INTRODUCTION TO THE PROCESS

RON KURTZ

Introductory Note: Ron Kurtz is the founder and director of the Hakomi Institute whose ongoing input continues to guide the development of the therapy's theory and practice. Ron's thinking goes through a number of stages before becoming formalized in published books. The paper published here represents the freshness and aliveness of Ron sharing his latest insights with a beginning group of students. It is basically a tape transcription of a talk Ron gave in Eugene, Oregon that maps Hakomi therapy into general systems theory, information processing, learning curves of chaos and certainty, models of health and disease, living systems, and dissipative structures. Ron values feedback and welcomes replies and dialogue on any of the concepts presented.

Therapy can be done, just like anything can be done, intuitively. Kind of stumbling along, doing things and getting somewhere. Not really consciously having a plan or a clear plan or a clear reference. The way our understanding of this process came about was simply by doing it and doing it and finally thinking about, "what are we doing?" Even this morning I spent an hour learning more just by thinking about what we're doing. It just keeps getting clearer to me. It's not like I had a plan and thought it out and then started doing the work. I was doing much of it long before I knew consciously what I was doing.

So, I want to give you a feel for the overall process, but within the framework of: you don't just take the map and try to follow the map; the map is a guideline in a sense to what you already knew.

The process involves states of consciousness, very deliberately and precisely. We understand various states of consciousness and we understand how to work with each one of them. There are four that we use. That's one thing that became clear. All the time I was working with clients, I would change my voice and I would shift to a slower pace and the client would quiet down. But I never called that anything, til later. Later, I understood that, "Oh, yes, the client is now in a special state of consciousness", which I then started to call, "mindfulness". Or the child state. I worked with the child a long time before I really thought, "Oh, that's a specific state of consciousness." It has certain qualities to it that you can notice from the inside and the outside. So, we have states of consciousness we work with: ordinary consciousness, mindfulness, the child, as a particular state of consciousness and riding the rapids, which is more than just a mood or feeling.It's a mind set. When you are overwhelmed by the spontaneous expression of emotion, you are in a distinct state of consciousness, different from somebody who's meditating or who is in the child or somebody who's just making breakfast, which we would call, ordinary consciousness.

And, because there are states of consciousness, and because we try to use them in a particular way, there are also stages of the process. There are different things to do and an order to do them. If you're going to take people from ordinary consciousness into mindfulness or into the child or through the rapids and back into mindfulness, you have to know how to do that. There are different processes involved, different things to do. Each stage of the therapy process is different, with different purposes, guidelines and techniques and you have to know them.

What's nice about our knowing all this is that you have this roadmap to learn the territory with. Then you forget about the map and use it unconsciously and habitually to go on learning more and more of the territory, as a never-ending process of working, learning and becoming.

At this point, I want to take the overall process itself and put it in a bigger framework. So, we know about the process in very crude terms, now. It has to do with consciousness and it has to do with different stages, like making contact and accessing and working with the child, etc. I want to put this whole thing in the framework of: why bother to do it all? (A basic question.) What's it all about? How does it relate to disease? How does it relate to health? How does it relate to helping people? So, I have to diverge for a little while and talk about some other things, including the notion of disease.

I want to frame this by saying that these are some of the essential concepts of the twentieth century. The concepts I present now have to do with the nature of the universe as it is understood by some of the best minds of our times, the most advanced physicists and biologists and theoreticians of science. These people are coming to a view of the universe which is very different from the old view we have had for two thousand years or so. Not the one the Chinese had or the Persians had. The one we had. It got us in trouble. We couldn't think certain things.

The new way of thinking has to do basically with what is the nature of life, what is a living system. It turns out that when you understand living systems, the universe seems to be one of them. And the planet. And each of the various ecosystems seems to be one. Whether you call it having mind or self or autonomy, if you can define a living system that makes sense, you find out that the universe, the planet earth, the ecosystems and even families, corporations, nations, organizations of all kinds, seem to have the qualities that define them as living.

Later in this talk, I want to discuss some of these qualities of life and I want to tie them in to the notion of disease.

The shift in our understanding of the universe is away from materialism, away from those models which attempt to reduce reality to the mechanical interaction of solid substances called atoms and towards a model of reality based on organization, growth, evolution, and information; less and less use of the idea of separate, independent solids and more and more focus on interpenetration and interdependence. It is now

about fields and waves and quanta and the like, as the atom loses its preeminance in a web of sub-atomics.

The shift is towards understanding organization, which is basically, understanding information, how systems use information. Psychotherapy, at those points where it is following the general, philosophic and scientific shift, is also involving itself more and more in understanding the organization of experience and away from isolated individuals, with isolatable disease entities, like brain damage, genetic flaws, or single, causal, traumatic events. And, we are saying, these information processes are just as real as any atom ever was. In the old model, the only thing that was real was atoms, and their movements. In the new model, information is just as real. That's the big difference.

This new view suggests that therapy is learning. It's not just fixing something. You're not just putting the molecules back where they belong. You are teaching something. And disease can be a failure to learn, or a failure to know. It's now a matter of what the system knows or what the system learns or fails to learn. My favorite definition of learning comes from Fritz Perls. "Learning is the discovery of the possible."

I was watching a TV program on wild chimpanzies. The older chimpanzies are just doing things and the little ones are staring at them. An older one will be fishing for termites with a stick and a little one will be watching, intently, studying, studying the process. It is learning... "oh, that's possible and this is possible." And anything you ever did that had any life to it in terms of learning was discovering the possible. "Oh, it's possible to make contact." "It's possible to track." The big moments in teaching Hakomi are those moments when a student goes, "Oh! Man! Wow!" Something was right there all the time and they just found it. It's discovery. It's got that quality of discovery. That particular, beautiful quality.

This kind of information is pragmatic, it does things. It's not just lists and data. It has what we call meaning. It helps make sense of data, of the world. For the little chimp, it makes sense out of an old chimp sticking a twig into a mound of dirt. Information is more or less pragmatic, useful. Let me give you some bad news. There are no absolutes. That's the bad news. We cannot take refuge from life. In death, maybe. But, "in that sleep, what dreams may come?" Who knows! But, in life, there is always the constant balancing act. The most powerful information always lies somewhere between confirming what you already know and being totally novel and new. If the information you were getting did nothing but confirm what you already knew, it would be pretty boring. It's like having forty-seven clocks and they all say, six o'clock. Or, it's like living in Arizona and looking out the window at the weather. "I wonder if it's sunny, today!" It's always sunny in Arizona. Boring. Portland has the same kind of boredom in another direction. "Is it raining out?" Why ask?

So, information can be confirming and boring. Or, it

can be chaotic. Exciting, yes, and meaningless. It can be brand new every day. It can be raining one minute and sunny the next and no pattern to it. Think of Chicago. Or, you've six dozen clocks around the house and they all say a different time. That's not effective information either. That's not discovery, it's chaos. It might be something like an LSD party, but it's not discovery. Those are extremes. Those are absolutes. The powerful truth and learning lie inbetween. It lies not only inbetween those, but it lies above those in the very act which converts chaos to certainty, the unknown into the known, confusion into sense. Chaos into pattern. Madness into meaning. Life lives somewhere in the middle. It lives between coma and convulsion. Between steam and ice. It is never at one place or the other. There's death at those ends. We live in the middle. We live in this place where we are constantly converting chaos to confirmation. We're constantly converting something new into something known, something we don't understand into something we do. It's discovery. We live at this point of discovery.

There are therapies which completely emphasize experience. I remember when I first got to Esalen, it was the credo, "Don't talk about it. Do it! They were into experience. They were experimenting with strong herbs. They were Rolfing - five, six, seven Rolfers on one client. They were trying to get out of this terrible set they had of living in their heads. They didn't want any intellect or intellectuals. They were into, "let's go have some experiences!" Well, they had experiences. Some guys had a few personal breakthroughs. Some other guys drove off the road and crashed. Some were killed. Some went bonkers. Some just went home or back to their old jobs and a whole bunch went back to school and got married. Their experiences changed them. It gave new meanings to their lives. That's why they were so willing to take the risks that sometimes cost so dearly.

It's like the pioneers had set out. "Let's go find the land beyond the maps." And they did. But, there's no point in going to the land beyond the maps unless you bring back a map. You have to use the intellect. There has to be this other thing which converts the unmapped into some kind of certainty. You can't just stay with experience. You have to apply the intellect to it. At some point. Yes, we get information by staying with experience. That's surely a lot of what mindfulness and Hakomi are all about. But, we also have to make sense and maps of our experience. That doesn't mean you want to convert everything at once into intellect, so that your whole life is just knowing. Then you're just sitting there looking at those forty-seven clocks that say, SIX. That's boring. That's all confirmation. You want to live at that point where you're constantly converting. Where you're constantly discovering. And learning. You're out there at the edge where you don't quite have a map. There's a map behind you and no map ahead of you and you're going along mapping the territory. That's where you want to be.

So, learning is the discovery of the possible. And when you talk about "mental illness", it's a

failure in some way to discover something possible. It's a failure to learn. It's a stuckness in the impossible. The stuck person says, "I can't reach out to somebody." Or, "I can't feel like a good person." If we look at functions, stuckness is a failure to learn one of a balanced pair of functions. A person with a schizoid pattern can be absolutely wonderful at withdrawing. They can withdraw the energy from their hands. They can withdraw their minds from the situation right in front of them. I had a guy in class when I taught rat lab who could play music in his head and watch internal scenes of his own creation, all with his eyes right on me. He didn't even see me. He didn't hear me. He could be gone, somewhere else. He had a total capacity to withdraw. A marvelously developed function. But, he couldn't get back easily. He couldn't get here. As you might expect, he wasn't very good at being present or relating to people. He wasn't very good at making contact. He had one function, withdrawal, but he was totally out of balance. He didn't have the other function, contact. It was almost impossible for him to just be here.

So, we go and take the impossible, and with the process of therapy, we start to make it possible. We make it possible for the schizoid to make contact. We make it possible for the masochist to take action. We make it possible for the oral types to absorb nourishment and to feel strong. We make it possible. Our clients are learning.

The core of this situation, the focus of and reason for the whole process, is to help clients become conscious of how they organize themselves and how they feel some things are impossible. And we help the client try on some new possibilities and we support and nourish that effort.

I'd like now to talk about a model of disease for a moment. What I like about this particular model is that it is a general model and it's based on the new understanding of living systems. One or more of three basic things are said to happen in a disease process. One, imbalances occur. (In accupuncture, for example, it's yin and yang, the primary manifestations of basic life energy, that go out of balance.) Two, something toxic invades the system and isn't being expelled fast enough (This is germ theory and the accumulation of wastes theory.) Third, the system is deficient in some basic necessity, life force, or vital energy, vitamins or chi (in oriental systems).

So, some therapies are based on whether the system or some part of the system has a lot of chi or not enough chi, a lot of vital force or no vital force. There is something very real about vital force, but it isn't simply "energy". When we come to discussing living systems a little later on, we'll see why the vital force has looked like energy, but isn't. Other therapies see diseases as cases of the invasion of toxins or the failure to rid the system of toxic material. Something toxic is in the system, disrupting it, throwing it out of balance and/or weakening it. Those three things: the system is weak, or it's being disrupted by toxins or it is out of balance, are the basics of almost all medicines. It is important to

notice that none of them is primary. Each can contribute or cause the others. A toxin can throw the system out of balance. A weakness can allow for the invasion of toxins. An imbalance can cause weakness. They all can cause each other. So, the Great Medicine will be a combination of all medicines.

Let's apply this to psychotherapy. Toxins, for example. In Hakomi, the toxins are things like painful memories that have not been processed. They're kind of lumped there in the way. And at the physical level, they are represented by tensions in the body. Or they are negative beliefs about the self, negative self-images that truncate functioning, that keep the client from doing things and living a whole and balanced life. They are wasteful and destructive processes that we get drawn into. These things are like toxins in the system. I've already described the schizoid's difficulties with contact. The other side of that: the hysteric's difficulty in letting go.

Finally, there is weakness of the vital force. In Hakomi, we almost always attempt to nourish the system, like giving water to a thirsty child. We offer support and kindness and all manner of psychological nourishment. In this giving of nourishment we help build the strength and courage of the client. It must be done very mindfully to avoid encouraging weakening dependencies. I've seen many times in therapy, working with someone in an oral process, who in the beginning of the process is sad, depressed, defeated, and I'll be nourishing them, helping them learn to take in what's around that's good for them. So, you work on that and once they start to take in nourishment, they start feeling better. It feels good. A little while later, their energy level is higher. They have more vital force, more strength. Then, they suddenly start to feel their anger or they start to feel the courage to do something. We nourish first of all to build strength and courage, but it's also to teach, about taking in and what's available and functioning.

When the system's weak, we nourish it. When it's toxic, we want to go and get that toxic material. Sometimes it's core material and we have to bring it into consciousness and process it. And we want to bring the important functions into balance. When the person isn't able to do certain kinds of things well, we try to help them learn that. These aren't problems we're solving. This is more basic. It's in the area called, character.

Now, I want to talk about what a living system is and so, tie it all together. Some good news: there is a scientific theory of living systems, what it is to be alive. There's a mathematics of that, a chemistry of that. And that's wonderful. Illya Prigogine got the nobel prize for his work on this, which had to do with what he termed, dissipative structures. Dissipative structures participate in and help define all living systems. These structures have the property of maintaining themselves. They get into a particular shape or a particular chemical process and part of their functioning is devoted to maintaining themselves. Life is that which creates and maintains itself. It is the "web that has no weaver". Life is that which

goes on living, which maintains a basic identity, which resists being changed from this identity. Self-creating, autonomous, life knows itself.

So, what do dissipative structures dissipate? Not energy! In fact, all dissipative structures and all life must take in energy from the outside. They import energy. What's dissipated is entropy. They import energy and export entropy. Like the eco-systems of earth take in sunlight. That's the energy source. What they dissipate are confusion, noise, disorder. Now that's a little difficult to grasp. So, here's an example. There's a little earthquake and all the books at the local library fall on the floor and get terribly mixed up. That's importing entropy. That's taking in chaos. Now, the books aren't going to get up and find their way back to the shelves. To dissipate that mess, we have to import some energy, like a bunch of healthy, functioning people who have just had a light lunch and are raring to do some good for the community. That's energy. And they come in and put all that mess in order, so that the chaos is now gone. They have exported it. They have dissipated the entropy brought on by that mean old earthquake. To create order is to dissipate entropy.

All living systems take in energy and dissipate entropy. That's why the vital force looks like it is something from the outside. That's why it looks like energy. But, it's not just energy that makes us vital. It's also the ability to dissipate noise, chaos, confusion and the endless wear and tear. Maintaining, keeping it together, dissipating entropy, converting novelty to certainty, living at the point of discovery - these, too, are essential to life, the living process and what's called, the vital force. It means having an identity, being conscious of a self, an orderly pattern that's known and preserved, like the library books. It's about having a self, a consciousness, a mind. It means having an organization that's clear enough and clean enough to dissipate noise (and chaos and wear and tear and garbage and toxins and waste) faster than it's being created.

If you can use energy to create and maintain order, then you have the makings of a living system. If you can take the changes, the randomness "eats order" (as Gregory Bateson put it), the unavoidable wear and tear that Hans Selye calls "stress", the ever constant novelty that is our daily fare, and if you can process that through discovery and understanding into confirmation (order eating randomness), then you're a living system. Because, all life does that! And must do that! Each separate ecosystem on our fair planet earth does it. The planet as a whole does it. And, there's reason to believe the whole leaping universe is doing it. Right, now.

When we try to pick out anything by itself, we find it hitched to everything else in the universe.

John Muir

Working with the Capacity for Connection in Healing Developmental Trauma

Laurence Heller, PhD and Aline LaPierre, PsyD

Editor's Note: Colleagues Heller and LaPierre offer a masterful integration of the best in here-and-now character work, trauma, attachment issues, and more. They incorporate mindfulness, non-violence and other ways of working that are immediately compatible with Hakomi principles and approaches.

Laurence Heller, PhD, is the originator of the NeuroAffective Relational Model™ (NARM), an integrated system for working with developmental, attachment, and shock trauma. He is a senior faculty member for the Somatic Experiencing® Training Institute. He currently teaches NARM and Somatic Experiencing throughout Europe and the United States. For further information visit www.DrLaurenceHeller.com.

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Abstract

This article is adapted from the upcoming book, *Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship*, in which Heller and LaPierre introduce NARM as an integrated system for working with developmental, attachment, and shock trauma. In NARM, bottom-up approaches are used to regulate the nervous system and top-down approaches are used to resolve distortions of identity, such as low self-esteem, shame, and chronic self-judgment, that are the outcome of developmental and relational trauma. While not ignoring a person's past, NARM works in the present moment using somatic mindfulness to support an increasing capacity for connection, regulation, and expansion.

Introduction

The spontaneous movement in all of us is toward connection, health, and aliveness. No matter how withdrawn and isolated we have become, or how serious the trauma we have experienced, on the deepest level, just as a plant spontaneously moves toward sunlight, there is in each of us an impulse moving toward connection and healing.

It is the experience of being in connection that fulfills the longing we have to feel fully alive. Impaired capacities for connection to self and others and the ensuing diminished aliveness are the hidden dimensions that underlie most psychological and many physiological problems. Unfortunately, we are often unaware of the internal

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roadblocks that keep us from the experience of the connection and aliveness we yearn for. When individuals have had to cope with early threat and the resulting high arousal of unresolved anger and incomplete fight-flight responses, adaptive survival mechanisms develop that reflect the dysregulation of the nervous system and of all the systems of the body. These adaptive survival mechanisms disrupt the capacity for connection and social engagement and are the threads that link the many physical, emotional, behavioral, and cognitive symptoms that are the markers of developmental posttraumatic stress.

Developmental trauma may well be one of the most important public health issues in the world today. It is roughly estimated that in the United States alone, it affects nearly three million children yearly. Because the current diagnosis of posttraumatic stress disorder (PTSD) does not factor in developmental issues, and because developmental trauma is not a recognized diagnosis, children are often misdiagnosed with ADHD and bipolar disorder. Large populations of children who could benefit from treatment are missed, mislabeled, or treated incorrectly based on an inaccurate diagnosis. A recognized diagnosis of developmental PTSD would open avenues of funding for the research and development of appropriate treatment for this critical area of human suffering.

The seemingly diverse questions in Table 1 highlight some of the many factors and symptoms that an individual with early trauma may experience.

A Brief Historical Context

A cornerstone of somatic psychotherapy has been that our aliveness, vitality, and authenticity are accessed through connection to the body. As we know, Western somatic psychotherapy began with Wilhelm Reich who was the

Do you prefer to recharge your batteries by being alone rather than with other people?	Yes	No
Did you need glasses at an early age?	Yes	No
Do you suffer rom environmental sensitivities or multiple allergies?	Yes	No
Do you have migraines, chronic fatigue syndrome, irritable bowel syndrome, or fibromyalgia?	Yes	No
Did you experience prenatal trauma such as intrauterine surgeries, prematurity with incubation, or taumatic events during gestation?	Yes	No
Were there complications at your birth?	Yes	No
Have you had problems maintaining relationships?	Yes	No
Were you adopted?	Yes	No
Do you have difficulty knowing what you are feeling?	Yes	No
Would others describe you as more intellectual than emotional?	Yes	No
Do you have disdain for people who are emotional?	Yes	No
Are you particularly sensitive to cold?	Yes	No
Do you often have the feeling that life is overwhelming and you don't have the energy to deal with it?	Yes	No
Do you prefer working in situations that require theoretical or mechanical skills rather than people skills?	Yes	No
Are you troubled by the persistent feeling that you don't belong?	Yes	No
Are you always looking for the why of things?	Yes	No
Are you uncomfortable in groups or social situations?	Yes	No
Does the world seem like a dangerous place to you?	Yes	No

Table 1: Recognizing factors and symptoms of early trauma

first to understand that our biologically based emotions are inextricably linked to our psychological processes. Reich, whose roots were in psychoanalysis, is best known for his insights on what he called character structures, which he believed were kept in place by defensive armoring. For Reich, the term *armoring* referred to the muscular rigidity that was the protective response to living in environments that were emotionally repressive and hostile to aliveness.

Building on Reich's understanding of the functional unity of body and mind, Alexander Lowen developed Bioenergetics, a somatic approach that identified five basic developmental character structures: schizoid, oral, psychopathic, masochistic, and rigid. Lowen's five character structures clearly tapped into a fundamental understanding of human nature and have influenced many subsequent body-based psychotherapies. Reich and Lowen's character structures were based on the medical model of disease and therefore focused on the pathology of each developmental stage. Consistent with the thinking of their time, they emphasized the importance of working with defenses, repression, and resistance and encouraged regression, abreaction, and catharsis. Reich and Lowen both believed that the therapist's job was to break through a patient's character armor—their psychological and somatic defenses—to release the painful emotions stored or locked in the body.

As new information has emerged on how the brain and nervous system function, the need to update the focus on pathology in both psychodynamic and somatic approaches is becoming increasingly clear. Looking through the lens of what we currently know about trauma and its impact on the nervous system, cathartic interventions can have the unintended effect of causing increased fragmentation and retraumatization. For example, we now know that when we focus on dysfunction, we risk reinforcing that dysfunction; if we focus on deficiency and pain, we are likely to get better at feeling deficiency and pain. Similarly, when we concentrate primarily on an individual's past, we build skills at reflecting on the past, sometimes making personal history seem more important than present experience.

Five Biologically Based Core Needs and Associated Capacities

Reconceptualizing the character structure model to take current knowledge into account, the NeuroAffective Relational Model™(NARM) recognizes five biologically based core needs that are essential to our physical and emotional well-being: the need for connection, attunement, trust, autonomy, and love-sexuality (Table 2). When our biologically based core needs are met early in life, we develop core capacities that allow us to recognize and meet these core needs as adults. Being attuned to these five basic needs and capacities means that we are connected to our deepest resources and vitality.

Five Adaptive Survival Styles

Although it may seem that humans suffer from an endless number of emotional problems and challenges, most of these can be traced to early developmental traumas that compromise the development of one or more of the five core capacities. Using the first two core needs as examples, when children do not get the connection they need, they grow up both seeking and fearing connection. When

Core Need	Core Capacities Essentials to Well-Being
Connection	Capacity to be in touch with our body and our emotions Capacity to be in connection with others
Attunement	Capacity to attune to our needs and emotions Capacity to recognize, reach out for, and take in physical and emotional nourishment
Trust	Capacity for healthy dependence and interdependence
Autonomy	Capacity to set appropriate boundaries Capacity to say no and set limits Capacity to speak our minds without guilt or fear
Love-Sexuality	Capacity to live with an open heart Capacity to integrate a loving relationship with a vital sexuality

Table 2: NARM's five core needs and their associated core capacities

children do not get the necessary early attunement to their needs, they do not learn to recognize what they need, are unable to express their needs, and often feel undeserving of having their needs met. When a biologically based core need is not met, predictable psychological and physiological symptoms result; self-regulation, identity, and self-esteem become compromised. To the degree that the five biologically based core needs are not met in early life, five corresponding adaptive survival styles are set in motion (Table 3). These survival styles are the adaptive strategies children develop to cope with the disconnection, dysregulation, disorganization, and isolation they experience when core needs are not met. Each adaptive survival styles is named for its core need and missing or compromised core capacity: the Connection Survival Style, the Attunement Survival Style, the Trust Survival Style, the Autonomy Survival Style, and the Love-Sexuality Survival Style.

As adults, the more the five adaptive survival styles dominate our lives, the more disconnected we are from our bodies, the more distorted our sense of identity becomes, and the less we are able to regulate ourselves. When, because of developmental trauma, we are identified with a survival style, we stay within the confines of learned and subsequently self-imposed limitations, foreclosing our capacity for connection and aliveness.

To illustrate how in NARM we support the development of missing core capacities and help clients disidentify from the resulting adaptive survival styles, we will now focus on the treatment of adults who struggle with the Connection Survival Style. The theme of broken connection runs through all five survival styles, but it is particularly central to the Connection Survival Style.

Connection: Our First Core Need

In NARM, Connection is the name given to the first stage of human development and the first core need or organizing life principle. When our capacity for connection is in place, we experience a right to be that becomes the foundation upon which our healthy self and our vital relationship to life is built. The degree to which we feel received, loved, and welcomed into the world makes up the cornerstone of our identity. The Connection Survival Style, what Lowen called the schizoid, develops as a way of coping with the systemic high-arousal states that result from the ongoing attachment distress of feeling unloved, unprotected, unsupported, and even hated.

Table 4 lists common sources of early developmental and shock trauma that may cause long-term psychological and somatic difficulties and trigger the formation of the Connection Survival Style.

The Interplay Between Shock and Developmental Trauma

Shock trauma—the impact of an acute, devastating incident that leaves an individual frozen in fear and frozen in time—is clinically recognized and treated under the diagnosis of posttraumatic stress disorder (PTSD). In single-event shock trauma, the completion of the fight–flight response is not possible. When working with individuals who have experienced shock trauma, the goal of therapy is to help them complete the fight–flight response. In cases of developmental trauma—which

Adaptive Survival Style	Core Difficulties
The Connection Survival Style	Disconnected from physical and emotional self Difficulty relating to others
The Attunement Survival Style	Difficulty knowing what we need Feeling our needs do not deserve to be met
The Trust Survival Style	Feeling we cannot depend on anyone but ourselves Feeling we have to control relationships
The Autonomy Survival Style	Feeling burdened and pressured Difficulty saying no directly and setting limits
The Love-Sexuality Survival Style	Difficulty integrating heart and sexuality Self-esteem is based on looks and performance

Table 3: The five adaptive survival styles and their core difficulties

Early Events That May Cause Long-Term Traumatic Reactions From Conception to 6 Months after Birth (partial list)
Attachment and Developmental Trauma
• Being carried in the womb of a mother who does not want you • Being carried in the womb of a traumatized, dissociated, depressed, or anxious mother • Serious consideration of abortion • Mother abusing alcohol or drugs during the pregnancy • Feeling rejected, blamed, or even hated by one or both parents • One or both parents struggling with connection issues themselves • Attachment attempts with a dissociated, chronically depressed, anxious, or angry mother • A psychotic or borderline mother • Being made to feel like a burden • Physical or emotional abuse • Neglect • Adoption
Shock Trauma
• Attempted abortion • Mother's death in childbirth • Premature birth • Long, painful delivery • Extended incubation with insufficient physical contact • Early surgeries • Significant traumatic events for the mother or other members of the family • Death in the family • Traumatic loss and bereavement • Being born into wartime, depression, significant poverty • Intergenerational trauma such as being born to Holocaust survivors • Natural disasters

Table 4: Early possible causes of trauma in the connection stage of development

includes profound caregiver misattunement as well as ongoing abuse and neglect of varying degrees—there is no single traumatizing event. Although the physiological response may be similar to that of shock trauma, there are ongoing distressing relational dynamics to take into consideration.

Throughout the stages of a child's development, there is an interplay between shock and developmental trauma. In early development, shock traumas—for example early surgery, an infant's or mother's illness, death in the family, or global events such as being born into wartime—have a disruptive effect on the attachment process. In these situations, infants are affected not only by the shock itself, but also by how the shock negatively impacts the attachment process. An example of the interplay between shock and developmental trauma can be seen in infants who have experienced prenatal trauma. At birth, the already traumatized infant is in a disorganized and dysregulated state. Studies show that it is more difficult for a mother to bond with a distressed baby. Traumatized infants present their mothers with significant regulation and attachment challenges that do not exist in non-traumatized newborns.

The Impact of Trauma on Early Development

During the first stage of life, the fetus and the infant are in every way dependent on their caregivers and on their environment. As a result of this complete vulnerability, an infant's reaction to early developmental or shock trauma is one of overwhelmingly high arousal and terror. The vulnerable infant, who can neither fight nor flee, cannot discharge the high arousal caused by the uncontrollable threat and responds with physiological constriction, contraction, core withdrawal, and immobility/freeze.

One of the strategies used by animals in response to threat is to run for safety. Animals run to their burrows, flee to their caves, or to any other safe place. When infants or small children experience early shock or attachment trauma, the threat is inescapable. They cannot run and they

cannot fight. Whether the threat is intrauterine or takes place at birth or later in life, there is no possible safety other than that provided by the caregivers. When their caregivers, for whatever reason, are unable to provide safety or are themselves a source of threat, infants experience the only home they have as unsafe; this sets up a pattern for a lifelong sense that the world as unsafe. The earlier the trauma, the more global its impact on the physiology and psychology of the individual and on his or her sense of identity and worldview.

Current studies in developmental traumatology show that the cumulative effects of chronic early neglect and abuse adversely influence brain development and negatively impact the nervous system, endocrine system, and memory. The pain of early trauma is overwhelming and disorganizing; it creates high levels of systemic arousal and stress which, when ongoing and undischarged, are managed in the body through visceral dysregulation, muscular contraction, and the dissociative processes of numbing, splitting, and fragmentation. Anyone who has pricked an amoeba and seen it contract and close in on itself has witnessed this process of contraction and withdrawal. This combination of high arousal, contraction, and withdrawal/freeze creates systemic dysregulation that affects all of the body's biological systems, leaving the child and later the adult with a narrowed range of resiliency and an increased vulnerability to later traumas. The underlying biological dysregulation of early trauma is the shaky foundation upon which the psychological self is built.

When infants experience their environment as threatening and dangerous, their reaction is either to cling to others or to withdraw into themselves. As with all living organisms, constriction, contraction, withdrawal, and freeze are the primitive defenses infants utilize to manage the high arousal of terrifying early trauma. When threat is chronic, when danger never goes away and there is no possible resolution—as is the case in abusive families—the entire organism remains in ongoing anxious and defensive responses and the nervous system becomes locked in a state of high sympathetic arousal and hypervigilance. In cases of early or severe trauma, when infants cannot run from threat or fight back, arousal levels can be so dangerously high that they threaten to overload the nervous system, and often do so. Locked in perpetual, painful high arousal, the only alternative—the fallback position—is to go into a freeze state which infants and small children accomplish by numbing themselves. Until the trauma response is completed and the high levels of arousal are discharged from the nervous system, the environment continues to feel unsafe, even when the actual threat is gone. Being locked in unresolved trauma responses can become a lifelong state, as we see in individuals with the Connection Survival Style.

Early Trauma Is Held in Implicit Memory

Since the hippocampus is responsible for discrete memory, when trauma occurs early in the development of the neocortex and before the hippocampus comes online, many individuals show symptoms of developmental posttraumatic stress, yet have no conscious memories of traumatic events. Early trauma is held implicitly in the body and brain, resulting in a systemic dysregulation that is confusing for individuals who often exhibit symptoms of traumas they cannot remember. This is also confusing for the clinicians who want to help them.

Neuroscience confirms that early trauma is particularly damaging. Not only does it impact the body, nervous system, and developing psyche, but its effects are cumulative. Trauma experienced in an early phase of development makes a child more vulnerable to trauma in later phases of development. For example, prenatal trauma can make birth more difficult, and a traumatic birth can affect the subsequent process of attachment. The tragedy of early trauma is that when babies resort to freeze and dissociation before the brain and nervous system have fully developed, their range of resiliency drastically narrows. In addition to the normal challenges of childhood, meeting later developmental tasks becomes that much more difficult. Being stuck in freeze-dissociation, these individuals have less access to healthy aggression, including the fight–flight response, and their capacity for social engagement is strongly impaired, leaving them much more vulnerable and less able to cope with later trauma and the challenges of life.

The Adult Experience

Adults who have experienced early trauma are engaged in a lifelong struggle to manage their high levels of arousal. They struggle with dissociative responses that disconnect them from their body, with the vulnerability of ruptured boundaries, and with the dysregulation that accompanies such struggles. Individuals with less obvious symptoms may not consciously realize that they experience a diminished capacity for joy, expansion, and intimate relationship; if they are aware of their difficulties, they usually do not understand their source.

Individuals with the Connection Survival Style are often relieved to learn that their difficult symptoms have a common thread, what we call an organizing principle.

Their struggle with high levels of anxiety, psychological and physiological problems, chronic low self-esteem, shame, and dissociation all constellate around the organizing principle of connection—both the desire for connection and the fear of connection.

When there is early trauma, varying degrees of predictable symptoms are commonly present. It is important to keep in mind that these symptoms usually occur simultaneously, loop back on each other, and continuously reinforce one another.

Self-Image and Self-Esteem. Individuals traumatized in the Connection stage experience themselves as outsiders, disconnected from themselves and other human beings. Not able to see that the traumatic experiences that shaped their identity are due to environmental failures that were beyond their control, individuals with the Connection Survival style view themselves as the source of the pain they feel.

The Need to Isolate. Because of the breach in their energetic boundaries, individuals with the Connection Survival Style use interpersonal distance to feel safe. They develop life strategies to minimize contact with other human beings.

Nameless Dread. The internal experience of adults traumatized in the Connection stage is one of constant underlying dread and terror characterized in NARM as nameless dread. Their nervous system has remained in a continual sympathetically dominant global high arousal and it is this arousal that drives and reinforces their profound and persistent feeling of threat.

A Designated Issue. A named and identified threat is better than nameless dread. Not realizing that the danger that they once experienced in their environment is now being carried forward as high arousal in their nervous system, the tendency is to project onto the current environment what has become an ongoing internal state. Once the dread has been named, it becomes what we call the designated issue. The designated issue can be fear of death, a phobia, real or perceived physical deficiencies such as overweight or other perceived "defects," as well as real or perceived psychological or cognitive deficiencies such as dyslexia or not feeling smart enough. Designated issues, whether or not they have a basis in physical reality, come to dominate a person's life, covering the deeper distress and masking the underlying core disconnection.

Shame and Self-Hatred. Infants who experience early trauma of any kind experience the early environmental failure as if there were something wrong with them. Later cognitions such as "there is something basically wrong with me" or "I am bad" are built upon the early somatic sensation "I feel bad."

Overwhelm. People with significantly compromised energetic boundaries describe themselves as feeling raw, sometimes without a skin. Compromised energetic boundaries lead to the feeling of being flooded by environmental stimuli and particularly by human contact.

Environmental Sensitivities. Intact energetic boundaries function to filter environmental stimuli. Inadequate or compromised boundaries, on the other hand, allow for an extreme sensitivity to external stimuli: human contact, sounds, light, touch, toxins, allergens, smells, and even electromagnetic activity.

A Sense of Meaninglessness. A common refrain from individuals with the Connection Survival Style is "life has no meaning" or "what's the point?" Searching for meaning, for the why of existence, is one of the primary coping mechanisms used for managing their sense of disconnection and despair.

Dissociation: Bearing the Unbearable

When trauma is early or severe, some individuals completely disconnect by numbing all sensation and emotion. Disconnection from the bodily self, emotions, and other people is traditionally called dissociation. By dissociating, that is, by keeping threat from overwhelming consciousness, a traumatized individual can continue to function. When individuals are dissociated, they have little or no awareness that they are dissociated. They only become aware of their dissociation as they come out of it.

Compassionate understanding for the pain and fear that drives the dissociative process is critical to healing the connection dynamic. Just as a coyote chews off its leg caught in a trap in order to escape, in attempting to manage early trauma, the organism fragments, sacrificing unity to save itself. Disconnection sets up a pernicious cycle: To manage early trauma, children disconnect from their bodies, emotions, and aggression, foreclosing their vitality and aliveness. In addition, they also disconnect from other people. This disconnection, though life saving, produces more distress because they feel exiled from self and others. Seeing other people live in what one client called "the circle of love," and the distress of feeling "on the outside looking in," heighten both shame and alienation.

Growth Strategies for the Connection Survival Style

The dance between connection and disconnection is a

core, organizing theme for all five adaptive survival styles. However, for individuals with the Connection Survival Style who have experienced early shock and developmental trauma, the resulting dissociation, autonomic dysregulation, and identity distortions are the most severe. It is easy to become confused by the complex and painful symptomatology that these clients present, and to lose sight of what drives their painful symptoms.

Establishing connection is the developmental challenge for individuals with this survival style. Bringing clients' awareness to their relationship to the organizing principle of connection is essential. Instead of focusing on the symptoms of disconnection and disorganization, the organizing principle in NARM is to find and work with areas of organization in order to support increasing connection. It is necessary to help clients slowly shift their attention from what is not working in their lives and encourage them to focus on any area of experience—external or internal—where there is better functioning.

In NARM, we work simultaneously with the physiology and the psychology of individuals who have experienced developmental trauma using four primary organizing principles:

1. Supporting connection and organization
2. Exploring identity
3. Working in present time
4. Regulating the nervous system

In this article, we focus on how to work with the first organizing principle: supporting connection and organization.

Supporting Connection and Organization

Connection to self and others is the compromised core capacity that must be addressed in individuals with the Connection Survival Style. There are two parallel and complementary organizing aspects to the process of connection: (a) connection with self, the body, and emotions, and (b) learning to experience connection with others as an enriching reciprocal experience rather than as a source of threat. Regardless of the symptoms and surface issues, holding in mind the overarching principle of connection makes the therapeutic process richer and more efficient for those who struggle with the pain of disconnection.

For individuals with the Connection Survival Style, whose deepest longing for connection is also their deepest fear, the key is to work with the conflict regarding connection as it is expressed in their symptoms, in their current lives, and in the relationship with the therapist. Exploring both the conscious and unconscious ambivalence in the desire for connection is a core orientation informing the therapy. To effectively support the client's movement toward connection, NARM therapy uses a mindful, process-oriented approach that includes the following aspects:

- Tracking connection and disconnection
- Tracking organization and disorganization
- Developing positive resources
- Encouraging somatic mindfulness
- Understanding the challenges of reconnection
- Tending to the therapeutic relationship

Tracking Connection and Disconnection

From the beginning, we pay attention to the client's process on three levels of experience: cognitive, emotional, and physical. To support clients' mindful awareness of connection/disconnection while articulating their experience, we might ask:

"As you are talking about this issue in your life, what are you experiencing right now?"

The word *experiencing* is used purposefully to keep the question as open as possible. Clients are invited to pay attention to their experience at whatever level they can access it. Approaching emotions and sensations slowly is a particularly important aspect of working with the Connection Survival Style. Questions that reference the body and even the emotions too quickly can be overly distressing for people with this survival style. NARM therapists mindfully track and reflect a client's tendency to disconnect and isolate. Challenging habitual patterns of disconnection and finding the correct pace to support reconnection is like lifting weights: too much too quickly can cause injury, whereas with too little, no growth takes place. As therapy progresses and we learn more about our client's capacity to be in touch with their body and emotions, we attune our interventions and pacing accordingly. Finding the optimal way to track and at times gently challenge a client's survival patterns supports the growth process.

Evoking Positive Experiences of Connection

The capacity for connection is the fundamental resource; it is important to attune to, and build from, existing capacities for healthy connection, whatever those might be for a given individual. Some people have been so injured that they have no conscious awareness of any internal

movement toward connection. In fact, their conscious awareness is the opposite: their impulse is to move away from connection. Whatever our clients' painful personal history, we always help them remain aware of any internal or external resources that have supported connection in their lives. We may ask what or who in the here and now or in their past has been or is a positive source of connection:

"I'm getting a sense from what you tell me, how hard this has been for you. So before you continue with the story, I'm curious as to whether or not there has been somebody who has been helpful to you in dealing with these challenges."

This simple question is usually the first step in orienting a client toward positive resources. Shifting clients' attention to positive experiences of connection, as opposed to pushing for the re-experiencing of distressing states of disconnection, supports self-soothing and brings more organization to the nervous system. It is necessary to help clients slowly shift their attention from what is not working in their lives and encourage them to focus on any area of experience—external or internal—where there is or has been, positive connection. Whatever positive connections an individual has experienced provides an important resource to draw upon in supporting the journey back to increased contact and connection.

Experiencing the psychological and nervous system impact of positive memories, images, and associations in the present moment is useful with all clients, but it is particularly helpful with those with the Connection Survival Style who are the most disconnected from their ongoing present experience. As a client is able to find either an external resource—such as an important person—or an internal resource—such as the will to survive—we track how identifying the resource impacts his or her current state. When we see softening or relaxation (both indicators of increasing organization), we communicate this observation and invite the client to notice how the relaxation feels.

Therapist: I notice as you talk about your grandmother who was so helpful to you, you seem to be relaxing. Does that fit with your experience?

Client: Yeah…it does.

Therapist: Can you say anything more about how you're experiencing that?

Client: I'm feeling lighter all over.

In the NARM healing cycle, increasing relaxation and nervous system organization indicate a developing sense of connection with the body; as connection with the body develops, there is increasing nervous system regulation.

Tracking Organization and Disorganization

Organization expresses as coherency at every level of experience: cognitive, emotional, behavioral, and physiological. It is experienced as a sense of safety, ease, curiosity, productivity, and creativity that provides an implicit sense of realistic confidence, which is available even in the face of life's challenges. Organization is reflected in a person's resiliency, capacity for emotional depth and connection, physical health, and in the coherence of the life narrative. Chaotic lives and disjointed, fragmented narratives reflect internal disorganization. Ultimately, organization is reflected in the capacity to live in the present, whereas disorganization occurs when a person experiences life through the biased and limiting lens of unfinished past experience.

Clients with early trauma who are highly symptomatic tend to focus primarily on the things that are going wrong or have gone wrong in their lives. This tendency, although understandable, further disorganizes the nervous system. Focusing on a traumatizing narrative without referencing how the body and nervous system are managing—or failing to manage—the arousal that comes with that narrative can cause more disorganization and even be retraumatizing. When discussing life difficulties or trauma, we track disorganization moment to moment and help clients move their attention away from the trauma narrative when it becomes too activating. For example, the therapist might say:

"As hard as things have been for you, is there some area of your life that feels like it's working or that brings you pleasure or satisfaction?"

Bringing clients' awareness to their experience in the present moment while they are talking about the past, is an important first step in supporting the re-regulation process. Instead of focusing primarily on stories of trauma and difficult symptoms, an important organizing principle is to find and work with areas of pleasure, satisfaction, or better functioning. By finding and working with areas of organization in the client's body, relationships, and life, we support the development of the capacity for regulation. For example, as a client shares difficulties, we might say:

Therapist: I'm going to interrupt you for a moment and invite you to notice what you're experiencing right now as you are talking about your difficulties.

Client: I'm getting tighter and tighter all over, particularly in my stomach.

Therapist: I interrupted you because I could see that you were getting increasingly tense and not paying attention to that tension. Eventually, I want to hear the whole story, but I encourage you to talk about it in such a way that you don't get overwhelmed or disconnected.

Client: I'm relieved that you're slowing me down.

Therapist: (pause…) Tell me more about the sense of relief you're feeling.

Client: I'm not feeling so tight, and my stomach is starting to settle.

Certainly there are times when naming and sharing distress can bring more organization and therapists must be available to hear a client's distressful narrative. However, at the same time, we ask questions that bring clients' awareness to the state of their nervous system, continually supporting possibilities for improved regulation. Because clients are often unable to notice or identify their own increasing arousal before it progresses into disorganization and dysregulation, it is important to bring their awareness to it. Therapists can track increasing or decreasing organization by paying attention to clients' physiological markers: muscular bracing or relaxation, breathing patterns, facial expressions, skin color, and movement. Many clients, as in the dialogue above, express relief at being slowed down. It is key to pace clients by monitoring and supporting their capacity for regulation and by paying attention to whether or not what is unfolding overall is bringing increasing organization or more disorganization.

Developing Positive Resources

Therapeutically, positive resources tap into those elements of a person's life, psyche, and nervous system that are functional, organized, and coherent. Pain, emptiness, anxiety, and myriad fears are symptoms of the real problems: the lack of internal organization and the missing capacity for connection. Shifting a client's attention to positive resources as opposed to having their consciousness trapped in distress states teaches self-soothing and relaxation, thus bringing more organization to the nervous system.

A hierarchy of resources supports connection and organization. Human resources are the most helpful; any person, such as a loving grandparent, an involved teacher, or a mentor, may have been a positive resource or can be called upon in fantasy in the therapeutic process to support re-regulation and reconnection. The more chronic the early trauma, the harder it can be to find human resources. Since humans were often experienced as sources of threat, it is not unusual for clients with the Connection Survival Style to feel safer connecting to animals, nature, or God, any of which can function as a positive resource.

Most of us have access to more resources than we realize. It is important for clinicians to remember that if clients are functioning in the world, they are drawing on resources internal and external. Even in the most chaotic of lives, there are healthy capacities and resources from which to draw. We have all heard about individuals who came from dysfunctional or abusive families who went on to have successful, meaningful lives as adults. When we read their stories, we often see that they remember one or more significant persons in their lives—a grandmother, teacher, aunt—who taught them that, despite their traumatic home life, there was still love and kindness in the world.

The Therapeutic Impact of Positive Resources

When we view ourselves and our world through the lens of developmental trauma, our perspective is blurred by split-off anger, pain, disorientation, and shock. A therapeutic orientation focused on internal and external resources is an antidote that shifts clients' attention to a broader, less distorted picture of themselves and their lives. It brings to the forefront of their awareness the capacities they do have and reminds them that there is love and support in the world.

One of the first questions we ask clients who talk about a traumatic childhood is who or what helped them get through those difficulties. This question is helpful on several levels:

Cognitively, recognizing positive internal resources helps clients not blame themselves for, and feel shame about, their difficulties. When therapists identify and mirror positive capacities in their clients, they help them shift their thinking away from trauma-based cognitive distortions and negative self-judgments to become more self-accepting.

On the emotional level, it may never have occurred to clients that there has been, and often still is, support for them. They often do not realize the degree to which they have shown tenacity and courage in managing what have been lifelong difficulties. It is helpful to recognize and appreciate both the external support they might not have realized was there as well as the internal strengths they have not acknowledged in themselves.

On the level of the nervous system, getting in touch with internal and external resources reinforces and enhances the capacity for regulation. Recognizing and acknowledging resources has a further calming and regulating effect on the nervous system.

Resources in the here and now interrupt the brain's predictive processes and support the important dynamic of disidentification from shame and guilt-based beliefs. Body-based resources are more powerful than cognitive awareness in disrupting the brain's predictive processes, helping clients not to identify with the content of their fears and judgments.

Working with Positive Resources

Focusing on positive resources and the associated experience of safety establishes and reinforces oases of organization in the nervous system. It cannot be repeated often enough that focusing primarily on dysfunction reinforces dysfunction and that, step by step, it is necessary to help clients shift their attention away from focusing exclusively on what is not working in their lives and encourage them to pay attention to areas of experience where they do feel connected and organized.

It is often easier to find and utilize positive resources when working with shock trauma in contrast with working with developmental trauma. When clients begin a narrative about a shock trauma event, such as a rape or a car accident, and become visibly anxious or disconnected, we interrupt the escalating arousal and explain that, although we eventually want to hear the whole story, we will first consider a different question:

"Tell me the first moment when you felt safe after the event."

If clients can access an experience of safety, they exhale and relax. With developmental trauma, however, when the experience of lack of safety has been chronic, the process is more complex. It is necessary to look for any life experience in which such clients felt at least a sense of relative safety. Initially, we convey to clients our awareness of the tremendous charge they are holding inside without pushing for too much contact or feeling. As clients talk about a positive resource, we track to see what impact the awareness of the resources is having: increased expressiveness, softening in the body, deepening of the voice, smiling, positive shift in breathing, increased skin color.

In a natural movement of pendulation, areas of disorganization—including painful affects, negative beliefs, shame-based identifications, and other symptoms—inevitably follow the movement toward increasing organization, affect regulation, and expansion. It is important not to push painful affects away, but at the same time it is equally important not to reinforce identification with them or get submerged in them. The therapist must be ready to help clients manage difficult affects as they surface by teaching them to hold the dual awareness of their emotional pain while at the same time helping them see that these painful affects are often relics of the past. A mindful dual-awareness process supports increasing organization, and the increasing organization in turn supports a greater capacity for mindfulness. Only when clients are stabilized should the therapist redirect their attention to the original painful narrative.

Some clients with particularly difficult histories may have a harder time than others identifying positive resources. If they cannot find any positive human connection, we encourage them to look for areas of positive connection in other parts of their lives. For example, if they mention they have a dog that is the love of their life, we may say:

"I notice that as you are talking about your dog, something seems to change for you. What are you aware of?"

When a resource is identified, we encourage sensory details—colors, smells, sounds, activities. The sensory details of a positive resource have a powerful organizing and regulating impact on the nervous system. We might continue:

"Give yourself some time to notice what it's like for you as you talk about your dog. Tell me some of the things you like to do with your dog."

When remembering or imagining positive resources of any kind, past or present, it is important to direct the client's experience to the present moment:

"As you tell me about playing with your dog, what are you noticing right now?"

In the beginning the therapist works with whatever resources are available, always tending to the process of contact and contact rupture. Eventually, as therapy progresses, clients will develop more capacity to experience other humans as possible sources of support rather than as sources of threat.

Encouraging Somatic Mindfulness

Somatic mindfulness is used as a technique to both regulate the nervous system and to support clients' efforts to free themselves from the restrictions of distorted identifications, which include pathological shame and guilt. Because the trauma is so early, clients who develop the Connection Survival Style are the most deeply disorganized and have the most distorted identifications. As a result, practicing somatic mindfulness is more difficult for them than for other survival styles, but as their

capacity for mindfulness develops, it brings significant and rewarding growth.

Tracking Somatic Connection

Since every cognition and every emotion has a physiological substrate, it is important to track the somatic connection that underlies thoughts and feelings. The development of a grounded and stable connection to the body is the physiological base for nervous system re-regulation as well as a primary source of support for the process of reorganization and disidentification. The dissociation commonly experienced by individuals with the Connection Survival Style reflects their disconnection from their physical and emotional core. The following dialogue illustrates how to help a client develop a deepened awareness of her emerging emotions using mindful somatic tracking:

Therapist: As you're talking about your situation, I notice some tearfulness. What are you aware of on an emotional level right now?

Client: I feel some sadness.

Therapist: Is it okay to allow that sadness to be there?

Client: It's okay but it scares me.

Therapist: Take your time with it. Take a moment to ground yourself again, and we'll explore the feelings that are coming up at a pace that feels manageable.

Client: (takes time to ground...) I've always been afraid that if I let myself feel the sadness, it would never end.

Therapist: Are you feeling the sadness right now?

Client: A little bit.

Therapist: Notice what happens in your body if you just allow that little bit of sadness.

Client: Strangely, when I allow it, I start to relax a bit.

Therapist: When you don't struggle against the emotion, you start to relax. As we've seen before, when you don't fight against them, emotions come and go.

Notice that this is a non-goal-oriented process. It is not focused on getting a person into the feeling. The implicit understanding is that as clients feel safe to allow their emotions, whatever emotions need to be addressed will surface. By commenting on the fact that emotions come and go, we remind our clients to be mindful of, but not identified with their emotions—to be open to emotions and at the same time not take them as ultimate truth.

When Clients Cannot Track in their Body

Individuals with the Connection Survival Style are estranged from their bodies; they find bodily experience threatening and have difficulty sensing their bodies. These clients feel anxious and disorganized when asked to focus on sensations too soon in the therapeutic process. Even though they may seem affectless and shut down, their bodies and nervous systems carry such a high sympathetic charge that until they are able to discharge some of this high arousal, they cannot access their internal states. It is not advisable to push them to feel their bodies or emotions prematurely because it can be disorganizing to do so. In the long term, however, it is essential to help these clients develop access to their emotions and bodily sensations. Individuals with the Connection Survival Style discover, slowly and over time, that grounding in their biological and emotional selves can become a source of pleasure and comfort.

Individuals who are dealing with significant fragmentation tend to focus on discrete and distressing internal experience even when overall, there is organization and increasing coherency taking place. In such cases the NARM therapist references the overall experience rather than focusing on discrete bodily sensations. Addressing a client who is clearly settling and relaxing, we might say:

"I'm wondering what you are experiencing right now…"

Individuals with the Connection Survival Style tend to focus their attention on what feels wrong even when overall, they are actually becoming more regulated. Such a client might say:

"I feel tension in my throat, and my belly feels tight."

This tendency to focus on distress has a disorganizing result and needs gentle redirection.

Therapist: It's fine to notice the tension in your throat, but see if you can bring your attention to your overall experience right now.

Client: Overall, I'm actually feeling better.

As the painful levels of arousal and unresolved emotions that keep clients out of their body diminish, they naturally begin to have access to awareness of their body.

Relationship to Internal States

In NARM, we explore clients' internal states as well as their relationship to their internal states—what clients are feeling and how they relate to what they are feeling. Are the emotions and sensations they are experiencing manageable, or do they have judgments or fears about allowing them to surface? If they are aware of fears or judgments about their internal state, those are explored. We never push clients to feel an emotion; we want to help them notice internal

states as they arise and expose any internal conflict they have about experiencing them. Because Connection clients often present with little affect, some therapies and some therapists may prematurely push them to feel emotions and sensations in the body. It is a failure of attunement to push clients to feel before they are ready. This lack of attunement is experienced as rejection and can reinforce these clients' shame about their difficulty connecting with their internal experience.

The Challenges of Reconnection

Individuals with the Connection Survival Style have retreated into frozen and dissociated states, a certain kind of non-being that has helped them survive. These clients know, at a deep level, that their survival strategy is no longer serving them, but it is frightening for them to live without it. In the beginning of treatment, many of these clients have little capacity to tolerate either positive or negative affects and sensations. Since too much feeling of any kind threatens to overwhelm them, therapists must be able to anticipate the challenges that these clients face as they slowly confront the vulnerability of letting go of their survival strategy.

A Tenuous Homeostasis

Despite their dissociated, depleted, and undercharged appearance, clients with the Connection Survival Style are energetically highly overcharged at the core; their entire nervous systems have been flooded with shock energy. Their dissociation and disconnected lifestyle are attempts to manage this intense activation. Their ability to sense their body can be slow and initially difficult because feeling the body initially brings a greater sense of threat than does the non-feeling state.

Even a gradually titrated process of reconnection presents distinct challenges. As clients increasingly feel their bodily sensations and emotions, every increase in connection brings with it an upsurge of bodily sensations and emotion. As self-awareness increases, so does the awareness of distress states. Clients need to be educated about how this upsurge is part of a natural growth process, otherwise they can become frightened by the welling of feeling and will tend to retreat into the non-feeling state. Since freeze and dissociation are driven by unmanageable levels of high arousal, the therapeutic focus is to find ways to help the client discharge these unbearably high levels of arousal. Some body-centered therapies, and even relaxation exercises that encourage deep breathing or use techniques that increase charge in the body, are often destabilizing for individuals with this survival style. Since they are already in a hyper-aroused state, adding more charge to their system is harmful. Because it is frightening to come out of dissociation and to feel again, the process of returning to feeling and to the body can be safely titrated using the following tools:

Mirroring

In guiding clients to connect to their experience, the NARM therapist is careful not to ask too many questions. Rather than asking questions, it is useful to mirror or reflect. It is important to observe and note visible behaviors, being careful not to interpret. When positive shifts such as relaxation, softening, increased connection, or regulation of any kind is occurring, it is useful to reflect it in a general way. The therapist might say:

"I notice when you're talking about your grandmother you are smiling. What are you feeling right now?"

It is more helpful to be descriptive than prescriptive, to reflect the client's internal conflicts rather than try to resolve them. The therapist might say:

"From what you are saying, there seems to be both anger and fear of your anger that's coming up right now.

Asking Open Questions

At the beginning of the process, questions are as open as possible:

"What do you notice in your experience right now?" while paying attention to whether referencing the body is organizing or disorganizing

Early in the therapeutic process, we reference the body when:

- The reference is to a positive—not a painful—state.
- The client is in touch with a resource or is in the process of discharging shock energy.
- There is sufficient capacity for containment.

Once clients begin to experience their body sensations again, the NARM therapist:

- Pendulates between regulated and dysregulated states, emphasizing regulated states.
- Anchors positive states in the felt sense.

As reconnection occurs, negative affects will, of necessity, emerge. The NARM therapist is careful to support mindful awareness of negative states while encouraging clients not to let themselves get overwhelmed by these painful states.

Mindful Inquiry

Open curiosity informs the NARM process. This means

coming to each moment fresh and supporting clients to be curious about their own situation and difficulties. Curiosity is an openness and a "not knowing" that functions as an antidote to the judgments, fixed ideas, and rigid identifications that clients carry about themselves. There is a seeming paradox between having a clear understanding of the organizing principles specific to this and other survival styles and, at the same time, coming to each moment of the therapeutic encounter with curiosity and without preconceived ideas. Organizing principles only constitute a working hypothesis, which is always subject to change based on what unfolds, moment by moment.

Titration

For individuals with the Connection Survival Style, any shift in arousal can feel like too much. At first we work with the subtlest shifts, helping clients stay at the edge of what they can tolerate without being overwhelmed.

Working with the Fear of Feeling

We teach our clients to recognize the powerful emotions and tremendous charge they hold inside without pushing for too much expression. It is as important to work with a client's fear of feeling as it is to get to the feelings themselves. When an individual is finally able to track his or her experience in the body, it indicates that a major milestone has been reached in the therapy; the client has developed enough organization to feel the sensations in his or her body.

Therapist: It seems you're recognizing there's anger there, and at the same time it's frightening to you.

Client: That's right...it scares me and I don't like it.

Therapist: Do you feel in a place to explore the fear and the judgments you have about anger?

Containment

In NARM, we encourage containment of affects, not catharsis. Over time we help clients develop the capacity for feeling both positive and negative emotions deeply, while encouraging clients not to act their emotions out against others, nor against the self.

The Therapeutic Relationship

Since the therapist is the representative of attachment and social engagement, the role of the therapeutic relationship is particularly important in working with early trauma, attachment wounds, and the themes of abuse and neglect that are present in individuals who have developed the Connection Survival Style. Since they tend to see other human beings as a threat, there are specific difficulties, challenges, and complications that surface in the transference dynamics.

Individuals with the Connection Survival Style tend to be harsh with themselves and are filled with self-hatred. Their self-hatred and self-judgment can be so automatic and reflexive (ego syntonic) that they are not aware of how harsh they are with themselves. It is important to consistently point out when clients are directing their anger and rage against themselves and to encourage them not to be so harsh with themselves. In psychodynamic terms, the therapist's consistent, kind presence allows the client the opportunity, sometimes for the first time, to introject an empathic other. In the long term, experiencing the presence of a caring other has a calming effect. For some, a caring therapist may be the first truly kind person in their lives. A client who has begun this therapeutic process of introjection might report:

"The other day at work, I was struggling and getting really upset with myself. Then I thought about you and how you encourage me to be kinder with myself...I just let go of it [the judgments]. It was really helpful."

Understanding regulation on a somatic level is key to implementing effective clinical interventions that can help clients in the process of moving from what in attachment theory is called a disorganized and avoidant attachment to an earned secure attachment. The importance of understanding attachment styles and the need for affective attunement between therapist and client has been addressed by many researchers and clinicians, but the critical role of somatic attunement—knowing how to clinically address the functional unity between disorganized attachment and a disorganized physiology and how to work with the disorganized physiology—is less well understood. The following describes some of the key issues that arise in the therapeutic relationship with individuals who have developed the Connection Survival Style.

The Dangers of Inauthenticity

These highly sensitive clients are extremely attuned to the therapist in both positive and negative ways. They are particularly attuned to inauthenticity. The NARM approach to working with this survival style offers mindful, nonjudgmental ways of being that can help therapists avoid approaching these clients in a mechanical manner. The quality of therapists' presence and their ability to authentically "be" with these clients is of greater importance than any technique. If the therapist's approach is "techniquey," these clients will experience it as a misattunement. Since individuals with the Connection

Survival Style tend to believe that no one will understand them, they do not respond well when the therapist "does to" them rather than "is with" them. The therapist's attuned contact offers a corrective experience of connection that allows clients to feel heard, understood, and appreciated, giving them the opportunity to feel received and valued.

Pacing

It is critical to let these clients decide how much of themselves they are ready to reveal and at what pace. It is also important for them to know that they are in charge of how fast or slowly the therapeutic process will unfold. Individuals with the Connection Survival Style already see their lives as problems to be solved, so that if a therapist holds a primarily problem-solving focus, these clients' vulnerable inner world can be missed.

Many clients have been pathologized as "resistant" when they are simply trying to keep their internal experience manageable. We explain to clients the importance of proceeding slowly and at their own pace. The pacing and rhythm of the therapist are as important as the quality of his or her presence; a therapist can be generally empathic yet not be sensitive to clients' need to move at their own pace.

Contact and Rupture

Being mindful of the moment-to-moment process of contact and contact rupture is extremely important in working with individuals with the Connection Survival Style. Sharing distress in a compassionate relationship is in itself a new form of connection. While the therapist's warmth and acceptance are absolutely necessary, these qualities can, at the same time, evoke high arousal along with fear and suspicion. This high arousal can quickly lead to a freeze response, leaving the therapist confused as to what happened. Moment by moment in the therapeutic process, NARM therapists work with the experience of contact and contact interruption. As the therapeutic alliance develops, the NARM therapist tracks and reflects when the client comes in and out of connection without pushing for more connection than the client is able to manage. For example, a NARM therapist might say:

"I notice that as you're talking right now, you seem distracted and are going away. What are you noticing right now?"

The mindful inquiry into the process of contact and contact rupture is gently repeated many times over the course of the sessions. With these clients, it is important not only to point out when they go away, but also to reflect moments when they are present. It is important to reflect any increase in their capacity for connection as it becomes evident in a session or in the client's life. A therapist might say:

"I notice that today, even though we're dealing with some difficult material, you seem to be staying more connected. Does that fit with your experience?"

If it fits with the client's experience, the therapist might then offer the following invitation:

"See what is it like if you take a moment to notice how it feels to be more present here today."

Clients with the Connection Survival Style will, at some point, be disappointed because their therapist will not always live up to their expectations. It is important to communicate to these clients that they have a right to their needs even if their needs cannot be met. With these clients in particular, the process of rupture and repair in the therapeutic relationship is ongoing. Underneath the surface disconnection are needy, angry, and demanding parts, which, of necessity, must emerge and be explored. Therapists should not work with these clients unless they are willing to address the disappointments, suspicions, anger, and resentments that will inevitably surface.

The Challenge of the Transference

Psychodynamic psychotherapies often advocate the use of the transference relationship to facilitate the repair of attachment wounds. They encourage their clients to re-experience their original caregiver relational dynamics within the transference relationship between therapist and client. However, because the process of attachment follows a nervous system-based developmental sequence, it is premature to focus on transference dynamics when self-regulation has been strongly impaired or disrupted by early trauma. The underlying deficits in nervous system organization must first be addressed. From a nervous system perspective, the baby's nervous system is first organized in an implicit way, responding to and being regulated by the healthy nervous system of the mother. Clients with trauma in the Connection stage come to therapy struggling with the regressed elements of their personality and with ideas about themselves developed in response to early environmental failures. They need help to learn self-regulation. To regulate the nervous system, it is more effective to work consistently with the organized "adult" aspects of the self in order to integrate the disorganized, regressed "child" aspects. By supporting a dual awareness that is firmly anchored in the organizing here-and-now felt-sense experience, we can explore

adaptive survival styles that began in childhood while avoiding painful regression and abreaction and the trap of making the past more important than the present.

It is our sense that many of the problematic transference reactions analysts and psychotherapists describe may be needlessly difficult, or even terrifying, because the therapist has not taken into account that the foundation of nervous system organization and regulation is not yet in place. Focusing on transference or even on the intersubjective prematurely can quickly plunge a client into disorganization and distress. Tending to the basic organization of the nervous system is a fundamental element of working with transference processes that can help avoid the retraumatizing abreactions and regressions that are created when the transference is used as a primary vehicle before clients have developed sufficient neural organization.

Conclusion

Individuals who experience trauma in the Connection stage begin life experiencing rejection and isolation, in turn becoming self-isolating and rejecting of self and others. It is an important development in their growth process when they become aware of the disparity between what they tell themselves—that they are lonely and want contact—and the emotional reality that they avoid contact because contact feels threatening.

Individuals with the Connection Survival Style are sensitive beings whose capacity for intimacy is greatly limited; they have gone into freeze in order to survive. Because of their frozenness, individuals with this survival style are challenged by human warmth. It is not possible for them to come back to their own aliveness, to reach out to feel again, to come back in connection with self and others without facing what, in their minds, is a threat to their survival. For them, small oscillations in feelings, whether positive or negative, represent a major risk. When these individuals allow themselves to feel connected, this feeling is quickly followed by anxiety, fear, and suspicion because connection is counter to their impulse to withdraw. The therapist's attunement to their rhythms of connection and withdrawal is therefore a crucial factor. Their therapeutic process is best assisted by:

Supporting both autonomic and affective regulation by carefully titrating and working with an individual's rhythms of connection and withdrawal.

Exploring the clients' attachment dynamics and the various ways they turn away from connection. The therapist keeps in mind how much contact a client can tolerate before becoming disorganized and how much expansion is possible before contraction is triggered.

Supporting a client's slow but progressive mindful attunement to his or her emotional and somatic states.

The growth process is not complete until clients with the Connection Survival Style learn how they have incorporated and perpetuated the original environmental failure into their bodies, identities, and behaviors. It is an important aspect of the healing cycle that connection to the body, emotions, and life force allows for greater connection with others, and in turn, that connection with others supports greater connection to self.

Do We Find Organicity Even Within Psychosis?

Paris Williams, PhD

Editor's note: We are happy to have an article length version of Paris Williams' creative new thinking about the subject of psychosis published in the book *Rethinking Madness: Towards a Paradigm Shift in our Understanding and Treatment of Psychosis* (San Francisco, Sky's Edge Publishing, 2012). The paper copy retails for $24.95 and is available through Amazon.com and finer bookstores. It is also available on Kindle, iBook, and other major eReaders for $9.95. More information is available at www.RethinkingMadness.com

Paris Williams, PhD: In the midst of a successful career as a hang gliding instructor and competition pilot (winning a world champion title and multiple national champion titles), Paris Williams suddenly found himself in a profound struggle with experiences that would likely have resulted in the diagnosis of a psychotic disorder. Fortunately, he managed to avoid becoming entangled within the psychiatric system, and instead embarked upon a journey of healing and self discovery, attempting to resolve his own personal crisis while aspiring to support others going through similar crises. He has since spent over a decade deeply exploring both Eastern and Western understandings of mind and consciousness, studying intensive meditation from a number of meditation masters around the world, earning a PhD in clinical psychology, working in numerous settings supporting people struggling with challenging and extreme experiences, and conducting a series of pioneering research studies at Saybrook University on recovery from schizophrenia and other psychotic disorders. Paris currently lives in the San Francisco Bay Area with his wife, Toni, working as a psychologist specializing in somatic, existential, and transpersonal approaches to psychotherapy, and still occasionally taking to the sky.

Abstract

As the schizophrenia and psychosis recovery research continues to accumulate, we find the first stirrings of a profound shift in our understanding of these confusing disorders. On one hand, we find increasing evidence that schizophrenia (and other closely related psychotic disorders) may not be the manifestation of a diseased brain after all; on the other hand, we find evidence that, in spite of the often extreme mind states involved in these disorders, psychosis may very well be a natural (although a very desperate and precarious) coping/healing/growth-oriented process (i.e., a manifestation of organicity).

Key words: psychosis

Introduction

- After over a hundred years and billions of dollars spent on research looking for schizophrenia and other related psychotic disorders in the brain, we still have not found any substantial evidence that these disorders are actually caused by a brain disease.
- We've learned that full recovery from schizophrenia and other related psychotic disorders is not only possible but is surprisingly common.
- We've discovered that those diagnosed in the United States and other "developed" nations are much less likely to recover than those in the poorest countries of the world. Furthermore, those diagnosed with a

psychotic disorder in the West today may fare even worse than those so diagnosed over a hundred years ago.

- We've seen that the long-term use of antipsychotics and the mainstream psychiatric paradigm of care is likely to be causing significantly more harm than benefit, greatly increasing the likelihood that a transient psychotic episode will harden into a chronic psychotic condition.
- We've learned that many people who recover from these psychotic disorders do not merely return to their pre-psychotic condition, but often undergo a profound positive transformation with far more lasting benefits than harms.

As a practitioner of Hakomi and as someone who resonates strongly with the core Hakomi principles (organicity, nonviolence, unity, mind/body holism, and mindfulness), and as someone who has himself experienced psychosis and went on to make a full recovery, I became very intrigued by these findings. This interest led me to earn my PhD, where I shaped my doctoral research around a series of in-depth case studies of people who have descended deeply into psychosis and then went on to make full and lasting recoveries. The main emphasis of these studies has been to explore the transformative aspects of psychosis for people who have run the full course of the psychotic process. I have since converted the findings of my research into a book, *Rethinking Madness*, which summarizes all of the major research on schizophrenia/psychosis and recovery; presents a number of alternative models of psychosis that fit the research more accurately than the medical model; goes in depth into the stories of my participants; and provides a comprehensive model for making sense of the entire psychotic process, from onset to full recovery.

In this article, I will share a few brief excerpts from this book, focusing particularly on the intriguing findings that suggest that organicity (sometimes also referred to as organismic wisdom) is very likely at play even within these most extreme manifestations of human experience. We'll look first at summaries of the major research in the field on recovery and treatment, then bring in my own research on transformations that occur within the psychotic process, and finally explore the implications of this for supporting those struggling with psychotic experiences.

Summary of the Longitudinal Recovery Research

[In the first chapters of the book, I explore the research purporting to show that schizophrenia is a disease of the brain, and point out that on close inspection, this hypothesis has so far not been proven.] Since the etiology of schizophrenia is still unknown and the validity of the concept of schizophrenia is questionable, how do we explore the topic of recovery from schizophrenia? Whether or not schizophrenia is a valid concept, it is clearly evident that many people do suffer from distressing anomalous experiences, and when such suffering becomes relatively chronic, these individuals will most likely be diagnosed with schizophrenia (or another major psychotic disorder). Therefore, when we look at the research on recovery from schizophrenia, while we cannot say with any certainty that there is any biological disease from which these participants are recovering, we can say with some degree of confidence that these participants have been suffering from long-term distressing anomalous experiences, and we can explore the issue of recovery from within this context.

While there continues to be the widespread belief in our society that people diagnosed with schizophrenia generally do not recover, the actual research tells a very different story. Table 1 provides a list of all of the major longitudinal recovery studies of at least fifteen years duration that I was able to locate.

Going into the details of all of these studies would be quite lengthy and fall outside the scope of this discussion, but there are several key points that are important to highlight:

First, each study uses somewhat different criteria for determining what is meant by "significantly improved" and "fully recovered," and some have slightly different terminology to represent these classifications, yet they all essentially agree that fully recovered refers to participants being asymptomatic and self-sufficient in meeting their needs, both socially and financially, for some specified period of time.

Second, the finding that recovery rates are quite high is surprisingly robust. The authors of the largest such series of studies—the World Health Organization (WHO)—have concluded that the "overarching message [is that] schizophrenia is largely an episodic disorder with a rather favorable outcome for a significant proportion of those afflicted" (Hopper et al., 2007, p. 37). Note also that while there was significant variation in the results, there was a general pattern that was somewhat consistent across the studies: Generally one-half to two-thirds of the participants significantly improved over the long term; about a quarter of the participants were rated as fully recovered;

STUDY	n*	AVERAGE FOLLOW-UP (YEARS)	RECOVERED OR IMPROVED	FULLY RECOVERED
The Burgholzli study (Bleuler, 1974)	208	23	53%	20%
The Iowa 500 study (Tsuang & Winokur, 1975)	186	35	46%	20%
The Bonn Study (Huber et al., 1975)	502	22.4	65%	22%
Lausanne study (Ciompi, 1980)	289	37	49%	27%
Chestnut Lodge study (McGlashan et al., 1984a, 1984b)	446	15	36%	not mentioned
The Japanese study (Ogawa et al., 1987)	105	21-27	77%	31%
The Vermont study (Harding et al., 1987)	269	32	68%	45%
The Cologne study (Marneros et al., 1989)	148	25	58%	7%
The Maine sample (DeSisto et al., 1995)	269	36	49%	not mentioned
The Dutch study (Wiersma et al., 1998)	82	15	77%	27%
WHO International Study —incidence cohort —prevalence cohort (Hopper et al., 2007)	 502 142	 15 25	 67% 63%	 48% 54%
The Chicago Study —off antipsychotics —on antipsychotics (Harrow & Jobe, 2007)	 25 39	 15	 84% 51%	 44% 5%

Table 1. Fifteen+ year longitudinal recovery studies

and generally less than a quarter remained permanently disabled. It is also interesting to note that many of the participants in these studies who had recovered were those who were considered to be the most profoundly disturbed (Siebert, 1999). Returning to the brain disease hypothesis for schizophrenia, it is illuminating to compare the high recovery rate for schizophrenia with the recovery rate for well-established diseases of the brain such as Parkinson's, Alzheimer's, or multiple sclerosis: There is no documented evidence of even a single individual making a full recovery from any of these well-established diseases of the brain (Siebert, 1999). Again, we find compelling evidence that schizophrenia is simply not a disease of the brain.

Finally, several of these study authors provided data that allowed a direct comparison regarding the outcomes of participants using the Western standard treatment for schizophrenia (typically the use of antipsychotics) with the outcomes for participants not using this treatment. The findings have reliably been strongly in favor of those not using standard Western psychiatric treatment, something that is likely to come as quite a surprise to many.

Summary of the Research on Treatment of Schizophrenia/Psychosis

Piecing together the evidence regarding recovery and treatment approaches for long-term psychosis is no simple and straightforward task. However, there are certain findings that have demonstrated high consistency and reliability across this wide array of research:

- In spite of over a hundred years of research and billions of dollars spent, we still have not found any clear evidence of a biologically-based etiology of schizophrenia, nor have we been able to validate that schizophrenia itself is even a valid construct (there is no doubt, however, that many people suffer from distressing anomalous experiences, what I have been referring to as psychosis, and that these are the individuals who often get labeled as having schizophrenia).
- The use of antipsychotics helps reduce the positive symptoms of psychosis and the associated distressing emotions for many people in the short term (especially during the first six weeks or so).
- The long-term use of antipsychotics increases the likelihood of the development of a chronic psychotic condition and significantly reduces the likelihood of recovery, as well as carrying the high likelihood of causing other serious physical, cognitive, and emotional impairments. The specific effects of such use clearly vary significantly from one individual to another, but generally speaking, this has been a strikingly consistent and reliable finding.
- Those individuals who are never exposed to antipsychotics have the highest chance of recovery.
- Regardless of the treatment method, it seems that there is always some percentage (although relatively small—apparently about 15%) that is likely to remain in a chronic psychotic condition indefinitely.
- The medical model paradigm, with its associated beliefs of brain disease and terminology such as "mental illness," can significantly increase stigma, fear, hopelessness, and other associated distressing emotions and behavior.
- Residents of so-called developing countries have much higher recovery rates than those in so-called developed countries, and the use of antipsychotics and the medical model paradigm of treatment is inversely correlated with recovery rates.
- Residential communities that offer continuous empathic support and freedom, and which minimize the use of antipsychotics, have demonstrated the ability to provide significantly better outcomes for their residents at significantly less cost than what the standard psychiatric model of care has been able to provide. However, these alternative approaches may reduce some personal benefits for many professional caregivers and others in the psychiatric drug industry (e.g., personal income, job security, sense of order and control in the environment, etc.), which is likely to be a major factor in our mental health care system's resistance to change.

When looking at the summary of the research, it is clear that the medical model paradigm of schizophrenia (and the other related psychotic disorders) has very poor validity and that genuine recovery is surprisingly common, even being the norm in many regions of the world. Yet, in spite of this, there remains the widespread belief in Western society that (a) schizophrenia has been conclusively determined to be a brain disease, and (b) genuine recovery is very unlikely and perhaps not even possible. So why is it, then, that we find such a dramatic disparity between these widespread myths and the actual findings of the research? While there are probably many factors that contribute to this disparity, there is one that may well stand out more prominently than the rest: We may be caught in the grip

of a self-fulfilling prophecy. Let's take the research we've looked at so far and see how it is that we may have become caught in such a harmful belief system.

First, the evidence strongly suggests that the primary modality that we use in the West for treating psychosis (involving primarily the use of antipsychotics and the insistence that one accepts that one has a "mental illness"/ brain disease) significantly increases the likelihood that individuals experiencing one psychotic episode will go on to develop a chronic psychotic condition.

Second, we notice that this treatment is widely prevalent in Western society, with the large majority of those diagnosed with schizophrenia and other psychotic disorders receiving it. Therefore, as would be expected, we find very low rates of recovery and especially of full recovery.

Finally, it is likely that most of those individuals who actually do recover go to great lengths to avoid becoming caught up within the psychiatric system and therefore are rarely seen again by their former psychiatrists and/or other mental health care workers. Therefore, many mental health care workers see almost exclusively those who remain in a chronic condition, which creates the illusion of an artificially low rate of recovery on top of an actual low rate of recovery. We are then left with a well-established myth that virtually no one fully recovers from schizophrenia, thereby reinforcing our belief that we need to resort to such drastic treatment methods.

Round and round we go, one myth reinforcing the other in a vicious circle—the myth that schizophrenia is a brain disease with no genuine recovery leading to the belief that, in the name of compassion, we must carry on with our harmful treatment methods, even if it requires the forceful coercion of those who "lack insight" that they have a brain disease; and the myth that such treatment is the most beneficial thing we have to offer actually causing widespread brain disease and chronic psychosis and therefore reinforcing the myth that schizophrenia is a brain disease from which there is no genuine recovery (see Figure 1). That we have managed to become so wrapped up within this delusional belief system is disturbing enough. But compounding this is the fact that there are a number of players within the health care system who make an enormous amount of money off the current system (the pharmaceutical industry and its many well-paid representative psychiatrists and academics, for example) and are more than happy to perpetuate myths with self-serving propaganda and pseudoscience. It is of no minor significance that since 2008, antipsychotics have become the single most profitable class of all prescription medications sold within the U.S., with sales approaching 15 billion dollars per year (IMS Health, 2010).

The good news is that some alternative treatment modalities have been showing up in the recent past, and, as discussed in my book, a number of them have shown great promise. The bad news is that, in spite of these promising alternatives, there is still very little sign that the myths of "brain disease" and "no recovery" are losing their strength in mainstream Western society or that the mainstream mental health care system is seriously considering embracing any of these more hopeful alternatives in a serious way. It seems that to extract ourselves from the current dysfunctional state of affairs and move in a more hopeful direction, our society must go through a complete paradigm shift in our understanding and treatment of psychosis that more accurately reflects the research, and developing a treatment model that supports rather than hinders the very high possibility of full recovery that we see in the literature.

Fortunately, we already have a theoretical framework that is much more in line with the research than is the medical model, one that begins with a different set of assumptions about human nature and offers substantially more hope for healing, growth, and genuine recovery.

Seeing Psychosis as a Natural Coping/Healing/ Growth Oriented Process

The recovery research strongly suggests that, when supported in a compassionate and empathic environment, psychosis often (and perhaps even ordinarily) resolves automatically. In addition to this, there is significant evidence that a psychotic episode sometimes provides a breakthrough into profound healing and even psychological and emotional growth.

Silvano Arieti, a renowned clinician specializing in working with clients who have received a diagnosis of schizophrenia, said, "With many patients who receive intensive and prolonged psychotherapy, we reach levels of integration and self-fulfillment that are far superior to those prevailing before the patient was psychotic" (Arieti, 1978, p. 20). John Weir Perry, another lifelong clinician who served as the clinical director of Diabasis, a medication-free residential facility for young adults suffering from psychosis, said that "85 percent of the clients in Diabasis not only improved, with no medication, but most went on growing after leaving us" (Perry, 1999, p. 147). In a recent study conducted by Tooth et al.

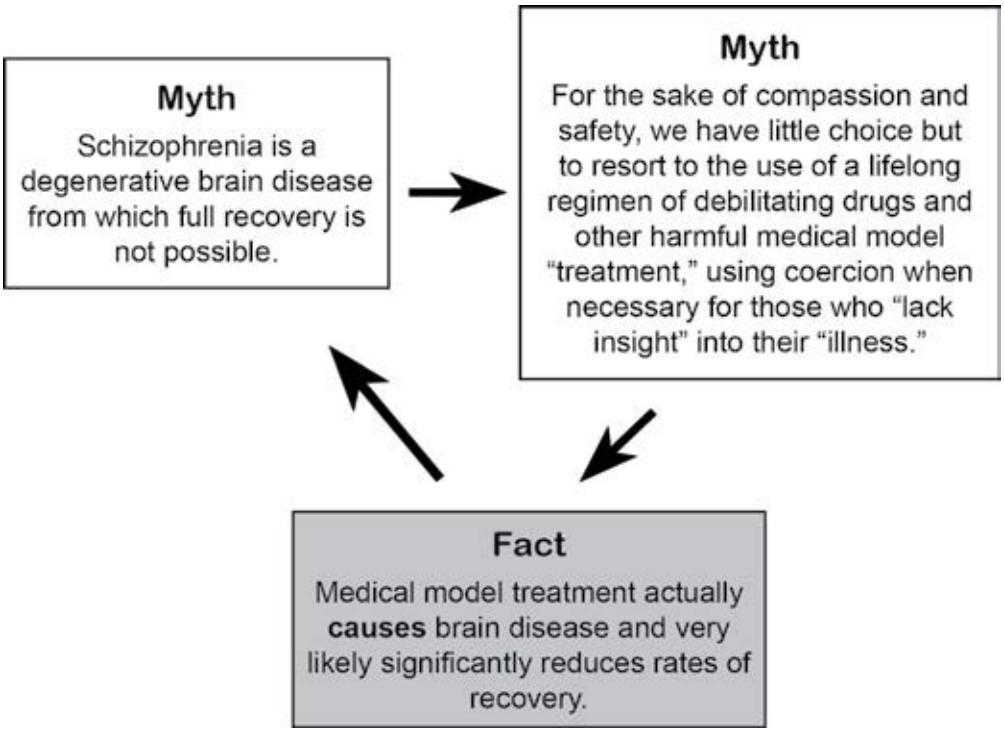

Figure 1. The vicious circle of one harmful myth reinforcing the other, leading to the harmful and generally ineffective "treatment" for schizophrenia and psychosis that we find in Western society today.

(2003) involving 57 participants who had been diagnosed with schizophrenia and who now identify as being "in recovery," 66% of them describe their functioning as better (and 44% of these as much better) than that prior to the development of schizophrenia. In this same study, 62% describe their social situation as better (with 31% of these as much better) than that prior to their development of schizophrenia.

A number of scholars and clinicians have suggested that the reason we see these kinds of results is that psychosis may actually be the manifestation of a natural attempt of a psyche to survive and/or heal from an untenable situation or way of being. Therefore, successful resolution of a psychotic episode would naturally entail healing from and/or growth beyond one's former condition (Arieti, 1978; House, 2001; Karon & VandenBos, 1996; Laing, 1967; May, 1977; Mindell, 2008; Mosher & Hendrix, 2004; Perry, 1999). R. D. Laing (1967), a Scottish psychiatrist renowned for his pioneering research on social circumstances surrounding over a hundred cases of individuals diagnosed with schizophrenia, concluded that "without exception the experience and behavior that gets labeled schizophrenic is a *special strategy that a person invents in order to live in an unlivable situation* [author's emphasis]" (pp. 114–115). Bertram Karon, a longtime clinician specializing in psychotherapy for those diagnosed with psychotic disorders, stated his belief that any one of us would also likely experience psychosis if we had lived through the same set of circumstances as those of his psychotic clients (Mackler, 2008).

These individuals, then, who are so often labeled "crazy" may actually be simply doing the best they can to survive extraordinarily difficult circumstances, and when one is confronted with extraordinary circumstances, one often must resort to extraordinary strategies, strategies that may appear completely absurd to those of us who do not understand the full scope of what the individual is struggling with. When viewing these individuals through this lens, then, we can say that there is nothing inherently wrong, biologically or otherwise, with those who suffer from psychosis. They are merely acting as any living organism would in the same situation—they are simply trying to survive, and ultimately aspiring to thrive.

Once we move beyond the very narrow and so far unsubstantiated medical model framework of psychosis, we find that a surprisingly wide array of lines of inquiry have been converging on the prospect that psychosis may be the manifestation of a natural coping/healing/growth-oriented process initiated by the psyche. A number of scholars, clinicians, and researchers have generated some compelling models of psychosis based upon this premise.

The Metamorphosis of Madness

Table 2 represents the most essential findings of my own research as I explored what manifested within each of six categories of experiences during my participants' journeys through their psychotic process: description of the anomalous experiences, onset and deepening of psychosis, recovery, lasting personal paradigm shifts, lasting benefits, and lasting harms.

It's clear that all six of the participants of this study were on incredible journeys to the very depths of their beings and back, having integrated what they experienced and finally rejoining the rest of us within consensus reality. They have all experienced to a greater or lesser degree the extremes of human suffering and of human joy; they have all spent time mired in utter chaos and confusion and have somehow emerged with a renewed sense of equilibrium and lucidity. What is perhaps even more impressive is that they have all experienced profound healing from their journeys, having emerged with greater equanimity and resilience, a richer feeling realm that includes less negativities and more unitive feelings, more rewarding and enjoyable relationships with themselves and with others, and a greater overall sense of wellbeing. What we find in the stories of these participants is further validity to the idea that psychosis is a natural process of the psyche. There is no doubt that it is a radical and very risky process that has the potential to greatly exacerbate one's suffering, but there is also no doubt that it offers the potential to result in profound healing at the deepest levels of one's being when successfully resolved.

When we reflect upon the profound and ultimately beneficial transformations that took place within the most fundamental structures of these participants' beings, we find remarkable parallels with the process of metamorphosis that takes place within the development of butterflies. For a larva to transform into a butterfly, it must first disintegrate at a very profound level, its entire physical structure becoming little more than amorphous fluid, before it can reintegrate into the fully developed and much more resourced butterfly. In a similar way, when someone enters a state of psychosis, we can say that their very self—right down to the most fundamental levels of their being—undergoes a process of profound disintegration. With the proper conditions and support, there is every possibility of their continuing on to profound reintegration and eventual reemergence as a renewed self in a significantly changed and more resourced state than that which existed prior to the psychosis.

Implications for Supporting Those Struggling with Psychosis

The importance of supporting the psychotic process. When we consider the metaphor of metamorphosis for the process of psychosis, and bring in the findings of the recovery research, we arrive at a particularly important implication for how best to support people going through psychosis. Just as a larva requires an environment free from predators and the extra protection and sustenance provided by a cocoon to go through the extremely vulnerable process of metamorphosis, someone experiencing psychosis requires a similarly dependable sense of protection and sustenance. The research we have studied demonstrates quite clearly that those most likely to make a full recovery are those whose psychotic process is allowed to carry through to a natural resolution with minimal interference.

We see this firsthand from the reports of the very high recovery rates experienced at residential facilities such as Diabasis house (Perry, 1999) and the Soteria houses (Bola & Mosher, 2003; Mosher, 1999; Mosher & Hendrix, 2004). In such facilities, an environment of maximal freedom contained within a structure of maximal safety is maintained in several ways: the residents are allowed the freedom to follow their experiences and maintain full choice regarding the use of psychiatric drugs while firm limitations are placed on activities that may cause harm to themselves, others, or property; they receive dependable support in the form of having their basic needs met—healthy food, water, shelter, clothing, and relative comfort; and they receive continuous nourishment in the form of 24-hour care by staff who are trained to hold them within an atmosphere of empathy, unconditional positive regard, and authenticity. In other words, we can say that these kinds of residential facilities attempt to create a safe and supportive cocoon that allows the metamorphosis of the psychotic process to resolve with minimal hindrance.

We can also see this same principle at work within the societies that have shown a particularly high natural rate of recovery (Hopper et al, 2007). These societies—such as are found in India, Nigeria, and Colombia—while

	Converging Themes	Divergences
Onset and Deepening of Psychosis	(1) An actual or existential threat to the self just prior to onset (2) Childhood isolation (3) The significant use of recreational drugs prior to onset (4) A swing between extreme isolation and extreme connection just prior to onset (5) A profound shift in one's personal paradigm just prior to onset	(1) All experienced this. (2) All participants had a significant amount of isolation in their childhood, but to varying degrees. (3) All but Cheryl had significant experiences with recreational drugs prior to onset. (4) All but Sam and Trent had this kind of swing just prior to onset. (5) All but Trent experienced profound shifts in this regard; Trent, however, did increase his marijuana use significantly just prior to onset, which may be closely related.
Description of the Anomalous Experiences	(1) Polarized experiences of good and evil (2) Creative and destructive forces (3) Fluctuating between omnipotence and powerlessness (4) Heroic striving (fighting evil and/or ignorance) (5) Being watched over by malevolent and/or benevolent entities (6) Groundlessness (7) Parallel dimensions (8) Feelings of euphoria, liberation, and/or interconnectedness	(1) All experienced this. (2) All experienced this. (3) All experienced this. (4) Trent and Cheryl experienced striving against evil forces within themselves; and all except for Cheryl experienced striving against evil and/or suffering "out in the world." (5) All experienced this. Jeremy experienced being watched over by primarily malevolent entities, though sensed a powerful presence of both types. (6) All except Sam mentioned experiencing profound groundlessness. (7) All but Trent experienced different realms of experience occurring simultaneously to some degree. (8) All but Sam recalled having these kinds of experiences, to a significantly greater or lesser degree. Jeremy had these just prior to his psychosis, but not so much after onset.
	(1) Finding meaning in life (2) Connecting with one's aliveness	(1) All expressed the importance of this in their recovery. (2) All expressed the importance of fostering a deep connection with their aliveness—particularly with their feelings, needs, and sense of agency.

Recovery	(3) Finding hope (4) Arriving at a more hopeful understanding of their psychosis (5) Healthy vs. unhealthy relationships (6) Harm from the psychiatric system hindering recovery	(3) All expressed the importance of hope in their recovery. (4) All expressed having arrived at an understanding of psychosis that is more hopeful than the brain disease model, and all but Sam expressed that this was important in their recovery. (5) All expressed the importance of cultivating healthy relationships. Trent and Jeremy also expressed the importance of distancing themselves from unhealthy relationships. (6) All experienced this.
Lasting Personal Paradigm Shifts	(1) A significantly changed spectrum of feelings with more depth and unitive feelings (2) An increased experience of interconnectedness (3) A strong desire to contribute to the wellbeing of others (4) An integration of good and evil (5) Appreciating the limits of consensus reality (6) A greater understanding of psychosis	(1) All experience this. (2) All experience this. (3) All experience this. (4) All experience this. (5) All experience this. (6) All experience this.
Lasting Benefits	(1) Greatly increased wellbeing (2) Greater equanimity (3) Greater resilience (4) Healthier relationship with oneself (5) Healthier, more rewarding relationships with others	(1) All experienced this. (2) All experienced this. (3) All experienced this. (4) All experienced this. (5) All experienced this.
Lasting Harms	(1) All except Theresa expressed some harm, though they all expressed experiencing much more benefit than harm overall.	(1) Each participant expressed a significantly different harm.

Table 2: The essential findings of my research in each of six categories of experiences of participants' psychotic process

very poor materially, tend to hold the values of family and community very highly, rarely abandoning a family member regardless of their degree of disability, and generally holding the assumption that family members going through psychosis will eventually recover. In addition, coercive psychiatry and the use of psychiatric drugs are rare within these societies. As a result, individuals experiencing psychosis within these societies often find a "cocoon" of support, security, and nourishment naturally established within their very own communities without the need to resort to special residential facilities. A high percentage of these individuals go on to make full recoveries.

We can see a similar "cocoon" being spun within the very successful Open Dialogue Approach, which was developed in Lapland, Finland, and is beginning to spread to other Western countries (Seikkula et al., 2006). In Lapland, they do not naturally have quite as high a degree of community/family support as that found in many of the so-called developing countries, so the mental health care system has come up with an effective strategy for building this kind of support within the families and communities that surround individuals suffering from psychosis. While the details of the Open Dialogue Approach are too complex to go into here, the essence is simply healing and strengthening the social web surrounding the individual by facilitating and encouraging open, authentic, and intimate communication and connection between the various members of this web. Also, individuals receiving this kind of support are allowed to maintain maximal freedom and agency, and psychiatric drugs are used judiciously and only with full consent, if they are used at all.

Another therapeutic system worthy of mention here is Windhorse therapy, a system of treatment developed in Boulder, Colorado in the early 1980s and inspired by the teachings of Tibetan Buddhist master Chogyam Trungpa Rinpoche. Similar to the other approaches mentioned above, the general philosophy of this approach is to trust and support the profound wisdom and powerful movement towards health and wholeness that exists within all organisms. This innate wisdom is referred to as basic sanity and innate movement towards health is referred to as windhorse energy. The essence of this approach is similar to those mentioned above—by placing the primary emphasis on creating a healthy, harmonious, and nurturing environment for the individual in distress, there is trust that movement towards recovery will naturally occur. There is yet to be formal research on the recovery outcomes of this approach, but there are numerous accounts of clients of this approach who have experienced profound recovery (Knapp, 2008; Podvoll, 1990).

One thing we find in common with these different methods of support is that they all have the capacity to provide all of the factors of support for recovery listed in Table 2. By not subscribing to the brain disease model and instead expecting that these individuals will recover and eventually move on to rich and meaningful lives, the factors of hope, meaning, and the development of a hopeful understanding of their psychosis are supported. By not losing sight of the humanity of these individuals and maximizing their freedom and sense of agency, they are supported in connecting with their aliveness. In being surrounded by an empathic, caring, supportive community, they are supported in cultivating healthy relationships and distancing from and/or healing unhealthy relationships.

When there is simply not the availability of a highly supportive "cocoon" such as what is offered within the systems mentioned above, traditional psychotherapy can play an important role in creating a significant degree of nourishment and safety, and in supporting individuals in developing other important resources. The factors of recovery mentioned above suggest that the most helpful types of psychotherapy are likely to be those methods that support the individual in: (1) creating a coherent understanding of their psychotic process, particularly one that is more hopeful than the brain disease model; (2) connecting with their feelings, needs, and sense of agency (i.e., their aliveness); (3) cultivating healthy relationships and/or healing/distancing from unhealthy ones; and (4) developing methods of coping with the distressing anomalous experiences themselves. There exists a wide array of psychotherapeutic modalities and theoretical orientations, but the research suggests that those modalities likely to be particularly beneficial to individuals undergoing this kind of process are: existential/humanistic; relational/attachment-based/family systems oriented; somatic (mind/body) and trauma focused; mindfulness based; psychodynamic/depth oriented; and cognitive behavioral. Fortunately, research on the efficacy of these kinds of approaches has become increasingly common, and the results so far have been quite promising (Draper, Velligan, & Tai, 2010; Gottdiener, 2007; Morrison, 2007; Seikkula et al., 2006).

And last but certainly not least is peer support. The term peer support simply means receiving support directly from others who have "been there." It can be used either as an adjunct to any of the above methods, or even stand entirely alone as the primary source of

support in areas with a strong peer support network. Many of the harms caused by mainstream treatment can be avoided when peers are involved—peers are generally much more understanding and validating, are less likely to push the brain disease model and forced "compliance" with the use of drugs, and of course they have access to the wisdom they have personally gained from their own recovery process. The peer support movement is currently growing by leaps and bounds, bringing with it a strong emphasis on the importance of human rights for all and a genuine democratic process within the mental health care system. It also offers a number of excellent viable alternatives to the mainstream paradigm of care. Some of the largest components of this movement are peer-run crisis homes, 24-hour-a-day crisis hotlines, support groups and classes (such as those offered within the Hearing Voices movement), and overarching peer-run organizations that are not influenced by the pharmaceutical industry and act as hubs for these other groups (see the Resources section at www.RethinkingMadness.com or in the back of the book for more information on these groups).

Mainstream mental health care interfering with the process. When we turn our attention to look closely at the primary method of support for those suffering from psychosis within the Western mental health care system today—the mainstream psychiatric system—we see that it stands in stark contrast to the methods mentioned above. Whereas all of the above methods can be seen as simply various methods of providing a safe and nurturing cocoon that allows a person the possibility of moving through their psychotic process with support and minimal interference, the psychiatric system can be seen as making every effort to prevent such a cocoon from ever being built, and trying to stop the psychotic process dead in its tracks.

We cannot say that this is necessarily out of any kind of malicious intention—certainly there are many people working within the mainstream psychiatric system who have tremendous care and compassion for those they care for. Rather, as discussed in part one of my book, the mainstream psychiatric system operates under a radically different paradigm—seeing psychosis as the manifestation of a diseased brain—and therefore operates under the belief that the most compassionate thing to do is to make every effort to minimize the symptoms of the psychosis with the hope of averting any further damage and/or suffering that this "brain disease" might otherwise cause (which is understandable given this paradigm). As the recovery research continues to accumulate, however, we see ever increasing evidence that this paradigm is profoundly misguided and that the treatment model arising from it is likely causing much more harm than benefit.

Returning, then, to the metaphor of metamorphosis and the importance of providing a safe and nurturing cocoon that allows the psychotic process to resolve unhindered, we can see clearly that the mainstream psychiatric treatment model interferes with this process profoundly. In this system, as we find in the stories of the participants of this study and within so many other similar accounts, people suffering from psychosis are often institutionalized against their will in unpleasant environments. Again, while the staff of such facilities often includes well-intentioned people, the reality is that they are often heavily overworked and undertrained. Their task becomes more about "managing" the patients rather than creating a particularly warm and nurturing environment. Also, being trained primarily with the medical model understanding of "mental illness," it is all too easy for the staff to interpret the unusual behavior of the patients as being merely the manifestation of a diseased brain and to lose sight of the human being suffering underneath. This all too often results in the staff treating the patients in a way that is easily perceived by the patients as cold, dehumanizing, and even downright hostile. Adding to the often profound sense of confusion and insecurity created by such treatment, the patients' free will and sense of agency are generally stripped away, making it virtually impossible for them to feel any sense of genuine safety and comfort.

Furthermore, as these patients are told that the unusual experiences they are having are caused by a lifelong degenerative brain disease, it is likely that they will develop profound intrapsychic conflicts (in addition to any conflicts already existing within the psychosis itself) as they lose faith in the innate wisdom of their own psyches and struggle to fight against their very own healing process. They now find themselves in the terrifying predicament of finding no sense of security either outside or inside. In what is yet further interference to the natural healing process of psychosis, these patients are typically forced to take heavily tranquilizing drugs or even undergo electroconvulsive shock therapy, severely impairing their most important resources—hope, meaning, and connection with their aliveness.

How could we ever expect anyone to establish a secure cocoon and move towards successful transformation under such debilitating conditions? Yet, incredibly, many people still do, as we have seen with the participants in my research. I believe that the fact that such genuine recovery and transformation continues to take place in

spite of these incredible odds is a testament to the power of the organismic wisdom within our beings—that innate wisdom within all organisms that relentlessly pushes for survival, healing, and growth. Just as the vulnerable earthbound larva contains within its being the profound wisdom to transform itself into a beautiful, mature butterfly with the capacity to fly thousands of miles in some cases, so we see evidence that a profoundly wounded individual has within her or his being the wisdom to transform into a much healthier, more mature individual with the capacity to live a rich and meaningful life and contribute greatly to society.

Where Do We Go From Here?

When looking at the recovery research that has accumulated over the past century, we find that there are two messages that come across quite clearly: (1) full recovery from long-term psychosis is not only possible, but can be the most common outcome given the right conditions; and (2) our mainstream mental health care system is seriously failing to create the conditions that maximize this possibility. We have explored some of the reasons this system remains so broken and seriously misguided, and it is essential that we continue this exploration until we can make the society-wide paradigm shift necessary to move towards a system that is much more beneficial.

Fortunately, as we have seen with the alternative methods mentioned above, we already have some excellent foundations on which to build in transforming our system in this way. But to move more seriously in this direction, we still have before us the hard work of pulling the deep-seated myths of hopelessness out by their roots, a task that seems especially daunting when we consider that we are up against enormously powerful players who rake in obscene profits from the current system—many members of the psychiatric-pharmaceutical complex, in particular.

In spite of this daunting task, the good news is that a grass roots movement dedicated to using the very hopeful findings of the recovery research and exposing the corruption within the psychiatric-pharmaceutical complex is gaining considerable momentum (see the resources section in the back of the book for more information). Hopefully, it is only a matter of time before enough dust is wiped from our collective eyes and a tipping point is reached that will break the stranglehold of the psychiatric medical model, and we can make a society-wide shift towards a system of support that is much more in line with the research, much more beneficial to those struggling with psychosis, and much more beneficial to society as a whole.

Madness and Beyond . . . Appreciating the Benefits for Society

When we contemplate the current conditions in our society and in the world, there is no doubt that we find ourselves at an extremely crucial juncture in the trajectory of the human species. And as difficult as it might be for some to believe, the research strongly suggests that those who have experienced and are experiencing so called psychosis may find themselves in a mutually beneficial relationship with their societies. On one hand, it's clear that many of these people need significant support, sometimes much more support than the average person. On the other hand, it's also clear that these individuals have the potential to attain profound insights into the human condition, perhaps the very insights that our species so desperately needs to survive.

The key to understanding this is in the ever increasing evidence that the person we think of as "psychotic" is simply entangled in a profound wrestling match with the very same core existential dilemmas with which we all must struggle. One implication of this is that the boundary between madness and sanity is surprisingly thin, an idea that is likely to be deeply unsettling to some. There is, however, another implication that offers us some real hope, not only in our pursuit to offer genuine support to those who are the most caught up within these struggles, but also in our pursuit to find real peace on all levels—individually, socially, and globally. It appears that those who have these kinds of experiences often find themselves dipping beneath the layers of their cognitive constructs and catching glimpses of the more fundamental qualities of the world and dilemmas that shape all of human experience.

While some may consider this idea to be a "romanticization of psychosis," this actually couldn't be further from the truth—many of these people become utterly lost and confused for significant portions of their lives as they essentially drown in these deeper waters. In fact, it's all too clear just why it is that the typically "healthy" psyche is so effective at preventing one from falling into these chaotic seas. But the reality is that many people do fall in, and thankfully, many people do eventually learn how to swim and find their way back to the "shores of consensus reality" (to use the participant Byron's expression). And as we find in the stories of those who have been able to successfully integrate these experiences, as presented in my book and elsewhere, we discover that one real gift that often emerges from this

journey is the ability to share some important truths with the rest of us, truths that may very well be exactly what our species needs to hear if we are to make it through these trying times.

With the recognition that the suffering with which each of us struggles is fundamentally universal, we are likely to find it a little easier to develop equanimity and self-compassion for our own difficulties, and also more tolerance and compassion for others. With the recognition that we each understand and experience the world through our own individually constructed lenses, we are likely to find it easier to hold our own perspectives more lightly while being more open to the different perspectives held by other individuals and other societies. And by appreciating the profoundly impermanent and interconnected sea of life to which we all belong, we are likely to find it easier to act from a place of love and compassion for all of our fellow living beings, great and small.

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Hakomi in Action: A Narrative

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Editor's Note: Amy Marco's article comes from a Master's thesis she did on Hakomi at the University of Lethbridge in Alberta, Canada titled: "The Hakomi Method of Psychotherapy: An Exploration of Healing." It encompasses a unique contribution in our literature by outlining Hakomi principles as they were illustrated in her personal therapy with a Hakomi therapist.

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Abstract

This article introduces readers to Hakomi in an alternative manner. Rather than present an overview of the interventions associated with the principles, it provides a personal narrative illustrating how the principles are demonstrated, and the effects of this implementation on the counselling process. To begin, the article provides a context of my therapy experience by introducing my therapist and my reason for seeking Hakomi therapy. Thereafter, I discuss each principle with reference to my own therapy experiences of it, and link to the therapeutic alliance throughout. Finally, I reflect on the experience of writing this narrative and provide a summary of applied Hakomi principles.

Context

Attending Hakomi weekend workshops intrigued me regarding the method of work I saw and experienced the trainer doing. Hakomi tapped into a part of me that I could not explain or figure out and triggered a level of emotion new to me. Out of curiosity (and what I now know as a tapped inner drive towards healing) I began attending individual therapy sessions with a highly recommended Hakomi therapist, whose name is Anna. When I first went to see her, I was unsure what to expect. I had previously tried many cognitive and behavioural methods to heal myself, but something was still missing.

The following is an experiential narrative description of the principles of Hakomi in terms of how they showed up in my therapy. Each principle will be reviewed with a description of how each was experienced.

Mindfulness

Kurtz (2008) observed that when people are in mindfulness (self-observing and aware of the present moment without judgment) they gain insight into their own experience (see also Myllerup-Brookhuis, 2008). Hakomi therapy holds mindfulness of the mind as the primary tool for accessing and working with the unconscious, that is, the experiences and memories people unconsciously base their lives around (Myllerup-Brookhuis, 2008).

For me, Hakomi mindfulness was not a simple skill. There were times when it perhaps came easier, but often

it was challenging. Sitting and paying attention to a body sensation or an emotional experience was hard, as my typical way of managing had been the exact opposite: distracting or denying its existence.

Anna worked within the same framework as other Hakomi practitioners, using mindfulness in various stages. This involved first establishing contact with me in ordinary consciousness (not in mindfulness), then inviting me to become mindful (accessing), encouraging me to maintain mindfulness (deepening), experimenting with new beliefs and the barriers to them (processing), and then moving back into ordinary consciousness (integration or completion). These stages: contact, accessing, deepening, processing, and completion, are used by Hakomi practitioners as a general format for a typical Hakomi session (J. Hull, personal communication, December 4, 2011).

The relationship between Anna and myself was crucial for her to establish contact with me in the first place and then carry on to the subsequent stages of the process. I had to know Anna empathized with me and trust her before being willing to be contacted and go into mindfulness. This concept of the therapeutic alliance and its necessity for the counselling process has been discussed in the literature over the past two decades (Horvath, 2006).

Some moments of sitting with the experience happening in my body and emotions during my therapy stand out as entirely new experiences in my life. I had never really experienced myself or paid attention to what was happening inside me. This reflects the aspects of mindfulness that encourage leaving judgments and theories behind, slowing down, and moving into a place of not knowing and acceptance. Allowing myself to be mindful meant suspending the judgmental commentary in my head, taking the locus on control away from both my ego and the ego of my therapist (as Kurtz wrote about in 1987), and following Anna's soft cues to notice anything that happened inside me.

Anna would frequently ask what was coming up for me, what I was experiencing in my body, and what was arising as I spoke to her. Asking me to focus my attention in a receptive and curious way abruptly stopped the endless stream of cognitive analysis in my head, and snapped me from intellectual never-never land into the here-and-now present moment: with her, with my body and my emotions, in that room. I would tell Anna about an event and how I was feeling because of it. While I talked, she looked right at me, her hand under her chin and two fingers resting on her cheek. This is the familiar look I have come to know, the way she always listens to me—inquisitively, interested, with a focused expression that tells me she is hearing between the details and paying intuitive attention (Marks-Tarlow, 2012) to how I am holding myself, what is happening around the words. She became my guide to look at my own inner world and helped create a space where we together explored anything that spontaneously arose. Barstow (1985) discussed the creation by the therapist of an environment of curiosity, so that spontaneous material is free to come forth and be discovered. The environment and Anna's attunement to me fostered a special relationship between us, another example of the therapeutic alliance.

Anna would ask me what I noticed in my body as I spoke (an example of accessing). This invitation made me pause and stop talking long enough to notice I have a body to focus on. To actually notice what was occurring inside me would take me awhile. I often experienced sensations in my chest and stomach, and so I told her that I felt something there. Anna would ask about the quality of that sensation: was it heavy, tight? These were questions directed at the right-brain, tapping into my experience in that moment. The answer I came up with was not really diagnostically important, because the answer was not the focus. The question simply served to keep me in my own experience as long as possible, and helped me move deeper into it. This was mindful deepening, in which Anna asked me to focus first on the general or surface structure (e.g., I feel mad), then move toward the more specific structure (e.g., heaviness, tightness, or whatever the sensation was), and ultimately to the deep structure of the core organizing belief that brought the anger into existence.

There were no left-brained inquisitions here. Anna did not want a theory about my experience—me explaining why I thought there was a sensation in my chest. If I began to go down this path (which distanced me from my immediate experience), she graciously brought me back by gently encouraging me to notice what was happening as I spoke.

I would then go back inside to discover the quality of the sensation in my body and sometimes told her what it was like for me. Anna asked me if I could stay with it. I usually said that I could, because at first it seemed like I should be able to. I should be able to sit with a body sensation. This sounded so simple and so it should not have taken effort—and yet it often did. This was mindfulness. This was paying attention in a purposeful way, and it was not what I was used to.

Notable here is what Kurtz (1987) said about courage on the part of the practitioner: they need courage to truly see whatever arises for a client—pain, fear, joy, love, or hate—and to do this, a practitioner first must be open to the same things in themselves. I consider this to be notable because it took courage for me to agree to look inside myself, likely because I was afraid of what would arise. However, as I reflected on what it was like to go into and stay in mindfulness in my sessions with Anna, I recognized that my courage was in part facilitated by her own willingness to have first been mindful and present with me, showing me that she had done this before: been open, and had courage in that openness.

As I sat with the sensations, the heaviness or the tight pressure, things happened that I did not anticipate when I first began mindfulness practice in therapy. Emotions arose. I could start out thinking I was angry, mad, or annoyed, but when I focused in on the pressure in my chest I suddenly felt sadness or grief arising. I was surprised about this at first, and as I grew more accustomed to what mindfulness was, I became anticipatory and nervous because I knew where mindfulness took me—to my own experience void of denial, rationalizations, or projection onto someone else. What was evoked in mindfulness had to be owned because it came from inside me and no one else.

Early in my therapy I began to experience emotions I had rarely felt. Many instances from those early months stand out as introductions into the power behind mindfulness in drawing out inner experience, and how one is organized. I recall I did not want to be mindful then—I did not want to focus on the sensations. I wanted to talk, and in that talking stay mostly in my head, because that is what I knew how to do. I knew how to explain and describe from an emotionally detached place, but that is not what Anna focused on—that is not what she had learned to do as a Hakomi therapist.

Her words directed me inward, not outward. The words were simple, asking me to notice my breath quicken, saying out loud what I had difficulty paying attention to: my increased breathing. This is again an example of accessing. Anna invited me to become mindful by noticing my breath. I remember suddenly it was as if the world had slowed down around me. I saw and felt my breath come in and leave. She was right—it was fast. I saw my chest rise and fall with each breath, and suddenly I also noticed my heart beating faster than usual. It scared me a little. The sensations reminded me of feeling anxious, but the sound of Anna's voice, as she reminded me she was still there, calmed me.

As though she knew what was happening inside me—that I was feeling scared—she would pull her chair closer to where I sat, offering comfort by her presence, and ask what I was noticing. This helped me to stay in mindfulness, to stay with what was happening in my body, although it was not comfortable. Seconds passed, and then minutes. I remember drifting in and out of a mindful state of consciousness—I could not stay focused so intently on my body and on the sensations for more than a few seconds at a time. Anna sat patiently, not drifting away either. This is a practitioner engaging in mindfulness as the premiere tool for helping the client study the organization of his or her experience. Anna stayed present in those moments with me. Her eyes did not shift from my face and body; her energy did not feel farther than my own. She stayed with me as I tried to stay with myself. Hakomi emphasizes empowering the client's own self-discovery (rather than the therapist simply achieving insight for its own sake), inviting a client to be curious about themselves (G. Johanson, personal communication, November 20, 2011).

The emotions, sensations, images, and memories that often emerge in mindfulness, (practiced in a Hakomi way) are congruent with the notion that mindfulness accesses unconscious and emotional material (Johanson, 1988; Myllerup-Brookhuis, 2008). In session, if I sat and focused inward, what was already there would come forth. The emotions and self-knowledge lived inside me, I simply had to sit and give them time to show up. I often did not know at first the relevance of the images or memories that arose.

Another common occurrence for me in sessions was to place judgment and non-acceptance onto my experience when I did not understand the significance of what arose, or felt ashamed of having intensity around it. Anna constantly encouraged me to leave the judgment behind, to be curious about what emerged from inside me, and suspend the thoughts that would tell me my emotions were unjustified, or the images were strange and made no sense.

At some point I followed her lead down the path of being mindful about the creations inside of me, the sensations, thoughts, memories, and feelings that came from the creative act of living, making meaning from every event and message I received. That meaning shows up now each time I am mindful and material emerges. Through processing, Anna would eventually move us towards finding the creator—the core belief that brought my creation into being. Mindfulness was used as a primary tool for accessing the things that needed to be processed—the beliefs (shaped by the events and messages in my life) that I used to organize how I existed in the world.

My goal when I entered therapy was to have a new way of existing. Though I did not anticipate that mindfulness would bring so many things to the surface, it did. Memories, images, emotions, words, and gestures, all reflective of the organization of my experience: how I carried out relationships and pursuits, and how I interacted with people and the world around me. Hakomi did not take intense assessment, analysis, or rehashing of every possible influencing factor in my life to this point, but instead began with a simple observation of what was already present in me right in front of my therapist.

Nonviolence

The greatest proof of nonviolence in my therapy sessions with Anna was the very fact that I continued to show up. Had forcefulness been used in any way or had there been any attempts to direct me to where she thought was best, I likely would not have returned. Nonviolence is described as the "practical recognition of organicity" (Kurtz, 1990, p. 29). Nonviolence was meeting my defenses as they appeared and flowing with them, not against them. Going against my defenses—asking or telling me to stop being stubborn or stop being closed off emotionally—would have been considered violent, and only served to make me feel more defensive, perhaps with added shame and frustration. The therapist as nonjudgmental has been discussed as a condition for fostering a positive therapeutic alliance (Startford et al., 2009). Anna's gentle approach was devoid of judgment or presumptions, allowing me to be open because I did not fear criticism or negative assessment.

Kurtz (1990) considered violence in therapy to be the non-acceptance of the client's needs, pace, images, ideas, and capacities. This is essentially the same constructs discussed by other schools of thought (Horvath & Bedi, as cited in Horvath, 2006), that value the importance of developing a positive therapeutic relationship. To me, non-acceptance meant being judged and shamed for the things that I was feeling and dealing with, which brought me to therapy in the first place. Like many, I had the experience of not being accepted. In that therapy room it was safe. Even in the hardest moments when excruciating emotions and memories overtook me, I was still safe, still okay, still acceptable in Anna's eyes. That came through in her actions and words, and most of all in her presence. Her presence was nonviolent, in that I, the client, could find nothing in it to resist, allowing me the freedom to look within.

This sense of acceptance that I felt with Anna speaks again to the therapeutic relationship, specifically to how I, as a client, perceived our relationship to be positive. According to some, client perception of the therapeutic alliance as positive is what is most closely linked to its effectiveness (Mitchell, Bozart, & Krauft, as cited in Horvath, 2006).

One area of nonviolence in particular was the simple and soothing manner in which Anna met my attempts to manage my experience, and to contact me in that experience. Management of experience is the way in which a Hakomi therapist frames resistance on the part of clients. This management behaviour is a reflection of how experience is organized and is a direct path to the experience. Everything that a client presents is a potential source for self-reflection. Anna noted and encouraged self-reflection of my management (resistant) behaviours: disconnecting from my body, talking around an issue, and talking cognitively about an event while refusing to feel anything about it. For me, the encouragement to self-reflect on my management behaviours (rather than pointing out that they were not useful), felt gentle and created a safe space for me to be curious and nonjudgmental about my experience.

Another powerful way Anna acted nonviolently was by simply sliding her chair forward and making physical contact. She did not try to convince me to do something different than what I was doing. Her reaching out to me in a small, nonthreatening way and accepting the place I was in, portrayed nonviolence to me—to all states of my consciousness. There were many directions she could have taken with what I was presenting to her, but moving in the direction of my defenses quieted them (Kurtz, 1988), and left room for me to go deeper into myself and experience whatever came up. This reflects the Taoist influence on Hakomi—the idea of mutual arising; for every force there are counterforces, and the Hakomi therapist opposing a defense may result in the client opposing the therapist (G. Johanson, personal communication, November 20, 2011).

Another way nonviolence showed up in my therapy sessions was in the emphasis Anna placed on being curious about my experience, rather than analyzing and giving me advice on what I should work on. Being curious and present with one's experience (emotions, body, cognitions, etc.) allows deeper exploration of the organization of that experience. Each time I struggled with wondering why things were a certain way for me, why I felt the way I did, or how to find my way out, Anna came back to my experience of that frustration, steering me away from wondering why I felt frustrated, and helping me focus on self-reflection and being present with the experience itself. We did not spend a lot of time analyzing why I had

barriers and blocks, only that those things were there, and what the experience was like of being frustrated, being stuck, and whatever else came up in the process of being mindful.

At times, nonviolence meant more than Anna's actions and the way she thought about me as a living system. There were times where abiding by nonviolence meant she slowed down my rapid descent into a memory or story—helped me contain my emotions rather than allow them to spiral out of control. Nonviolence meant stopping my own violence against myself, figuratively speaking. I could push myself too far into the past, hoping that I would find some resolution by divulging all the painful details from a cognitive place. Anna could put the brakes on—a term referring to slowing down in therapy work, used extensively by Rothschild (2000)—by providing a nonviolent blanket, so to speak, as I metaphorically rushed out the door into the cold, without taking precautions to keep myself safe.

Organicity

The premise of this principle is the belief that living systems move towards wholeness and healing when they are unobstructed (Johnason & Weiss, 2011; Myllerup-Brookhuis, 2008). People then, as living systems, innately know which direction to move in order to heal, and practitioners follow these directions rather than implementing their own agenda (Kurtz, 1990). Additionally, Kurtz (1990) wrote that living systems were interactive and participatory. This reflects the client–therapist relationship, which, according to the Hakomi organicity principle, is the foundation and locus of control for healing and growth (Kurtz, 1990). This is similar to Gestalt therapy, which holds the therapeutic relationship as the medium for healing and client development of a sense of self (Hycner & Jacobs, as cited in Startford et al., 2009). It was in the relationship between Anna and me that I was given the opportunity to experiment with and experience new beliefs and new ways of interacting, and challenge the old and familiar patterns.

Finding my way first to Hakomi workshops and then to therapy was an act of organicity in and of itself. It was my system moving toward healing. That in mind, when I first learned what organicity meant, I wondered if it was true that I could find my way to healing, and if I am honest, it is still the question I ask from time to time. The idea of being in charge of my own evolution scares me still because it does not imply control of my destiny, as one might expect, but refers to a level of trust in a living system's innate ability to move toward wholeness. For me, trusting my system is a giving up of cognitive control, yet trusting my system is not anti-cognitive. In therapy, I am not expected to be solely cognitive, rational, and left-brained, trying to figure things out in an analytical manner while leaving out other parts of myself. Anna and I had touched on the idea more than once during our work together that insight was not enough for me to get to a place of healing and integration.

One of the most common things Anna said to me in our sessions was, "It's okay not to know." This referred to multiple times when I would move into right-brain (via mindfulness) and suddenly not be able to give an explanation as to why I felt a certain way, why an image or memory suddenly appeared in my head, or why I was experiencing an intense emotion. I would say over and over again, "I don't know," and she would say, "It's okay not to know." I see this as an example of organicity because it relies on a trust that my system, my being, will know and I do not have to rely only on cognitive or rational knowing. What Anna referred to when telling me was that it was okay that I did not cognitively know everything to begin with. Experiences can precede meaning. She seemed to have confidence that my system knew what it needed to do to move toward healing and growth. I do not think I had this same level of trust when I first began therapy. However, as time progressed, I developed a kind of quiet acceptance of my own cognitive not-knowing, which drew me closer to organicity and my belief in my living self to get where I needed to go.

Another way organicity was present in our sessions was when Anna seemed to focus on the way my system organized itself. She paid keen attention to emotional, behavioural, and psychological clues about how I existed in the world, bringing these things to my attention as they arose. One clue that came up in therapy derived from noticing the way in which I sat. During a session I experienced feelings of frustration and being stuck, not moving forward in therapy, and not knowing what to do to get past a particular area of difficulty and pain. We sat across from one another, me frustrated and her present with me, noticing what my system showed her next. I shifted from sitting cross-legged to pulling my knees up in front of me, arms crossed over them. I felt stuck and immobilized—and my body suddenly showed it. Anna noticed it happen and we then noticed it together. In mindfulness we explored the body position. That particular session the exploration and staying with the body position did not lead to a specific outcome. However, later on it

became evident that this body position was one I used as a child—I used to sit like that all the time. This provided good information to me, as I realized that this body position (as well as words and emotions during these particular sessions) were a display of the child state of consciousness. This was a place I needed to go to process and move further toward healing.

Kurtz (1990) discussed taking over as a technique that follows the organicity of a client's system and in doing so, supports the therapeutic relationship and creates safety. As being mindful of body sensations often resulted in an emotional expression, it became apparent that a lot of my emotion was stored in certain areas of my body, and I was using a lot of energy to keep the emotion stored. In keeping with the organicity principle, Anna seemed or appeared to look for and follow my natural processes, such as the tendency to place my hand over the area of tightness in my body. For example, I reflected that I felt pressure and tension in my chest. Supporting this process, Anna took over the pressure and tension by placing her hand over the area and matching it in intensity as I directed her. A frequent result of this was an emotional release—a release of an emotion I may not have been able to get at before. Other examples of things Anna took over for me included thoughts or beliefs I was repeating internally to myself, gestures or body movements I made, and efforts to support or soothe myself.

Both Anna and I were mutually participatory in sessions, which made it safe for me to explore myself, enabling organicity to reveal itself. Without her equal participation in my organization and exploration, I may not have participated as fully. I saw her interest in me, and her allowing me an important place in my work in therapy—removing her own agenda and leaving space for my system to provide the direction we went. This reflects what is written about the instrumental role of the therapeutic alliance in the client change process, described as an active relational element between therapist and client (Bordin, as cited in Startford et al., 2009).

I believe Anna gained the cooperation of my unconscious by fostering a positive therapeutic relationship between us that was special and took the highest priority. When something was off between us we attended to it, often with Anna taking the initiative to regain organicity by ensuring there was nothing acting as an obstruction. If I felt like I was not getting something I needed, there was permission for me to say that. Hakomi trainers have discussed the cooperation of the unconscious (J. Hull, personal communication, December 3, 2011). My system would not have opened and displayed its organizing patterns had I felt something to resist in Anna. My unconscious did not find anything to oppose in her, and my experience became much more about feeling her embracing my spirit, and how I had organized myself through my years of becoming a meaning-making adult.

Even when mistakes were made in therapy or we became stuck were reflections of organicity. My living system moved towards a greater state of wholeness and health, finding not only nurturing in a participatory, therapeutic relationship but also imperfection and humanness that could still protect my emotional experience and inspire healing. Johanson and Weiss (2011) wrote about growth happening in therapy despite fumbling, stumbling, and ignorance on the parts of both client and therapist. This is true in my experience, because the work Anna and I did involved all that—stumbling, getting stuck, and pushing limits of what I believed I could handle emotionally. This speaks to organicity in that growth happens all the time despite obstacles due to what has been called a "life force," an "organic impulse," "transformance," and a "life-forward direction"—all referring to living things moving towards growth and towards wholeness (Johanson & Weiss, 2011).

Unity

Movement towards greater wholeness and unification was where all the other Hakomi principles stemmed (Johanson, 1986). The healing of splits and disconnections was the goal, met via increased communication between various parts of oneself (Kurtz, 1990). Connection and interdependence are present among all things, such that alterations in one aspect of a living thing affect other parts of it (Myllerup-Brookhuis, 2008). It is the connection and communication of all the parts within the whole that allows the system to be organic in terms of being self-organizing, self-directing, and self-correcting.

A disconnection between certain parts felt true for me, fueling my desire to go to therapy. An increase in unity was the goal I was after, although in the beginning of therapy I did not know this and could not name it that way. In my life I felt a sense of separation between my emotional, mental, and physical parts, explained by Hakomi theory in part as some experience that had been missed during development (Hakomi therapists might use the term *organized out* to describe a missing experience.) Increasing unity meant that the missing experiences had to be added (*organized in*), promoting communication between split off areas. As organization of experience refers to how a person processes information—brings it in, codes it, filters it

(Johanson, 2006b)—organizing in new information is the point of providing a missing experience. A person can then take this new information (new experience) and integrate it into his or her life.

My therapy promoted the organization in of new information by fostering communication and contact between my mind, body, and spirit, by attending to all these elements and the role they played or how they arose in session. Anna and I worked with any material that came up from the physical, emotional, or cognitive realm and noticed how a change in one of these areas caused changes in others. Therapy happened when one part of me, like my mind, had an experience of anger and was not communicating with another part of me, like my body. I would work, with Anna guiding me, to foster communication between those parts and work towards integration.

Hakomi therapists promote unity and integration between all parts of a living system, believing in an inner intelligence that living beings possess to unite themselves (Kurtz, 1990). Integration of all parts of me was the goal. Anna spoke of integration as being naturally what we as living systems wanted to do—become whole, all puzzle pieces connecting together to form the total picture.

An example of integration beginning to take place was my transformation from numbed emotions to big emotions, and then from big, uncontained emotions to contained emotions that flowed and regulated with better ease. This shift from numb to experiencing feelings demonstrates integration of my emotional, cognitive, and spiritual parts, as I had only before been able to cognitively acknowledge certain things, never feeling or experiencing them. Integration happened, I think, from being mindful and learning to acknowledge the existence of these parts of myself. Paying attention to them through mindfulness and reflecting on anything that came up promoted unity because the physical, emotional, spiritual, and mental aspects of me that began to appear were given space within the whole.

Kurtz (1990) discussed the best expression of unity as being a therapist feeling what a client is feeling, and a sense of connection between them. Looking at my therapist and seeing that she felt what I felt was powerful. She displayed this through her words, body language, emotional expression, and presence. I felt connected and linked to her, letting go of part of my own sense of being isolated and separate from other humans. This was the beginning of unity and of feeling whole inside myself. This sense of empathy conveyed from Anna to me is another example of how the therapeutic alliance is described: as the ability of the therapist to genuinely relate to the client in a caring way (Mitchell, Bozart, & Krauft, as cited by Startford et al., 2009).

Another way that unity shows up is when the therapist helps the client be in connection with themselves and self-regulate (Kurtz, as cited in Myllerup-Brookhuis, 2008). In turn the client is in connection with the therapist, an example of dyadic regulation. Anna used her own state of mind to help me manage and regulate my emotions by breathing with me and modeling calmness. Using this stability and acceptance, Anna taught me some strategies to regulate and contain difficult emotions. In this union of both of our living systems I could feel her calmness and acceptance, and take cues to then do more specific actions to manage and contain.

This above description is not unlike a child regulating themselves with cues from their caregiver and speaks to the unification and interconnectedness of living things, including what can happen between therapist and client. It illustrates what Lewis et al. (as cited in Myllerup-Brookhuis, 2008) termed *limbic resonance* (p. 74), the attunement of two mammals to one another's emotional states via mutual adaptation and exchange. In addition, part of the definition of the therapeutic alliance is a critical state of attunement, in which the therapist's affective state resonates with their client's (Schore, as cited in Startford et al., 2009). In part, I could adapt to Anna's internal state after she first became attuned to mine, demonstrating to me that she felt what I felt. Limbic resonance and mutual attunement were apparent during sessions in other ways as well, such as mirroring one another's physical posture or experiencing a mutual physical sensation (like coughing or vocal hoarseness).

The connections that were made between the various parts of me were in the service of unity and wholeness, as I worked toward integrating what I experienced in therapy sessions into my outside world. These connections were in large part made possible by the grace, acceptance, and presence of my therapist, which assisted her in gaining the cooperation of my unconscious. As discussed previously, a client's unconscious self being willing to emerge is essential if therapy is to be successful (Kurtz, 1990). Additionally, Anna's attitude toward my disconnected parts fostered respect, honor, and the coming forth of my own loving presence, further serving unity and wholeness.

Mind-Body Holism

As evident from the previous discussion on mindfulness, as well as by the inclusion of Hakomi as a body-centred therapy, there is a clear connection in Hakomi between the mind and the body. This second to last section of illustrating Hakomi principles will delve further into this connection by addressing how Hakomi works at the mind-body interface—the place where mind and body meet (Kurtz, 1990). This section, although interdependent with mindfulness (as it is the premiere tool in Hakomi for working with clients), is distinct because it places specific emphasis on the huge role of the body in holding and displaying unconscious material. I intend to convey the mutual importance of both the body and the mind, and demonstrate how Anna worked at the mind-body interface.

I do not recall a session when we did not notice my body and what was happening for it in conjunction with my mind. There was constant interplay between body and mind—between physical and cognitive. Hakomi therapists give attention and focus to both (a) bodily experiences and the beliefs stemming from those experiences, and (b) specific beliefs and cognitions and their subsequent bodily experiences (Kurtz, 1990).

As described previously, my body was a reflection of my mind, and became a frequent object of study and self-reflection. I learned to be curious in mindfulness about what my body showed me, following Anna's lead. I started to see that my body could at times express things I could not say, and show Anna what I needed her to know. At times, I felt my left brain shut off, go blank, and render me unable to verbally express emotions or sensations. Anna would continue coming back to my body, asking me to come with her and use what my body was telling us to understand what was happening in my mind. This process repeats aspects of working in other Hakomi principles, since they are all related.

My body stored and expressed deep core beliefs, the things I held as true about myself and the world around me. Previous to this work I had only known these beliefs intellectually. Focusing on a bodily sensation such as quickened breathing or tense shoulders, could lead us to finding feelings such as fear and then to connected thoughts. Other times we started with a belief or an experience and worked toward noticing the effect it had on my body—how the storage of the belief impacted my posture, stance, expressions, or sensations. I had not expected body and mind to be so inter-relational, like watercolor paint streams running together, one color altering the other, reflecting in the end product a new vibrancy and shade. A belief about safety was revealed in my shoulders, hugging in tightly as if in self-protection. Exploration of my arms crossed over my torso found us at images of vulnerability and pain. Our work was constantly in the mind-body realm. Anna tracked my gestures, posture, and facial expressions, assisting me in being curious about them. Sometimes she would ask me to focus inside and be curious about what movement my body wanted to make. This demonstrates placing the locus of control on my inner sense of knowing and whatever spontaneously arises—important aspects of working at the mind-body interface (Kurtz, 1987).

A particularly powerful instance of working at the mind-body interface came through exploring what my body wanted to do when I was recalling a painful memory. I knew what I felt and what I thought, but at first I did not know what my body wanted to do or what this even meant. Anna encouraged me to be in mindfulness and follow whatever came. I sat with the feelings, and began to be curious about what my body felt and if there was a movement my body wanted to make. I worked hard to suspend judgments about looking strange or appropriate. In mindfulness a body position suddenly appeared in my mind: I suddenly wanted to lie down. I noticed my body had sunk in the chair, slid downward, and almost felt like it was pulling toward the floor.

Anna facilitated me lying on the floor on some large cushions, with a blanket and pillows around me. As much as I tried to leave judgments behind, I felt like I did not know why I wanted to lie on the floor, and I felt strange doing it. I lay there, Anna sitting beside me. The memories and images from earlier in the session continued, along with emotions. Her voice was soothing, encouraging me to stay with whatever came up. Lying on the floor in this safe, protected, and restful position facilitated an emotional release and then a period of rest that my body seemed to intuitively know I needed, as I had never had the opportunity to do this in the memories I was processing. My body often felt tight, and I typically had trouble relaxing. This experience and the processing around it brought me to a place where I drew a connection between how tired I really was and how I had never really had the chance to rest or recover after some of the experiences I had endured. As a result I walked around in the world very tight, tense, and literally showing in my body my constant need to be on guard and not appear exhausted.

Hakomi practitioners are interested in the impact of early beliefs on body structure and physiology (Kurtz, 1990). Other body-centred therapies have attended to this issue

and shed significant light on the ways the mental and emotional issues are revealed through the body (Johanson, 2006b). Previous research in the area of body therapies has, therefore, contributed to the conviction of mind-body holism and Hakomi practitioners' subsequent interest in it.

Reflections and Summary

The principles of Hakomi therapy created the foundation and framework for my therapy with Anna. The principles made room for exploration of my entire experience and fostered a special relationship between my therapist and me. Though Hakomi is one of many methods of psychotherapy, the principles seem to attract practitioners who are interested in learning more than just a linear, manualized method. My experience of the Hakomi principles embodied in therapy and in my therapist showed me, as a novice counsellor, that practitioners of the Hakomi method must have a principled presence that inspires healing, and the corresponding qualities required to support the emotional healing of another human being (Kurtz, 2008). I had this in Anna. Though our process was not perfect (there are instances of difficulty I have not discussed), returning to the principles seemed to put us back on track and repair any ruptures.

Hakomi principles combined with the therapeutic relationship promoted a gentle and connected relationship between Anna and myself. I felt like I was on the bank of a rushing river that I wanted to cross (the river a metaphor for the issues I wanted to resolve). Anna did not stand on the other side of the river, trying to convince me to cross or give advice on how to navigate the waters. She did not try to push or drag me in or force me to swim. Instead, she stood with me and carefully aligned herself with my natural process of wading through, trusting that my living system would know what I needed in order to get to the other side.

The generalized impact of this Hakomi work on my life has been profound. Learning mindfulness in the way Hakomi practices it—noticing and observing myself—has given me a much needed skill of experiencing my world without fighting against that experience. I learned I could become aware of my body through mindfulness practice, and then notice how it facilitated and held information about my experiences.

This above example of resting after experiencing intense emotions challenged a belief and old pattern of not giving myself permission to rest. As a result, I began to feel more inclined towards rest and self-care in my day-to-day life. In the past I had attempted to convince myself that I could take time to rest, but this intellectual process did not result in the same felt experience I received in Hakomi therapy. I needed to experience what it felt like to rest, and the subsequent relief and peace that followed. It was important for me to follow a body urge, noticed in mindfulness, because doing so proved the concept of organicity to me in a way that cognitive therapy did not. It showed me experientially that my body knew what it needed for healing. The challenge of old beliefs resulted in new insights and clarity regarding missing experiences in my life related to rest and self-care.

Mindfulness practice in and of itself also helped me achieve some clarity and insight around my ability to handle intense and difficult emotions. Previous to this therapy work, I tried to challenge thoughts and use logic to change emotional experience. Hakomi offered a different approach: not to change the experiences I was having, but accepting them and observing how they appeared in my life through mindfulness. This was rejuvenating because my energy was no longer spent trying to change emotions or anticipate an inability to handle difficult experiences without collapsing or numbing. Overall, Hakomi eased the tension that came through fighting against living.

Principle	Definition/ Description	Core Example of the Principle in Action	Sample Sentence Stem from a Hakomi Therapist
Mindfulness	Awareness of one's inner experience in the present moment with an attitude of acceptance and nonjudgment (Mylle-rup-Brookhuis, 2008; Seigel, 2010).	I noticed, with Anna's direction, tension in my chest as I was talking. I stopped talking and continued to pay attention to the sensation. It was heavy and tight.	"Just notice your breath and anything that is happening as you talk about this."
Nonviolence	Stemming from Eastern philosophies such as Buddhism and Taoism, a living entity has a natural process and wisdom to know what it needs, which should be respected (Barstow, 1985; Myllerup-Brookhuis, 2008).	Anna refrained from going against my management behaviours and instead flowed with them, inviting me to notice how I felt disconnected while talking, as well as making contact with me in my disconnected state.	"What would it be like for me to just move my chair forward so you feel less alone, and we'll be curious together about this disconnected feeling you're having?"
Organicity	Living systems naturally move towards health and wholeness, and are made up of multiple parts within the whole (Johnason & Weiss, 2011; Myllerup-Brookhuis, 2008).	Anna employed the technique of taking over tension in my chest, following my system's natural process. Applying pressure to the right area of my chest lead to a release of emotion and dissipation of the tension.	"What comes up as I take over this tension? A memory?"
Unity	All living things are connected and interdependent (Kurtz, as cited in Myllerup-Brookhuis, 2008). Changes in one aspect of a living thing affect other parts of it (Johanson, 1986).	Dyadic emotional regulation, in which Anna breathed deeply and calmly, in turn helping me to breathe deeply and calmly. An experience of the connection between us.	"I'm here, breathing with you. Notice what happens as we breathe together."
Mind-body Holism	The mind and body influence one another, with the body an expression of mental life and a path to the unconscious (Johanson, 1988; Kurtz, 1985a, 1990).	Cognitions about being afraid showed up in my body as increased breathing rate and tense shoulders. In turn, a body posture such as sitting with my legs up and arms wrapped around them revealed thoughts about feeling stuck and immobilized.	"What does your body want to do as you think about that fear?"

Table 1: Hakomi Principles with Examples

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Mindfulness, Emotions, and the Organization of Experience

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Abstract

A mindful state of consciousness engages the frontal cortex in a way that allows for mindfulness of the mind (or ego states). By becoming mindful of emotions, one enters into the integrated amalgam of affect, sensations, tensions, memories, attitudes, and more that reflect how experience is organized. Mindfulness of emotion—in a safe compassionate context—then allows for the exploration of present experience that becomes a royal road to the unconscious or the core organizers of experience. These core beliefs are then made available for modification through inter- and intrapersonal affective interaction that facilitates organizing in elements of life previously organized out. When trauma is present that activates lower brain functions, becoming mindful of emotions can risk stimulating a trauma vortex that spirals the patient into a dysregulated state of hyper- or hypoarousal where there is more risk of re-traumatization than therapeutic integration. This approach to mindfulness of the mind in relation to emotions functions as a bridge between Eastern and Western perspectives on psychology. Annotated case verbatims from both developmental issues and trauma histories are offered to illustrate the theoretical material.

Keywords: mindfulness, emotions, organization of experience, core beliefs, trauma, directed mindfulness

Emotions as Messy

Gendlin (1992) noted that psychological science is much more friendly with emotions today than was once the case, not that long ago:

> A sentient body not only is, but also feels its interactions with the environment. . . . A vast amount of information is sensed—not in separated facets—but as a global, bodily sentience. . . . In the history of thought, this bodily sentience is a crucial, forgotten dimension! . . . Feelings were said to be mere "reactions to" the facts—after the facts are given by the five external senses and reason. For two millennia feelings were said to contain no information about one's situational reality. How could this have been believed? (pp. 15-16).

Now that emotions have assumed their rightful place in psychological study, a dizzying array have found their way into the discipline. There are, of course, the categorical emotions. Then, Fosha's (2000, 2001, 2004, 2005, 2206, 2008, 2009a, 2009b, 2010) therapeutic involvement with emotions alone included receptive affective experiences, transitional affects, heralding affects, green and red signal affects, post-breakthrough affects, mastery affects, mourning-the-self affects, tremulous affects, healing affects, relational affects, and transformational affects. Fosha called attention to Fredrickson (2001) who differentiated between the negative emotions for survival, and the positive emotions for expansion of capacities and growth. Sundararajan (2000) named recognition emotions, being emotions, transpersonal emotions, and egoist emotions. Ogden (2009) referenced the structural developmental model of Lane and Schwartz (1987) that outlined five stages of emotional development from physical sensations, to physical actions tendencies, to single emotions, to blends of emotions, and blends of blends of emotions.

In terms of making sense out of all these possibilities, Siegel (2009) noted that "clearly the term emotion does not have a precisely shared meaning even for those who use the concept in their daily work"

> Depending upon the larger story of the particular discipline of science, emotion can be seen as a process that links people together (anthropology, sociology), a fundamental part of the continuity that connects a person across development (attachment research, developmental psychology, developmental psychopathology), or a way that the body proper—our somatic physiology—is connected to the brain and coordinated within its various layers (neuroscience with its branches in affective and social neuroscience especially). (p. 147)

Porges (2009) did significant work through his polyvagal theory, establishing that social interactions and emotion are biobehavioral processes where varying bodily states underlie varying forms of behavior. "Emotions, affect regulation, and interpersonal social behavior . . . represent a complex interplay between our psychological experience and our physiological regulation" (p. 27). In situations where normal social engagement skills fail to deal with perceived dangers, lower brain functions inducing flight, fight, or freezing automatically activate, which is one reason van der Kolk (1994; van der Kolk, McFarlane, & Waisaeth, 1994) argued that normal talk therapies have difficulty touching the bodily processes underlying trauma.

Porges noted that what form of biological-emotional response becomes activated comes from an interpretation of the neuroception of intentionality, something Lipton (2005) agreed with through his theory of the biology of belief. For instance, if one is standing at a train station and another person suddenly begins sprinting from six feet away and knocks one to the ground, it can be a profoundly shocking, disorienting, emotionally hurtful situation. However, if the same person is playing end in football, catches a ball, and is knocked to the ground, the intentional context in play totally transforms the physical-emotional response. Likewise, if the person that knocked one over at the train station immediately comes back and apologizes, and explains that he had to sprint directly to the point where he could save a child who was about to fall on the tracks, the entire meaning and effect of the incident is changed.

Gendlin (1992), along with feminist and post-modern theorists, agreed that culture and learning inform bodily sensing and mobilizing. "Emotions are not things by themselves. Emotions are only part of a story. . . . This narrow story is itself only part of the story. The wider context was involved in giving rise to the emotion" (p. 20). To complicate things further, "a 'feeling' contains, or rather can generate or re-generate a number of emotions as we enter into it. Emotions are embedded within such a texture" (p. 19).

For Tronick (2009):

> Emotions, and what might be thought of as emotional activation patterns (EMAPs) in the brain, are activated by a variety of internal and external events. . . . An EMAP is not a fixed form but one that changes in relation to other EMAPs, to its own reiteration, and to the overall gestalt of EMAPs in the emotion meaning-making network. (pp. 108-109)

Damasio's (1999) research suggested activating signals originated in part from our life experiences that generated sensations through the emotional brain. These he termed somatic markers that then informed us of the significance of whatever we were considering. Normally these somatic markers work on our decisions below consciousness, supplying us preverbal intuitions of "right" or "not right" about doing something. To anticipate more below, mindfully attending to these felt bodily senses, as in Gendlin's (1996) work, can bring their messages and memories into consciousness.

However, for the all the work that has been done to establish that "neural firing and mental activity mutually influence each other," Siegel (2009) concluded that "we have a nonquantifiable inner world of our subjective reality. The truth is that we actually do not know how neural firing and subjective experience create each other" (p. 146). There is mystery abundant to go around.

The mystery, of course, is predictable in terms of non-linear systems theory that says all of us perpetuate ourselves through multiple patterns that evolve over time (Piers et al, 2007). 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 (Johanson, 2009a, b).

> 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).

For all this complexity, Tronick (2009) asserted that emotions had meaning, even if they were multiply and contextually derived. For Siegel (2009) this was because the "mind is defined as an embodied and relational process that regulates the flow of energy and information. This energy and information flow is happening all the time, and its texture, the music of the mind, can be considered 'primary emotion'" (p. 163).

Tronick (2009) emphasized the word "flow" by arguing that emotional meaning was never fixed:

> Emotions have meaning. Emotions are elements of meaning, being perhaps even the foremost and principle elements assembled in humans' state of consciousness. And though emotions are elements within the individual (the essentialist or individual psychology perspectives), I believe that they are both internally created in new emergent forms, as well as dyadically cocreated in new emergent forms with both externalized others and internalized objects. Thus, emotions are not fixed elements. They evolve over moments. Old ones change, new ones emerge, nuanced forms abound. (p. 88)

Tronick (2009b) offered the following summary statement that wisely emphasizes the complexity and messiness of emotions, emotional research, and emotional work:

> Emotions are elements of meaning, being perhaps even the foremost and principle elements assembled in humans' states of consciousness. . . . Meaning is biopsychological. It is made by polymorphic systems operating at multiple levels of the individual. These polymorphic systems create qualitatively different forms of meaning, what Freeman (2000) refers to as actualizations of meaning, which at best only messily fit together. (p. 88).

Messiness and the Organization of Experience

Though it might indeed be—at best—messy, the above emphasis on meaning and the regulation of energy and information flow implies that living human systems embody a degree of organization that affects how individuals experience themselves emotionally, cognitively, physically, and spiritually.

This is consistent with Bateson's (1979) propositions on the nature of living organic systems that make it clear that humans are hard-wired to organize their experiential messiness and complexity. What is of primary importance in a system is not the amount of energy, but 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). This view is paralleled in the philosophical new key methods, such as Langer's (1962) conception of the symbolic transformation of the given. Likewise, Siegel (1999), as noted above, argued that the human mind emerged from patterns in the flow that organize energy and information within the brain and between brains. Porges (2009) also agreed that psychology must pay attention to the organizing variable:

> In the polyvagal theory, neuroception is an S-O-R model. Within this context, autonomic state is an intervening process that contributes to the

> transformation of the external physical stimulus to the complex internal cognitive affective processes that determine the quality of the interpersonal interaction. (p. 53)

There are many languages, and many ways of expressing this concept. Ogden (2009, p. 210) observed that "From interactions with attachment figures, the child forms internal working models (Bowlby, 1988), which are encoded in procedural memory and become non-conscious strategies of affect regulation (Schore, 1994) and relational interaction." This now commonplace assertion, in line with Gendlin's opening remarks about psychology only coming lately to appreciate emotions, was controversial within our own generation. When Bowlby reported the result of his attachment research to the United Nations in 1950, specifically that the mother-infant relationship was extremely important and that early separations can hurt growing children, many professionals scorned and ridiculed him (Karen, 1998).

Now much research, such as Tronick's (1980, 1989, 1998), has made it clear that "Though we don't truly know the infant's experience, nonetheless, they gave evidence of an organized state of consciousness" (Tronick, 2009, p. 90). This means that many of the core organizers that affect us are in implicit memory (Nadel, 1994). As the emotional responses to organizers become engrained patterns of neural firing (Schoener & Kelson, 1988), Siegel (1999) observed 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" (p. 218). Schwartz (1995), and Rowan and Cooper (1999) added that our organization was characterized by a multiplicity of common internal attractor states, which means we have an exquisitely complex inner ecology of parts, and therefore are never completely of one mind or one emotion in relation to any issue.

Since core organizers control how we experience and express ourselves before we ever perceive something or react, Kurtz (1990) understood transformational characterological level psychotherapy as dealing with the modification of what he termed core organizing beliefs. Since these beliefs are at the basis of what story we live in the world, they can be termed core narrative beliefs. Similarly, Stolorow, Brandchaft, and Atwood, (1987) titled the chapter in their work on intersubjective psychoanalytic therapy "The Organization of Experience."

> Transference in its essence refers neither to regression, displacement, projection, nor distortion, but rather to the assimilation of the analytic relationship into the thematic structures of the patient's personal subjective world. Thus conceived, transference is an expression of the universal psychological striving to organize experience and create meanings. (pp. 45-46)

When Tronick (2009) considered the organization of experience into meaningful units, he used the term *state of consciousness:*

> . . . the flow of meaning has to be assembled by individuals into a coherent sense of themselves in the world, into what I will call a state of consciousness. No simple task. Bruner (1990) has said that humans are meaning makers. They make meaning to gain a sense of their self in relation to their own self, and in relation to the world of things and other people. These meanings are held in the individual's state of consciousness A state of consciousness is the in-or mostly out-of-awareness polysemic meanings made by the totality of an individual's biopsychological processes. Some meanings are known, and symbolizable, some are unknown, implicit but with "work" can become known, and some may be unknowable. (p. 87)

Tronick raises the issue here of the mind/body interface in terms of the knowable and unknowable. Often the concept of meaning is associated with verbal meaning. Certainly, as Ricoeur (1987) has stated, it is part of our identity as humans that we know and express ourselves through symbols. At the same time, Ogden's (2009, p. 213) point remains that "Neuroscience has taught us that emotions and the body are mutually dependent and inseparable in terms of functions (Damasio, 1994; Frijda, 1986; LeDoux, 1996; Schore, 1994). Thus, psychotherapists must struggle with words in terms of how they can articulate and give birth to emotionally charged meaning, and also how they can distance, separate, and deaden one from authentic, felt-sense meaning, especially meanings rooted in implicit memory (Johanson, 1996). Here, mindfulness can be a resource.

Those who deal with religion and spirituality do not escape the dilemma of words bearing both the birth and death of meaning, but they are often clear they are dealing with core organizing belief systems.

> To understand people, one must understand their unique ways of construing their worlds (Evans, 1993). . . . Every individual has a global meaning or orienting system. . . . Meaning systems provide the general framework through which individuals structure their lives and assign meanings to specific situational encounters with their environment.
>
> Global meaning consists of three aspects-- beliefs, goals,

> and feelings (Park & Folkman, 1997)--and is central in determining behavior patterns in both everyday life and situations of adversity (Park, 2005; Silberman, 2005a) (Park & Slattery, 2009, p. 123).

Likewise, for Tronick, emotions were never fixed entities understood without context. Once they became integrated into a larger scheme of meaning, they in turn influenced perception and expression in wide areas:

> They change and develop through emotion organizing processes and through the interaction of those processes with other processes (e. g. cognitive processes). Further, when emotional means are self-created or cocreated in a state of consciousness, their creation has consequences for the formation of relationships, ongoing emotional experience, and the growth of the individual: how the individual thrusts him- or herself into the world (Freeman, 1994) (Tronick, 2009, p. 88)

Emotions as Integrated Ports to the Organization of Experience

Considering that a multiplicity of experiences are organized leads to a congruent concept of integration. For all of the remarkable, incredible complexity humans display with their billions of neurons and trillions of interconnections, there is also unity alongside fragmentation. There is the one and the many, growth in agency and communion (Wilber, 1995). Bateson (1979) said that what made a system organic was not just that it was a whole made of parts, but that all the parts communicated within the whole.

Likewise, Siegel (2009) concluded that the one consilient finding that has emerged from diverse scientific investigations "is that of 'connection' or 'linkage' of different elements into a functional whole. The linguistic term we use for the linkage of differentiated parts into a functional whole is the word integration. . . . emotion is integrative" (p. 149). Further, "emotion, clarified as integration . . . [is] the fundamental pattern of energy and information flow that is at the heart of our subjective lives (Siegel, 2009, p. 160). "The integration of consciousness involves the linkage of differentiated aspects of attention into a state of mindful awareness in the moment" (Siegel, 2009, p. 167). "Discussing emotion as integration, as we link our individual sense of self with its own unique, differentiated history to the selves of others now, in the past, and also in a future we will never directly see, we come to realize our "emotional ties" to a much larger whole" (Siegel, 2009, p. 171).

Sundararajan (2008a) also wrote about the unifying pattern that wove together disparate elements related to emotion:

> After a comprehensive review of the literature, Jams Russell (2008) concludes that the so-called emotion is perceived pattern of configuration out of multiple ingredients—brain modes, instrumental action, action tendencies, reflexes, attitudes, cognitive structures, motives, sensation feelings, facial, vocal and autonomic changes—none of which have any intrinsic connection with one another. (pp. 710-711)

Tronick (2009) dealt with integration both in terms of the meaning-making mentioned above, and a principle of singularity. Seeing the "Myriad biopsychological processes that make up the whole individual (the whole system and all its components) as meaning-making systems provides a unifying conceptualization that makes sense of the individual's place in the world" (p. 111).

> Meanings include anything from the linguistic, symbolic, abstract realms, which we easily think of as forms of meaning, to the bodily, physiological, behavior, and emotional structures and processes, which we find more difficult to conceptualize as forms, acts, or actualizations of meaning. . . . It is possible to comfortably integrate these ideas about meaning under a principle of singularity. . . . All systems making up the whole individual—the totality of human biopsychological processes, including, but not limited to what we call mind, brain, and behavior—operate to gain information about the world in order to act in and on the world in alignment with their intentions and goals as well as to create the individual's unique, singular purposes, intention, meanings, and sense of self in the world. (Tronick, 2009, p. 88)

Infants begin this task right away according to Tronick, even though the hippocampus and the ability to have full memory is not present until around age three. "Given the precocious sophistication of infants in responding to the expressing emotions, compared to their ability to act skillfully on the world," wrote Tronick (2009, p. 93), "emotions may be the foundational form of their sense making (Tronick, 1980). Perhaps too mechanistically, infants can be thought of as emotion-meaning-making devices.

Fosha, Siegel, and Solomon (2009) commented on a book chapter by Trevarthen that also emphasized unity, integration, and interconnectedness:

> Trevarthen outlines how emotions operate in all spheres of human endeavor and serve many functions. He shows them as forces for the healthy intersubjectivity that is at the core of healing not just our individual selves but also our relationships and even our culture. Reaching down into neurophysiology and evolutionary history and up toward community and culture, emotion

> for Trevarthen allows individuals to participate in the music and dance of interrelatedness toward establishing sympathetic companionship and transmitting the value of human community throughout the lifespan, the upper reaches of the human endeavor. (p. x)

The upper reaches of the human endeavor are often talked about in terms of compassion, which in turn depends on an experiential sense of connectedness, realizing "our 'emotional ties' to a much larger whole" as Siegel (2009, p. 171) wrote. Thomas Merton noted that compassion was a profound sense of the interdependence of all things. The Greek language translation of compassion is "being moved in the guts" by the situation of the other. It is harder to harm, or to not help another, if one is so emotionally close that their predicament moves one's core physically. The Dali Lama has said compassion is the next needed stage in human development. Wilber (1979) argued that various therapies have been designed to deal with overcoming various levels of splitting or lack of connection in a client's world, thereby cultivating compassion at diverse levels.

In any case, there are far reaching stakes when therapists work with individuals, families, communities or groups to enhance or repair the level of integration present. For trauma patients, Ogden (2009) said the "overarching aim of trauma therapy is integration" (p. 226). Therefore, "Abreaction and expression of trauma-related emotion that takes place far beyond the regulatory boundaries of the patient's window of affective tolerance is not encouraged because it does not promote integration (Van der Hart et al., 1992) (Ogden, 2009, p. 226).

The good news of this subsection is that even when profound disintegration, fragmentation, and disassociation is present, emotional material remains holographic in that it is organized into a larger whole that can be a gateway to greater integration.

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 (1999) 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 Stanislav 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. (Domasio, 1999)

Ogden (2009) pointed out that "Gestures, facial expressions, and posture are not only reflections of emotion, but actively participate in the subjective experience of emotion and in our interpretation of our experiences" (p. 214). Clinically then, bringing compassionate awareness to any of these elements when appropriate safety is present, can help access the core organizing beliefs that brought it into being. Since organizing one's experience is in part a creative act, the principle of integration allows therapeutic curiosity of any aspect of one's creation to lead back to the level of the creator.

Since emotions are integrated within the organization of experience in such important ways, they can be used as a royal road to the unconscious level of core organizers. Fosha (2010) taught that each emotion, once accessed and viscerally experienced, acted as *a magnet for experiences* that were organized under its aegis and "lights up the network" (Shapiro, 2000): It draws to it and facilitates the emergence of emotion-specific constellations of memories, perceptions, fantasies, relational configurations, and ways of being. It is this that allows the working-through of traumatic experience.

Gendlin (1992) talked about the unity and integration of the organism that underlies the possibility of therapy in the following ways:

> Body and environment together make up one interactional process . . . Interactional information about the environment is therefore implicit in body-structure and in every bodily process. (p. 15)

> Your situation is not just what the five senses give you. . . . . A situation doesn't consist of sense-bits. Nor does it consist of separate bits of any sort. You can think of a few special factors, but you cannot think all of the parts of a situation separately. But you speak and act from a sense of the whole situation. That sense guides how you act and what you say, think, and need in the situation. You would be lost without that bodily sense of the situation. (p. 16)

Psychotherapy: Working with the Organization of Experience

Given the material in the previous sections, one way of conceptualizing psychotherapy is that it works with

the organization of experience, often how a client's way of organizing has organized something out (Johanson, 2006b). That we organize our experience to make sense and meaning out of life is not a therapy issue. It is a normal necessity. However, if we have appropriately, at one time, organized ourselves to be self-reliant because there was not trustworthy, dependable support in our life, it could be problematic later if we have not found a way to reassess and update our core organizing beliefs. If we still unconsciously organize out the possibility of support, perceiving and assimilating non-support years later when there is realistic support available, we can find ourselves dealing with the unnecessary suffering of starving in the midst of a banquet.

In psychotherapy today, one could argue an emerging consensus that all therapies that recognize constructivist principles 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, Mahoney (2003) in the cognitive-behavioral world, and Stolorow, Brandchaft, and Atwood (1987) in the psychoanalytic world—to name a few—is that we are working with the organization of experience.

Siegel (2009) expressed this by saying

> Healing is integration, psychotherapy is facilitated integration catalyzed by the relationship between two people. . . . When the degree of differentiation and/or linkage of components in a system such as the brain or our relationships is changed . . . we are changed as a result. (p. 155)

Tronick's language (2009) was this: "Therapy is a process of changing individuals' biopsychological state of consciousness, their sense of themselves in relation to the world" (p. 102).

The "what" of "what is changed" in psychotherapy is the core organizers that govern perception and expression. These often reflect a change that organizes something in (support, intimacy, freedom, etc.) that was previously organized out, resulting in increased connections and possibilities. This can be languaged in many ways as a change in one's imagination, map maker, core organizing beliefs, schemas, filters, scripts, state of consciousness, meaning-maker, pre-reflective consciousness, or whatever one's preferred term may be. Freud thought it auspicious when one could recognize something new as new. Tronick (2009) wrote, "Successful self or self-and-other creation of new meanings leads to an expansion of the complexity and coherence of the individual's state of consciousness" (p. 87).

Ogden (2009) referred to "'mentalizing,' the process by which we make sense of the contents of our minds and the minds of others," and continued: "Through mindfulness, we become aware of . . . procedural tendencies as these contribute to implicit mentalizing. . . . Mindfulness is . . . useful in changing procedural tendencies so that implicit mentalizing becomes more adaptive and responsive to current life situations instead of the past (p. 222).

These kinds of transformational changes often do not come through insight. Normally, it requires a new experience to counteract an old one, and to begin reinforcing new neural pathways (Cozolino, 2006). In terms of mindfulness, Siegel (2007) established that mindfully relating to aspects of oneself was an experience that generated such new neural nets, and affected neural plasticity (Doidge, 2007).

Psychotherapy: Assuming an Impulse to Enlarge One's Organization of Experience

Freud's full development of his concept of the repetition compulsion (Johanson, 2002) led him to a pessimistic—or what he might consider realistic—view of life and therapy, namely that "the aim of all life is death" (Freud, 1961, p. 32).

Luckily, something occurs in therapy that seems beyond the theories and/or control of therapists and/or clients. Growth happens in the face of ignorance, stumbling, and fumbling by therapist and client alike. Growth doesn't happen despite the most highly trained clinician employing the most state of the art techniques. Peck (1978) was so impressed that growth happened at all, in the face of so many obstacles working against it, that he posited some spiritual force called *grace* to account for it in his best seller *The Road Less Traveled*.

In Hakomi Therapy, Kurtz (1990) often referred to the concept of negentropy as expounded by Bateson (1979), Prigogine and Stengers (1984), and Wilber (1995)—the notion that there is a force in organic life that moves to build wholes out of parts, as well as the more well-known second law of thermodynamics that posits the opposite. By any name (*transformance* for Fosha, 2000; "the life-forward direction" for Gendlin, 1996, pp. 259-263), there is a natural impulse to heal through moving toward increased wholeness that can be experienced phenomenologically, and which therapists always count on, that has received

increasing research support in recent years (Eigen, 1996; Emde, 1988; Fosha, 2006, 2008, 2009a,b; Ghent, 1999, 2002)

When working therapeutically with a client's way of organizing their experience, the possibility simply must be assumed that it is plastic enough to reorganize, and that some aspect of the person wants it to organically unfold. Bateson (1979) expressed support for this by saying living organic systems are self-organizing, self-directing, self-correcting. Siegel (2009, p. 163) argued that the human mind embodied an inherent push toward integrative complexity, as did Tronick (2009, p. 99) who spoke of systems gaining resources for increased complexity and coherence.

Fosha (2009b) gave this assumption strong support through saying, "transformation is fundamental to our natures" (p. 175). Deep in our brains, there for the awakening and activation in facilitating environments, lodge wired-in dispositions for self-healing and self-righting (Doidge, 2007; Emde, 1983; Gendlin, 1996; Sander, 2002, Siegel, 2007) and for resuming impeded growth (Ghent, 1990; Grotstein, 2004, Winnicott, 1965).

A perspective from the sciences of non-linear systems is that 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.

So, when one loses a job, a marriage is threatened, drugs are getting out of hand, or kids leave the nest, the old ways of coping no longer function, and a bifurcation point arises that might lead one to therapy. Fosha (2009a), LeShan (1989), and others also argued that concentrating on the positive in the present, the person's best self, and mobilizing to walk into the future with realistic hope can also lure the system forward.

Wilber (1995) adopted the language of holons from Koestler (1967), holon being shorthand for a whole that is made up of parts and in turn part of a larger whole, a succinct way of expressing a fundamental of systems theory. It has the advantage of covering both the internal-subjective and external-objective aspect of systems. Wilber then studied various holonic systems, and discovered twenty tenets of evolution that drove or pulled a system to develop. Here are a few that support the notion that there is an impulse toward growth one can count on in therapy.

- Holons display capacity for self-transcendence, symmetry breaks creativity (Whitehead) or emergent transformation into new wholes with new forms of agency and communion.
- Holons have directionality toward increasing complexity with a greater overall simplicity.
- Holons have directionality toward increasing differentiation (producing partness, novelty or a new manyness), and integration (producing wholeness, coherence or a new oneness).
- Holons have directionality toward increasing organization/structuralization.
- Holons have directionality toward increasing relative autonomy.
- Holons have directionality toward increasing telos of larger/deeper contexts.

Before entering a more specific discussion of how mindfulness can work with emotions in the context of the organization of experience, we return to Tronick's (2009) beginning metaphor of messiness:

> Messiness is the wellspring of change, and the stuff out of which new meanings emerge. Systems that are fixed, static, and tightly controlled do not change. They remain the same even if they are complicated. For example, spacecrafts have enormously complicated control systems, but they do not develop; nothing new emerges with them. They have a singular purpose, variability is limited, and if variability gets too great, the spacecraft simply fails. By contrast, self and dyadically organized systems generate new meanings. Self-organized private meaning making, such as self-reflection or mentalization (Fonagy & Target, 1998), may lead to a new insight. So might engaging with another person. Either may generate a new state of consciousness. (p. 98)

Mindfulness Studies the Organization of Experience and Helps Reorganize it Through Compassion

Top-down Processing with Mindfulness. Mindfulness can function as a premiere tool for studying the messiness and complexity of one's emotions in relation to their embeddedness in one's organization of experience (Johanson, 2006a), 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 was employing mindfulness as "a psychological process (being mindful);" described by Baer (2003, p. 125) it was "The nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise." Siegel (2009) wrote that to

> . . . be mindful . . . means that we intentionally seek to notice the categories that shape our preconceived idea of how we structure our perceptions. We avoid premature categorizations, come to an experience with an emergent sense of novelty and freshness. (p. 151)

Khong (2007) noted that this approach had similarities to Heidegger's concept of releasement consciousness (*gelassenheit*), where releasing oneself to the reality of an event was contrasted with automatically imposing one's view in an unconscious way. Sundararajan's (2008b, p. 15) concept of savoring is appropriate here: "Savoring . . . is a receptive mode of information processing, a 'letting be' characterized by awareness and acceptance of one's own emotional states, a capacity generally known as 'affect tolerance' (see Krystal, 1988)." Likewise, Frijda and Sundararajan (2007) spoke of discovering refined aspects of emotion by approaching them with "experientially engaged detachment" (p. 15). Or, as Fritz Perls was heard to say, "I am the bulls eye the arrow hits every time."

Mindfulness as described here is an expression of non-doing, or non-efforting where one self-consciously suspends agendas, judgments, and normal-common understandings (Johanson & Kurtz, 1991; Sorajjakool, 2009). In so doing, one can easily lose track of space and time, like a child at play who becomes totally engaged in the activity before her. In addition to the passive capacity to simply witness experience as it unfolds, a mindful state of consciousness may also manifest essential qualities such as compassion and acceptance, highlighted by Almaas (1986, 1988), Schwartz (1995), Germer (2006), and others, qualities that can be positively brought to bear on what comes into awareness.

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

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

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

This use of mindfulness in relation to emotions functions as a bridge between Eastern and Western perspectives on psychology through its combination of passive distancing aspects of witnessing that can lead to the sense of unity consciousness valued in the East, and active compassionate awareness that can foster affect-based healing to internal parts that is sought in the West.

A fundamental aspect of mindfulness is that it can allow clients to get some distance on the way they are automatically driven or activated by their present organization (Khong, 2004). They can move from being their symptoms to having symptoms, making—in Kegan's (1982) sense of the evolving self—what was once subject, now object. 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 client's relationship to negative thoughts and feelings is altered (pp. 38 ff.). It is the distancing or de-centering aspect of cognitive work, namely the mindful aspect that proves helpful through allowing one to shift perspective and view negativities as passing events rather than abiding realities.

As a state of consciousness, mindfulness can be encouraged in relation to anything present, our emotions as well as our breathing, walking, or movements; a spouse's way of talking; the woods through which we're strolling; the dishes we're washing; or the thoughts in our mind. Psychotherapists, of course, are especially interested in encouraging clients to be mindful of sensations, emotions, thoughts, feelings, and memories that might be connected to deeper core narratives, transference, schemas, filters, scripts, introjects, beliefs, or other ways of conceptualizing the organization of one's experience.

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

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

Nyanaponika (1972) added that, "Mindfulness enters deeply into its object . . . [and] therefore 'non-superficiality' will be an appropriate . . . term, and a befitting characterization of mindfulness" (p. 43). This concept is attractive to therapists who have found that clients continually rehashing their stories in ordinary consciousness can indeed begin to feel superficial. Thich Nhat Hanh (1976) concurred that, "Meditation [another word for mindfulness] is not evasion; it is a serene encounter with reality" (p. 60). "The term 'mindfulness' refers to keeping one's consciousness alive to the present reality" (Hanh, 1976, p. 11).

When therapists help clients become mindful about what they are experiencing in the ongoing stream of their experience, a number of possibilities are brought into play. Nyanaponika Thera (1972, p. 46) noted 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" 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) added:

> 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. (p. 10-11)

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

In clinical practice, an implication here is that mindful attention to one's present moment experience goes beyond free association (Kris, 1982) in that it is more focused while still open. Top-down processing can be termed here *mindfulness of the mind*. It assumes the integration mentioned above that will yield rich contextual knowledge if there is discipline to stay with one emotion and allow other elements to gather around it as the cooperation of the unconscious (Kurtz, 1990) works to unleash the impulse to heal.

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 Winnicott (1982), who affirmed that it doesn't matter how much therapists know, as long as they can keep it to themselves.

Transformation is the reward for mindfully following the thread from some aspect of a client's creation—such as an emotion—to the level of their core organizing beliefs where experientially organizing in additional connections becomes possible. Siegel (2007) reported, "Experience can create structural changes in the brain" (p. 31). 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) than went on to say, "Mindful awareness is a form of experience that seems to promote neural plasticity" (p. 31)

Compassion

Germer (2006) cautioned that there was a danger in that mindfulness was now being manualized for therapeutic applications in a way that left out the crucial element of compassion. Brach (2003, pp. 27-31) agreed that healing work must include the wings of both clear mindful awareness, and of compassion that allowed for wholehearted acceptance. Kurtz (2008) taught for many years that cultivating loving presence was essential alongside mindfulness. Fosha (2009a) likewise emphasized the importance of positive affects in the service of transforming suffering into flourishing. In the Buddhist tradition, the practice of bare attention in Vipassana mediation is often combined with the practice of Metta meditation that serves to cultivate compassion.

A gratifying development in Western psychodynamic work through the influence of attachment, developmental, and psychotherapy efficacy studies is research supporting the use of compassion and positive affects in therapy (Baumeister & Leary, 1995; Beebe & Lachmann, 2002; Bridges, 2006, Davidson & Harrington, 2002; Decety & Jackson, 2004; Fehr, Sprecher, & Underwood, 2009; Fosha, 2000, 2004, 2009c; Fredrickson, 2001; Fredrickson & Losada, 2005; Germer, 2009; Gilbert, 2005, 2010; Greenberg & Paivio, 1997; Greenberg, Riche, & Elliott, 1993; Ji-Woong et al, 2009; Johnson, 2009; Keltner & Haidt, 1999; Laithwaite et al, 2009; Lamagna & Gleiser, 2007; Lewis, Amini, & Lannon, 2000; Panksepp, 2001; Paivio & Laurent, 2001; Prenn, 2009; Schore, 2001; Shiota et al, 2004; Trevarthen, 2001; Tronick, 1998; Tugade & Frederickson, 2004). While Kurtz (1990) and others affirmed this approach over thirty years ago, it was not the mainline model of "professional demeanor" at the time (Kurtz, 2008, p. 15).

Siegel's (2007) study of interpersonal attunement in relation to attachment issues led 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," (p. xiv) an internal act of compassion.

Affect communicating growth in the context of mindfulness-based therapies is both from the awareness and compassion of the patient functioning—in Siegel's sense—as a friend to him or herself, and the parallel component of attuned compassion from the therapist. Here mindfulness potentiates top-down processing, often in relation to developmental or attachment issues.

Self States

The core aspects of mindfulness or consciousness—inclusive of passive awareness and active compassion—that have been outlined here are essentially present in all clients. These potentials are there, regardless of the client's object-relations history as it shows up on the ego level of past conditioning. This has led some theorists to refer to these essential qualities as comprising a self, core self, heart self, ontological self, or a self-state. The concept of a larger self, new to Western psychology (Schmidt, 1994), has likewise received research support in recent years (Almaas, 1988; Eisman, 2006; Fosha, 2005; Marlock & Weiss 2006; Mones & Schwartz, 2007; Panksepp & Northoff, 2008; Russell & Fosha, 2008; Schwartz, 1995).

Schwartz's (1995) concept of the self included passive awareness alongside a number of essential qualities that can be actively employed in healing. Siegel (2007) put 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. (pp. 16-17)

A clinical implication of self-states is that therapists become conscious of differentiating the larger self elements of awareness and compassion that clients can use on their own behalf, from immersion in the ego level, historically conditioned parts organized in their inner ecology.

Bottom-up Processing with Mindfulness

Mindfulness may be used in top-down processing of emotions, as well as bottom-up processing of sensations and physical tendencies when the trauma present (Ogden, Minton, & Pain, 2006; (Rothschild, 2000), and ordinary talk therapies risk evoking a trauma vortex that can risk retraumatization.

Ogden (2009) is justly acclaimed for developing ways to use mindfulness in directed ways that promote healing in a safe way by avoiding the risk of retramatizing.

> "Directed mindfulness" is an application of mindfulness that directs the patient's awareness toward particular elements of present-moment experience considered important to therapeutic goals. . . . Directing mindfulness toward emotions or toward the body makes

> it possible to utilize precise interventions targeted at emotional processing—the experience, articulation, expression and integration of emotions—as well as sensorimotor processing—the experience, articulation, expression and integration of sensations and physical actions. (pp. 222-223)
>
> Through attending preferentially and exclusively to sensorimotor processing when arousal is at the edge of the window of tolerance, patients learn that the overwhelming arousal can be brought back to the window [of tolerance]. This can be done independent of any particular emotional or cognitive content. Noticing and changing somatic tendencies in the present to the exclusion of emotions and content limits the information to be addressed to a tolerable amount and intensity that can be integrated, facilitates affect regulation and paves the way for future work with strong emotions without causing excessive dysregulation. (p. 226)

In the following quote, Ogden (2009, pp. 221-222) wrote of using mindfulness with core organizing beliefs in terms of procedural tendencies, which operate in implicit memory where they can easily generate an unwanted trauma vortex.

> To discover and change procedural tendencies, the therapist is interested not only in the narrative or "story," but in observing the emergence of procedural tendencies in the here and now of the therapy hour. Through the practice of mindfulness, patients learn to notice rather than enact or "talk about" these tendencies. Therapist and patient together ". . . study what is going on, not as disease or something to be rid of, but in an effort to help the client become conscious of how experience is managed and how the capacity for experience can be expanded" (Kurtz, 1990, p. 111). Because mindfulness is "motivated by curiosity" (Kurtz, 1990, p. 111), it "allow[s] difficult thoughts and feelings [and body sensations and movements] simply to be there, to bring to them a kindly awareness, to adopt toward them a more 'welcome' than a 'need to solve' stance" (Segal et al, 2002, p. 55). Mindfulness also includes labeling and describing experience using language (Siegel, 2007; Kurtz, 1990; Ogden et al, 2006). Such non-judgmental observation and description of internal experience engages the prefrontal cortex in learning about procedural tendencies rather than enacting them (Davidson et al., 2003). Since emotions and procedural tendencies are the purview of the right hemisphere (Schore, 2003), while language is the purview of the left hemisphere, mindfulness may serve to promote communication between the two hemispheres (Siegel, 2007; Neborsky, 2006).

Conclusion

In addition to being friendly to emotions through providing an accepting, curious space where they can be welcomed, savored, and learned from, it is also obvious that mindfulness is being friendly to the field in general by bringing people together who were not sure they had any business being together: humanists, psychoanalysts, cognitive-behaviorists, brain scientists, traumatologists, positive psychologists, as well as elective general practitioners, and those open to spirituality. One can anticipate a lot of future dialogue and debate on the various ways mindfulness could be used in therapeutic protocols with emotions and a myriad of presenting issues (Johanson, 2009c).

Case Study Verbatims Illustrating the Use of Mindfulness and Compassion

What follows are case verbatims with commentaries that illustrate actual clinical use of the above discussion of theory. The case verbatims here are individual sessions with a wife and husband who both participated in a veteran's program offered by a church-related mental health center with state and county funding. The program offers therapy groups for veterans, support groups for spouse-partners, individual sessions for each, and couples sessions. In this example, the vet—Ben—chooses to work on issues in individual sessions because he feels he would have to contain himself too much in a couples' session with a non-vet. However, he is happy for his wife Trish to get individual support.

Wife Trish

Client: So, I'm really struggling with Ben's wanting to go with me and the kids, alone or separately, wherever we go. It felt like caring and protective when he first got home from the deployment. Now it's starting to feel smothering or something. I can feel some angry part of me getting touched. But, I don't want to push him away and get him activated, and make him feel like we don't want him. And, he is also a bit angry and distant with Ed [four-year-old son]; kind of ordering him around instead of being warm in his communications. [Client tells story with appropriate affect in ordinary consciousness]

Therapist: Okay. So, I'd probably need to continue to deal with Ben directly about what's up with Ed. On the smothering thing, it sounds reasonable to be feel hemmed in when you are so used to being self-reliant with him away. But, you are saying it feels like something in you is cranking up your reaction beyond what is normal((?)) [Sorting out issues in story, and working to collaborate on

where the session might focus. The ((?)) symbol implies a certain unattached curiosity in the therapist's voice tone that invites the client to explore her experience more deeply.]

Client: Yeah, it feels like some kind of fire that is ready to react to provocation before there is any. [Client taking responsibility for her part in the couple's interaction and expressing a willingness to explore it, knowing Ben is doing the same in his own sessions.]

Therapist: So, exploring more deeply this part of you that is ready to feed the fire seems good, huh? [Proposing an agenda that seems to be where the client's curiosity is. The "huh?" communicates that the therapist is not attached to the agenda and is willing to be corrected or have the proposal be fine tuned.]

Client: Yeah. Let's. I don't want to get into something that ends up being more ugly than it needs to be. [Mini-contract confirmed.]

Therapist: Good. Okay. There are a number of ways to get into this. How about you imagining the last time Ben came along that seemed a bit much, and we can slow down and study what that was like for you? [This is an invitation to switch states of consciousness into mindfulness that is fairly brief and straightforward since it is the fourth session and the client has already been exposed to the process.]

Client: [Closes eyes, slows down, turns her awareness inward toward her felt present experience. Almost immediately her shoulders shake, and she shows emotion in face and voice.] Oh, it was yucky! But I didn't let myself express it like here. [While the client is observing and reporting her experience, it seems she is fairly fused or blended with the yucky part, and doesn't have much distance.]

Therapist: So just remembering that last time is pretty activating, huh? [Looks for non-verbal assent to contact statement.]

Therapist: How about we get a little more distance on the issue by just imagining you will be calling down the hall to let Ben know you are going out, anticipating he will say, "Oh, I'll come too." But before you actually call, stop and be a witness to whatever is evoked in you prior to calling. As you anticipate his response, notice what comes up for you spontaneously, without you efforting anything—any sensations, muscle tensions, feelings, attitudes, thoughts, memories . . . ((?)) [The therapist attempts to modulate the energy level by evoking enough of a signal to guide the process, but not so much that the person becomes the emotion as opposed to being present to it. More specific suggestions are offered to support a mindful state of consciousness. Notice the therapist does not limit the study of experience to affect alone, but broadens the range of possibilities.]

Client: The anticipation would be more like, "Don't leave! I'll be right there."[It is a good sign for a client to fine-tune the words or process. It is an indication she is immersed in and listening closely to her experience.]

Therapist: Great. Anticipate the "Don't leave!" and study closely what it evokes in you. [The word "study" supports mindfulness in that it invites someone to be present to their concrete, felt experience, but also a step back where they can notice and be curious about it, as opposed to simply being swept along by it. It is a middle position between "talking about" their feelings or simply "acting them out."]

Client: I notice some sense of resentment with my cheeks and arms warmed up, almost hot, but I'm clamped down, and feel tension in my face and arm muscles. [Good witnessing by the client who is both present to her experience and able to comment on it from the position of an observer.]

Therapist: Uh, huh. Maybe if you just hang out with the resentment, befriend it, and be curious about it, you will sense more about it, or it will tell you more about itself ((?)) [Now that the client has been invited into a mindful space, the therapist encourages staying in the state longer, and deepening into present experience with trust in the organic impulse to unfold toward greater wholeness or complexity.]

Client: It seems to be muttering something about "unfair" between clenched teeth, but afraid to really be heard. [More threads or context gather magnetically around the original report of anger as the experiential spaciousness of the mindful process allows the unconscious to lead more deeply into unhealed constraints.]

Therapist: Like really in a bind ((?)) [A simple contact statement addressed to the present experience facilitates the deepening of the process.]

Client: [More emotional, with a younger quality to her voice.] Yeah, like her father loves her, but won't let her go play with the other bigger kids, and she is really mad, but can't say so because he is really strict, and will punish her right there in front of the other kids, and she would really be embarrassed! [Process spontaneously deepens into a memory.]

Therapist: Oh, a memory comes up. How old does she

seem to be? [Contacting details like age help stabilize the memory, and referring to "she" as opposed to "you" helps maintain the witnessing position.

At this point the process has gone from becoming mindful of some aspect of creation—the anger—and descended close to the level of creation, the memory that informs a core belief about not being able to be liberated to explore in freedom and/or express displeasure about not being able.]

Client: Four, maybe five. [. . . . more processing, deepening and stabilizing the memory . . . .]

Therapist: As you simply view the four/five-year-old from your position of compassionate awareness, what do you sense that she most needs that she is not getting in her situation . . . ((?)) [Therapist invites both witnessing and compassionate aspects of the client's larger self-state.]

Client: She needs to know that it is unfair for her dad to limit her and overprotect her, and then scare her into not even being able to express her feelings about it. And . . . she needs to know, to know, uhh . . . it won't be this way forever . . . that sometimes people in power do try to hold you back . . . that's true . . . but . . . that there will be times when she finds the freedom to use all her strengths and energies without being held back. [Here the empty, non-agenda space of compassionate awareness releases itself to the situation of the inner child and receives some relevant psychological-emotional information. The slowness and space between realizations is an indicator of a mindful process.]

Therapist: Yes. So, go ahead and communicate that to her in any verbal and non-verbal ways that seem right, perhaps having her look in your eyes so she really gets your presence, and check whether she is taking it in or not. [A therapeutic directive that invites her to take the awareness and loving presence of her self-state and apply it interpersonally to this inner child, thus, as Daniel Siegel puts it, helping her mindfully become a friend to herself. Communicating through the eyes and face are crucial for safety and communication as Porges' research shows.]

Client: Yes, she is getting it. But, it is a new thought to get used to, kind of like a fragile flower coming up that needs some tender care. [Acknowledging both the transformation of organizing in new information previously organized out, as well as the fragility of the process that will need more integration.]

Therapist: That's really important to follow up and keep integrating to foster this new neural network. In particular, ask her if she is willing to have a conversation with you when you go home, directly or through journaling, about how to have a conversation with Ben that acknowledges both your knowledge of his care and your need for freedom to use your own strengths. [A directive to help foster this intra-psychic relationship, so the internalized object of the inner child and her larger self-state can dyadically regulate the affect that gets stirred up in these situations with the husband, as well as other situations.]

Client: Yes, she wants that . . . and needs that . . . to keep from going into that suppressed rage, and to know more about what is really possible. [Relationship is reinforced.]

Therapist: You can really help her grow into a new future by experimenting with this new possibility of freedom in relation to real situations. And do you feel you will be able to have a little distance on the anger when it arises in situations like with Ben, so that it doesn't completely take over and blend and fuse with you? [Reinforcing compassionate intra-psychic relationship, and checking for distancing or decentering aspect of mindfulness.]

Client: Yes, I think I'm much clearer now about what the anger and fear and holding are about, and if it comes up too hard, too fast, like with Ben, I'll be able to ask for a time-out before we talk more, so I can sit, check with the young one, and get more distance and centeredness before sorting things out with him. I'm not quite clear about what is going on with Ben, but I have a more relaxed sense of compassion for what is going on with me. [Starting to complete and move back into ordinary consciousness.]

Therapist: Awareness and compassion are an ongoing practice we keep learning from. Good luck with this one.

Reflection

Internalized objects such as "self-narratives using stories about experienced events" (Bons-Storm, 1996, p. 437), or inner children frozen in time, are ultimately illusion, basically a way of organizing energy and information (Eisman, 1989). To simply allow their manifestations to come into awareness and pass by like clouds in the sky, as in classic meditation practice, is a fine project that enhances spaciousness (Roberts, 2009) and does not give them undue importance and reality. However, when their clouds come continuously into the sky over time and affect the organization of one's experience in the world in unconscious ways, perhaps a little compassion can be helpful in the overall quest to not be at the mercy of unconscious core organizers. Adding the active elements of compassion to the passive element of bare attention of awareness can help heal the fragmented ego appreciated in the West. Staying with the practice of simply watching

experience arise and move by can help progress toward the unity consciousness esteemed in Eastern psychology. There can be a bridge here, with no need for a false forced choice. Thich Nhat Hahn, the eminent teacher of mindfulness and peace, could come upon a Japanese soldier in the jungle and teach him the value of a witnessing form of meditation. He could also have the active compassion to let the soldier know that the war is over.

Husband Ben

Therapist: Hey, good to see you. [Promoting positive affect and transference, nourishment, secure attachment, and what Fosha (2010) referred to as not just seeking a new ending, but also seeking a new beginning.]

Client: Uh huh. And what is so good about it? [Trusts therapist enough to challenge—a return greeting in ordinary consciousness.]

Therapist: [Smiling and making eye contact.] Oh, you know. No good reason really. Well maybe your engaging smile, your dedication to your family, your persistence, your loyalty. Not your good looks, for sure. Well actually, you are skinnier than me. I wouldn't even be able to deploy. [An attempt at integrating humor into the process. If people are at least co-creators of the meaning of their lives, then the creativity they used to organize their experience in one way is still available to help reorganize it in a new way. Humor affirms this capacity, which would not be appropriate with someone who was an absolute "victim" or "sick." Also an example of the use of self-disclosure (Prenn, 2009).

Client: [Laughs]. Hey you can be skinny too. Want to join me each morning with a ten-mile run? [Appropriate rejoinder reflecting decent therapeutic alliance, a lot of mutuality, though still asymmetric. It is important that clients know the therapist appreciates them in their strengths as well as their vulnerabilities.]

Therapist: Pass. Although, I am working out a lot. I can now do three laps around the car without needing an oxygen tank! So, what is going on that it is not so good today? [Transition from initial nourishing small talk and contact to issues at hand. Important that positive exchanges never gloss over the truth of present experience.]

Client. Still having a hard time just relaxing with Ed. End up ordering him around, like I'm trying to whip him into shape or something. Geez! The kid is barely four, and feels like I'm an E9 [sergeant major]. But, the most distressing thing is that I was walking around the village when Trish and Ed were in church; fairly relaxed, taking in the green, starting to feel that maybe I was in a relaxing place when a car backfired and I hit the deck! Jumped back up really quick, but really embarrassing and I haven't been back in town since. [PTSD symptoms: exaggerated startle response, sense of reliving trauma experience, significant social stress, avoiding activities and places.]

Therapist: Wow! Lower brain just took over. Yeah, very disturbing. [Contacting present experience in a way that validates the event. It is their10th session and the therapist has been sharing some physiological information with Ben that helps him feel that his reactions are in the ordinary realm in terms of what he has been through, and that it is known, recognizable, and workable.]

Client: Seriously. How can I function in the world and think about getting an ordinary job? [More symptoms of detachment, estrangement from the world, and poor sense of future possibilities.]

Therapist: So, just remembering the backfire is activating. Let's stand up together and do some resourcing. Stand in that short-stop stance, feel the ground under your feet . . . feel the flexibility in your knees . . . rock right and left a little bit. Notice the transition between the two . . . Notice your strength and readiness to do what needs to be done. . . . Put your hand on your lower stomach and breathe into it on the in breath, and make your hand move out. . . . Can you feel your hand there? What tells you it is there? . . . Just notice whatever other signals you are getting from your body. [Because the activation levels are taking the client in a hyperaroused state beyond his window of tolerance, the therapist abandons verbal, top-down processing that could risk setting off a trauma vortex. The client allows him to become very directive, concentrating on the body instead of emotions, since they have done resourcing together before. The therapist does encourage mindfulness of body signals. The instruction to "just notice whatever other signals" is a more general invitation to mindfulness. The therapist is exploring how resourced the client is in relation to being present to experience from the theoretically more safe distancing place of mindfulness.]

Client: I feel like I'm on lookout. [The physically ready stance is resourcing, but evokes the memory of serving as a lookout.]

Therapist: Yeah, looks like your head is rotating a bit, bobbing and weaving slightly, like you are really vigilant. [Therapist contacts the experience, but is a bit worried about not wanting to throw the client back into a traumatizing memory that would overwhelm.]

Client: I can sense my eyes are tightened and squinting. It feels like when I was big into R&S [reconnaissance and

surveillance]. I was always good at the avoid ambush drills and did a lot of gap work [lining out safe passages through mine fields]. [Client is on the dynamic edge of being able to mindfully witness his sensations and tensions, and being in danger of getting flooded and fused with traumatic memories. Learning happens on the edge between order and chaos, and the therapist attempts to track the balance.]

Therapist: Let's just bring your awareness and curiosity just to the eyes, to the tightening, not what it means, but just study it in terms of muscular tension alone, and notice what happens . . . reporting on your experience without coming out of it tell me about it. [Therapist feels things are too volatile and chooses to employ what Ogden calls "directed mindfulness," directing mindfulness to lower brain generated sensations de-coupled from emotion, stories, etc. Reporting without "coming out to tell me about it" is a helpful directive for keeping the client's mindful focus on the unfolding of internal experience, which is interrupted when they feel they have to come back to the normally expected realm of interpersonal discourse to report.]

Client: As I pay attention to the tightness, it seems to loosen up. . . . Now I'm noticing some kind of fear in my gut. [The process unfolds in this mindful state with one thing becoming connected to another that fleshes out this procedural tendency.]

Therapist: So, let's pay attention to the fear in the gut simply on a sensation level, and follow it wherever it goes. [Continued use of directed mindfulness of sensorimotor processing. The "we" language of "let's pay attention" supports both secure attachment, and the dynamic of there always being an interpersonal parallel process to the intra-psychic exploration mindfulness often encourages.]

Client: The fear sensation seems to travel up into the throat . . . where it clamps . . . down, . . . or, clumps up . . . kind of like a ball. [Good witnessing that serves to self-regulate instant, out-of-control fear and maintain a curious, open stance toward it.]

Therapist: I'm just guessing, but it seems like the sensation wants to move, and there is some other part of you that wants to block it for some good reason we don't know right now. How about we experiment with you holding this pillow to your face and mouth and allow it to be the part that is clumping up the movement of the sensation. Don't force anything, but just hold it there and notice what arises spontaneously. [This is an example of a taking over technique from Kurtz, who found that when a defense was supported in the state in which it naturally arose, it paradoxically allowed the process to go forward. The word "experiment" underscores an experimental attitude that underlies mindful work, which lends itself to more curiosity and allowing, as opposed to forcing or engineering. It fosters the attitude that whatever is evoked in the process is fine and natural and becomes ongoing grist for further processing. Likewise, the phrase "I'm just guessing" makes it crystal clear the client needs to go with the truth of his experience and feel free to ignore the therapist's guess if it is not accurate.]

Client: Uh, okay . . . [holds pillow close to mouth] . . . oh! [shows signs of increasing agitation] . . . [Holds pillow forcefully toward mouth so the sound is quite muffled while screaming into it repeatedly in rhythm with rocking motions of head down and up. Spontaneous occurrences such as this that are not the result of directives are usually trustworthy. The pillow muffling the sound has apparently worked in taking over the function of some part of Ben that didn't want him yelling.

Therapist: Okay, keep screaming as long as it feels good, feels right. [We are not working with a hydraulic-expressive model here, but an information processing one, so the therapist is not encouraging simple catharsis or emptying. But, tracking pleasure in terms of what feels good, right, or satisfying is often a good indicator of completing some action tendency that has been thwarted.

Client: [Finishes screaming in a semi-exhaustive, but seemingly good state.] Oh man! I got it . . . phew. . . both parts [more heavy breathing, catching breath] . . . the scream is "Get out! Get out!" I'm so tense being responsible for my men, worrying about their welfare, worrying I'm going to have to call some wife and give her the most shocking f***ing news of her life, and this is no place to be. They need to get out of there, get out of danger. The pillow is duty, mission [core Army values: never abandon the mission. The wonderful result of encouraging a mindful, curious process is that clients end up interpreting themselves, which often allows the therapist to follow more than lead.]

Therapist: Whoa. Yeah. You nailed it. How horrendous being responsible for life and death. No wonder you want to get them out of there. [Basic human confirmation.]

Client: God yes! I think this is why I hesitate to go to church. I don't like this God business. [A spontaneous connection arises.]

Therapist: Okay, so we need to check in more about doing God-duty. Right now, check in on how your body is doing. Notice if there are any other sensations or movement

tendencies that are talking to you. [Therapist invites a search for other aspects of the mind/body that might be involved in this procedural tendency to be in hypervigilant duty mode.]

Client: There is energy in my legs for sure. [Good witnessing of what is there without slipping into over activation.]

Therapist: Sense into the energy and notice if it wants to mobilize you into any kind of movement. If so, slowly follow just the beginnings of the movement. [Here the therapist has a hunch and is entraining awareness toward movement, when energy can actually lead to other things as well.]

Client: . . . [slowly, mindfully checks in with energy] . . . yeah, it wants to move the legs . . . IT WANTS TO RUN!

Therapist: Yeah! So in your imagination now, and also allowing your legs to move up and down as much as you want, yell to the squad to get out and run! No mission here! Nobody left behind! No reason to be here! Run! Run! Run! [We know from trauma work and recent research in neurobiology that the imagination can stimulate the same neural networks as in real life, and can be used to complete action tendencies frozen in time. The instruction here takes into consideration the counter message of the clumped throat that prevented the natural expression of screaming and running in the war zone.]

Client: [Takes a few minutes to really get into the running away scene where he shepherds his men like a sheep dog, with actual legs going up down rapidly while running in place and imagining. Finally collapses on floor in a good way and leans back against the sofa.] Oh, man! Oh, geez. I finally feel relaxed, like I don't have a foot on the gas and brake at the same time. [Natural result of an action tendency taking its course, and an implicit procedural tendency coming into cortical consciousness.]

Therapist: Great. Very nice. So, just sit back for awhile and savor what it is like to be in this state of relaxation. Notice in a curious, spacious way what is different in your sensations, tensions, feelings, attitudes, whatever. [Important to savor and integrate the new experience. A large part of mindful processing is simply slowing things down.]

Client: [Follows instruction in slow, mindful way] . . . I really like looking around with my eyes in a soft way that takes in more information actually than when they are tense and seriously focused.

Therapist: So, from this relaxed state, I would like you to experiment with inviting the on-duty sergeant you that is mobilized to be on mission and worried about his men to come into view. Let me know when you have some kind of visual or kinesthetic image that he has come into view. [This is an example of the distancing-while-still-being-present aspect of mindfulness. Saying "visual or kinesthetic" makes room for those who don't get visual images easily.]

Client: Okay. He is front and center.

Therapist: Good. So, check if you are in that place of compassionate awareness that can express to him some gratitude and thanksgiving that he can go on this impossible God-duty where he takes on a mission while carrying all this concern for his men that just wants to get them out of there. And, if you are in that space with him, notice if he can take in the appreciation. [This type of mindful therapy is never about exorcizing or fighting against parts of one's internal ecology. Honoring or respecting the benevolent intent behind each part, as Richard Schwartz suggested, helps make each part a harmonious and coherent element of one's narrative. The compassion of the client's larger self-state that can express appreciation to the God-duty warrior is not necessarily voting for such a position in our war-torn world. The qualifier "if you are in that space" makes room for parts of the client's inner family, team, squad, committee, or tribe to be present that might have objections to thanking the God-duty guy, which would then need to be dealt with first. Here the therapist suggests an interchange. Another option would be to ask the client to sense into what the God-duty guy needs from him right now in terms of a response, and then offer it.

Client: Yes he is getting it. He appreciates the acknowledgment. [When any member of a team is acknowledged and respected for their concerns or perspective, he or she tends to relax, trust the leader, and be willing to go along with the team's decision, even if it is not exactly what they were advocating.]

Therapist: Good. He is an important and needful guy to call on that not everyone has. What I would like us to do next is have you stand up again and slowly, mindfully go back and forth between three positions, really studying the minute differences that go into each position, until you can consciously move between them at will with your mind/body/spirit, which is different than when they just happen to you, with or without your intention. The first is the war zone-God-duty-on mission-worried-about-his-squad guy. There are appropriate times this guy needs to

take over things. The second is you at home with your family, safe, behind closed doors, relaxed like you are now, in that place where you can enjoy them and allow them to enjoy you. The third is when you are out with your family in the village, where a little more assessment of danger is called for since you are no longer inside the safety of your home, but normally it is far far from anything like a war zone. Okay? [Learning to take on these various positions voluntarily in terms of sensations, tensions, thoughts, feelings, attitudes, etc. does not take away the power of lower brain activation to click in when stimulated by internal or external stimuli. It does have an empowering effect on vets to do this differentiation practice that consciously reinforces realities such as "here I am in the city where cars backfire, vases fall off the ledge and crash, kids light firecrackers, and yes, sometimes people use guns." And, it seems helpful to give both permission and practice to taking on the appropriate modes of mobilization for different situations. [Session continues with spending a good amount of time integrating this ability to assess and mobilize appropriately and consciously.]

Summary

The initial theory aspect of this essay outlined the complexity or messiness of emotions. It then moved to outline how emotions are an integrated and integrative aspect of the universal need to organize and make meaning of one's experience. It was then argued that psychotherapy could be broadly conceived as working with the organization of one's experience, especially with important emotionally laden aspects of life previously organized out. The assumption was underlined that doing psychotherapy with living organic systems implies an impulse to heal or move toward transformation that allows the therapist to track how a process is unfolding, as opposed to needing to engineer one. Mindfulness, as a specific ability of consciousness to be both passively aware and actively compassionate, in what some theorists have termed a self-state, was explored as a premier tool for studying the organization of experience. A mindfulness-centered, somatically inclusive process allows implicit core organizers to become explicit and available for modification. Annotated clinical verbatims were provided that illustrate the use of mindfulness in top-down processing of emotions, and in bottom-up processing of sensorimotor material when too much traumatic activation is present.

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"Taking Over" Technique with Veteran Trauma Work

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Abstract

This article illustrates clinically the "taking over" technique developed by Ron Kurtz in the context of his corresponding "creative struggling" exercise. It was done with a veteran who had PTSD in a group for veterans. It demonstrates the power of taking over techniques for lowering the signal to noise ratio in a system by providing the safety that allows for increased awareness of important signals wanting to be heard.

Keywords: mindfulness, emotions, taking over, creative struggling, trauma, veterans, group participation, mindfulness, body tension, noise

Introduction

In a number of therapies, it is important to help clients become mindful (Johanson, 2006) for the purpose of getting distance on their experience, as opposed to being at the mercy of it. With clients such as war veterans this can be problematic since their bodies are so stressed from being hypervigilant, holding back impulses, and dealing with uncompleted action tendencies (Ogden, Minton, & Pain, 2006). There is simply too much tension to find that quiet place of consciousness that can be compassionately aware of how one is organized. This was Reich's (1961) main point, that tension or body armor masks sensitivity, and sometimes one does not want to be sensitive to certain signals that are causing distress.

Taking Over and Creative Struggling

One technique that can be helpful in such instances was devised by Kurtz (1990) in his Hakomi Therapy. It is called "creative struggling." It translates into doing something for someone that they are already doing for themselves, a form of nonverbal joining. With veterans it often means helping them hold back tensions in such a way that they can safely explore them and release them. It is difficult to both be the one who tenses and the one who searches for the meaning of the tenser at the same time.

Veterans are often terrified of the thought of becoming uncontained and hurting others, so creative struggling is best done in a group setting where there is enough physical power available to provide a safe enough container that allows a client to explore his impulses and fully engage his musculature.

Since holding tensions is normally unconscious, the awareness of the client is focused on the body, and not verbal meanings, which may or may not come later. What is creative in this process is that one is asked to struggle in a way that feels good, which serves to enjoin mindfulness of large motor muscle groups. The therapist's instructions are constantly directed toward what feels nourishing, right, and positive as opposed to any

form of a struggle of wills, of force against force.

If one can struggle in a way that is satisfying on a bodily level, there is a welcome sense of release of tension, as in doing a satisfying stretch. The resultant reduction of stress feels good in itself on a physical level, so no harm has been done, and it often allows the spaciousness for internal emotional signals to arise that want attention.

A Case Illustration: Ben

Ben was a vet who showed up for a vets' group feeling stressed and wound up, especially over issues of re-entry with his wife and four-year-old son from a recent deployment.

Ben: I find myself mad at the kid, nervous about what he is doing, and ordering him around like a recruit. I hate it, but I keep doing it over and over again!

Therapist: So, it seems that you are wound pretty tight. How about we use the group to do a little creative struggling, and see where that leads us?

Ben: Yeah, getting physical is good.

Therapist: Okay, so let's all stand up. You know the drill. Your buddies here can provide resistance for you in any way that feels right, that feels good. Notice if your body gives you any hunch about how we might start . . . or we can always just do something, and then check to see if it is right or needs adjusting.

[There is no standard protocol for how one should struggle. It is highly unique to each individual. By asking the experimenter to access what is pleasurable, even though it might involve great effort, the process touches bodily-cellular information that is organizing the system and knows what it needs to deal with (Damasio, 1999). Some participants want to struggle against a force in front of them, or behind them. Some want force coming down vertically on their shoulders that they can struggle up against. For some, it is being pulled in two different directions at once. Others want to move forward with resistance to their legs. It is all quite organic and unpredictable. So, the group members who have been trained in this technique stand around and wait for Ben to give precise instructions.]

Ben: It feels like I want to struggle against something in front of me.

Therapist: Okay. So, here is Ted providing resistance to both your right and left shoulders with his arms. Check that out and see if is most right or not.

Ben: It is close, but I think it would be better with his hands more in the middle of the chest. [It is a good sign that Ben is mindfully involved in the process and listening to the wisdom of his body to be able to fine-tune this adjustment, even though nobody knows what it might mean.]

Therapist: Okay, let Ted do that. [Ted puts his hands more in the middle of Ben's chest, and then Ben moves them with his own hands to be more directly over his heart.]

Therapist: So, that is closer to what is needed, huh? Experiment with struggling against the hands now, and notice if it feels resonant, or if something else is needed.

Ben: There is something about the arms that needs something.

Therapist: Oh. Would it be more like we could help you hold back from hitting, or hold back from reaching out . . . ?

Ben: It is more reaching out.

Therapist: Okay. You are a strong guy, so why don't we get two guys on each arm, and you direct them how it feels best to give you resistance.

Ben: Yeah, it is like I want to reach out, but am holding myself back, so maybe they can do the holding back as I try to move them forward.

Therapist: Sure, let's do that. You adjust their holds so that it feels best, and let yourself move against the resistance when it feels right.

Ben: Oh, yes, this is good. Let me do this some more. [Ben struggles in a satisfying way. Four more vets are involved to provide resistance around both legs to help him feel more safe, more contained, and he finally quits struggling with some satisfying deep breaths, and shows some signs of collapse.]

Therapist: Now it looks like your body wants to go the other way and lean against these guys. Is that okay to do that?

Ben: Yeah, that's good. Wow. Much more relaxed.

Therapist: So, don't force anything, but just check to see what might be coming into your awareness.

Ben: It is a vision of my son . . . watching him in a park or something . . . and wanting to go and hug him . . . but, holding back . . . struggling against reaching out.

Therapist: [on a hunch] So, as you are hanging out there with that image, would it be okay if Ted put a hand back on your heart where you had it before?

Ben: Yeah, that would be good. [Ted puts his hand back

on Ben's heart, who adjusts it slightly, while two other vets are supporting Ben from both sides. Therapist and group stand with Ben in silent support and allow his unconscious to lead him where he needs to go. Emotion wells up in Ben's face all of a sudden and he covers his face with both hands. The two vets on each side provide increased support by putting their hands over his.]

Ben: He could die! The bastard could die! [The other vets nod their heads in the common knowledge that one they love today could be killed in the next moment or next day, and sometimes they just have to steal themselves against caring too much.]

Therapist: Oh, so letting your heart go out to the little guy fully could leave you open to catastrophic heart wrenching grief, huh?

Ben: I don't know if I could bear it. I'd die or go crazy . . . But, I don't want to live numb and cheat him out of a father . . .

Summary

The rest of the session deals with the profound and natural ambivalence about being vulnerable to love. The path to this core issue was facilitated by the body wisdom embedded in the creative struggling exercise that lowered the stress and tension enough to allow the issue to arise in a manageable way.

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Poems

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Chris Hoffman is the author of two books of poetry: *Cairns* (where both of the following poems are included) and *Realization Point* as well as a book on ecopsychology and spirituality titled *The Hoop and the Tree*. All of his books are available through Amazon.com or through your local bookseller. He works as an organizational consultant, focusing on organizations committed to sustainability. More information is available at www.hoopandtree.org. He says, "I am profoundly grateful for Hakomi work. I have found it to be transformative, both personally and professionally."

Go There

Go there
for the nothing that is there.

You may find the lakes,
minted from sunlight
or moody in their mists and veils.

You may creep, small and warily,
under the tall suspended pounce
of cliffs.

You may stagger ankle-deep
through the juicy green
of mountain meadows,
dazzled by their embroidered robes
of white and yellow flowers.

Your fingers may feel
the specific grittiness of this rock.

You may stand up under the stars
wearing nothing but starlight.

All you behold
is the universe looking at you.

The wide sweep of the tundra,
the pine trees stooped by the wind,
the sharp peaks, the falls of tumbling water—
the whole land hums the tunes
of sacred geometry.

Go there opening the miracle
like a swimmer parting the water.

There, where gravity is the first teacher,
you push the earth away with each step,
with each step you return.
Slowly you discover

you fill your place
as water fills a cup
as one hand greets another.

Each part of this universe
reaches out invisible arms
anticipating your love.

Go there for the nothing you are.
The clenched bubble of separate identity
rises to the surface
and, with a little sparkle,
relaxes open.

Silence on the Desert

Silence on the desert
is a diamond of the first water,
brilliantly clear;
where the only sound at all
is the tender pulse
whispering in your ear.

Mature, massy silence
aged like fine wine
in cellars of naked rock
makes of a single birdcall
a comma between eons.

Settling on that silence
as a compass needle on its jewel
you may pivot to your true direction.

At night the stars
wheeling in the utter deep
lean their huge weight on this silence
and—as diamond cleaves diamond—
split away
all you thought you were,
leaving you ever smaller
and more infinite.