his subjectivity. Thus he becomes blocked from true speech . . . by being caught behind a "language barrier" of empty words, whose thickness is measurable "by the statistically determined pounds of printed paper, miles of record grooves, and hours of radio broadcasting that the said culture produces per head (Lacan, 1977)" (Muller & Richardson, 1982, p. 80).

Jurgen Habermas saw "the self-emancipatory process as hypothesized to occur in the psychoanalytic 'movement of self-reflection' as fundamentally alien to the methodological and ontological categories featured by the natural sciences" (Grunbaum, 1984, p. 8). Extending this notion further, the natural sciences orientation could not have been helped by the enthusiasms of behaviorism, which presented itself as a unified paradigm but excluded everything of interest within the hermeneutic tradition of psychology. This was the "science" of psychology that Ilham Dilman describes as "trimming the head to fit the cap" (Dilman, 1994, p. 145). It was perhaps following certain well-known abuses, not only under behaviorism, that some people became less inclined toward the natural science orientation in psychology, which seemed to have nothing to recommend itself to anyone whose appreciation of the discipline focused on the ways that, from the perspective of intellectual history, psychology advanced understandings that were formerly sought in philosophy, literature and the spiritual disciplines.

We have, however, moved a long way from where many of our current psychological concepts began. Roger Sperry wrote that psychology under the cognitive revolution was able to claim a "bidirectional determinism," in which conscious states are attributed causal status, "legitimiz[ing] what Carl Rogers used to call 'subjective knowing,' providing a long-sought theoretical foundation not only for cognitive but also for humanistic and social psychology" (1995). We can now visualize the interaction of intentional states and biological operation of the brain through imaging technology as we see blood flow and glucose metabolism being directed to parts of the brain through the mediation of conscious attention. What we are witnessing, in one aspect, is the biological operation of language.

The Autobiography of a Theory

Two complementary areas of interest, roughly consonant with the bottom-up/top-down distinction and its inherent bidirectionality, present themselves to the bodymind vis-à-vis language. The first concerns that which purportedly cannot be represented in language, the "ineffable," as touched on above. The second concerns language's performativity with regard to subjective experience and states of consciousness. De Saussure's signifier-signified-referent schema, alluded to in the quotation of Deleuze above, inherently excludes contact with the world through language²—the referent is to the signified as the noumena is to the phenomena: it cannot

be known. But in visualizing the embodied operation of language, the distinction between signified and referent seems insensible: the "referent" of "language" is the lived experience (good and bad) that language produces in us. Bodymind concepts and imagery are directed primarily toward this aspect of language: its organic situatedness—language in life, *in vivo*.

Taking "language" as a biological event—situated in organismic process, motivated upon organismic desire³—suggests several novel moves that a self or subject might make in its encounter, sometimes confrontation, with the theories of mind, self, subjectivity that purport to represent and explicate it. These moves are sensible, perhaps, if they are made in the explicit awareness of both language's ultimate biological origin, and the autobiographical element in all theorizing, often pushed out of sight under objectivist presumptions (Atwood & Stolorow, 1991). Many unseen things are enfolded into a theory. One way of drawing them out is to consider a theory as itself a virtual subject, which then in turn exercises powers of subjectivation upon those who encounter and engage it. Like a person, theory is both *subject*—it constitutes a standpoint from which it speaks—and *subjectivated*—it takes imprints from without which constitute it. Theory has a lineage, a genealogy, and an autobiography implicit in it. And it is signed. This "subject" is, however, often much larger and ungainly than any one or several persons whose names are affixed to it.

We can carry the analogy further using clinical concepts still very much in use: we recognize a cathexis of theory. There is a "libidinal investment." Theory is a "mother," for better and for worse; in the Winnicottian sense, good and bad. Theory organizes experience, it provides safety and containment. And theory can also be disorganizing, pathogenic/iatrogenic. *Bad theory is bad mirroring*. We know the moments in which a dreary voice derisively comments on our thoughts, feelings and actions. And although we may try to refute them or cave in to their predication, rarely do these efforts take us outside. But all too often in clinical encounters this voice is joined by another, perhaps only surreptitiously commenting and construing, whose origins can be traced to various places—autobiographical elements of theories which have cloaked themselves as "absolutes and universals" (Atwood & Stolorow, 1991, p. 4), and the fundamental assumptions of Newtonian science that inform psychological theories. This voice speaks from the standpoint of an unseen third party, with the interests of a third party.⁴ Its discourse has the same effect as a hostile alienating object. The client finds they have become involved in a nightmare of repetition—the *awfulness of not being recognized*.

With the exclusions and misconstruals of conscious experience—artifacts of the confrontation between subjective human reality and (now fading) assumptions of Newtonian science—sensible bodymind concepts within psychology were either impossible or very difficult.⁵ One of

the most unfortunate things about prior psychological conceptions of the human being, i.e., the bodymind, comes into focus in the light of body-centered notions of personhood: the way in which body-self representations (feelings, intensities) were pejoratively shunted to the categories "regression," "narcissism," "the infantile" (Deleuze & Guattari, 1987) and thus in practice led the person away from a bodily re-personalization at the very moment that body-self representations manifest (cf. Marlock & Weiss, 2006, p. 52).⁶ The articulations that arise out of wholeness, visceral connection, and calm that a body can have when resonated by a sympathetic figure are foreclosed under a needless judgment.

Although speaking of these things now may be somewhat anachronistic, these reflections suggest that we be very lucid if we want to avoid capturing what are largely ineffable processes in non-veridical, and thereby non-resonant, affectively-disconnected series of words. Metaphorically humanizing theory in this way, as prompted by the organic situatedness of linguistic process, enables us to more clearly countenance a need for consistency and congruence throughout: within and between the metatheory, the clinical theory, and in the person of the therapist, (Rogers, 1951) whose "object" (theory) must *veridically* support and sustain both the therapist and client through the endeavor (Casement, 1991).

Clear and Distinct Ideas

Now what would this consistency consist of? For that we have to consider, always, the embodied operation of theory. We have to look at psychological theories as they actually work, considering them from a *realpsychologie* perspective, if you will, a place where we become concerned with the actual effect that a given theory of mind has upon the individual persons into whom it is inculcated, either explicitly, as in a direct assertion of "how things are" per the given theory, or implicitly, as when a given metapsychology underlies and structures the clinical inquiry.

We can formulate veridical bodymind concepts if this formulation is done in the explicit awareness that our concepts actually instantiate something in the organism, in the bodymind. The theories, the concepts, the language do not merely (attempt to) *represent* a situation, they also *do something* to or within that very situation. This has always been the case, but the case has not always been made. This concern becomes particularly acute when we are interested in formulating bodymind concepts: the situation that the bodymind theory seeks to represent is *itself* affected strongly by that very theory.

Many of the effects of any given theory of mind *upon a mind*, upon subjectivity, i.e., the being of the self, are not immediately apparent. While any theory of mind and the clinical theory that it is based on it may "seem like the thing to do at the time," the subjectivating effects of the theory

itself—as it acts upon processes of conception and perception—are not always known by the theory when it is formulated, and, historically at least, have had to be played out in time. As a theory gains currency, description surreptitiously, insidiously becomes prescription as the mind organizes around the model of itself, naively deriving, deducing its experience from the model, unaware of the process being enacted on and through it. This discussion has shown, hopefully, that caution lies in the tendency for theory to produce alienated conditions: depersonalization, *disembodiment*.⁷ A veridical bodymind theory operates in the explicit awareness of bidirectional causality, of self-reflexivity: the ways in which the bodymind is affected by the theory (of) itself.

In one way, it is our naive experience itself that induces the mind-body split and keeps us from a direct, veridical apprehension of ourselves as a bodymind. "We all have constant phenomenological experience that reinforces the illusion of a disembodied Subject" (Lakoff & Johnson, 1999, p. 563).⁸ The world appears to us with a sufficient degree of reality, that is, naively real in itself, *real enough*, without our perceiving the work of the perceptual apparatus itself. But because we do not attend to that which within our bodies creates our experience, we gain the illusion of a radically free and separate something—"mind" as separate from the body, out of which have developed concepts of spiritual substance as distinct from material substance, i.e., the whole "mind-body problem." It is perhaps in this connection that we are prompted to wonder about the meaning of something in Spinoza: "*The human mind is the idea of the human body*"⁹ (cited in Damasio, 2003, p. 12).

A language of the bodymind seeks simplification that preserves complexity, compression in terse formulations which have a prismatic quality; metaphors matrixed in a multiplicity of meanings gaining sense across contexts; imagery motivating organismic cohesion and experience of the bodymind as a single thing. Unseen exigencies are brought into the space of the visualizable, the articulable, the transmissible. *It takes the form that it takes out of the necessity of its idea* . . .

. . . some concepts must be indicated by an extraordinary and sometimes even barbarous or shocking word, whereas others make do with an ordinary, everyday word that is filled with harmonics so distant that it risks being imperceptible to a nonphilosophical ear. Some concepts call for archaisms, and others for neologisms, shot through with almost crazy etymological exercises: etymology is like a specifically philosophical athleticism. In each case there must be a strange necessity for these words and for their choice, like an element of style. The concept's baptism calls for a specifically philosophical taste that proceeds with violence or by insinuation and constitutes a philosophical language within language—not just a vocabulary but a syntax that attains the sublime or a great beauty (Deleuze & Guattari, 1994, 7-8).

Who is the one who recognizes this "strange necessity for these words and their choice?" It is to that agent that our inquiries are directed—this sometimes nascent subject who nevertheless lives there, and has always lived there. Can we create bodymind concepts which "penetrate . . . to the physical sources of life, modif[ying] the unconscious and generalizable organism in which the idea is latent"? (Proust, 1982, p. 579). Would that "[p]eople themselves discover and thereby claim their own modes of organization" (Johanson, 1999). *Creating one's own concepts out of one's own experience is intrepid*. Verification of the concept's sensibility comes not in its congruence with a theoretical edifice, but is left instead to those who would experiment by testing its veridicality in their own experience. It would be a tenet of *this* theory that the words and phrases be derived from the immediate situation in which they are going to be used, in that *sui generis* instance,¹⁰ each instance of a veridical bodymind formulation is an event, a key moment in the history of the mind's struggle to exist. The energies bound up in theoretical reifications are released when lived experience (always in some measure ineffable) is properly recognized as the source *and* the aim of our efforts.

Notes

1. "Take psychoanalysis as an example . . . it subjects the unconscious to arborescent structures, hierarchical graphs, recapitulatory memories. . . not only in its theory but in its practice of calculation and treatment. Psychoanalysis cannot change its method in this regard: it bases its dictatorial power upon a dictatorial conception of the unconscious. Psychoanalysis's margin of maneuverability is therefore very limited."
- Which then continues, making an important point for theories of the bodymind:

". . . For both statements and desires [as expressed by the client], the issue is never to reduce the unconscious or to interpret it or to make it signify. . . . The issue is to *produce the unconscious*, and with it new statements, different desires: the rhizome is precisely this production of the unconscious" (Deleuze & Guattari, 1987, pp. 17-18).
2. "Language can thus be experienced as a form of splitting, isolating from some authentic realm of essential concerns. . . . *Not the least interesting aspect of contemporary culture is that many believe simultaneously that language articulates the world and that language cannot reach the world*" (Thiher, cited in Johanson, 1996, italics added).
3. "A rhizome ceaselessly establishes connections between semiotic chains, organizations of power, and circumstances relative to the arts, sciences and social struggles. A semiotic chain is like a tuber agglomerating very diverse acts, not only linguistic, but also perceptive, mimetic, gestural, and cognitive: there is no language in itself, nor are there any linguistic universals, only a throng of dialects, patois, slangs, and specialized languages. . . . There is no ideal speaker-listener, any more than there is a homogeneous linguistic

community. Language is, in Weinreich's words, "an essentially heterogeneous reality." There is no mother tongue, only a power takeover by a dominant language within a political multiplicity. . . . It is impossible to break a language down into internal structural elements, an undertaking not fundamentally different from a search for roots. There is always something genealogical about a tree. It is not a method for the people. A method of the rhizome type, on the contrary, *can analyze language only by decentering it onto other dimensions and registers*. A language is never closed upon itself..." (Deleuze & Guattari, 1987, pp.7-8, italics added).

To "analyze language only by decentering it onto other dimensions and registers": onto the bodymind, the organism out of which it arises.

4. "[T]he taste for replacing real relations between forces by an abstract relation which is supposed to express them all, as a measure, seems to be an integral part of science and also of philosophy. . . . Now, in this abstract relation, whatever it is, we always end up replacing real activities (creating, speaking, loving etc.) by the third party's perspective on these activities: the essence of an activity is confused with the gains of a third party, which he claims that he ought to profit from, whose benefits he claims the right to reap..." (Deleuze, 1983, p. 74).
5. "No aspect of the human mind is easy to investigate, and for those who wish to understand the biological underpinnings of the mind, consciousness is generally regarded as the towering problem, in spite of the fact that the definition of the problem may vary considerably from investigator to investigator. If elucidating mind is the last frontier of the life sciences, consciousness often seems like the last mystery in the elucidation of mind" (Damasio, 1999, p. 4).
6. For instance, "Self Psychology is the only branch of psychoanalysis that doesn't denunciate the experience of bliss as regressive or pathological" (Marlock & Weiss, 2006).
7. Deleuze and Guattari describe a problem with theory, as it is often done:
"It is . . . like a photograph or X ray that begins by selecting and isolating, by artificial means such as colorations or other restrictive procedures, what it intends to reproduce. The imitator always creates the model, and attracts it. . . . It has organized, stabilized, neutralized the multiplicities according to the axes of signification and subjectification belonging to it . . . and when it thinks it is reproducing something else it is in fact only reproducing itself. . . . It injects redundancies and propagates them. What [it] reproduces are only the impasses, blockages. . . points of structuration (Deleuze & Guattari, 1987, p. 13).
8. "In virtually all of our acts of perception, the bodily organs of perception (eyes, ears, nose, tongue, skin) are not what we are attending to. For example, when we walk down the street and look at a house, we are normally not attending to our eyes, much less to the visual system of our brains. The fact that what we attend to is rarely *what we perceive with* gives the illusion that mental acts occur independent of the unnoticed body" (Lakoff & Johnson, 1999, p. 562, italics added).

9. "Of great importance. . . was [Spinoza's] notion that both the mind and the body were parallel attributes (call them manifestations) of the very same substance. At the very least, by refusing to ground mind and body on different substances, Spinoza was serving notice of his opposition to the view of the mind-body problem that prevailed in his time. His dissent stood out in a sea of conformity. More intriguing, however, was his notion that *the human mind is the idea of the human body*. This raised an arresting possibility. Spinoza might have intuited the principles behind the natural mechanisms responsible for the parallel manifestations of mind and body. As I shall discuss later, I am convinced that mental processes are grounded in the brain's mappings of the body, collections of neural patterns that portray responses to events that cause emotions and feelings. Nothing could have been more comforting than coming across this statement of Spinoza's and wondering about its possible meaning" (Damasio, 2003, p. 12)
10. "So often in therapy, we find that a word and/or inflection communicates one meaning to one person and something else to another. We shine the light of mindfulness on these subtle choices bringing them from unconsciousness to consciousness much like the poet chooses his or her words and crafts the line to embody meaning" (Douglas, 2007).

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To Be Or Not to Be Transpersonal: Can Hakomi Embrace the Whole without Embracing the Soul?

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Editor's Note: In this article Rhonda Mattern accepts the invitation offered in the last issue of the *Hakomi Forum* to comment on Keating Coffey's article that asked whether Hakomi should or should not become more explicitly transpersonal in its self-description and teaching. This is an open discussion that continues to invite more responses.

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ABSTRACT: Keeping Maslow's original vision for transpersonal psychology in mind, this article contributes to recent dialogue about whether or not Hakomi should become "more transpersonal." Through an examination of Hakomi's practice of loving presence, its unity principle, and consumer research, the author finds compelling evidence for Hakomi explicitly acknowledging and engaging the soul (Self-Atman-Buddha nature-higher nature).

Introduction

Sometimes I wonder what Abe Maslow would think to see us endlessly discussing a term that he himself wasn't sure was a good fit for the revolutionary new psychology he envisioned: helping people to self-actualize by accessing their higher nature. Although Maslow was among the first to consider the word *transpersonal* to describe this new discipline, he didn't appear attached to the term. In his groundbreaking book, *Toward a Psychology of Being*, he launched an even more radical proposition: perhaps one day a psychology that embraces man's higher nature will be so commonplace that we'll simply call it *psychology* (Maslow, 1968, p.189).

Only a visionary the likes of Maslow could propose something so unthinkable yet so obvious, so simple yet so challenging to achieve. A psychology that helps people to access their higher intelligence might seem like a "no-brainer," but half a century later, few transpersonal psychologies have come anywhere close to achieving it. The Summer 2008 *Hakomi Forum* indicated that Ron Kurtz is considering taking a step closer to Maslow's vision:

Central to all wisdom traditions is a relying on and leaning into a sense of greater intelligence in the universe, whether this is called void, God, Self, Krishna, or by some other name... 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... Ron's refined version of [Hakomi] is moving toward an explicit inclusion of this as a

foundational principle of the method (Myullerup-Brookhuis, 2008, p.71).

Should Hakomi explicitly articulate the soul-Self-higher nature in its principles? And if it does, should it also expand its aims to include helping people to self-actualize by accessing their higher nature? This article will examine these questions through three lenses that make a compelling case for doing so: Hakomi's practice of loving presence, its unity principle, and consumer research, a topic with rich insights for any organization considering a significant evolutionary shift.

The Lens of Loving Presence

How might the practice of loving presence influence whether or not Hakomi should offer its clients a healing method that embraces body, mind, emotions *and* soul or Self? As a potential Hakomi consumer who spent years looking for a holistic healing method, my personal journey might shed some light on this topic.

Armed with years of transcendent experiences of my higher nature, and deep psychological wounds, I spent over two decades looking for an experiential, spiritually-oriented approach to psychological healing. In the early 1990's, someone mentioned "a type of bodywork" called Hakomi, so I passed it by. Years later, I ran into a book (Kurtz, 1990) describing Hakomi as "body-centered;" that didn't sound holistic, so I didn't even crack the cover. Last year when a colleague explained that Hakomi was in fact "consciousness-centered," I began devouring Hakomi books

and articles. This left me delighted and inspired—and also disappointed and confused.

In a now-legendary hamburger commercial, three little old ladies gaze upon a huge, fluffy bun at a fast-food restaurant, and one of them suddenly asks: “Where’s the beef?” As a spiritual practitioner, that’s how I felt when I read my first Hakomi book; after scanning the states of consciousness Hakomi works with (ordinary, riding the rapids, child, mindfulness) (Kurtz, 1990, p.84), I thought, “Where’s the soul?”

Traces of the soul wafted through Ron Kurtz’ introductory book on Hakomi (1990) like a rare perfume. Reading it, I thought: *This is the real deal. Kurtz is clearly working from the soul state of consciousness.* But when I realized the soul or Self wasn’t an explicit part of Hakomi’s method, I almost overlooked it for a third time, until I stumbled upon something Kurtz wrote in 2007:

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. (Kurtz, 2007, p.1)

Bingo. Now I knew that Hakomi practitioners embraced at least one attribute of the soul as a therapeutic resource. This piqued my interest, because I had experienced those therapeutic benefits firsthand. Leela Therapy, the method that finally ended my suffering, (Jaxon-Bear, 2003) not only helped me to break free of the conditioning veiling my higher nature, but it also leveraged some of the Self’s unique attributes as therapeutic tools. This life-changing experience helped me to realize that the soul is one of the most wildly effective—and most woefully underutilized—resources for healing and transformation that the world has ever known.

The Therapeutic Resources of the Soul

Why did the addition of loving presence make such a “huge difference in the effectiveness of the method (Kurtz, 2007, p.1)?” From my perspective, it’s because Hakomi started helping therapists and clients to experience at least one of the many therapeutic capacities of the soul-Self-higher nature. Here’s a small sampling of those capabilities:

The soul sees things differently.

The soul sees the beauty and wonder in everything, and has a deep reverence, respect and love for all that is. Therapists in this state don’t see clients as broken, wounded or in need of fixing; they see everyone and everything in wholeness. “The unencumbered heart sees differently (Kurtz, 1990, p.32).” This seeing alone is innately transformational; as quantum physicists have long observed, the very act of seeing changes what is observed.

The soul is unconditionally present.

Krishnamurti once said: “Do you want to know what my secret is?...I don’t mind what happens.” (Dreaver, 2005) Because our higher nature sees the wisdom and purpose behind everything, it has no need to change *anything*. And this deep understanding tends to be contagious: when therapists embody it, clients begin to as well. Suddenly, instead of trying to change or get rid of certain experiences, clients begin to gently lean into whatever arises in the present moment to absorb its hidden wisdom. Like the poet Rumi, clients begin realizing that even “the dark thought, the shame, the malice” are “guides from beyond (Barks, 1997, p.109).”

The soul does no harm.

Rather than feeling detached, like mindfulness sometimes does, the soul or Buddha nature feels connected, participative, and alive. It isn’t passive at all, and yet it moves with such grace, simplicity and ease that it seems to make no movement at all. No matter what it does, it does no harm. As the Buddhists say, it leaves no tracks (Page and Yamamoto, 1999).

The soul is wildly, originally, and spontaneously creative and insightful.

The soul reveals shocking and wonderful things that my mind could *never* have cooked up. Suddenly I *just know* things—things beyond what my intellect knows. When clients shift into this state, their cup runneth over with astonishingly original and penetrating insights. In this state, I routinely learn things from my clients, and I’m continually humbled and awed by their wisdom. As they connect more deeply to their own soul wisdom, I connect more deeply to my own, and our meeting becomes a gift of reciprocal healing and generosity.

The soul perceives by being, not thinking.

Another unique perceptual capacity of the soul is the ability to *become one with* whatever it’s observing. Hakomi therapists have undoubtedly discovered this distinct capability, which mirror neurons appear to facilitate. Thanks to those amazing little mini-mirrors, my “mini-me” sometimes completely disappears: on good days, I merge so completely with clients that I can name with absolute accuracy what they’re feeling, thinking, and experiencing before they’ve spoken a word.

The soul capacities above represent a higher order of intelligence that Maslow believed could help humankind realize its highest potential. His studies of peak experiences and performers led him to believe that psychologists should “bring out and encourage” this inner nature because “if it is permitted to guide our life, we grow healthy, fruitful, and happy (Maslow, 1968, p.4).” Maslow called for research to test his theories (Maslow, 1968, pp.215-219), and recent progress in that direction might encourage more

psychologists to explicitly embrace the intelligence-beyond-intellect of the soul.

The Science behind the Experience

Many wisdom traditions refer to the heart as the seat of the soul, and neuroscience appears to be edging closer to proving that. Research gathered by the Institute of HeartMath reveals that the heart has its own independent nervous system sometimes referred to as the “brain in the heart.” This “heart brain” boasts at least 40,000 neurons, rivaling various sub-cortical centers in size. As if this weren’t surprising enough, scientists have also discovered that the brain in the head doesn’t always wear the pants in the family of human consciousness. When the brain in the head sends orders to the brain in the heart, the heart doesn’t automatically say yes. Instead, it responds as if it has its own powers of discrimination, and in fact, sends messages back to the brain that the brain not only understands but *obeys* (Childre and Martin, 1999, p.10).

Some researchers believe that the heart brain might be the link to the higher intelligence that Maslow referred to as our higher nature (p.xvii). While lower brain centers can block access to this higher intelligence in the name of survival (Pearce, 2003, p.72), when the heart does takes the lead, it helps both brain and body to function at peak capacity (Childre and Martin, p.17).

Anyone who’s ever struggled to live from the heart instead of the head is likely to appreciate HeartMath’s research on heart-brain collaboration and entrainment. In the 17th century, a Dutch inventor found that when clocks were put together in the same room, their pendulums eventually began swinging in synchronized unity. He never figured out why, but scientists later discovered that the largest pendulum—the one with the strongest oscillations—pulled the other pendulums into sync with it, a phenomenon known as *entrainment* (p.38).

Not only pendulums entrain: so do bodies, states of consciousness, and energy fields. A simple example of entrainment is how female roommates’ menstrual cycles begin showing up at the same time. Similarly, HeartMath researchers have found that the heart—which boasts a magnetic field roughly *five thousand times* stronger than the brain (Childre and Martin, 1999, p.33)—can pull the rest of the body into entrainment with it, a state they call *coherence* (p.50):

When your body is in entrainment, its major systems work in harmony. Your biological systems operate at higher efficiency because of that harmony, and as a result you think and feel better. Because the heart is the strongest biological oscillator in the human system, the rest of the body’s systems can be pulled into entrainment with the heart’s rhythms. As an example, when we’re in a state of deep love or appreciation, the brain synchronizes—comes into harmony—with the

heart’s harmonious rhythms....When brain waves entrain with heart rhythms at 0.1 Hz, subjects in our studies report heightened intuitive clarity and a greater sense of well-being (Childre and Martin, 1999, p.38).

According to our studies, at those elusive moments when we transcend our ordinary performance and feel in harmony with *something else*—whether it’s a glorious sunset, inspiring music, or another human being—what we’re really coming into sync with is *ourselves*. Not only do we feel more relaxed and at peace at such moments, but the entrained state increases our ability to perform well and offers numerous health benefits. In entrainment, we’re at our optimal functioning capacity...(p.39) Moving beyond what we’ve been able to prove through science, our theory is that the heart links us to a higher intelligence through an intuitive domain where spirit and humanness merge (p.xvii).

In line with Gardner’s work on multiple intelligences (1993), HeartMath considers the loving wisdom the “heart brain” links us to as a separate intelligence with its own unique capacities (Childre and Martin, 1999, pp.102-131). And guess what those capacities are? The same qualities that Maslow attributed to our higher nature (1968, p.83) and that Jesus, Buddha, and other sages have attributed to the soul or Buddha nature: wisdom, love, spontaneity, compassion, clarity, grace, acceptance, and openness, among others.

Childhood development expert Joseph Chilton Pearce states that with the right modeling, experiences and training, we can foster the neural development required to access and sustain this higher intelligence (Pearce, 2003). Maslow fleetingly considered the word “trans-human” to describe the new psychology (Boorstein, 1996, p.2), but accessing our heart intelligence is a distinctly human capacity, and so is heart-mind collaboration. The word *human* itself points to this essential collaboration: *hu* means God or spirit (Khan, 1992, p.172) and *manas* is Sanskrit for mind.

Hakomi works the mind-body interface, but with the addition of loving presence, it appears to have started accessing mind-heart (i.e., mind-soul, mind-spirit) interface as well. By adding loving presence to its practices, Hakomi has already begun to leverage some of the soul’s therapeutic capabilities to good effect, making a strong case for explicitly articulating and engaging the soul-Self-higher nature in its model.

I appreciate the sensitivities of a non-religious discipline embracing a state of consciousness that has traditionally been the realm of spiritual teachings, let alone the challenge of finding a universal, inclusive name for it. And I suspect that many psychologists have been tiptoeing around explicitly naming the soul or Self for a long time in the name of religious and cultural respect and inclusiveness. But how is it respecting religions to ignore a central focus of their teachings? And hasn’t Hakomi been explicitly,

universally, inclusively, and non-religiously *spiritual* from the get go?

And so to Ron Kurtz as he moves toward an explicit inclusion of the soul-Self-higher nature as a foundational principle of the method, I say: Godspeed, my friend.

The Lens of Consumer Research

How might the discipline of consumer research influence whether or not Hakomi should embrace the soul and help people to access its loving wisdom? If a high-performing organization (one that achieves exceptional results by living true to its mission and principles) were considering a change in its service offerings, it wouldn't launch debates in journals—it would launch consumer focus groups! Now, I'm not suggesting that Hakomi therapists do that, but I suspect that many of you have already conducted mountains of informal consumer research. Like me, you've probably spent decades listening to the stories of frustrated spiritual seekers in sessions, classes, and workshops. One thing that continually surprises me about these stories is how similar they are to my own.

At the age of fifteen, an out-of-body-experience gave me my first taste of my higher nature. As I floated above my body, my usual teenage angst completely disappeared, and I could suddenly see the beauty and possibility in everything. Not only was I filled with compassion, wisdom, and insight beyond imagining, but from one moment to the next, I knew all sorts of things without knowing how. One of the most shocking things I knew was that this loving awareness was *who I am*; my body below was just the vehicle for it.

When I asked my minister to help me make sense of this experience, he told me it was the work of the devil. When I consulted a local philosophy professor, he insisted that the detailed descriptions of the wisdom of the soul in Plato's *Phaedo* was metaphorical, not literal (Warmington and Rouse, 1956, pp.460-521). When I turned to spiritual teachings, I was lucky enough to find one that actually taught me how to consciously experience my higher nature (Twitchell, 1969). But after hundreds of often ecstatic experiences of this expansive state of awareness, I continued to suffer from depression, abusive and unfulfilling relationships, and a judge and jury screaming "bad girl" 24/7 inside my head.

I spent decades looking for a method to help me heal and integrate the whole of my consciousness: body, mind, emotions and soul. Like many potential Hakomi consumers, I hunted and pecked my way through heaps of healing methods. I did body work, breath work, and yoga. I tried visualization, affirmation, and contemplation. I beat pillows and screamed. I sipped flower essences like a love-starved hummingbird. I let go and let God. And still I suffered.

Gallup and National Opinion Survey polls in the 1960's and 1970's indicated that twenty to forty million Americans are likely to have had mystical experiences similar to mine (Boorstein, 1996, pp.144-5). And in tele-classes, private sessions, and workshops, I've met thousands of people from among these millions who recount the same story: they've experienced their higher nature, only to find that they're still suffering. And now they're feeling even more lost and confused, because believe me, once you taste this transcendent state and can't get back to it, *you suffer*.

Most of these people aren't as lucky as I was. They have no idea that presence-centered approaches like Hakomi, Leela Therapy, and Internal Family Systems Therapy exist. (I call experiential, holistic, psycho-spiritual methods "presence-centered" because they help people to become more present to—and more centered in—the vast transformational capabilities of their own consciousness.) Unfortunately, most people would have a hard time recognizing these "more spiritual" approaches if they found them, because they were named for psychologists, not consumers. For example, my relatively uneducated working class sister in Pennsylvania, who died recently of lifelong addictions for want of a spiritually-oriented therapist, would have never known that something named Internal Family Systems Therapy, Acceptance and Commitment Therapy, Pesso Boyden System Psychomotor, Diamond Heart, Dialectical Behavioral Therapy, Leela Therapy, Hakomi, or even "transpersonal psychology" might be spiritually-oriented approaches to psychological healing.

A recent edition of *Hakomi Forum* mentioned one argument against Hakomi helping people to access their higher nature that goes something like this: we're a psychology, that's why. Leave realizing one's higher nature to spiritual communities (Coffey, 2008, p. 91). But one thing I hear over and over from people is that their spiritual communities often don't possess effective methods to help them consistently and reliably experience their higher nature, let alone *live* from it. Presence-centered practitioners could do a great service to such communities by finding ways to help them gain new psycho-spiritual skills.

And while applied spiritual practices like meditation, chanting, and centering prayer often do a good job of helping people to *experience* their higher nature, conditioned responses keep pulling them out of it. When this happens, people don't know where to turn. They quickly discover that the skills needed to *experience* your higher nature aren't the same as those required to *embody* it. To make matters worse, most psychologists and spiritual teachers lack the latter skill set, which requires integrated, experiential psycho-spiritual training. So what's a suffering, spiritually-savvy consumer to do?

The Third Shift

I often refer to spiritual practice and psychology as a dysfunctional couple that's created even more suffering in the world than our dysfunctional parents. Since Maslow's call for a new discipline that embraces man's higher nature, spirituality and psychology have certainly been dating, but like other dysfunctional couples, they seem to have commitment issues; the lack of a widespread, fully-integrated psycho-spiritual approach to healing, transformation, and self-actualization is proof of that.

It took me over two decades of exhausting "hunt and peck" to find a truly holistic approach to healing. Leela Therapy, founded by Eli-Jaxon Bear, was a brilliant integration of spiritual practice and psychology. Like Hakomi, it was still evolving, and it wasn't fully baked, but *it worked*. It not only helped me break free of limiting beliefs, but it skillfully supported me to more consistently experience and express the Self beyond my beliefs. It embraced all of Hakomi's principles and many of its methods. It was experiential, it was non-dual (at least on good days!), and it offered concrete methods to help people break free of the conditioning veiling their higher nature (Jaxon-Bear, 2003).

Rumi once said that when love brings two things together, a third thing is created that's completely unique. Parents can certainly attest to that. Leela Therapy brought together two wonderful parents—spiritual teachings and psychology—to create a love child *completely different* from mom and pop. In Maslow's words, this new psychology was "thrilling" and "full of wonderful possibilities" (Maslow, 1968, p.3)—a completely new discipline with completely new methods (bringing the consciousness of the Self to subconscious patterns), completely new therapeutic resources (the vast attributes and perceptual capacities of the Self), a completely new theoretical model (freeing oneself of the conditioning obscuring one's higher nature), and completely new possibilities (not just healing, but self-actualization via self-realization).

Ron Kurtz described two significant shifts in psychotherapy in the past few decades. Frankly, I think we're on the cusp of a third shift (Mattern, 2009)—one with the potential to make Maslow's vision a reality. Leela Therapy, Hakomi, IFS, Diamond Approach, non-dual psychotherapy, Buddhist psychology, and other presence-centered approaches show telltale signs that this shift is upon us. Below is Ron Kurtz' map of the first two shifts in psychotherapy (Kurtz, 1990, p.10), with the shift I've observed tagged on below:

Start point: Talking about our experience (e.g., psychoanalysis)

Shift #1: Experiencing our experience (e.g., Gestalt therapy)

Shift #2: Studying the structure of our experience (e.g., NLP)

Shift #3: Bringing higher consciousness to less conscious parts of our experience (e.g., Hakomi, IFS, Leela Therapy, and other presence-centered practices)

Look how simply and elegantly this third shift synthesizes spirituality and psychology:

Discipline	Method of healing and transformation:
<i>Spiritual practice</i>	Experience your spiritual nature (higher consciousness)
<i>Psychology</i>	See subconscious patterns and choose new behavior
<i>Presence-centered practices</i>	Bring higher consciousness to subconscious patterns/parts in skillful ways that support them to heal and evolve

Here's a simple analogy to help you grasp the evolutionary significance of presence-centered healing methods: Picture your higher nature as a beautiful castle. Now see limiting subconscious patterns as alligators in the castle moat. It's not enough to learn how to enter the castle, because alligators keep pulling you back into the moat. It's not enough to study your alligators, because that doesn't get you back into the castle.

Spiritual teachings show you how to get into the castle. Psychology teaches you how alligators pull you into the moat. Presence-centered practices have the potential to help us take the next step: learning to bring the consciousness of our higher nature to limiting patterns or parts in skillful ways that help them to heal and evolve.

As presence-centered approaches continue to evolve, "We're a psychology, that's why" will continue to lose steam as a rationale for psychologists not embracing the soul. As Ron Kurtz has already observed, including loving presence has already made a huge difference in Hakomi's effectiveness. I have no doubt that helping people to access more of the soul's therapeutic capacities will deeply support this encouraging trend.

And so to Ron Kurtz as he moves toward an explicit inclusion of the soul-Self-higher nature as a foundational principle of Hakomi, I say: Thank you for your willingness to continually evolve an already groundbreaking method.

You're about to make twenty to forty million potential Hakomi consumers very happy campers.

The Lens of Hakomi's Unity Principle

Before closing, let's quickly examine how Hakomi's unity principle might inform the decision about whether to include the soul as an explicit part of its method. Kurtz indicates that we embrace this principle "when our goal is to bring together all aspects of the person." He has faith "that if you can get those parts communicating again, they may resolve their differences and come to harmony." He further explains that "this drive to unite is the healing force. This process of communication organizes parts into wholes. That's the healing (1990, p.33)."

I found Kurtz' writings on the unity principle uncommonly brilliant, clear, and deep, except for one confounding disconnect: If the drive to unite is the healing force, what's driving Hakomi to exclude the soul from its map of the states of consciousness it works to unite? Why does it inadvertently imply that mindfulness is the pinnacle of human awareness by leaving the state mindfulness leads to (Buddha nature) unstated? Isn't that a little like calling the United States the thirty-five states of America, when everyone agrees there are fifty? The existence of our higher nature is one of the few things billions of spiritual practitioners *already agree on*; why treat it like a fair-haired step-child: a state of consciousness we talk about, but don't help people to access?

And so I leave the Hakomi community with no answers, but a few pregnant questions:

- Can a discipline that promotes self-study as a means to end suffering afford to ignore the Self, the highest source of intelligence within us?
- Can a discipline that claims to be holistic leave such an important part of the whole unstated, un-experienced, unexplored, and largely unexploited?
- Can a therapy that aims to get all the parts communicating afford to leave our higher nature out of the conversation?

In short, how is not explicitly engaging the soul-Self-Atman-Buddha nature-higher nature "working within the principles"?

I won't answer that question. If my understanding of the Hakomi principles is sufficiently well-grounded, I believe it will answer itself. That's the beauty of working within the principles.

Slouching Towards Bethlehem

For years I've felt frustrated because Maslow's vision of the new psychology was taking so long to manifest. To quote the poet Yeats, I used to feel that we were all "slouching towards Bethlehem" (Finneran, 1996, p. 187) at a painfully slow and laborious pace. I used to gripe that the true third force seemed less likely to appear than the second coming because we had left out its central player—the soul itself.

My schizophrenic brother recently helped me to heal some of the deeper wounds fueling these frustrations. Recently an encounter with my brother's social worker triggered me into a tirade about the lack of presence-centered methods in psychiatric care. After a few minutes of complaining, I realized I had shifted out of loving presence. Using techniques I first learned in Leela Therapy, I let the sweet silence of my higher nature wash over the part of me that felt frustrated and fearful. As the gates of my heart-intelligence swung open, an important insight arose: *I'm the one who's slouching towards Bethlehem. I'm the one keeping Maslow's vision from manifesting. I'm almost always anchored in unconditional presence when working with clients, but I rarely embody this state consistently with family and friends.*

Graced with this realization, during a recent visit to my brother, I actually managed to consciously shift into loving presence as he launched into his usual topics of conversation: Greek Gods, secret bank accounts Jimmy Carter bequeathed to him, and curing Alzheimer's using dolphin fin and milk of magnesia. In the past these topics dominated 95% of our conversations, and so had my knee-jerk responses: subtly manipulating my brother to change the subject or mechanically repeating the behaviors that might earn him a discharge from the psychiatric hospitals where he's been involuntarily committed for over thirty years.

But this time something miraculous happened. Instead of subtly manipulating my brother to change, I fell into the loving presence of my higher nature so deeply that I actually *became* my brother. This opened up a completely new channel of information to me. Suddenly I intimately understood his illness. Suddenly I directly experienced his inner reality. And for the first time in my life, I actually became curious about his Greek Gods, secret bank accounts, and dolphin fin miracle cures.

As I remained in the space of loving presence while my brother babbled on (which was a little like staying on a bucking bronco), suddenly he did something he hadn't done in over three decades: he began to cry, recounting traumatic events from our childhood that had carved deep scars into his psyche. We repeated this cycle six or seven times that day. He'd say a few rambling things about Greek Gods and such, I'd anchor in loving presence and sincerely inquire into his reality, and then he'd start to cry, recalling yet

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another painful childhood story. After each round of tears, he hugged me and showered me with uncustomary gratitude, tenderness and affection.

I soaked up his love like a dry sponge, and I could feel him doing the same. To my family's great surprise, he remained completely non-delusional for the next twenty-four hours. On the long ride back to the psychiatric hospital, we did something we hadn't done since he was fifteen: we had a heart-to-heart conversation. We shared our pain over my sister's recent death. We marveled at the beauty of the flowering dogwoods. We sang old Motown hits at the top of our lungs. And for the first time in thirty-five years, I had my brother back.

Regardless of what lies ahead for me and my brother, suddenly a person that I once saw as beyond hope has got me feeling quite hopeful for us all. Who knows what might be possible as more of us learn to shift into this state of loving presence—not just with our clients, but with everyone, everywhere, to the very best of our ability? Who knows what might be possible—both personally and therapeutically—as Hakomi and other presence-centered practitioners manifest Maslow's revolutionary vision: helping people to self-actualize by learning to consistently and reliably access their higher nature?

I can't wait to find out.

A Postscript—and a Call to Action

I've long believed that presence-centered approaches like Hakomi, Leela, IFS, Diamond Approach, ACT, DBT, non-dual and Buddhist psychotherapy, and others won't reach their full potential until they do for themselves what they do for clients: bring isolated parts (in this case, presence-centered practices) together to communicate in ways that deeply support the whole. With this in mind, I've launched a soon-to-be non-profit organization encouraging cross-disciplinary dialogue and collaboration to help presence-centered practices to continue to increase their effectiveness and reach more people.

The *Hakomi Forum* recently encouraged more dialogue about where Hakomi stands on the line between personal and transpersonal. To support this goal, I'd like to offer a facilitated conference call for those interested in exploring the topics laid out in this article in an open, informal setting. To participate, please send your name and email address to hakomidialogue@the1thing.net, and I'll coordinate a date and time for a tele-conference. I'll be thrilled if even just

one of you shows up, because as organizational behavior theorist Meg Wheatley once said (2002, p.13), every significant social revolution begins—or in this case, *continues*—with a conversation.

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Book Review:

The Boy Who Was Raised As a Dog

by Bruce Perry, M.D., Ph.D. and Maia Szalavitz

Reviewers: Carol Ladas-Gaskin and J. David Cole

Editor's Note: The media editor accepts contributions dealing with books, movies, plays, TV programs, poetry, and more. We thank the PESI Newsletter for permission to reprint this review that first appeared in their pages in April 2009 (www.pesi.com).

Carol Ladas-Gaskin and J. David Cole are the authors of *Mindfulness Centered Therapies: An Integrative Approach* (www.mindfulnessbooks.com), and co-instructors for PESI seminars on Mindfulness and the Practice of Compassionate Presence. They have been certified as Hakomi therapists and trainers by Ron Kurtz, and practice through the Seattle Hakomi Educational Network. They can be contacted at Hakomi@speakeasy.net or www.seattlehakomi.net.

We were directed to reading this book by a cryptic email from Ron Kurtz, founder of the Hakomi method. The email was addressed to a long list of students and graduates of Hakomi trainings, people who understand and appreciate Ron's sense of humor and his unerring recommendations for good reading. It read:

"If you don't read this book, I'm going to kill myself."

Shortly after we read the book, another recommendation arrived from our colleague Rob Bageant, Hakomi therapist, teacher and trainer now working Taiwan. He wrote, "(They) write with a novelist's sense of structure. My heart aches to hear what these children have experienced; I can hardly read the case studies. And yet, I believe that anyone interested in more deeply understanding what it means to be human should read this book. *The Boy Who Was Raised as a Dog* has a lot of answers. Through hard won experience, Perry and Szalavitz have ferreted out the neurological effects of trauma as well as the practical therapeutic approaches which help heal the wounds." A client and workshop participant, who has experienced encounters with psychiatrists of a less compassionate persuasion, read the book recently and left a touching phone message conveying how this book has changed her attitude about psychiatrists and psychiatry.

The Boy who was Raised by a Dog is a memoir of a Bruce Perry's growth and development as a psychiatrist working with children suffering from severe trauma. Bruce Perry, M.D., Ph.D. is a senior fellow of the Child Trauma Academy. He has served as a consultant to the FBI (concerning the Waco disaster) and is the former chief of psychiatry at Texas Children's hospital, as well as former Vice Chairman for Research in the Dept. of Psychiatry at Baylor College of Medicine. His co-author Maia Szalavitz is author of *Help at any Cost: How the Troubled-Teen Industry Cons Parents and Hurts Kids and Recovery Options: The Complete Guide* written with Joseph

Volpicelli, M.D., Ph.D. Although the book is written by both Perry and Szalavitz, the stories themselves are written as experiences had by Perry, so the review will speak of him rather than them.

It is rare to find a book so informative and practical, and yet inspiring to read. As practitioners of a method, *Mindfulness Centered Therapies*, based in part on the teachings of Ron Kurtz, and as clinicians who long ago discovered the healing power of mindfulness, compassionate presence and following the client, we find this book to be an affirmation of all of the principles of our work and the methods we teach. Perry's life-affirming approach with his respectful, kind, profoundly attentive and innovative, mindful presence embodies the work of our teachers, to mention a few; Carl Rogers, Ron Kurtz, Eugene Gendlin, and Richard Schwartz.

One of Perry's most important conclusions after years of his clinical work is that "the infant/child is highly susceptible to trauma and stress in the first three years of life. . . . The earlier view that children are inherently resilient is false." Add to this his observation that many times, early childhood trauma is misdiagnosed as ADHD, and since many of the diagnostic symptoms are identical, this is of crucial significance. Perry is very innovative and creative in his approach to working with these severely traumatized children and their families and peers. He says: "A sincere, kind act, it seemed to me, could have more therapeutic impact than any artificial, emotionally regulated stance that so often characterizes 'therapy.' Fire can warm or consume, water can quench or drown; wind can caress or cut. And so it is with human relationships: we can create and destroy, nurture and terrorize, traumatize and heal each other. Like other teachers, clinicians, and researchers who had inspired me, my teacher encouraged exploration, curiosity and reflection, but most importantly gave me courage to challenge existing beliefs."

The book is available in paperback and consists of a series of eleven amazing vignettes each describing Perry's

experience and interactions with a severely traumatized child or a group of children. Their back stories range from severe sexual and physical abuse of individual children to survivors of the Waco disaster to the title story about a boy who was literally raised as a dog.

Woven throughout these stories we see the qualities of gentle curiosity, attunement and an attentiveness born of a remarkable sensitivity to non-verbal communication and a commitment to non-violence in even the most subtle form. These healing practices provide room for the client, in this case a traumatized child, to be an active agent in the process of healing, free to titrate his or her experience and the pace of the healing. It is clear that Perry has learned to trust his own creativity and the power of relatedness. He seems to have an unerring ability to discover the action, words and atmosphere that are inherently nourishing and healing to the child in the moment. His transparent expression of this process provides a deep teaching for all of us in the healing profession.

He says, regarding choice and self direction,

One of the defining elements of traumatic experience – particularly one that is so traumatic that one dissociates because there is no escape from it – is a complete loss of control and a sense of utter powerlessness. As a result, gaining control is an important aspect of coping with traumatic stress. To develop a self, one must exercise choice and learn from consequences. The process needs to be self directed and the child (client) needs to be in control of the timing.

Perry's own inner work is evident in these words: "As a therapist, caregiver, parent, friend we need to be clear that in order to calm a child (client), you must first calm yourself." Although, he cautions, that immediate debriefing after a traumatic event "is often intrusive, unwanted and may actually be counter-productive. What is needed is presence, appropriate timing (pace), structure not rigidity and nurturance but not forced affection."

Throughout the book in addition to the stories and the process of working with the children, Perry and Szalavitz share neurological details regarding the brain, memory and association that are the foundation of his therapeutic practice. He has discovered that children become resilient and able to access effective memory as a result of repetitive, moderate, predictable patterns of stress and nurturing and that these patterns make a system stronger and more functionally capable creating "a resilient, flexible stress response capacity." Systems in the brain that are repeatedly activated will change, and the systems that don't get activated won't change. Through association, which underlies both language and memory, we weave all of our incoming sensory signals together – sound, sight, touch, scent – to create the whole person. His actual stories of working with these children illustrate the practice of this understanding in real life.

Millions of tiny decisions are made in the life of each person, seemingly irrelevant, but often profound choices that determine the entire life direction of a child. Honoring, respecting and acknowledging distressing experiences and strong emotions with a sense of appropriate timing and space creates a profound context for healing. Although these stories are all focused on therapeutic work with children, it is clear in reading the book that the work would be welcomed, by adults, as well, who long to be met with such sensitivity and presence.

Though each of these stories is heartbreaking, Perry and Szalavitz write with such compassion they inspire us to bring creativity and courage to our work with all our clients. Not only is this a heart opening and affirming book about the power of relationship, and what is possible in our work as therapists, but it is an inspiration to bring our personhood, creativity and imagination, and especially our compassion, to clinical work. These stories are almost impossible to put down, and the teaching found within them is priceless.

To close, in Perry's words, "most therapeutic experiences take place in naturally occurring healthy relationships. Anything that increases the quality and number of healthy relationships in the child's life is helpful. The experience of safe touch is invaluable if it is freely chosen."

Poems

from Bardo & Becoming

Leisha Douglas, Ph.D.

Editor's note: Leisha Douglas Ph.D., the Media Editor of the *Hakomi Forum* has counseled adults, adolescents and couples for over 25 years, as well as supervised therapists. She is a Certified Hakomi Therapist and Teacher, Transactional Analyst, and Yoga teacher. She has offices in Manhattan and Katonah, N.Y., and also works internationally in the French West Indies, and as a staff member of Cap Jaluca's Mind/Body Program in Anguilla, British West Indies. She has a lifelong interest in writing poetry and fiction. Her poems have been anthologized and published in journals, including the e-zine, *The Ginbender Poetry Review*. She has co-directed the Katonah Poetry Series along with poet Billy Collins. In this offering, she shares three poems from her collection *Bardo & Becoming*. One may contact Leisha at Tel: (914) 232-4397 or e-mail Leilil@aol.com

Photoplay

Bed is now a satin and down burrow.
As a child, I practiced dying every night
bound in a tightly made bed
while the walls compressed.
I learned to hold them back with concentration
until consumed by fatigue I slept.
To wake each morning was a surprise

With moon and candle light,
this bedroom becomes a sacred chamber.
I float through scenes
peopled by strangers and friends
or drop into blessed amnesia

Here imagination modifies truth.
Communication is from uncensored sources –
parables of my life mixed
with anxiety, hope and cinematic effects
by some semipsychotic artist of the underground
who waits for unconsciousness
to show her latest feature film

Danse Leviathan

Whales leapt around
the craggy peninsula of Grand Cul de Sac.
They flung themselves one by one
in their bizarre ballet.

In the blue evening,
we all leaned on the porch railing.
The children screamed “les baleins” and pointed.
The adults silently exalted as
each huge dancer went a point then arced
into an explosion of turquoise froth.

Each ensuing day,
whenever doubt and concern
disfigured the dear faces of friends,
I prayed for numinous black monoliths
to lunge up from azure waves
beyond the jagged volcanic hills.

The Listener's Audition

(for Richard Tillinghast)

Night slurs or magnifies sound.
Cars whisper along the tarmac.
Moths patter against screens.
Heartbeats become percussion.

Beyond all this,
there is a constant palpable throb.
Perhaps it is God's eye
which has yet to close,
awake for eons
and still fascinated with
all the permutations of Self.

But I am an errant child
who continually strays from a schoolroom
into daydreams where what is here now
is ignored or remade.
Then the great hand
lightly pins me to the bed
and startles me awake to listen.