EDITORIAL: A WIDER PERSPECTIVE

GREG JOHANSON

One potentially liberating experience in life is crossing over into another culture and then crossing back to one's own, much more finely attuned to its reality, structure and nuances. The otherness of what is not familiar to us can evoke new experiences and perspectives. I have benefited from this kind of experience before and recently went through it again as I had the opportunity to study healing in cross cultural perspective.

What came out of the study for me was much more clarity about the craziness of the West and how we in psychotherapy risk promoting as well as participating in it. The Newtonian world-view promotes the notion of a universe of isolated, individual, basic building blocks which encounter each other randomly by chance. Though we might not like this notion, in Western psychology we have bought into it through the promotion of the autonomous self. As David Augsburger notes, in his book Pastoral Counseling Across Cultures , we have uncritically assumed an a-cultural, a-historical, a-political individual who can create personal meaning independent of social entanglements, separate from binding family emotional ties, transcend the crises of life objectively and dispassionately without any dependencies, face suffering without avoidance and death without denial, and more -- all through actualizing the powers of the fully realized, autonomous self.

Viewed cross-culturally this Western conception is revealed to be both illusory and tyrannical, totally ignoring the reality of individuals developing and flourishing inseparably from their social-cultural-relational context. The cross-cultural perspective can give us a graceful dose of humility as it challenges what, from a Western perspective, was thought to be secure knowledge in relation to issues of personality development, transformation, and the therapeutic process.

The challenge comes from simply realizing that some people, two thirds of the world as a matter of fact, do things differently. What for us is a healthy individual going his own way regardless of the opinions of others, is in India and Asia a bearer of serious pathology, a person who does not know how to live harmoniously with the world and know his interdependence with it. In the East there is a healthy sense of shame for not meeting one's responsibilities to the greater society as well as a more Western sense of guilt for going against one's own ego ideals. While in the United States we regard family as a "roof organization" which houses a collection of autonomous individuals, in India family is a "root organism" providing a symbiotic unity out of which persons emerge in varying degrees of individuality. In Botswana there isn't even a word for family, the closest one being "compound". While the governing family dyad in the West is the husband and wife of

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the roving nuclear family, in India it is mother-son, in China father-son, and in Africa brother-brother. (Notice the ethos of the entire planet is thoroughly sexist.) Identity around the world can be thoroughly tribal (Africa), communal (China), village (Palestine), as well as individual (America). While Western psychotherapists are trying valiantly (John Wayne model) to free people from entanglements from their mothers, Korean shamans and Voodoo priestesses in Haiti are trying to re-establish relational connections. For the West the big sin of all times is dependence (though fifteen year long psychoanalytic processes don't raise many eyebrows.) In the East it is resistance to dependence. Paradoxically, American individualists conform to a great extent, and those from traditional cultures can cultivate considerable individuality within a communal structure.

Western feminists are getting more and more tired of matriphobia and gynophobia. Some feminists such as Catherine Keller are starting to claim the virtues of relationality, connectedness, and interdependence. In her book From A Broken Web: Separation, Sexism, and Self[2] Keller does a nice job of contrasting the stereotypical Western male "separate self" with the stereotypical female "soluble self" and proposing as a healing alternative for both a "connected self". She also offers the image of the spider web as a nice way of thinking about interdependence. One cannot touch any part of the web without the touch reverberating through the whole. While we have broken many connections of the web in the West, we can't look for another world, but must begin the task of mending the broken connections of the web we have already been given.

The case for mending and promoting connections is not just for individuals, families and psychotherapists. It is a political, economic issue of enormous proportion. Americans are above all pragmatic. We are starting to be more open to learning from the two-thirds world, since our foolish pride and ignorance is now catching up with our pocketbooks. Once when Kurtz and I were talking about the problems of the world over lunch, Ron exclaimed "Why can't Americans build a Honda!?" The answer was brilliantly

offered recently by David Halberstam in his book The Reckoning[3] which deals with the American and Japanese car industries.

While Halberstam deals with many complexities of the Honda question, it is clear that we have trouble building quality in America because we have individualists on the assembly line. "Sorry your wire isn't connected man, but I only do bolts, and I get paid whether the wires are right or not." Every one is responsible for their particular job and no other. Only management level people have authority to shut down an assembly line if something is wrong. In Japan, by contrast, craftsmanship is promoted through everyone on the line being responsible for the final product. Since everyone is responsible, everyone also has the authority to shut down the line when something is wrong. Then an entire team swarms around the trouble spot to get it corrected as soon as possible.

Without trying to over-romanticize them, the Japanese seem to be embodying the most realistic general systems theory. The needs of individual workers are considered in relation to the needs of the company, the needs of the company are considered in relation to the needs of the nation, and now some in Japan (still not in the majority obviously) are realizing the needs of Japan should be considered in relation to those of the entire world market. America has overemphasized the individual. Communist countries have overemphasized the collective society. The most successful countries should be those who balance the needs of the parts in relation to the whole, realizing that every organic system is made up of important subsystems and is in turn part of a greater suprasystem.

This view of living, organic systems is the one hakomi has revolved around from the start, with special reference to Gregory Bateson's work in Mind and Nature: A Necessary Unity[4]. What my journey into cross-cultural studies is clarifying for me is that we need to be careful in our therapeutic work to balance many polarities, not promoting a collapse into any one pole. We work with such tensions as internal vs. external control, internal vs. external responsibility, internal vs. external worth, internal vs. external identity. Humans live in the balance of a

number of forces. We are created yet co-creators, personal yet communal, finite yet free, dependent yet responsible, and more.

One of the ways I have always thought of hakomi is that it encourages communion. It helps make connections. It promotes interdependence. When viewing certification tapes, trainers look for living faith on the part of the therapist -- faith that life heals, faith that if the therapy is successful in getting the parts to communicate within the whole, that that is all that is necessary. Though a lot of our work in hakomi is intrapsychic in the sense of getting parts of the mind to communicate with other parts that have been split off, the result of making the internal connections is a transformation in the external way people are able to relate in the world. If they have been taken over by relationships, perhaps boundaries are strengthened. If they have been afraid to enter into realistic, nourishing relationships, perhaps boundaries are softened. Overall, core organizing beliefs are transformed in such a way that people can better accept life as it is[5] --live life, relate to life, benefit from life — as greater connections are made. On a spiritual level, awareness can grow to the level of realizing the unity, the interdependence of all life.

In his article on the healing relationship in this volume, Kurtz puts it this way:

> Our present cultrual myth is too much a celebration of the ego. Our notions of separate self are out of balance with all sorts of larger selves: family, community, the biological world and beyond to the universe and God. All too easily, we feel ourselves to be separate from and not much supported by these larger selves. It is upon this fundamental image of isolation and struggle that we build identities, world pictures and psychotherapeutic methods.

One way I have explored encouraging communion in my private practice, is to invite people to bring friends and family with them who they feel safe with and trust when they come for an individual session.

This accomplishes a number of things. It gives me assistants to use and more possibilities to play with. It promotes some of that group energy that expects "something significant to come out of this session." Most importantly, it gives the person a built-in support system when they go home which is highly sensitive to the issues the person is working on.

So many times a beautiful transformation happens within the therapy hour which is, in reality, a fragile flower just beginning to take root; then the therapist sends the person back into a harsh, non-supportive environment with the expectation that the person should live their new beliefs in the face of total non-support. Speaking from a cross-cultural perspective it would be pathological for a person to ignore their surroundings. Feminist therapists in the West are often sensitive to this and involve their clients in political action support groups at the same time individual therapy goes on to underline for them that they don't have an individual problem divorced from the political, economic realities around them. It is not just "in their head."

Of course, my own invitational practice can back-fire on me. Every once in awhile someone will tell me, "Look, dopey, if I had a support group of friends to bring that I feel safe with and trust, I wouldn't need you in the first place!" Right. They correctly perceive that their issue is precisely a break-down in relational living. The connections have been broken.

One other thing I do on the subsystem level, which is a clear implication of the unity principle, is to have people checked out by metabolic specialists. If the thyroid is off, if people are hypoglycemic or have candida, etc., one could spend an entire therapeutic career trying to cure something on the wrong level of the system.

This particular edition of the Forum underlines the wisdom of a general systems view of life where every living, organic system (being) is respected as having a mind of its own, and is seen in relation to both sub and surpra systems. My article on curiosity is an overall introduction to the basic hakomi

method. Kurtz's article underlines the interpersonal relationship required to accomplish intra-psychic transformation. Lakshyan Schanzer investigates some of the neurological micro-processes that support individual self-exploration. Martin Schulmeister outlines how individuals can grow through self-conscious connectedness with others in a group setting. Chris Hoffman explores some aspects of hakomi at the level of larger organizations. David Patterson's article completes the volume with an essay on how our connectedness to another through a supervisory relationship can save us from the perils and pitfalls of a unhealthy, isolated, Lone Ranger therapeutic existence. For there to be health, all the parts of the system must be attended to, and the parts must attend to the whole in which they live and move and have their being.

1. Philadelphia: The Westminster Press 1986. This a great introductory volume to cross cultural issues. Augsburger brings together a massive amount of material from sociology and anthropology. The Christian perspective can be considered or ignored.
2. Boston: Beacon Press 1986.
3. New York: William Morrow & Company 1986
4. New York: E. P. Dutton 1979
5. In Lao Tzu's sense of being sane; not in the political sense.

. . . despite our differences, we're all alike. Beyond identities and desires there is a common core of self—an essential humanity whose nature is peace and whose expression is thought and whose action is unconditional love. When we identify with that inner core, respecting and honoring it in others as well as ourselves, we experience healing in every area of life.

—Joan Borysenko
Minding the Body, Mending the Mind

THE HEALING RELATIONSHIP

RON KURTZ

RON KURTZ IS THE FOUNDER AND DIRECTOR OF THE HAKOMI INSTITUTE. HE CAN BE CONTACTED THROUGH THE INSTITUTE ADDRESS IN BOULDER, COLORADO OR AT HIS ADDRESS IN ASHLAND (726 IOWA STREET, ASHLAND, OREGON 97520 — 503/482-2049).

This article appears in the latest versions of the manual, which some may not have available, and represents a shift in emphasis from intrapersonal to interpersonal. It repeats some material found in "On the Uniqueness of Hakomi" in Issue 5 of the Forum, Summer 1987. In it the inner work done by clients is explained as framed by a relationship between the therapist and client. This relationship has great significance and calls upon the highest levels of commitment, integrity and skills the therapist has. Without it, therapy does not work.

HEALING RELATIONSHIP

> All real living is meeting. Meeting is not in time and space, but space and time in meeting.
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> -- Martin Buber, I and Thou

> The basic work of health professionals in general, and of psychotherapists in particular, is to become full human beings and to inspire full human-beingness in other people who feel starved about their lives.
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> -- Chogyam Trungpa, Becoming A Full Human Being

In the development of Hakomi, a hierarchy of contexts emerged where each new level served to inform and regulate the levels below.

The level of technique is the lowest. Techniques are tangible and easy to learn. You can learn to deliver a probe in twenty minutes or so. (You won't learn all about probes in twenty minutes, but you can learn to deliver them.) The techniques are very powerful and they work. Students have some immediate success using them and the work is very exciting at this point. Depending on their capacities and interests, students may work at this level for months or, sometimes, years. There is a lot of technique to learn. While learning is still centered on this level, the techniques tend to be overused. In the early stages, students are taking over everything in sight and doing probes at a terrifying rate. The student still fascinated with technique uses a frame of mind that demands an awareness of small details. In that frame of mind, the student is not yet able to sense the larger contexts. The student is searching for opportunities to use the techniques he or she has learned and doesn't yet know much about actively creating those opportunities. With experience, more and more such opportunities are noticed and gradually the problem becomes which ones to chose. Finally, the question of why one technique and not another emerges. So, a combination of mastery and frustration final-

ly motivates a shift in focus, away from techniques themselves to a way to organize the use of techniques in an integrated, systematic fashion. Technique has become habit. The next level emerges: method.

The method, as the next higher level, organizes the use of the techniques. In studying the method, one begins to think about: what character process is this? What system am I in and how should I jump out? What part of the process is this? How do I create an experiment here? How can I get some more information about this or that? When should I do the experiment, what shall I contact? All those are questions about method and process and character. One becomes powerfully aware of the larger aspects of the client as a whole person. For example, the student learns to recognize, contact and work with the child part of the client. This is exciting and the work feels somehow new. At this level, the student learns to do more with less. One uses the techniques sparingly, with much more precision. The student also learns character issues, like those about safety, abandonment, control and freedom, and uses this in the work. The student begins to step back from the moment to moment details and notice larger patterns. These larger patterns: managing consciousness, lowering the noise, gathering information, studying the organization of experience, evocation, working with emotional release, the child, transformation, integration, and so forth, are the concerns of the method.

It takes much longer to master this level. A considerable amount of information must be assimilated and a long time spent studying and practicing. The work becomes a fulltime preoccupation. At this level the work also comes truly alive. It becomes richer and more satisfying, able to meet success with a wider variety of people on ever deeper levels. One can become a very powerful therapist through the method. Still, even the method has it's limits.

After a long time and much practice, we come to have similar feelings about the method. We have learned it to the point where we are feeling its limits. So, we look for a larger context, something beyond the method, just as method is beyond technique. This is

the level of relationship. The method is embedded in the context of the therapist—client relationship. It is this relationship that determines when methods work and when they don't. At this level, the therapist's emotional growth and depth of understanding are crucial. Here we begin to use our full selves, our human-beingness. There is still much at this level that the student needs to learn.

As my personal understanding went from one level to another, the power of each new model to organize ideas and to direct processes increased dramatically. It seems that when a new level is needed, understanding gathers momentum until, rather suddenly, a new organizing principle becomes clear. After I had accumulated so much detail about the method that it became conceptually unwieldy, something quite simple emerged to organize it. What emerged was a vision in which the building of a special relationship with the client takes precedence over all else. This relationship centers on the cooperation of the unconscious. It depends upon two complex

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structures: one, the emotional attitude of the therapist and two, the therapist's understanding of the client's world.

The principles are the highest level of context. As our capacity for relationship matures and becomes a powerful component of the therapy, the principles guide this development.

In Hakomi, the locus of healing and control is not in the therapist or in any external agent like a vitamin or an antibiotic. The locus of healing and control is in the client and in the client-therapist relationship.

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First: about efforting. I was leading a workshop at Esalen. The group was split into small groups of four or five. We were doing an exercise that often evokes strong emotions and processing. When things were well underway, I walked around and came to a woman working with expressions of resistance. She was lying down with several people gently restraining her arms and legs. She was pushing her arms and legs against the resistance of the others and pushing out some expressions of "No, I won't." "You can't treat me this way." Things like that. Another group member, a woman who had studied bioenergetics for several years, was acting as therapist. This person was holding the strugglers arms at the wrists. With each movement or spoken expression, the therapist would say, "Good!" Good!" As soon as I saw this, I wasn't happy. I didn't know why exactly, but, for me, something was wrong.

I sat down beside this little group and looked at the therapist. I told her that I would like to take over at this point and I invited her to watch my approach. She was agreeable to that. I didn't know what I was going to do; I only knew I didn't like what was going on. As I've thought about it since, I realized I didn't like the efforting. I didn't like the sense I got of the client working at expression, pushing for it, struggling. I didn't like seeing the therapist controlling the process and encouraging the efforting. I like to see the spontaneous happening.

Effort is an ego function. When one efforts, the act of efforting creates an I and a something the I struggles against. In this drama of struggle and competition, the chief act is the creation of a separate self: an ego. Without the struggle there is no drama and no dramatis personae. With the spontaneous, effort evaporates and ego relaxes. This relaxation is essential for contact with the healing realms which are beyond the knowledge and control of the ego. In Hakomi,

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we work deliberately for the support of the larger selves of both therapist and client. Our way of working recognizes the locus of control and healing as something very different from the therapist or even the limited conscious ego of the client.

Our present cultural myth is too much a celebration of the ego. Our notions of separate self are out of balance with all sorts of larger selves: family, community, the biological world and beyond to the universe and God. All too easily, we feel ourselves to be separate from and not much supported by these larger selves. It is upon this fundamental image of isolation and struggle that we build identities, world pictures and psychotherapeutic methods.

So, I asked the "client" to slow down and relax for a moment and with only a little reluctance she did that. I asked her to go inside and find what wants to happen. What movement wants to happen? What expression? What resistance from those holding her would feel exactly right. This one question shifts the locus of control from the therapist to some unnamed intelligence inside the client. I didn't ask her what "she" wants, just "what" wants. I'm asking her to contact some larger self within. Everything about this intervention asks for a relaxation of effort. It asks rather for turning inward and awareness. This is my way of doing things.

She began to adjust. She felt better with the legs and arms going more slowly. As I supported this process, she became clearer and clearer that, at the level of bodily wants, these movements were the "right" ones. The movements felt good. At that point I encouraged her to stay with them as long as they felt that way and to wait for anything else that wanted to happen. The next step, after getting the feeling right, I imagined might be curiosity. I thought she might begin wondering, "why do these particular movements feel so good?" So, I was just sitting there and she was having a very pleasant time, playing you might say. Her expressions seemed to have a quality of delicious and righteous rebellion. These movements felt good. I wasn't directing her movements or even encouraging one over another. I had simply directed a shift from the external reinforcements of the therapist to the internal authority of her own feelings.

Sure enough, she started to get curious. This happens quite spontaneously. We all want to understand. The significant thing here is that the need for understanding emerges after the experience, not before. To search for understanding without a feelingful, present experience is guesswork and tends more to substitute for feelings rather than make sense of them. So, in Hakomi, we establish present experience as our focus, support feelings and expression and only then go for meaning. So, when her curiosity emerged, I asked some questions about meaning: what type of movements were these? What was her body saying? What words go with this experience?

Well, she quite suddenly remembered: they had never allowed her to crawl. That's exactly what those movements looked like -- crawling. It all made sense now. It was about her right to her own body. From that point on I worked with helping her take in the knowledge that she didn't always have to fight for her freedom. I told her it was okay to crawl, that no one would interfere. Someone might even help. She could get support for what she wanted and needed. She wouldn't always be fighting bigger, stronger people -- and losing. It turned out well. She could see herself dropping that whole drama of fighting people for the freedom that was now simply hers to own.

If you followed the broad flow of the process here, you will have gathered that it starts with support for mindfulness, with helping the person relax and turn inward towards present experience. The fundamental activity here is self study -- less doing, more openness. Then, we make ready for, contact, welcome and nurture some naturally unfolding growth process. Such processes, hap

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-pen spontaneously and are a clear sign that the unconscious is cooperating, that the larger self is participating. This backing off and letting things happen is essential for healing and the cooperation of the unconscious. It is a cardinal example of nonviolence at its most effective.

The goal and primary result of establishing a successful relationship is the cooperation of the client at an unconscious level. The client slips into an easy working relationship, without needing to resist the therapist in any way. The therapist has established herself or himself as non-threatening and understanding of the client's experiences. Without the cooperation of the unconscious, the therapy process moves very slowly, if at all. The method doesn't work. The client very automatically and unconsciously slows down the process. It is correct to call this slowing down resistance, but it is justified resistance. The therapist is not being sensitive to something the client needs, something about safety or being understood. It is an all too common error to proceed without the cooperation of the unconscious, to introduce therapeutic method before the relationship is firmly established.

The unconscious has great power to make things happen. Pat Ogden, one of the senior Hakomi Trainers, was doing an exercise on the child in one of her workshops. The exercise was to go back to a memory from childhood and gather details about it. Pat had worked hard to establish safety in the class. She had shown her caring and sensitivity and her openness to the conscious and unconscious needs of the individual class members. During the exercise, one woman was remembering a time when her father had taken her to the golf course with him. At one point, he hit a ball off the tee and it accidentally struck the little girl in the nose. As she remembered this in Pat's class, her nose began to bleed profusely.

When the therapist has the cooperation of the unconscious, the process moves smooth-

ly along, without effort. He or she uses techniques and methods much more sparingly. The establishment of relationship and cooperation is prior to the method and it is what makes the method effective. The maintenance of good relationship takes precedence over anything else that's happening within the process. When the client is giving signals that indicate that the unconscious is beginning to resist, it is wise to start thinking and working on the relationship again.

WHEN THE CLIENT IS GIVING SIGNALS THAT INDICATE THAT THE UNCONSCIOUS IS BEGINNING TO RESIST, IT IS WISE TO START THINKING AND WORKING ON THE RELATIONSHIP AGAIN.

Basic to the cooperation of the unconscious is the ability to relate to it directly. This involves both reading the signs which tell about unconscious beliefs, attitudes and present experience and the ability to respond to those signs appropriately. These skills are usually learned through years of therapeutic practice. They depend quite heavily upon two aspects of the therapist which mature over time: (1) the therapist's emotional attitude and (2) the therapist's understanding, experience and wisdom.

The unconscious speaks through mood, feeling, posture, tone of voice, pace, facial expression, resistance and cooperation. Here is a short list of some of the signs of cooperation and how the therapist earns it, and resistance and how the therapist evokes it.

Cooperation and how it is earned:

1. thoughtful answers to the therapist's questions; earned by: asking questions that are useful, of immediate interest to the client (rather than just the therapist) and not simply ways to hide or keep busy or because one believes it's the therapist's role to figure the client out...

2. attention to and consideration of the therapist's statements; earned by: the same consideration and attention given to the client, shown by track-

ing and contacting both the content of the client's statements and the implications and experiences described and evoked...

3. a concentrated attention to the present interaction; earned by: attention to the present, ability to stay with the present even when the client drifts off into memories, speculation or generalizations...

4. interactions that reflect inclusion of the therapist in the client's process; earned by: an awareness of that process and a willingness to give priority to the client's needs and direction, that is, to drop one's own agenda in favor of the client's when this is evoking resistance

5. a willingness to give serious consideration to the therapist's suggestions; earned by: the ability to judge when and how to take charge and the resources to make good use of being in charge...

6. a general faith and willingness to cooperate; earned by: the ability to read the signs of unconscious communication...

Signs of resistance and how it is evoked by the therapist:

7. the client slows the process down, not answering questions, not taking suggestions seriously; evoked by: misreading the signs, not giving the client the time he or she needs to just think...

8. the client takes off on his or her own directions without connecting with the therapist first; evoked by: not taking charge at the appropriate times; not being clear about what the therapist is experiencing when he or she is unhappy with the way things are going; not jumping out of the system soon enough...

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Good therapy has a feel to it. It feels easy and right. There's movement from superficial to deeper levels of interest, curiosity, feeling and insight. There is also spontaneity. New and often surprising things happen. There are discoveries. There are times of being stuck, times of fear and despair, but the general feeling is one of movement, progress. All the signs of unconscious cooperation are there. When the unconscious cooperates, significant material emerges. In a good session, client and therapist both participate fully, each allowing the other an important place in the work. The flavor is one of mutuality and something happening.

IN A GOOD SESSION, CLIENT AND THERAPIST BOTH PARTICIPATE FULLY, EACH ALLOWING THE OTHER AN IMPORTANT PLACE IN THE WORK. THE FLAVOR IS ONE OF MUTUALITY AND SOMETHING HAPPENING.

When therapy is successful, things change. Feelings arise and are expressed. The client relives and resolves painful memories. The client feels forgiveness and the connection to others and to self deepens. Old patterns are revised. New, more effective and satisfying patterns emerge. The motive forces which energize and direct these changes originate within the client. They are natural and spontaneous growth processes, processes which have had a difficult time maturing. Something has been interrupting, blocking, frustrating and diverting them. A once powerful need to act differently still prevents their emergence and development, first in the normal growth periods of childhood and later as part of an adapted, general approach to life. The potential for growth is there waiting. Good therapy must not only help the client reawaken that potential, even more important, it must avoid actions which reawakens the need to resist and divert. For that, a warm, accepting emotional attitude of the therapist is essential.

It is an attitude that allows wide acceptance of all that the client is right now. A healing relationship especially includes a good working relationship with the unconscious and potent needs represented by the defenses. Those needs, no matter what stress and pain they cause the client, are parts of the unconscious and are, within the present belief system, necessary and logical. Acknowledging and honoring the defenses quiets them and makes way for long-buried memories, feelings and impulses to emerge. In working with defenses, we recognize, acknowledge and accept them without judgment. Any other emotional attitude strengthens the need to maintain them and entangles the therapist in the client's conflicts and character systems.

A mature emotional attitude avoids creating resistance and allows stepping back easily from one's agendas. Often the client's usual way of being in an intimate relationship interferes with the smooth operations of the method. The client may not contact feelings easily. The client may not like instructions or normally volunteer information or initiate interactions. The client may ask many questions or always try to please. There are many such patterns. They derive from the rules for living in certain families and may be quite different from the rules the therapist grew up with. An openness to such diversity is crucial.

To establish the cooperation of the unconscious, the therapist must be able to let go of any need to be doing only what he or she wants to do. That's not as easy as it may sound. Our agendas are not always conscious or controllable. This effortless yielding of one's agendas is a sign of great maturity. We like to participate and feel

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effective. We want to do things to help the client. After all, therapy is our job and we like doing it. But when we're into doing, the client is all too easily seen as resisting. We blame our frustrations on the client and think of his or her defenses as something

to be broken through and overcome. From the client's perspective, especially unconsciously, there is something about the therapist they feel compelled to resist. Cooperation of the unconscious is more likely when the client finds nothing in the therapist to resist.

The immature therapist has trouble backing off. Frustration comes easily and is usually answered with more technique and method. Stepping back is letting go of doing things and just taking a look at what's going on. This taking in without immediately needing to do something is the beginning of wisdom and very close to mindfulness. It is the difference between reactions and response.

For example, the therapist doesn't speak every time the client speaks. The therapist waits a few moments before replying to the client. The therapist makes a simple contact statement about the essence of what the client presents and waits patiently to see what the client does with it. These are signs that the therapist is not lost in the details, not caught up in the system. This patience and openness are signs to the client's unconscious that the therapist is not there to impose anything, to force anything. They are signs that the therapist is alert and sensitive to the needs of client and has the right emotional attitude. From the therapists point of view it means creating an ever expanding ability to accept what the client is at any moment and what the client needs to go on.

This emotional attitude of being ready to help and just as ready to back off and wait is a potent sign to the client's unconscious. In The Potent Self, Moshe Felden

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-krais names four signs of mature movement: effortlessness is one, lack of any sense of resistance is another and reversibility a third. These are also the signs of a good therapeutic experience for both therapist and

client. (Unimpaired breathing is the fourth sign.) The therapist must be able to reverse at any moment, to back off and wait, to step back and grasp the connections from a larger perspective.

A mature attitude allows the therapist to use what's wrong with a session. If something is keeping the process shallow and unproductive, the process feels strained and uncertain. The connection isn't right. Nothing's happening. Feelings like these are signals. They tell the therapist to slow down, step back and focus on what's wrong. They may not be spoken of with the client necessarily, but they must be consciously, deliberately thought about. For experienced therapists, this is done habitually. Frustration, discontent, boredom, confusion, these are signals. They tell the therapist that he or she has become caught in a system with the client.

Sensing these things and thinking about the systems creating them, is a way of using those feelings without being caught in them. If we notice them and act on quickly, the process doesn't bog down, but gains the added momentum of a natural interest in present feelings and relationships. They may also clarify one's own emotional needs or bring some understanding of the client's world. These things create relationships that works. With too much drive to make something happen and too much attachment to the method, the therapist's tendency will be to ignore such signals, to push them out of consciousness in order to get on with the business of therapy. But they are the business of therapy and the better we use them, the better therapy will go.

For the client, these systems are habits. We use them to keep relationships within safe bounds and in therapy they are operating every moment. The way client and therapist relate is a rich source of information. If the process of therapy isn't going right, attending to that fact can be the most fruitful path to follow. Frustration, for example, may say something about what the therapist is trying to do that the client's unconscious won't allow. Stepping back from an agenda at that point, not only helps get the process unstuck, it helps both client and

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therapist to understand how it got stuck in the first place. Cultivating this approach over the long run avoids stuckness and resistance better than anything else I know of. It develops both understanding and a healthier emotional attitude.

Here's a little story about signals: Every morning, a worker crossed the border on his bicycle. One of the guards suspected that the worker was smuggling something. The guard searched the worker every time he crossed, but never found anything. Still, the guard was right. The man was a smuggler. He was smuggling bicycles. If therapy is to go well, we must learn to pick up and use the signals that tell us something is wrong, that we are evoking resistance. Whatever we evoke is directly linked to our own character processes as well as the client's. We're all smugglers, bringing in core material and pain in the guise of everyday things. Listen to the signals that tell you that. Don't push them out of your mind just to get on with therapy. If you sense something is wrong, focus on that sense, understand where it's coming from. Look into and take care of such things. By giving the relationship first priority, the way becomes open to use method and technique. With the cooperation of the unconscious, the process unfolds smoothly, with little effort. The same deep needs that inform character and defense, inform the client-therapist relationship. Therapy begins here, because it must.

THE SAME DEEP NEEDS THAT INFORM CHARACTER AND DEFENSE, INFORM THE CLIENT-THERAPIST RELATIONSHIP. THERAPY BEGINS HERE, BECAUSE IT MUST.

A healing relationship also requires that the therapist have the cooperation of his or her own unconscious, in order to be creative and compassionate. In order to use his or her intuition, the therapist needs to be available to his or her own unconscious and have an excellent working relationship with it.

Learning to read bodies for psychological information is a good example of relating to your own unconscious. There are two very different approaches to body reading and they reflect two different ways of operating in the world, two different paradigms. One way attempts to be objective and relies on theory, logic and memory. The other includes feelings and personal experience and relies on intuition and direct knowing. When I first learned body reading, I learned both ways. The first is about what each body part can tell us. I learned that by reading books, mostly Alexander Lowen's books. I learned by reading about what the body meant, part by part. This approach is understanding through special knowledge. Some authority gained this special knowledge through hard work, experience and much creative thought. Whoever is learning from the authority studies that knowledge and absorbs it. This way is about taking something in from the outside.

That's the first way I learned. I learned that body structure, posture, the various parts and features, all have meaning, and I just learned those meanings and practiced looking at people with those meanings in mind. It seemed that I needed nothing more. Just memorize the list and understand the reasons for each part meaning what it does and you can read bodies. It was very much like symptom analysis. It was all left brain. There was nothing in there about the unconscious, or the observer, nothing about state of consciousness or feelings. It's a list. In theory, anyone could learn it and use it. There was nothing about intentions or relationship or special talents.

I learned a second way to read bodies by studying a little while directly with John Pierrakos. Pierrakos is famous for reading bodies (auras, too). I made photographic slides of my clients and I'd bring them to John's place in the country to show to him. We'd sit together, I'd show a slide and he'd comment. He'd say things like, "the pools of stagnation." This wasn't from any list that I knew of. This was John's unconscious speaking. He would open to and resonate with the person on the screen. The deepest issues and emotional history spoke to John. I knew these people. I knew them from long hours in therapy. I knew that something in John, something intuitive, was connecting. That was his way. Just watching him, I learned.

He taught me that there was more to knowing than parts from a list. He had learned to see people directly. He could have made a parts list anytime he wanted. He didn't need one.

John's work wasn't about special knowledge but rather a special connection to his own unconscious gifts. He had developed something there inside him. Anyone can learn to do the kinds of things John can do. (Not as good perhaps, but still, far beyond what most people know about.) In order to develop our own gifts, we have to connect with parts of our minds we are not usually conscious of. We have to learn a whole new way to be with ourselves and others, and, especially, ourselves.

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This new way of being and working with each other invites the participation of the unconscious. A different way of learning creates these skills, of which body reading is only a very minor one. A cultivated, inner wisdom then informs your work. It tells you how fast or slow to go, when to speak, when to remain silent. It guides the healing process. It builds not just your skills, but a healthy, loving way of being.

A few more words about connecting to your own unconscious: How is it that John Pierrakos can do these things and you can't? Why is this natural ability not operative for you, right now? Is it something that you failed to develop, or something the parenting figures talked you out of? Was there something wrong with it? When I explore these issues with students, we find cultural and family taboos about genuinely knowing, seeing and being with each other. There are family styles which discourage honesty, intuition and directness.
There is a cultural bias which leads us to neglect and subvert our intuitive talents. Perhaps you once knew how and you put it a-

side, accepting the taboos against it and the general suspicions and low opinions of it. Perhaps you learned a whole other way of doing things, an active, physical way, full of competition and effort and clever argument. Or maybe, without much support, you just didn't know how.

In trying to connect with themselves and others, most people simply try too hard. If they have a little trouble at first, they become confused and frustrated and they begin to effort and struggle. They seem to be say

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-ing to themselves, I should be able to do this. If I just try hard enough, I will be able to do it. It's as if they were lifting weights. It's as if minds had no reality or influence and all reality was ponderous material. Instead of relaxing and waiting, seeing where the process wants to go, they take charge and try to steer the process too strongly. The client's unconscious is very likely to be sensitive to force. Most people have worked hard for the freedom and autonomy they enjoy. They balk when someone challenges or threatens these. Then, they may go through the motions, participating in what looks like therapy but is only an empty ritual. Unconsciously, cooperation has ceased.

The same will happen if you try to force your own unconscious. When the work isn't playful and spontaneous, it won't be creative. The unconscious will stop participating. When it is playful and open and fresh, when you put aside the struggle to be right or in charge, when you embrace the process as a gift, gratefully, willing to learn from it, okay that it isn't all explainable, when you are willing to begin simply, with what is there in the client and in yourself, when you are available to the full range of experience, joy, pain, fear, courage, love, hate, all this, then it will be easy, full of sur-

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prises and delight, and full of heartfelt moments.

Understanding: Finally, let's talk about understanding, the other essential ingredient needed to gain the cooperation of the unconscious. In my experience the unconscious appreciates it when the therapist knows what's going on. It is much easier to gain cooperation if you can show that you understand the immediate situation and can make very intelligent, logical conclusions about the client's past. When you combine this ability to understand what the client is experiencing with a warm, accepting attitude, the unconscious is most likely to trust you and to cooperate with you. A good part of the beginning of therapy is spent gaining and showing understanding.

In its full ripeness this understanding is wisdom and comes from years of deep interest in people, how they get to be who and what they are, and what changes them. It comes from a passion for the truth about ourselves and others. In a different language entirely it comes from a large, well integrated, easily accessed data base. You must know a lot about people and have that knowing put together and ready to use. It comes from self-knowledge too, because we need clarity to separate our stuff from the client's.

Like most effective systems understanding and the right emotional attitude are mutually supportive; each sustains and enhances the other. To create cooperation, it takes both. And effort is no substitute.

RT 1 BOX 6-A ROLAND, AR. 72135

A CURIOUS FORM OF THERAPY: HAKOMI

GREG JOHANSON

GREG JOHANSON IS EDITOR OF THE HAKOMI FORUM AND A THERAPIST/TRAINER OF THE INSTITUTE. HE IS A UNITED METHODIST MINISTER WITH TRAINING IN CLINICAL PSYCHOLOGY WHO IS CURRENTLY ENROLLED IN A DOCTORAL PROGRAM IN PSYCHOLOGY AND RELIGION AT DREW GRADUATE SCHOOL, MADISON, NEW JERSEY. THIS ARTICLE, WHICH RELATES CURIOSITY RESEARCH TO HAKOMI, ALSO SERVES AS A GENERAL INTRODUCTION TO HAKOMI, AS DOES THE ARTICLE BY CEDAR BARSTOW IN THE SECOND EDITION OF THE FORUM, "AN OVERVIEW OF THE HAKOMI METHOD OF PSYCHOTHERAPY."

The majority of psychotherapists I know claim they learned most of what was useful to them in their practices after they left school. The theoretical and practical don't always have a happy marriage in academic settings. However, once in awhile there are those wondrous unpredictable moments when it all comes together. The results from the rat lab lead to remarkably creative insight into how to better carry on what is sometimes the rat race within centers for therapeutic change.

I had at least one such revelatory experience that I think is worth sharing. I was back in school again taking a doctoral course in personality theory. The inevitable term paper came up. Dreading to do still another paper on the influence of sex or hunger in personality development, I reluctantly took the topic of curiosity as the least of available evils. It turned out to be a very interesting topic to explore; especially so, since I was studying at the same time with a gifted therapist named Ron Kurtz who seemed to integrate many of the insights and implications of curiosity research in his work.

I would like to offer in this article a brief overview of the results of curiosity research, and then outline the general approach of Ron Kurtz's Hakomi Therapy which honors and applies those results in a powerful way for those seeking characterological change.

SOME CURIOUS FACTS

1. Curiosity has to do with playfully exploring, seeking out, responding to, and processing information, especially new information; the changing, the novel, the surprising, the uncertain; information with a quality of mystery to it, which means it can teach us, because we don't know all there is to know about it. It is a biggie in life. It is pervasive, independent, self-motivating, and self-reinforcing. It is so pervasive that it is hard to research. It is hard to isolate out from everything else. *

Rats, the heroes of the psych lab, are so gung-ho on curiosity that they will cross an electrified grid simply for the privilege of exploring new territory. Monkeys will learn discrimination tasks simply for the privilege of looking through a window viewing the entrance room of a lab, or simply for the sake of working the problem itself. But maybe these furry ones are only hungry, thirsty, or feeling sexy? No, these needs were sated before the experiment. Within normal limits, animals will choose the path in a T or Y maze that leads to new territory over the one leading to food.

And sex--that wonderful, primal motivator that insures the continuation of the species and plenty of work for psychotherapists: When a male white rat stops copulating with

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his partner, should we conclude that his sex drive has been exhausted? No, just change his partner to someone new, and he demonstrates the same Biblical craving for strange flesh that we all have, resuming mating with full vigor even if he doesn't have it in him to ejaculate again.

Curiosity is a powerful, self-rewarding, intrinsically valuable behavior. Anyone who has a child knows it is an all consuming force to deal with, which leads to point two.

2. Child's play is very serious work, crucial for child development. We can understand its importance under the general principle of "cumulative learning." Robert White has said, "If the infant did not while away his time pulling strings, shaking rattles, examining wooden parrots, dropping pieces of bread and celluloid swans, when would he learn to discriminate visual patterns, to catch and throw, and to build up the concept of the object?" Piaget would chime in, that this concept of the object will be necessary for the concepts of space, time, and causality to follow.

3. There is a biological significance to these many behaviors which can not be conceptualized in terms of primary drive reductions; these behaviors that go on spontaneously, independently, for no good, logical, goal-directed reason. They form part of a process whereby the youngsters (and hopefully the oldsters as well) learn to interact effectively with their environment, that is, to gain competence. White notes that the human being's huge cortical association area might have been a suicidal piece of specialization if it had come without an accompanying steady, persistent inclination toward interacting with the environment, toward being curious about what effects are likely to follow upon this or that behavior.

The development of success and competence is crucial. It is this, and not frustration and failure, as some theories have held, that leads to increased learning, mastery, and the

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* The experimental references behind the statements made in this paper are available upon request.

building of a good sense of self which becomes the foundation for later purposeful, productive activity. It is not the people who lack self confidence who go for new job interviews and are willing to experiment with new things.

One other experimental note on the empowerment of organisms through exploratory behavior: It has to be their idea to try something. Studies show that forced no choice exposure to novel or variable stimulation reduces responsiveness to exploratory situations, puts the brakes on it. It has to be the rat's idea, the monkey's, the child's.

4. It might seem paradoxical that the important evolutionary need of developing high competence has been entrusted to times of play and leisurely exploration. However, when the studies are consulted, it becomes clear that strong drive and motivation is precisely the wrong arrangement for securing a flexible, knowledgeable competence for interacting with the world.

Maximum motivation does not lead to the most rapid solving of problems. Strong motivation sometimes speeds up particular kinds of learning, but usually at the expense of narrowing it. In high states of motivation the cognitive maps we develop become limited by the limited range of cues we are attending to. For instance, if I'm driving between Chiloquin and Beatty, Oregon on a winter's day trying to get to a meeting on time, my attention is intensely focused on the road; looking for icy spots and how fast I can go, what speed I can do a corner in. I lose a veritable wealth of information in the process. I don't see the hawk on the telephone pole, the animals in the woods, how high the snow is on the fences, what the cloud formations are doing, etc.

Also, when there is too much need and motivation, a person can't objectively separate out the environment from their own needs and fears. If I am totally hungry, I don't really appreciate the tree at all,because it doesn't haveBig Macs growing on it. Some folks never learn to enjoy their sexuality for what it is in itself. They might be using it for some other purpose, like feeding their longings for nurture, closeness, or touching.

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In summary, the greatest capacity for effective navigating in life comes from learning that has happened in quiet, non-agended, self-motivated times.

5. Curiosity occurs or is acted upon within a range of perceived safe limits. Some researchers have checked out the notion that curiosity is motivated by fear. Not at all. Aversive pretest stimulation reduces the choices of novel alternatives. Inducing fear while an animal is exploring also reduces the behavior. Fear is related to fearful responses strangely enough; to freezing, avoiding, and seeking the security of no changes.

In general, humans and animals experience small discrepancies between expectation and reality as pleasureable. If a discrepancy is too large, too much too fast, the experience becomes distressing and unpleasant. If a clay model of a human head, or the anesthetized body of a fellow chimp is placed in their cage, the other chimps do not become curious. They become terrified; cringe, cling, hide, and hold back. Again, curiosity happens best when the explorer is in control of how, where, and when.

6. A final note. Many researchers put curiosity in a polar relationship with boredom. Boredom is the enemy. It is awful. Within normal limits, animals always choose the route of increased drive and stimulation, not decreased. This finding blows out of the water all notions that propose drive reductions as the ultimate motivator. Yankelovich and Barret put it this way in their 1970 book Ego and Instinct:

Does it seem at all plausible that the extraordinary process of organic evolution that developed the more complex and higher nervous systems took place merely to find a more elaborate means of escaping stimuli? If Freud had pursued the evolutionary point of view that he had borrowed from Darwin, Haeckel, and others, and explored that in connection with the instincts, he would certainly have questioned this Nirvana-like view of the nervous system. Does it not seem that the more complex and higher nervous system of man may even be involved in a restless search for stimuli?...Human mobility and restlessness are blazoned on the pages of history, and it is hard to see how they could be the product of a nervous system whose essential function is to diminish stimuli, and if possible to eliminate them altogether.

A Curious Way of Non-Working: The Hakomi Therapy of Ron Kurtz

If curiosity is so powerful and pervasive, wouldn't it be nice to find a way to use it as we help people explore their inner world in psychotherapy? And is there a way to do so that is consistent with the experimental findings cited above? Let me say "yes" and save the reader the trouble and obligation. Actually, a number of methods attempt it. The work of Ron Kurtz which has taken the name of Hakomi Therapy does so as well as any approach I'm aware of. Kurtz is an experimental psychologist who went to do his doctoral work at Indiana with Estes, and then gravitated into psychotherapy by studying with some of the finest therapists in the country. Studying therapy experientially and eclectically while carrying with him the broad background of general experimental psychology, physics, general systems theory, and Eastern religious studies, led to a remarkably unencumbered openness to integrate many findings around the empirical center of what proved effective.

Therapy: An Inner Exploration

Kurtz considers therapy an exploration of inner experience leading naturally and organically to core organizing beliefs which determine both experience and expression, plus the transformation of those beliefs into ones that open the possibility of more realistic, nourishing living. This as opposed to advice giving or problem solving, though those have their place in other settings.

To accomplish this worthy goal that many therapists hold in common, he has devised a number of ways to hook people's curiosity, to get them exploring their own experience on behalf of their own learning. When it happens, the client is off doing all manner of creative exploring while the therapist simply tries to keep up, stay out of the way, and foster the conditions necessary for this curious undertaking.

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Sometimes a little white magic can hook the unconscious at the beginning of a process. A person comes in whose body reveals a conforming-burdened character structure, someone who looks like they are physically mobilizing around resisting being pushed from behind by some force moving them in directions and at speeds they are not wanting to go. (Confir, The Body Reveals by Ron Kurtz and Hector Prestera on how to read bodies for psychological information.) While working with the person Kurtz might say, "take your time." All of a sudden he has the interest of the unconscious. It doesn't believe it. "He doesn't really mean that does he?" So, it is curious. It listens. It wants to play. "Prove it to me."

That is a bit on the sneaky side. Hakomi works more fundamentally through giving people conscious playgrounds to explore. The main tool employed, which is also a principle that informs the entire process, is mindfulness. Whatever people presented, Kurtz found that he could help them most by turning their awareness inward toward present experience. Present experience is both live and has a quality of mystery to it. It is pre-conceptual, pre-verbal, so it is something that people can get curious about, if they become a witness to their experience without too quickly imposing their standard notions of meaning and value on it. If people don't know all there is to know about something, then there is the possibility of learning, the possibility of discovery and surprise that evokes curious exploration.

If a therapist doesn't simply teach a client how to be mindful, s/he promotes the process through asking questions that are right brain questions, questions that drive clients to their own experience as the only possible source of wisdom for answering.

C. I haven't felt much like doing anything lately.

T. A little depressed, huh?

C. Yah, I guess.
T. What's the quality of the depression((?))

C. Oh, I don't know, a little unmotivated.

T. Unmotivated((?)) How about hanging out with yourself a little bit and seeing if that sense of being unmotivated will tell you more about itself. How are you experiencing that in your body?

C. My body?

T. Yah. Where are you getting your information from? How do you know you are unmotivated? What signals are you getting? A little tension in your stomach maybe? Why don't you close your eyes and check it out.

C. OK....ah....a little nauseating feeling in my throat.

T. Good. Let's just stay with that nausea for awhile. You don't need to break contact with it to come out and tell me about it. See if you can keep your awareness with your own experience and comment on it without losing it, so I can just overhear what's going on. Is the nausea located at a particular point or does it extend towards the stomach((?))

At this point the client has begun to access, to turn his awareness inward to explore what wisdom his experience might contain. The therapist is invoking a value judgment at this point that the client is indeed the world's greatest authority on what is going on inside him, and that whatever behavior he is manifesting will lead toward the core of how he organizes his experience in life, how he processes information that comes to him for good or ill. The therapist has shifted the therapeutic exchange from an interpersonal dialogue to an intrapersonal one in which the therapist overhears and stays in contact with what is discovered in order to follow as well as guide. The client has been invited to get curious about his depression as opposed to pulling it out for the therapist to fix.

In this interchange the therapist does a lot of verbal teaching about the process as it is going on since it is a new client unfamiliar with the method. The client is trusting the process and going with it. The symbol ((?)) at the end of some questions signifies a slight inflexion in the therapist's voice

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meant to take the emphasis off the client simply finding the answer for the sake of satisfying the therapist's curiosity, and to invite the person into his own curiosity. The voice implies "Oh isn't that curious and aren't you curious about that? Why don't you explore that a little more?"

The therapist's voice has also slowed down, become soft, and somewhat meditative. If the client is being encouraged to slow down, to simply explore in a curious non-agended fashion, the therapist must model this in her own approach and demeanor. Mindfulness is not a hypnotic state of consciousness since the person is always consciously aware of what is happening, but it is out of the rush and goal directedness of ordinary consciousness, and a normal sense of time and space is often suspended. Hakomi might be thought of as a type of guided meditation.

Now that the client has displayed a willingness to get curious about his presenting issue and begun to access, the therapist starts to think in terms of "how can I keep this person curious and deepen the level of exploration?" There is no right or wrong answer to the question about the nausea being centered in one place or extending to the stomach, and the therapist doesn't have any magic procedure to pull out if the answer is one way or another. The question simply requires that the person stay with his experience and explore it further to find an authentic response. The underlying faith of the therapist is that by deepening the experience, the process of "cumulative learning" will be in effect, and it will eventually lead to what core issues and beliefs are producing the experience.

C. Well, it does go toward the stomach a bit...it is mostly in the throat and I'm aware of my jaw being slightly tense and not tense. A little confusing.

T. Yah, and I notice your head is coming slightly forward as you talk, like it must be taking more and more energy to hold it up?

C. Yah, it feels heavy.

T. How about letting me take some of the strain off your head by holding it up for you with my hand. Would that be OK?

C. Well, yah.

T. (Picks up some hesitation in the client's voice) Does that seem like a strange thing to do?
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C. A little, but it's OK.

T. OK. Well, I'll support the weight of your head a little bit and as I do it, see if you can stay with your experience, and notice if my supporting you here makes any difference one way or another with what is going on.

C. OK....(Client stays inside, focusing awareness of his experience in an open ended way. His eyes flutter slightly signaling that he is in a meditative or witnessing state of consciousness.)

T. (Notices a slight squinting around the eyes and slight lowering of the jaw.) Experiencing some emotion, huh((?))

C. Yah...(slight tear forms at outside of each eye).

T. A little sadness((?))

C. Yah....(Client quietly sobs a couple of times, involuntarily, while choking them back and restraining them.)

T. Do you have a sense about what the tears mean? Is there like a quality of grief to them((?))

C. Yes....like something I've wanted and can't quite believe someone would give me.

T. Yah.

A number of things are happening here. The therapist is closely tracking the client's body for any spontaneous movement connected to the process. Here she notices the head coming forward slightly. By making contact with it, calling conscious attention to it, something on the edge of consciousness is brought more fully into consciousness.

Then she proposes an experiment in awareness that takes the physical form of supporting the weight of the head. Exploring the mind-body interface provides a whole new playground for curiosity. It is normally a strange, novel, unexplored area for most people. And whether we are familiar with our own bodies or not, they are a reflection of, and an avenue of access to, what is going on in our minds.

Client's Competence as Foremost

Notice the therapist is not just taking over the weight of the head to be a nice person, though her goodwill and gracefulness is a part of what is happening. She invites the client to be mindful. She is talking to the unconscious with her hands and wants the client to explore and be sensitive to what meaning it stirs up. And the client goes along. He wants to do this also.

Almost all the techniques Kurtz has developed in Hakomi Therapy take the form of an experiment in awareness. Any word, touch, or movement that we experience rattles our consciousness. Normally we unconsciously, automatically, take these inputs and process them through the filters of our imagination which are based upon our core beliefs about the world.

The therapist of course knows this. In Hakomi, as in other approaches, the therapist carefully studies the client's reactions and mannerisms to get clues about what programs the person's inner computer is running that are determining everything else. But as the curiosity research shows, it is no good to force the person to be exposed to and explore new areas until their own curiosity leads them to do so. The point of therapy for Kurtz is to empower people through contacting the reality and wisdom of their own experience. The knowledge of the therapist means little to the client in the long run. So, though the therapist could have done so by this point, she refrains from making any brilliant interpretation that would only call attention to her own brilliance, and set up a process of having to defend the interpretation and convince the client of its correctness. "So, what I'm seeing is that you

are in an oral process of believing nobody is ever there for you, and that you have some unexpressed anger about people only giving you strokes when you jump through their hoops. Your depression is both sadness for what you didn't get, and anger turned inward since you are afraid of people abandoning you if you get mad at them."

The beauty of mindfulness, Kurtz discovered through integrating the practice of Buddhist insight meditation, is that the person can get out of the trancelike state of ordinary consciousness ruled by automatic habit patterns and discover what is going on for themselves. In good cybernetic fashion, they can become aware of how they process information, how they organize their experience. They can take one step back and automatically witness how they take in a particular stimulus and organize around it to tense up, relax, get suspicious, or whatever.

This awareness identifies them with the observing, witnessing self as opposed to the normal reactions and responses that make up the general sense of self. Though the experience is live, present, and spontaneous, there is a distance interposed between the person and their action which begins to allow for the possibility of new choices. They are being empowered.

Already, to this point in the example, the person has become aware of some bodily components of his initial awareness of not feeling like doing much, and he has let himself down into a genuine sense of sadness and grief. He has been actively employing his awareness to get to this point and can legitimately claim the accomplishment of the discoveries so far as his own (though of course what has made the process possible to this point is that there is no ego investment on anybody's part in making claims).

The therapist has been engaged in a paradoxical process of activity and passivity. She is not giving advice, problem solving, or offering interpretation. She is taking what the client presents, and helping the client find ways to get curious about it and explore it himself. She is active in offering a structure and a number of suggestions for how the person can do this. Every step of the

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way she is sensitive to monitor that the client is on board, that they are both rowing in the same direction. When she notices hesitation at the point of suggesting the support of the head, she stops and checks to make sure it is OK. She doesn't want to force anything for "the client's own good" and doesn't want the focus to shift from a mutual shared curiosity to an emphasis on the therapist's curiosity alone. If that happened, the process would step over into a medical "white knight" model where the doctor would simply be gathering information for diagnostic purposes with the implied assumption s/he would then do something about it. The prejudice here is that the client will lead himself to what is needful for his own healing if the therapist can both provide the support and assistance of a guide without imposing from without the direction and destination of the journey.

When the therapist in this example suggests that the person is experiencing emotion, maybe sadness, possibly some grief, she 1) is making contact with the person's live, present reality, letting him know she is on board, paying attention, with him; 2) deepening and encouraging the process by giving attention and importance to at first subtle, momentary aspects of the person's experience he might normally gloss over, not notice, and leave if by himself; and 3) putting a slight question mark at the end of a suggestion that serves to let the client know she is not invested in being right about her observations, and inviting him to either confirm the observations or modify them to make them more correct or precise, through checking with his actual experience.

When she took over the weight of the head a number of things were also in play. 1) She was doing for the client something he was already doing for himself, fitting into the organic process already unfolding. 2) On a physical level she was taking some noise out of the system. Muscular tension such as holding up the head with the neck muscles, especially when the head is out of peace with gravity in relation to the rest of the body, functions to mask feeling. With the therapist holding up the head physically, the client could relax some tension and allow the underlying signals related to the sadness to come through. 3) The therapist knew the act

of supporting the client through touch would have some meaning also, though she couldn't predict exactly what, or if it would even be an issue to pursue further.

When the tears started to form, were acknowledged, and the crying happened, it was within the realm of spontaneity. It was not forced. The therapist acknowledged the tears, the reality of what was authentically unfolding. She did not make any special deal about them, and certainly didn't call any attention to herself as if she had accomplished something.

Emotional discharge is not purposefully sought out or artificially encouraged in Hakomi as being significant in and of itself. It is supported when it arises organically. Though a session could be dramatic, filled with emotion and discharge, Kurtz is quite clear that the therapy does not follow the bias of a hydraulic, energy model, but an information processing model. Transformation happens when people change the way they pattern their experience and expression, not when they uncover and emote a certain amount of physical charge. So, when the crying emerged, in addition to being supported, the therapist encouraged mindfulness; exploring more about the meaning of the tears. She continues down this track, doing a balancing act between having the person experience his feelings, and having him reflect on what he has experienced. Kurtz believes significant learning happens when the person is both in the experience of the present moment, and is able to study it and comment on it without losing contact with it.

T. And what you can't quite believe is that I'd be willing to give...what, precisely?

C. Give support instead of...ah, instead of telling me to get my act together.

T. Uh huh. OK. I'd like to propose another experiment. How about if I put into verbal form what my hands seem to be saying? I'll say the words and you simply be aware of what you experience in relation to them. OK?

C. Sure. Go ahead.

T. OK. So, notice what you witness, what

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happens automatically, whatever that may be, when you hear me say the words...you don't have to do it all by yourself...(notices the eyebrows furrow.) So, a little reaction huh?

C. Yes...a little bit confused.

T. Confused((?))

C. Yah, like...it feels good, and I'm grateful and want to melt into it on the one hand, but then...

T. Uh huh((?))

C. There is some kind of agitation.

T. Agitation((?)) Like resistance to it((?))

C. Yah, of some kind.

T. Are you aware of what your hand is doing? (Hand is clenched slightly and arm is doing a slight up and down motion.)

C. Oh, yah. I guess it wants to do something or is expressing something.

T. Yah, it's like there is a charge there for something and it's being held back somehow. How about if I take over the holding back for you, and you can explore whatever else wants to happen. I'll let go of your head, and contain the arm movement, and you notice whatever else you experience. OK?

C. (nods)

T. (shifts to put firm hold on arm with both her hands and arms.) OK. What is that like for you((?))

C. (Client attempts to move arm in tentative, experimental manner. Therapist increases pressure even more to keep hand immobile. Client puts more effort into the movement, feels the therapist's counterhold, makes a short strong effort to push hand forward, then breaks into an angry cry that he attempts to choke back at the same time. His arm goes limp when the crying starts. The therapist releases his arm, he covers his eyes with both hands and the therapist puts one hand over his hands and the other on his back.)

T. (When the sob subsides) So, something angry and scary going on at the same time, huh?

C. Yes. (Cries a few deeper cries and then recovers.)

T. Do you have a sense about the anger, what your arm was wanting to do?

C. Push away! You only come to me when you want to, and I'm angry about the times I wanted you to, and you told me to grow up and quit clinging!

T. Oh. OK. Push away. Who is the "you" here? You and I have known each other only a short while. Are you having some old memories come up?

C. Oh... ah, yah. I kind of meant you for a flash. But, yah...

T. It's not an unfamiliar feeling, huh? Is there somebody you associate all this with, in particular? Why don't you notice if anybody or any memory emerges for you. No rush. We don't need to hurry. Let it come to mind by itself if anything wants to.

THE CRUCIAL FACTOR OF SAFETY

Fear is antithetical to curiosity as the research indicates. Change happens most easily, with the least effort, where people feel maximum safety for exploring openly and freely. Providing a safe environment free from visual or auditory eavesdropping is one obvious implication for psychotherapists. Another implication that Kurtz speaks about extensively and eloquently is the need for the therapist herself or himself to be a safe place, a safe presence. (For in-depth reading confir Hakomi Therapy by Ron Kurtz, available through the Hakomi Institute, P.O. Box 1873, Boulder, CO 80306.)

In the previous section of the session, as before, the therapist continually asks the client to focus his awareness inward; to notice what he witnesses in relation to the

verbal probe, to clarify his confusion, to experiment with his arm being contained, and so forth. This would be very difficult, clumsy, or not possible at all if he didn't feel safe, if he felt the need to keep one eye out, figuratively or literally, for what the therapist was up to.

What is making the progress of this clinical vignette so smooth and fast is the graceful presence of the therapist. It is not communicating any need on the therapist's part to do something or accomplish something using the client as a vehicle. Rather there is a good will present that 1) does not need the client to be any different than he now is in the ultimate sense, and 2) is willing to explore what the client is concerned about, to help him find a more pleasurable level of functioning.

While the therapist has a definite opinion about how that is best accomplished, she communicates a genuine sense of working without preferences. She is careful to check with the client every step of the way to assure that they are both affirming the same direction. She would be willing to drop the procedure and switch to something else if that became needful for the client. She is committed, caring, skillful, and unattached to any particular results. She highly honors the integrity of the client's experience and takes her clues from it. She is serving as a faith agent in the sense of trusting the organicity of the client's functioning and in not being afraid of anything that might come up. Undoubtedly, she has more faith in the client's resources than he has himself at this point. That, plus the assurance that she is not going to do anything tricky or surprising without his knowledge, enables him to focus his concentration on his inner world. The outer world is safe and being minded by this trustworthy other.

It should be noted that with minor hesitancies, this particular client perceives the therapist as a graceful person worthy of trust. Another client's suspicion might go deeper and that would have to be acknowledged and worked through. Safety issues must come first or the next step will be accomplished in a burdensome, hard, way; if at all.

Kurtz integrates the basic thrust of Taoism into Hakomi in relation to the issue of safety. He chooses to go with the flow of a person's experience as it presents itself; this, as opposed to going against it, as in confronting defenses, attempting to break through them, stripping a person of their armor in an effort to uncover what is underneath.

This attitude demonstrates itself in practice most noticeably at the point where resistance appears. He has developed a number of "taking over" techniques that non-violently honor, respect, and literally support a defense system as opposed to attacking it.

In the present example, the client can't quite identify the source of his agitation. He is neurotically, defensively, bleeding off energy with his arm, protecting himself from the clear knowledge of his underlying anger and fear. One choice would be to confront him with that interpretation and perhaps if he didn't buy it, to have him exaggerate the motion, and if that didn't work, maybe have him beat on a pillow until the message came through. All these methods have been used before with varying degrees of success. They are inevitably effortful and sometimes dramatic, both common values in our Western world. The therapist, however, chose to go with the flow. The client was organizing himself to hold back the impulse to push away, so, she volunteered to hold back the impulse for him. She did it well enough--strongly, tightly, convincingly--that he felt safe enough about the store (defense) being minded, that his awareness could drop from the level of defense to the level of what was being defended against, the pushing away impulse.

Likewise, when he cried angrily and fearfully, putting his hands over his eyes to cover some sense of embarrassment and/or shock, she went with the flow and immediately helped him cover his eyes by adding her hand on top of his. Her hand communicated "it is OK to hide, to not look, if that's what you need to do. I'll help you not look." This as opposed to somehow going against the behavior by saying something like, "Come on now. You are real close to something. You don't need to hide. You can face it. Let's keep on

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track and not cop out on yourself." Para-doxically, as was the case with supporting the holding back, when a person feels they are being supported in their need to defend, the need goes away and the exploration continues.

On the other side, when the therapist simul-taneously put her hand on his back, she was not patting it reassuringly and saying "there, there, don't be worried. Everything will be OK." The hand simply communicated the reassurance that what was happening was real, human, and that she was there with him as he was going through it. There was no need to make the reality different or better. Fear is also aroused if the client either picks up that the therapist is afraid of spontaneous emotion erupting, or is on some kind of condescending, egocentric, caretaking plane.

Again, it could be that another client would misinterpret the touch as in some way inva-sive, condescending, or sexual. Hakomi therapists are constantly tracking the ef-fects of what they do and say, being sensi-tive to the little signs that flash by in a quarter of a second indicating one reaction or another. If the therapist had seen some-thing that indicated a misinterpretation, she would have immediately made contact with it in some appropriate way. "A little startled by my hand?" Or, "what does it mean to you that I'm touching you like this now?" The intervention would simply become a new experiment in awareness, though a different one than the therapist originally intended. The process would become self-correcting. If the therapist missed the early clues that the client had misinterpreted her touch, it would come up later and be contacted at that point. "We seem to have lost the thread of what we were exploring. What are you aware of now? Did something come up?" Contact with what is happening in the present reestablishes safety and the conditions for further exploration.

The client clearly does misinterpret the therapist at the point where he says "you only come to me when you want to." In addi-tion to the normal transference we all carry with us, that is an example of a radical, intense transference reaction that sponta-neously overflows. The therapist does not accuse the client or justify herself. She keeps the process on track by redirecting his awareness in an intrapersonal as opposed to interpersonal way. "Who is the 'you' here?"

C. ...I'm not getting a particular memory but some sense of family is coming up.

T. Family((?)) Mother, father, sisters, brothers?

C. All of them I think...

T. OK. Just keep hanging out with your experience. We're doing fine. All of them, huh?

C. Yah...You know,...I don't know why, but I'm aware of smelling fresh air...even though we're indoors.

T. Fresh air((?)) Is it like dry or wet, hot or cold? Maybe it will tell you more about itself.

C. There is something about it I don't like sea.

T. A memory is starting to come?

C. Yah I don't like the ocean, haven't for years...There was a time a long time ago when we went to the beach and I remember not liking it.

T. Yes. You're starting to look a little despondent, a little crushed or something.

C. Uh huh. Well, I'm not sure what it was.

T. Do you have a sense of how old you are starting to feel?

C. Young.

T. Before school age?

C. Yes. It is starting to come to me...We have this green '54 Plymouth I always liked and I was excited about going to the beach and seeing the waves.
T. Who else is along with you on the trip? Are you alone with your folks?

C. No, dad is driving and wearing his

sunglasses. Mom is in the front seat and I'm in the back on dad's side by the window and my two older brothers are in the back with me, giving me a bad time, but mom tells them to leave me alone once in awhile.

T. Uh huh, and you're about five?

C. Maybe four... And we have never been to the beach by the ocean before and it is special and...and...(client's body starts to curl up and he cries a young bitter, betrayed type of cry).

T. (Supports the curling up and slight rocking with one hand on his back and keeps the other hand over the client's who is again covering his eyes. After a pause in the intensity...) So, little Stevie is really upset and unhappy.

C. (cries with renewed intensity that overpowers the concomitant effort to choke back the cry.)

T. It seems like you are trying to cry and not cry at the same time.

C. They told me I was a sissy and too small and they wouldn't take me with them!

T. And they were going where you wanted to go too?

C. Yes, they were going out on the rocks where the waves were crashing against them and I wanted to go too, but I was scared and I wanted them to hold my hands and they laughed at me and ran off without me.

T. And you were really hurt and disappointed.

C. And then...(goes into more uncontrolled sobbing and choking)

T. (Therapist simply supports the spontaneous movement and motion with her hands until there is a lull). And then something worse happened?

C. Yes. I was crying and went to tell my mommy they weren't being nice and they left me behind and...(more intensified crying)...and then my daddy grabbed my arm

and yanked me and said "Don't go crying to your mother! Quit being a sissy and grow up or nobody is ever going...(more tears)...to want to take you anywhere. If you want to go to the rocks bad enough, you can just go, you spoiled brat."

T. Oh, I see. You really felt awful. You wanted to go on the rocks with your brothers and they wouldn't help you when you were scared, and you cried, and then your daddy told you not to cry even!

C. Yes.

T. And so you tried to choke back your crying, but you couldn't.

C. Yes.

T. And you were embarrassed and hurt, and I bet you went away to find a place to hide till you could stop crying, huh?

C. Yes, I went to go behind a sand dune and I could hear them laughing and I heard my daddy say, "I don't think he is ever going to grow up."

T. Oh. And I bet that made you mad and you wanted to show him he was wrong but you had a real hard time trying to stop crying.

C. Yes. (A defeated kind of cry.)

T. And I bet that memory stayed with you a long time and your brothers kept teasing you, and you began to think you never would be as grown up as them and your daddy, but you didn't let them know that.

C. (nods)

T. And how did you feel about going to your mother after that and letting her know when you were being picked on or were scared?

C. I didn't want to get laughed at and my daddy told her not to pamper me.

T. Yah. So, you probably felt bad a lot of the time, especially when something new and scary came up that you were afraid to do alone, and you were afraid to tell anybody you were scared.

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C. Yah, I remember telling people I just didn't like to do things and would go do something by myself.

T. So, I can see why you would be surprised that I would be willing to help you hold your head up when you got a little older, and that you would feel mad at me or your family for not being willing to do it earlier when you needed it the most, and scared too, because you thought I might laugh at you for needing it.

C. Yes. (Lets out a deep breath.)

T. So let me tell you something. I'm me. I'm not your mother or father or brother or any part of your family. And I want you to know that I don't think it is silly or sissy for you to want support sometimes. Sometimes people need it. Sometimes they don't. Either way is OK at the time. And I'm sorry you learned at such an early age that there was something terribly wrong with wanting help, and something wrong with crying when you felt hurt, so that you went away by yourself more than you wanted.

C. Uh huh. (Is listening, quietly, openly, curiously considering this information.)

T. And I can understand why the ocean has not been one of your favorite places.

C. Yes! A lot of things fall in place from that.

T. Uh huh. And now you are coming back to 38 year old Steve, huh?

OPTIMAL LEVELS

To be creatively, actively curious requires an optimal level of motivation; neither too much nor too little. In Hakomi there are two processes that help make self-exploration most feasible and productive.

The first task the therapist attends to is calming things down, getting people out of the ordinary goal-directed consciousness that says "we have to accomplish something par-

ticular now." The general goal is to get to those levels of organization that are there before we mobilize ourselves, the program that is running the computer. Being tense and organized around certain goals is already a mobilization. So, the therapist encourages the state of mindfulness that temporarily suspends judgments, gives up attachments to immediate outcomes, and opens a receptiveness to whatever exploring immediate experience might bring; all the while, going along with the client's presenting concern. With the background noise lowered, there is a better possibility for the signals that are within us to guide us, to come through.

The second task then becomes raising the energy level, naturally, organically, in a now hopefully mindful context. Issues begin to heat up as we provide new unexplored places to venture in that get closer and closer to core memories and beliefs.

In our case study, things began to heat up extensively through the holding back experiment. That then moved into accessing the core memory of the beach scene, which did not literally determine the child's character, but did function as a symbolic lightning rod for the child's belief about not being grown up enough, etc.

Notice that when there is a creative state of mindfulness in place, the therapist has great faith that little details which spontaneously come into awareness can lead to significant areas. The client becomes aware of a sense of fresh air. It might seem like wandering in the wilderness, but the therapist supports the curious open exploration of this unique manifestation of consciousness. Again, the question of hot or cold, wet or dry has no importance other than encouraging the client to explore his experience more deeply.

While the quiet, gentle, open state of mindfulness is what made possible the accessing of the important memory, once it emerged into consciousness, the energy level went through the roof. The client entered a state of consciousness Kurtz describes as "riding the rapids." There is the spontaneous overflow of uncontrolled feeling. Mindful exploration or reflection is not possible/useful in this state. The therapist simply

supports the spontaneous outpouring non-verbally with her hands and presence. It is only when there is an appropriate lull in the process that the therapist guides things back to a mindful state for further exploration.

To repeat, emotional discharge for its own sake is not the object. Trying to drum up dramatic emotional experience for the sake of drama is boring. Talking about once important historical experience in the past tense, even when that history was moments before, is boring. Optimal exploration happens when experience is live, present, and the person can witness it, learn from it, and comment on it while still being in it, and not losing contact with it.

The client in this example ends up in another state of consciousness that Kurtz considers most optimal of all for exploring therapeutic change. He designates it "child consciousness."

The mindful exploration of "not feeling motivated to do much" led through various byways to an intense childhood memory. The child who experienced that event and made some decisions about what the world was like was still in the client, and when the therapist heard the young cry, she addressed the child directly. "So little Stevie is really upset and unhappy."

Before that she primed the pump by suggesting the possibility of memories, and then when he got involved in one, asking him how old he was beginning to feel. In talking with the child, who revealed himself in more childish mannerisms, simplified speech, etc., (all the while retaining an adult consciousness of what was happening), the therapist was not condescending and did not engage in baby talk, though communication did become more simple, direct, and appropriate to the child's age.

Curiosity about some presenting predicament here has led back to the stage where core organizing beliefs were formed. It is a tremendously creative space for looking at those beliefs again and possibly transforming them into more nourishing, realistic ones. The therapist at this point abandons the normal pattern for working with adults and

takes on the characteristics of a "magical stranger." Various traumas affect children continuously. Children do not need therapists. All they normally require is a compassionate adult who will talk with them, acknowledge their reality help them understand what is happening, and assess the situation realistically.

When someone enters the child state of consciousness, the missed opportunity of yesteryear becomes available again as the therapist becomes a stranger who magically happens upon the troubled child and supports its through its hurtful situation in a healing way. Telling the child that it is not silly or sissy to need support can be quite powerful and lead to significant change. To tell an adult the same thing in ordinary consciousness would generally have little or no effect.

If the client had not entered the child state of consciousness through an early memory, there would have been other processes for becoming aware of the fear and anger associated with taking in support, exploring those barriers, and reorienting around new beliefs. Plus, there is more to the session than is being presented which has to do with integration and completion issues. More details about the entire process of this exploratory approach can be read in Hakomi Therapy referenced above.

SUMMARY

Enough has been said to outline how Kurtz has utilized the results of curiosity research on behalf of psychotherapy, though obviously he has also integrated much more from other disciplines as well. (There has been no attempt here to reference similar techniques from other modalities. The emphasis is on the overall integration of Kurtz's work.)

A person is invited to get curious about themselves in a special state of consciousness called mindfulness which provides a virtually unlimited inner world to explore. A precondition for this exploration is a setting of safety.

The therapist does a number of things to keep

the person's curiosity going and not prematurely impose judgments, explanations, or justifications on the experience being explored. There is a strong underlying faith in the unity and organicity of the person's system, that it is self-directing and self-correcting when all the parts are communicating within the whole. The therapist honors, respects, and makes contact with the various expressions of the total system as they appear. She encourages the connections as in the mind talking with split-off sections of itself, and the mind talking with the body. She takes special care to treat non-violently and support barriers to communication within the whole; to explore them for their nature and for what would allow them to safely let down. The therapist is committed to the integrity and empowerment of the person, going with the flow of the person's process, resisting interventions that would call attention to the therapist, or impose the therapist's agenda on an unwilling client for "the client's own good."

All the while, the therapist monitors energy levels, facilitating exploration of new avenues when things slow down, providing compassionate, realistic support when things cross the threshold of too much fear and intensity.

When core organizing beliefs are discovered which provide barriers to effective, satisfying living, these also become objects for curious exploration. What is the nature of the barriers and what do they need to be able to let down when appropriate? When the child state of consciousness is accessed, the reality of the child's world is explored along with what that child would need to make him/her feel better.

In general, the innate capacities and resources of the person for self-exploration and healing are mobilized and enhanced in a graceful, non-violent, paradoxically powerful way.

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NON-INVASIVE METHODOLOGIES OF STUDYING NEUROLOGICAL CORRELATES OF HUMAN MENTAL STATES, IN PARTICULAR THOSE DURING PSYCHOTHERAPY — A REVIEW OF RECENT LITERATURE

LAKSHYAN SCHANZER

LAKSHYAN SCHANZER, M.ED, IS A LONG TIME STUDENT AND TEACHER OF BODY MIND DISCIPLINES. HE IS A CERTIFIED HAKOMI THERAPIST WHO BEGAN STUDYING WITH RON KURTZ IN 1979. PRESENTLY, HE IS NEARING COMPLETION OF A DOCTORATE AT THE MASSACHUSETTS SCHOOL OF PROFESSIONAL PSYCHOLOGY. EXPER-IENCED HAKOMI THERAPISTS WILL NOTE IN HIS ARTICLE HERE, NEUROPHYSIOLOGICAL BASES FOR A NUMBER OF HAKOMI TECHNIQUES RELATING TO MANAGING STATES OF CONSCIOUSNESS. FOR MORE INFORMATION ABOUT THIS ARTICLE AND SUBSEQUENT DEVELOPMENTS OF IT, LAKSHYAN CAN BE CONTACTED AT 84 MELROSE AVE. PROVIDENCE, RI 02907 (401) 941-0032.

I. Introduction

A. An Overview of the Development of this area in the field.

Direct investigations of the objective physiological correlates of ongoing human psychological experience began only four decades ago with Penfield's famous mappings of the sensori-motor cortex[1]. Today, a cursory review of the reference periodical: "Psychological Abstracts" reveals at least 20 published researches per month from around the world. Topics range from the use of portable EEG recorders on neonates[2], to how athletes can train their brains to develop concentration and to rest better.[3] We have come a long way in studying the physiology of ongoing human experience.

Concurrent with the broadening of this field of research has been the sophistication of the tools used. By far EEG is the most widespread and most used method for recording data. Among research tools it is one of the least invasive and it has evolved rapidly. For example, presently there is at least one kind of portable 24 hour EEG machine that the patient can wear much like a 'Walkman' portable radio.[4] This is in contrast to the early laboratory machines from 30 years ago, which are still very much in use and which require a room for the machine, the patient and the bed the patient needs to lie on.

There are a variety of EEG recording techniques, of which the polygram is probably the most standard. Another recording technique is spectral analysis. This method reproduces the range of amplitudes in the whole spectrum of wave activity over time over specific areas of the cortex. There are other newer EEG methods, such as Salb's computerized 'diasonics' and a machine called 'Mind Mirror', but the majority of published researches tend not to use these tools. The reasons behind this phenomenon of limited use of EEG recording techniques are not clear. Certainly it appears there is a gap in the integration of tools used for research.

Other non-invasive techniques gather psychophysiological data on EMG, temperature, heart rate, and respiration rate. These sources of data are often incorporated in EEG studies. Technology for gathering these kinds of data has evolved impressively. Not only can this data be gathered by portable machines, but by remote and wireless ones which are capable of being worn trouble free by a newborn continuously for up to 8 days![5] Perhaps EEG technology will follow suit.

B. Kinds of EEG Research

From recent research literature there seems to be primarily 3 applications of these non-

invasive (and primarily EEG) methodologies for investigating human mental states. One application is to diagnose pathology. In this kind of research EEG is used in either of 2 ways. One way is to clarify and understand pathological neurological processes as they occur. Another way is to assist in the diagnosis itself. A few examples of the wide area of pathologies investigated include: a) mental disorders that are considered primarily psychological (i.e. not innate) such as stuttering[6], gambling[7], borderline character disorder[8], and anxiety[9]; b) mental disorders often mixed with prior biological conditions such as schizopherenia[10], autism[11], depression[12], dyslexia[13], developmental delay[14], and psychogeriatric disorders[15]; and c) medical pathologies (i.e. those that are generally understood as due to biological pathology) such as seizure disorders[16], Korsakoff's syndrome[17], and MBD[18].

A second application of these technologies is the study of mental states that result from pharmacological or other 'hard' interventions. In this type of research scientists have been able to gain insight into both the neurological processing associated with a pathology and the action of an intervention itself. Examples of a few recent studies include drug studies such as diazepam[19], imipramine[20], and cocaine[21]. Other studies of this type include the effects of ECT[22], medication and epilepsy[23], and medication and sleep changes[24].

A third major area of EEG research is the study of the neurological correlates of mental processing while subjects are engaged in a task or activity. Recent studies have focused on attentional processes[25], cognition[26], personality[27], emotionality[28], excitatory states[29], hemisphericity[30], non-ordinary states of consciousness[31], meditation[32], hypnosis[33], breathing techniques[34], and psychotherapy[35]. This third area of research could be of special interest to training and practice in psychotherapy. The remainder of this paper will focus on recent publications which either construct theories about neurological processing that may apply to psychotherapy, or that imply how to document or actually document psychophysiological changes that can

be correlated with psychotherapeutic interventions.

II. Theories of Interest to Psychotherapy

A. Galin

Galin is one early and seminal theorist who postulated a relationship between the specialization of each hemisphere and the phenomenon of conscious and unconscious levels of mind. He used studies of commisurotomy patients to support the following ideas[36]:

1. In normals each hemisphere is specialized for a different cognitive style. In right handed subjects, during speech and writing tasks the left hemisphere is active (showing high voltage, fast wave activity on an EEG) and the right hemisphere is on 'idle' (showing slower wave, alpha activity). The reverse is true during tasks involving holistic, gestalt, and spatial processing. Thus "...The two cerebral hemispheres in humans are specialized for different functions...because of their specialization they are different, not duplicate minds..." (P.572)

2. Galin notes that commisurotomy patients have retrieval problems that result in disconnected behavior. Since left brain processing resembles what is labeled as secondary thought processing in psychoanalytic theory, and since right brain processing resembles what is labeled as primary thought processing, the disconected behavior of split brain patients seems to parallel the psychoanalytically postulated differentiation between secondary and primary thought processing. Further support for this parallel comes from studies which show that in split brain patients eventually left hemisphere activity becomes dominant. This is similar to how secondary thought processing becomes dominant in normals.

From these ideas Galin formulates that: "...there seems to be a clear parallel between the functioning of the isolated right hemisphere and the mental processes that are repressed, unconscious, and unable to directly control behavior." (P.574)

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The causes for the dissociation between hemispheres in split brain patients is obvious. But how does the dissociation between conscious and unconscious in normals occur? Galin offers two processes that may permit such a functional dissociation. One process is innate, and that is that both sides of the brain may not be equally active at the same time. In normal waking conditions "...Such a relation of reciprocal inhibition of cognitive systems may be bases on left/right reciprocal inhibition so characteristic of the sensorimotor systems around which the whole brain is built." (P. 575)

This innate process of reciprocal inhibition is 'harnessed' for adaptive purposes when the normal individual experiences cognitive dissonance. "In a child whose mother verbally says: "I'm doing this because I love you", while facially expressing: "I hate you and will destroy you." (P. 576), the two hemispheres will process the simultaneous input as if separate. Moreover, each hemisphere will ignore what disagrees with it's own formulations. Perhaps because neuronal connections between hemispheres are weaker than connections within hemispheres; or perhaps out of the need for survival a process of operant conditioning emerges and one hemisphere becomes dominant. Galin postulates that: "...in normal intact people mental events in the right hemisphere can be disconnected functionally (by inhibition across the corpus callosum and other cerebral commisures) and can continue a life of their own. This hypothesis suggests a neurological mechanism for at least some instances of repression and an anatomical locus for the unconsious mental contents." (P. 575)

Galin suggests further research to explore this idea if separate minds of separate hemispheres. One suggestion is to document the expression of right hemispheric processes in modes not pre-empted by left hemisphere somatic expression. This includes a statistical study of the sidedness of conversion disorder symptoms. In fact a later followup study on this area confirmed Ferenzci's assertion that the symptoms were predominantly left sided. (Perhaps conversion disorders are an example of how

psychological illness can reflect an attempt to speak from one's "right" mind!)

Galin also suggests that assymetry in ANS activity may indicate assymetric hemispheric activity. Changes in L/R skin temperature and skin conductance during mental processing might signal cerebral assymetry. Also, changes in blood pressure vs. changes in heart rate could indicate assymetrical processing as it occurs on subcortical as well as cortical levels.

Galin's ideas seem well substantiated and retrospectively appear to be precursors of ideas of more recent researchers/theorists. Three of his ideas seem to reappear often: 1) hemisphericity and reciprocal inhibition, 2) the involvement of the limbic system and other 'deeper' structures in "unconscious" processing, and 3) the involvement of the sensorimotor cortex processes with the development of self consciousness.

Yet Galin's ideas have one drawback. They are primarily academic. How a psychotherapist might make use of hemisphericity, autonomic variables, and motor experience to generate hypotheses and interventions is left over to imagination.

B. Gazzaniga

Gazzaniga's ideas and research on hemisphericity first appeared in the 1970's and were even a part of Galin's formulations (especially the notion of inhibition of neuronal transmission across the corpus callosum). More recently Gazzaniga seems to place less emphasis on hemispheric dissonance as leading to the phenomonon of repression. In this recent update Gazzaniga adds that the left dominant brain functions as an interpreter and constructor of a theory of self consciousness[37]. He bases this idea on his work with a few unusual split brain patients. His research suggests that information can exist in the brain and can even be placed there without the language system's awareness. The same information can also be expressed through movement and still be unavailable to the left brain's language system. Gazzaniga theorizes that: "...the brain is organized in such a way that

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information is stored in modules. These modules can compute, remember, feel emotion, and act. And they exist in such a way that they need not be in touch with the natural language and thinking systems underlying private conscious experience...what we hold as conscious experiences are, to a large extent, the verbally tagged memories associated with interpretations we have given to our behaviour." (P. 36) [In other words, the left brain]"...invents a stimulus to explain it's response...[thus...] In the process of making sense of diverse human actions, we develop "beliefs" about the nature of self, which become more multidimensional the more diverse mental modules are in behaviour."(P. 38) Gazzaniga believes that this innate process of constucting beliefs about ourselves (and the worlds we have constructed is evolutionarily adaptive: "The brain may be so organized in order to allow for the constant testing and retesting of our beliefs. If the brain were a monolithic system with all modules in complete internal communication our beliefs would never change...the incessant dual between thinking and behavior emerges as a very special feature to our species." (P. 38)

Some might argue against Gazzaniga's assertion that the left brain interpreter function is species adaptive. After all, aren't many psychopathologies evidence of the interpreter's failure to accept new stimuli that contradict it's theories about self and the worlld? And if Gazzaniga's assertion were true wouldn't the job of psychotherapist be simple? Never the less, Gazzaniga's recent findings and interpretations are framed in a language that may be useful to psychotherapists. Perhaps psychotherapy could involve: 1) assessing an individual's belief structure, 2) developing interventions that make new stimuli 'safe', and 3) bringing into awareness information that is stored out of the language system's awareness.

Theoritically from an EEG point of view, Galin and Gazzaniga might differ about what happens neurologically during psychotherapy. Galin's theory implies that EEG and ANS assymetry would be clues of dissociative activity during therapy. Also implied is that this assymetry might balance out over the course of treatment. Gazzaniga's ideas

imply that while assymetry might shift during the processing of new material, assymetric activity might return upon integration, since the interpreter function would persist.

C. Jaynes

Jaynes is a third hemispherist researcher and theorist. Some of his work resembles Gazzaniga's, but it broadens the concept of the interpreter function and identifies a possible right brain site of neurological activity during psycho(patho)logical processing, especially the phenomenon of hallucination. Jaynes's theory is also more inclusive of other disciplines, including anthropology, history, and art[38].

His thoery is based on: 1) a definition of what consciousness is and what it is not; and 2) a hypothesis about the neurological correlates of those properties which he defines as consciousness. For Jaynes consciousness is like :"...a self illuminated flashlight that searches around for light in a dark room. Such a flashlight would come to the conclusion that the room was brilliantly lit, when in fact, it was mostly the opposite. ...So too with consciousness, we have the illusion that all is mentality..." (P. 129)

For Jaynes: "The subjective conscious mind is like an analog of the real world. It is built up with a vocabulary or lexical field whose terms are all metaphors of analogs of behaviour in the physical world. It's reality is the same order as mathematics. It allows us to short-cut behavioural processes and arrive at more adequate decisions. Like mathematics it is an operator rather than a thing or repository. And it is intimately bound with volition and decision." (P. 132)

This subjective consciousness has three important properties. First, as a result of language it features what Jaynes calls: "mindspace". "...it is the space which you are preoperatively introspecting at this moment... That is, mind space is not real space. It is a metaphor linking spatial experience with mental activity." (P. 132)

A second property of subjective consciousness Jaynes defines is the creation

of the "analog I" that does the seeing in mind-space. That is, if one can imagine oneself doing something; it is the analog I that would be doing the something. Jaynes defines a third property of consciousness as narratization". With narratization: "Consciousness is constantly fitting things into a story, putting a before and after around every event." (P. 133) This last property strongly resembles Gazzaniga's 'interpreter' function.

In addition to defining these properties of consciousness, Jaynes rejects many traditional scientific assumptions about consciousness. One of these is that learning is a major element of consciousness. He sites human research studies that: 1) Learning not only goes on without consciousness but can be interrupted by it; 2) Consciousness is not attention. We don't have to be attentive to be conscious. Moreover, from learning studies, as learning increases, attention decreases; and 3) Reasoning can be done without consciousness. In fact Jaynes points out that some of sciences best inferences have been made spontaneously: "...in bed, in the bath, or on the bus." (P. 131). Like speaking, reasoning is a process that doesn't require conscious control over every item.

Another assumption that Jaynes rejects is that the mind and body evolved together. Jaynes points out that animal studies show that animals can learn (i.e. have mentality), but animals do not have anything like what we experience as subjective consciousness. To Jaynes, subjective consciousness is not the ability to have perception or to process perception, because these functions can be done without subjective consciousness. If one believes that those processes are innately conscious, then all living things, even single cells must have conciousness. Similarly, and going in the other direction of the evolutionary continuum, Jaynes rejects the idea of the human experience of consciousness as an emergent. For Jaynes the idea that some qualitatively different experience of consciousness emerged in the species when the brain reached a critical mass, tells us nothing about specific neurological processes of consciousness. (p. 128 & 129)

Given these parameters of what consciousness is and what it is not Jaynes makes a bold proposition: In the recent past human beings could have existed who do everything we do, but without self consciousness. In fact, Jaynes suggests that evolutionarily speaking, self consciousness came after language developed. Jaynes also believes that this development of consciousness is culturally and historically a recent event, perhaps no more than three thousand years old. Jaynes (who is a psychologist and biologist) suspects that although the human brain has been the same for some tens of thousands of years, what is different is how we use the brain now. (p. 132-139).

Some neurological support for Jaynes theory has been given by Ojemann, who offers research that shows the relative recency of the dominance of the language cortex in humans. He also submits that self conscious experience is dependent on the left brain language cortex and it's neurological links with the thalamo cortical activating system. However, Ojemann points out that this design is considerably older than three thousand years. (P. 158-168)

Jaynes suggests that prior to the sense of "I" as a self conscious experience, human beings were what he calls "bicameral". For Jaynes this means that bicameral humans did not employ the left temporal posterior cortex as we do today. Even though the 'hardware' (the brain) was in place then as it is now, bicameral humans relied on the right temporal cortex for interpretations and decisions which guide individual and collective behavior. Since the right hemisphere is more spatially oriented than the left, and since it also lacks the sequencing power of the left, Jaynes believes that bicameral humans received their guidance in the form of hallucinations. He speculates that as human populations grew in size and social systems became more complex this method of guidance through divine and probably auditory admonitions proved unreliable and bicameral societies fell apart. As a result the sense of self as an individual consciousness, or god as within, began to develop. (P. 132-139).

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Jaynes believes that if his theory were true, then perhaps all of us are not far from being bicameral. He suggests that perhaps some aspects of psychopathology - notably hallucination - represent outmoded attempts to generate beliefs that give guidance. To support this he cites recent research on schizophrenia that suggests that the phenomenon of hallucination correlates with either an overactivity of the right hemisphere or left hemisphere deficits. (P. 171)

Jaynes's theory is impressive and intriguing. Yet, what does it offer to further add to the practice and understanding of what happens in psychotherapy? Jaynes's ideas about our present 'usage' of the left temporal pariental cortex and the possibly outmoded usage of the right temporal parietal cortex for interpretation and guidance seems to correlate with Galin's ideas about the dissociation between the hemispheres. Jaynes's ideas also offer a species historical developmental explanation about how the separation may have come about. Jaynes's theory also resembles Gazzaniga's ideas about how the left hemisphere language cortex is tied to the 'interpreter' function. Yet Jaynes's assertion that the right hemisphere could have and at times does give guidance provides an explanation missing from Gazzaniga's theory. That is, the theory of bicamerality explains why so called primary process thinking persists and penetrates the so called rational behavior governed by secondary thought processes. Jaynes's theory also explains why, however reasonable we try to be about our beliefs, about ourselves and our world, we seem to tenaciously hold on to irrational beliefs.

Perhaps effective psychotherapy "unconsciously" has guessed, like Jaynes, that we are more bicameral than we are aware of. Perhaps non-'talk oriented' methods of engaging the client work because the right hemisphere is more form and less word oriented than the left. Also, focusing on significant pre-operational periods of childhood (when available to be attended to) may be useful because during those periods right hemisphere processes dominated. (Perhaps it is true that those difficult to change beliefs about ourselves developed during this more bicameral like stage of development.) Finally, Jaynes's theory might support the possibility of increased amplitude fast wave activity over the right temporal parietal cortex while the old (or is it developmentally young?) interpreter within the client changes his/her mind. Like Galin and Gazzaniga such shifts could be useful indicators of effectiveness in psychotherapy.

III. Neurological Theories and Applications by Those Interested in Psychotherapy

The 'hemispherist' investigators thus far presented offer a number of ideas which imply what might be occurring on the neurological level during psychotherapy. The most consistent idea is that shifts in symmetry of cortical and subcoritical activity may be associated with psychotherapy during treatment.

In recent literature there are only a few who investigate how changes in cortical and subcortical activity can help understand and generate treatment. In reporting on data with his own patients Glucksman tends to rely only on measures of autonomic activity (GSR, HR) rather than coritcal measures. Yet his rationales are worth noting. One, is that these measures can indicate the emergence of unconscious conflicts. Another rationale is that such measures can help track patterns of somatic symptoms with psychological symptoms. Finally, physiological measures can document ongoing patient-therapist interation[39].

Budzynski is one researcher and psychotherapist who has been developing approaches that incorporate studies of brain activity[40]. He began his work in the late 1960's when there was enormous interest in altered states of consciousness. Budzynski's investigation of these states includes a wide range of phenomenon which led him to sleep research and brain lateralization studies.

From sleep research Budzynski focused on what he calls "twilight sleep". Essentially this is stage 1 sleep (which is represented by the presence of theta-4 to 7 Hz-activity in an EEG recording). Subjectively twilight sleep is the short lived hallucinations and

dream like experience that precedes deeper sleep, when sensory input is screened out. Twilight sleep also precedes the waking state which coincides with the presence of what Gazzaniga has called the 'interpreter' function. Citing Russian and American studies of learning during sleep, Budzynski concludes that: "...a common denominator among successful sleep learning studies is that superficial sleep (stage 1 and 2 sleep) is the psychophysiological background for maximum receptivity." (p. 433) From this Budzynski deduces that one way to work with patients who have severe self esteem problems or who are depressed would be to impart positive suggestions to them while they were in this mental state of maximum receptivity. Thus, state of consciousness became one feature of Budzynski's psychotherapy technique.

Another feature of his technique is that it incorporates a brain lateralization model. Budzynski bases his thinking in this area on three elements already researched by others. These are: 1) studies of the language abilities of the right hemisphere; 2) Galin and Gazzaniga's theories on hemisphericity; and 3) studies of hemispheric arousal levels.

Citing research on language comprehension of the right hemisphere, Budzynski notes that the right hemisphere: 1) processes voice intonation and emotional levels of speech; 2) needs redundancy, concreteness, common words, and direct and positive statements to aid absorption; 3) improves comprehension when sentences are given at 1/3 the normal rate of speaking and with frequent pauses, and 4) has the syntactical ability of a six year old. From this Budzynski concludes that: "If we wished to communicate verbally with the right brain, we would endeavor to use simple, concrete, common words spoken slowly, with a good deal of voice intonation, and repeated over and over again." (P. 439)

Budzynski's rationale for choosing to communicate with the right (non-dominant) hemisphere comes primarily from Galin's ideas about hemispheric conflict. That is, conflicting conclusions made independently by each hemisphere results in the inhibition of one hemisphere's conclusion, but not the influence of that conclusion. For Budzynski,

psychotherapy then must also involve the accessing of that conclusion (what he calls the 'negative script') and changing it. (P. 448) However, in order to access and change that 'repressed' conclusion, part of the procedure, according to Budzynski must involve either reducing or eliminating the critical screening mode (i.e. Gazzaniga's 'interpreter') of the left (dominant hemisphere).

In order to accomplish this 'by-passing', Budzynski utilizes data from EEG studies that suggest that the right hemisphere remains functioning at levels of cortical arousal that are too low to support the critical screening function of the left hemisphere. Similarly, he notes other research that suggests that during extended periods of high level cortical arousal the critical screening function declines, leading to increased susceptability to outside influences. (P. 439) Thus, he concludes, the normal critical screening function can be by-passed in either of two ways. One way is by arousal that taxes the left hemisphere's attempts to create order and meaning. Examples of this technique could be M. Erikson's 'confusion' techniques, or embedded commands. Similarly the left hemisphere is by-passed and the right hemisphere becomes dominant during highly charged emotional states or during physically taxing activities such as dance, sports, and some religious practices. Another way to by-pass the critical screening function is to lower cortical arousal levels as might occur during quieting relaxation methods, rhythmic or repetitive activities (such as chanting or drawing) or in a monotonous restricted environmental stimulation (as in Morita therapy). Budzynski notes other researchers have suggested that this shift from or by-passing of the critical screener function is correlated with increases in left/right alpha ratio.

With these elements from theory and research Budzynski developed his form of biofeedback therapy which he called "twilight learning." The biofeedback to the client comes in the form of tape recorded positive suggestions (e.g. "I am good even when I say 'no'.") that automatically play when the left hemisphere EEG shows theta and the absence of alpha and

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beta rhythms. Since these two rhythms are associated with wakefulness (and hence, critical screening), the tape stops playing when these rhythms appear. To prevent slower frequencies from emerging (i.e. deep sleep and hence the gating out of sensory input) the tape player volume would increase as these frequencies occur. Budzynski found that theta needed to be present for at least 25% of the one hour session in order for treatment to be effective. The length of this treatment ranged from five to twenty sessions.

In light of the questions guiding this paper, Budzynski's work is impressive. He appears to be one of the earliest researchers to explore the obvious and neglected territory where modern neurology and psychotherapy overlap. Twilight learning could be considered mechanistic, yet of non-chemical, non-surgical, 'soft' interventions it appears to be measurably effective. How many approaches to psychotherapy can objectively define the parameters of success during and after treatment?

However, one important drawback to Budzynski's twilight learning technique is that there are not many published reports/studies in recent years. From the most recent publication Budzynski appears to have become more inclusive in current therapies. (P. 457) He also is developing new biofeedback applications. One new area he is working on is the psychophysiology of cancer. But for now we can only await news of this work.

Budzynski's work is not only impressive because it incorporates ideas of hemisphericity. He is one of the few researchers and clinicians who incorporates information from the vast and growing field of sleep research. Along these lines of incorporating states of cortical arousal is Broughton[41], who has been investigating the relationship between states of counsciousness and sleep/wake cycles. Already well known is that the highly subjective experience of consciousness undergoes qualitative changes throughout the day and night according to innate, lawful and objectifiable rhythms. Broughton cites new research that suggests that dreaming, problem solving, and other mental activities such as scanning/monitoring of external stimuli are not limited (as had been thought) to the domains of any one state (waking, REM, NREM). Rather, many of these functions are ongoing, although highly personalized and qualitatively different during each state of consciousness.

Broughton relates the above idea that some mental processes are continuous during waking and sleeping states to ultradian rhythms (what is subjectively experienced as shifts in degree of wakefulness) and circadian rhythms. Although somewhat guardedly, he proposes that there is a relationship between Kleitman 900 minute Basic Rest Activity Cycles (BRAC) and cyclic increases in right hemisphere activity.

One inference which Broughton makes from this proposal is that perhaps many instances of what might be major psychopathology in an 'awake' person may reflect disturbances in circadian sleep/wake cycles. He cites nightmares, automatic behaviors, delerium, and double consciousness as examples of what clinicians are usually taught to recognize as psychopathology, but may actually represent sleep/wake disorders.

Another implication from Broughton's ideas about a relationship between innate body rhythms and consciousness is that the limbic system and the brain stem may be involved in psychopathology and its' treatment. Galin and others have already pointed out that these structures may be related to unconscious processes. Yet a more intriguing implication is that there may not only be opportune times for psychotherapy (i.e. time when non-dominant hemisphere activity increases), there may also be opportune lengths of time for treatment sessions. Would a 90 minute session prove more effective than a 50 minute session, regardless of technique?

Rossi would probably give an enthusiastic though qualified 'yes' to the above question[42]. Rossi is a colleague of M. Erickson, and a researcher in the field of gypnotherapy. He reports that Erickson himself had explained that he had trained himself to notice and utilize natural periods of quietness which became known as 'Common

Everyday Trance' (CET). It was during these periods that a patient was most receptive for experiencing trance. This CET is readily discernable to a trained eye and can be indicated by numerous affective, cognitive, respiratory, motor, and social behaviors. (P. 100) From experience, Erickson also learned that this state seemed to occur somewhere within 90-120 minute periods, so he would vary the length of the treatment session so as to include and encourage this period.

As Rossi continued to study Erickson's work he began to relate the physiological indicators of the CET state with the physiological changes which had been documented on BRAC rhythms. That is, during CET the shifts towards parasympathetic ANS activity and towards non-dominant hemisphere activity were equivalent to the flunctuations in ANS and hemispheric activity during ultradian rhythms. Rossi concluded that Erickson was correct in guessing that the idea of consciousness as having continuity is an illusion and that the phenomenology of consciousness was dependent on physiological state. For Rossi, if this dependency were true, then disturbances in ultradian rhythms could result in disturbances in consciousness. He regards psychosomatic disturbances as most likely resultant of such disturbances. Thus, for Rossi, 'healing' would involve the removal of barriers to the normalization of (at least) this biological clock. Perhaps in order to heal psychologically we may not only need to think and know better (i.e. gain insight), we may also need to feel physically better.

Rossi's research led him to investigate the synchronization and desynchronization of ultradian rhythms. One interesting area of research which he cites is the relationship between cycles of nasal dominance and cycles of ANS and cerebral hemisphere dominance. He notes Werntz's research which documents a direct relationship between nasal dominance, ultradian rhythms, and hemisphere dominance. (P. 119) Wentz had also found that forced uni-nostril breathing through the non-dominant nostril induced a shift in dominance to the contralateral hemisphere. Perhaps such practices could be useful in undoing psychosomatic disturbances. The benefits of alternate nostril breathing have been well known and commented on by yogis for at least 2500 years.

From her research Wentz makes an interesting proposal and one that resembles Ojemann's reference to limbic structures that may underwrite the experience of consciousness:

"...Thus the whole body goes through Rest/Activity or parasympathetic/sympathetic oscillation while simultaneously going through the "Left Body-Right Brain/Right Body-Left Brain" shift. This then produces ultradian rhythms at all levels of organization from pupil size to higher cortical functions and behavior...It is important to note that this represents an extensive integration of autonomic and cerebral cortical activity, a relationship not previously defined or studied. We propose that as the nasal cycle probably is regulated via a centrally controlled mechanism, possibly the hypothalamus, altering the sympathetic/parasympathetic balance, this occurs throughout the body including the brain and is the mechanism by which vasomotor tone regulates the control of blood flow through the cerebral vessels thereby altering cerebral hemisphere activity."[43]

Rossi's hypotheses about neurological processes that may be involved in psychotherapy and psychopathology again add a 'depth' idea to the location of unconscious processes. During psychotherapy the therapist may not only track and engage cycles of cortical activity, the therapist may also track and engage cycles of activity in the limbic system. Perhaps treatment techniques should acknowledge this. That is, in addition to selectively by-passing the range of left brain linguistic activity and communicating with the child-like and concrete and wholistic activity of the right brain, the therapist may also need to interact and communicate with an organization of consciousnes which may be prior to self consciousness and prior to words.

Fischer's ideas of consciousness[44] may be helpful in clarifying what kind of neurological input therapists could give and how that input may be considered therapeutic. To Fischer, "...Consciousness is a domain of

internalization, an insight into oneself as a moving experience." (P. 3) To support this idea he cites EEG data and pharmacological evidence that suggest a direct relationship between mental activities and neuromuscular behaviors. For Fischer this interdependence is so strong that interference or inhibition of neurological pathways for sensorimotor closure results in distortions in mental activity. Fischer cites the hyperaroused state of the cortex during drug induced states or during REM as examples of such distortions. In these states sensory perception and motor activity are inhibited or overridden and this results in an imbalance of sensorimotor closure which is reflected in mental constructions that are (concretely speaking) not sensible.

Fischer's work is more academic than practice based. That is, he doesn't offer therapeutic techniques to engage and restore sensorimotor closure. Perhaps those psychotherapies which reflect the old saying: "Actions speak louder than words" may reach this deeper neurological level. Examples of such therapies might be classical and operant conditioning techniques, and the more current and blossoming field of therapies that utilize bodily experience (e.g. dance, movement, and other expressive therapies; hatha and other 'limbs' of yoga; bioenergetics, feldenkrais, hakomi, gestalt and other techniques that utilize kinesthetic awareness).

IV. Studies Indicating Neurological Activity during Activities Relating to Psychotherapy

Thus far there appear to be two related neurological levels of activity that may correlate with the psychological experience during psychotherapy. One idea is that healing in psychotherapy may correlate with an organized shifting of cortical activity away from the dominant hemisphere (and perhaps more specifically the areas involved in language production). Once this shift has occurred, new beliefs and experiences that may generate change on the psychological level (i.e. self conscious level) can be offered and accepted.

Another idea is that treatment and change on the psychological level might be associated with changes on subcortical levels, such as the limbic system and the neuronal pathways and substructures associated with the regulation of biological cycles. Thus, some psychotherapeutic techniques may work by engaging and entraining physiological behaviors.

These ideas are intriguing and offer new territory for researching and developing psychological treatment techniques. Yet there are only a few recent publications which make use of EEG or other non-invasive techniques to explore and document neurological activity associated with behaviors or techniques considered to be therapeutic.

Meditation has been regarded as therapeutic on many levels, including the psychological, and studies on the effects of meditation abound. In a recent review of the literature Delmonte[45] summarized findings on electrocortical activity and related phenomenon associated with meditation. One finding is that changes in hemisphericity may be a function of the meditation technique and the level of skill of the meditator. That is, in the beginning stages of meditation increases in left hemisphere slow wave activity may give way to increasing slow wave activity in the right hemisphere. However, in deep meditation both hemispheres show increases in slow wave activity, implying an inhibition of both right and left hemisphere activity. Delmonte noted that the majority of studies indicated an overall pattern of: 1) increases of alpha in the frontal and central regions, 2) a gradual slowing of alpha, and 3) a forward spread of alpha activity, beta spindling, and intermittent theta. Delmonte concludes that meditation is not a unique state, since these cortical changes are similar to those found during other hypnotic and relaxation techniques.

These findings on the neurological activity during meditation seem to support at least one view of what might be happening neurologically during psychotherapy. That is, during effective treatment a state of consciousness occurs (that could be called mindfulness, relaxation, hypnosis, or meditation) which may be correlated with

increased low amplitude, slow wave activity in the left hemisphere. This would support the idea that psychotherapy may involve a shift away from the language areas of the cortex. Delmonte's review does not include measures of ANS activity, yet the overall inhibition of the cortex, especially the frontal region could imply that such techniques may effect subcortical (possibly thalmic) levels as well.

EEG findings on the effects of Primal Therapy tend to support both views about the possible neurological activity during psychotherapy. In an early study[46] Hoffman had hypothesized that successful treatment should correlate with increases in Right/Left mean amplitude ratio and Right/Left variance ratio (variance of amplitudes ranged within 1.5-30 Hz), since prior research had shown ratios were lower than 1.0 in neurotics and 1.0 in normals. On the short term this hypothesis was confirmed. Interestingly, Hoffman also noted that after sessions involving intense emotional reaction patients showed a substantial and statistically significant increase in the variance of amplitudes in the right hemisphere, while this variance remained unchanged in the left hemisphere. For Hoffman this data also suggested that the right hemisphere is more involved than the left in processing emotional activity.

In a subsequent study[47] Hoffman explored the effects of long term Primal Therapy on patients' EEG. This study revealed a tendency to develop R/L mean amplitude and variance ratios of 1.0 or better (over time). Hoffman also showed that patients in the advanced stages of therapy had lower posterior amplitudes and higher anterior alpha amplitudes than untreated normals or neurotics. He noted that this 'normalization' process involved the stabilization of right hemisphere alpha while left hemisphere alpha amplitude tended to decrease. From this he made two conclusions. First, Hoffman believes that during long term treatment the increases in R/L ratios suggest increases in right brain activity indicating increased emotional processing. Secondly, over long term treatment the left hemisphere tends to become more active than the right. Hoffman's research suggests a parallel with the research on meditation. Both beginner

meditators and primal patients show increases in right hemisphere activity. Both advanced meditators and advanced primal patients showed a normalization of hemisphere activity. Finally, both advanced meditators and long term primal patients showed a general forward spread of alpha.

But why the parallel between Primal Therapy research which is based on data over a time span of many sessions and meditation research which is based on data during individual meditation sessions? Ahern's study on lateralization during emotional activity may clarify this problem (a little). In this study[48] subjects were not given treatment, rather they were given sample questions designed to stimulate and access emotional activity. For example, a question might be: "make up a sentence using the words 'extremely discouraged'." (P. 747) Each subject's EEG was recorded for a 20 second period during which the subject was instructed "to think about" their response. By analysing changes in alpha during these periods Ahern found that the left frontal zone seemed most involved in processing positive emotions, and the right frontal zone most involved in processing negative emotions. Ahern also noted that the right parietal zone appeared to be activated regardless of emotional valance.

Putting together the studies on emotional processing, Primal Therapy, and meditation, it can be inferred that: 1) effective psychotherapeutic treatment correlates with shifts in cortical activity in both the long and short term, 2) treatment makes it safe to process negative emotions, and 3) in long term treatment patients subjective experience of positive feelings and emotions may correlate with decreases in alpha from at least the left frontal zone.

Another interesting dimension to understanding what may be happening neurologically during psychotherapy is to include data on the simultaneous behaviors of the therapist. Allred's research[49] used videotaping, charting of heart rate and respiration rate and a compterized tabulation of verbal and non-verbal behaviors of both client and therapist to examine and improve therapy and supervision. Although this study

does not include EEG data, it does present a research method that uses psychophysiology. One interesting outcome is that there appears to be a parallel and non-verbal orienting process between both client and therpist which occurs within the first few minutes of the session, and which may even determine the session outcome. Gestures, postures, heart rates, and respiration rates increased in activity preceding a period in which the client and therapist became verbally incongruent. Yet during the non-verbal incongruence both were verbally congruent. (Allred uses an Adlerian model of psychotherapy.) This finding may indicate that there are mechanisms that are prior to the mechanisms of conscious words that are at work in both the client and therapist. Perhaps psychotherapy is more than a dialogue of words. Perhaps it is a conversation between nervous systems.

Research on the effects of therapist presense during biofeedback training seems to confirm this idea. Borgeat's study[50] indicated that the psychophysiological effects of the therapist's presense during headache relief training varied acording to the individual therapist involved and not whether or not the therapist was present. So therapists 'do' something even when doing nothing!

What behaviors and mechanism are involved in both the client and therapist needs further investigation. Perhaps some of the methodology and findings from recent research on infant-caregiver interaction will be incorporated as part of the investigation of the neurological correlates of psychotherapy. One study investigated how infant-caregiver interaction led to the biorhythm consolidation and entrainment in both the infant and caregiver[51]. Perhaps some mechanism of consolidation is an element in client-therapist interaction.

V. Summary

Research in ongoing human mental states is in an early stage of development. Yet however young this field may be, it has already produced enormous quantities of data and technological progress. Integration of findings from just one area of this field, such as the area of mental processing during activities could be useful in assessing psychopathology and in training and practice in phychotherapy.

From the material reviewed in this paper a few ideas stand out as of interest to the field of psychotherapy. One is that effective psychotherapy may include shifts in state of consciousness which may be characterized by shifts in cortical activity. More specifically, there may be shifts in levels of lateral activity during emotional processing. In right handed people decreases in left hemisphere activity may signal a receptivity for psychological change. Also the ability to sustain a general decrease in frontal activity (while awake) might be characteristic of psychological health.

What therapists can do (if a therapist is used at all) to generate these shifts is only beginning to be explored. Tracking the client's process and encouraging a slower pace, using body posture, as well as timing, voice intonation, and the pacing and content of the therapists message may all be used to guide the therapeutic process. The presense of a therapist appears to be a significant factor in the process and new portable EEG and biotelemetry should permit objective and non-intrusive studies into what may indeed be a bipersonal process.

From a methodological standpoint, current EEG data processing techniques need to be evaluated for suitability with this kind of research. Standard Electrode placements seem adequate and key areas would probably be the anterior, temporal, parietal, and frontal zones. There temporal parietal areas may be of special interest during periods of emotional processing and insight. Autonomic data including both right and left sympathetic and parasympathetic activity appear as significant and should continue to be incorporated in future studies.

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RyAvt RT1 BOX 6-A ROLAND AR 72135

THE HAKOMI METHOD IN THERAPY GROUPS
by Martin Schulmeister

The goal of this article is to inspire Hakomi therapists working in the group setting. I will present important questions, problems and solutions relevant to Hakomi group therapy that I have encountered in my practice, in discussions and workshops.

The Therapists Personality

It is important to discuss the personality of the therapist before I address basic questions of the group setting. The effects and consequences of the therapist's personality will reveal itself more clearly in a group than in individual therapy. A therapist may be able to conceal his or her character behind the safeguard of a one-to-one relationship in an individual session and perhaps hold on for one session, but if you attempt to compensate in group therapy, this strategy will likely result in difficulties. The group will always cause the therapist to confront him- or herself. The confrontation will be obvious or subtle depending on how threatening the therapist is to the participants. The therapist's position is one of authority and in general, the participants feel out the preferences of the therapist in order to get on his or her good side. At the same time, though, they have to defend against him. Every preference or partiality of the therapist is damaging. But therapists are not perfect. We have to admit that our behavior in therapy groups is at least partly dictated from our preferences. This can lead to small or large conflicts. But from these conflicts we all can learn a great deal. The extent of openness and understanding of such an encounter depends mostly on the group therapist.

It is important for therapist to take a look at their preferences or partialities in their continuing supervision. Some therapists notice that they do their work extremely softly due their fear of aggression. Others prefer to work with the child because they feel shy about an open encounter with grown-ups. Others may discover in their fear of alienation and abandonment the roots of their preferences to use a lot of nourishing interventions. These are three of the many examples of therapist's preferences that can bring about considerable dynamics in the therapeutic process. The behavior and actions of the therapist are not the only determining factors in a group but rather his or her intentions as well as the emotional background of his behavior. If the therapist is conscious of this and ready for growth and a process of encounter, then the group will also be a teacher to him and will likely proceed in an easy and powerful way. If not, each session turns out to be more of a strain. Then the

therapist attempts to manage the situation as best he can by use of his compensatory character strategies and "wonderful techniques", and he is trying just to cope. Productive methods as those mentioned below are then used only to serve the therapist's need of control and manipulation which allows him to avoid his or her own fears.

I have mentioned two extremes of handling groups now and we all probably find ourselves somewhere in between. I remember one evening while departing to a group that something unfamiliar was holding me back. I sat down again and listened to my inner self. I was very relaxed which was not common for me right before an evening with the group. This was really a different feeling. The usual tension was gone. I was always so used to this tension and I normally just skipped over it. As I experienced this relaxation and calmness, it was suddenly clear to me how much I had exerted myself throughout the years to feel welcome and needed; inner fear and courageous fighting at the same time. Now it was like a tear-filled purification of old stress, tension, feelings and memories. During the evening, I worked with three people in the group with "feeling welcome" on a very deep level without having mentioned my personal experience of what had happened just before the group meeting. They intuitively sensed my conscious space for this "schizoid" experience. At this point I could accompany the individuals into their experience and take in their concerns. I have often encountered these mostly unconscious reactions of the participants with the group leader. Therefore, I believe that the group can be a mirror for the therapist. The direction that the therapist is open for and to what extent he can offer a specific space will reveal itself in the group. If the group is stuck on a particular point, it is a good indication for the therapist to examine his own personal background of the issues involved during the next supervisory meeting (for instance, the participants of my last advanced workshop brought up the issue of money and I know that this will be a challenge for me).

It is probably necessary that the therapist experience group situations and conflicts as a challenge in order to proceed and develop in his or her own process. This also applies to individual therapeutic sessions as well. The therapist's effectiveness is derived not from the technique but rather from his or her being. For this reason one of the essential questions posed in advanced workshops with respect to group therapy deals with our own preferences and partialities. As a group leader, we can give attention to those parts of our fears that we can only accept partly, or not at all (and therefore not in others). We can also pay attention to our hopes and wishes which secretly form group processes as well.

Nevertheless I would like to emphasize, that in contrary to individual sessions, you can not avoid the interpersonal crisis in therapy-groups. In individual sessions your skill as a therapist to jump out of systems, as well as a good intuition, may help you to handle difficult interpersonal situations even before they get serious. In the group so many things happen at the same time, that it is very likely for the therapist or participants to fall into reactions and systems with each other. Somebody is bound to get hurt deeply sooner or later.

I would like to give an example for this. Suppose a person in a schizoid process comes to see a therapist for individual sessions. The therapist would possibly welcome his client right at the door knowing that the first seconds can be crucial for the whole session. He would probably not keep sitting in his practice kitchen drinking tea, saying "I'll come over in a minute".

The same client in group-therapy might experience something like this: another participant of the group closes the door just in front of him or her. Not in order to do any harm. These things simply happen. People are not always aware of others needs and wounds.

Suppose the same person would continue individual sessions. As a therapist you would be prepared to watch your contact with this person. If you found yourself drifting away during the session this would be a signal for you to establish contact again. In the group you may end up being the only one who is listening to the person while others are wandering away, sleeping in or getting nervous. The hurt will happen and the therapist has to work with this situation.

Let's follow this example one more step. Suppose this client comes for long term individual therapy, the therapist would come from an attitude that allows him to accept any kind of feeling the client would come up with, including severe panic, strong hate and so on, so that the client would not go home with a reinforced belief, like "something is wrong with me". Showing emotions the same client in the group would probably trigger reactions of judgments and resentfulness in at least one group participant. The conflict would be there.

As a therapist I come from the background of the encounter movement, so it was not very difficult for me to accept ongoing interpersonal stuff and conflicts, still, in single sessions I got used to work more and more interpersonal in a gentle and harmonious way, and it took some time for

me to relax into the group situation and to find ways to use interpersonal crises as something precious in HAKOMI-Therapy.

Questions and-Guidelines of Hakomi Group Work

The following are a few essential questions that are often asked by group therapists:

1. Hakomi was originally developed for individual therapy. How can it be applied in a group?

2. How can a therapist engage the group in the therapeutic process of the individuals ?

3. How can one develop exercises that are really appropriate for the group instead of always using the same from Hakomi workshops?

4. How can a therapist create the best individual safety (as a prerequisite for the cooperation of the unconscious) without diminishing the liveliness or spontaneous (sometimes aggressive) self-expression of the group?

My experience has shown that there is a general principle answering these questions, and some specific procedures as well.

The general principle in group work reflects on a movement between two polarities: the problem-oriented group therapy vs. the conscious-oriented one.

My understanding of the problem-oriented group therapy is the following: 1. All participants concentrate on the group leader and expect a decision from him. 2. Only those who have a problem or can create one and possibly most dramatically express himself will receive attention, feedback and contact.

My understanding of consciousness-oriented group therapy is: 1. All group members are clear that they participate in a consciousness training within which they can understand themselves and others more deeply by means of various explorations. 2. The study of mindfulness is of central importance as the basis of self-examination. 3. Training mindfulness is done with different individual exercises, then in mindful encounters and finally within the group process. 4. A training of this kind results in a shift of focus away from the leader towards the individual in the group. This change in the therapeutic work causes everything to become easier,

livelier and more direct. The crises and problems that we are confronted and allowed to work with, deal with deeper and more existential questions.

As to the specific procedures, I would like to concentrate on two points that are important to me. Both are mainly directed towards the group participating in the therapeutic process and to enable everybody to encounter themselves and others.

A. Working with group issues.

B. The transition from individual to group work.

A. Working with Group Issues.

There are essential issues in our cultural background that touch us in one way or another. These arise in the group "unexpectedly" during individual or group therapy situations or are consciously introduced into the group by the leader. Therefore I call these "group issues". Such issues include love, closeness, fear of others, aggression, the body, sexuality, man/women, separation, death, the hero and demons within us, the relation to the divine, and others. These are a few of the many that can be examined on a very deep level.

Working with these issues in the group allows the participants: a) to discover and transform his or her own deep beliefs. By getting to know and exercise various ways of accessing core material. They will b) gain a basic understanding of how to explore their own self. For instance, they will learn to change states of consciousness, experience their bodies, investigate feelings, come into contact with the child, or express posture or movement in words and symbols, etc.

Experiential work with these issues in the group as well as continuous exchange between the therapist and one client or more produces: c) trust and coherence in the group. The participants have the opportunity to honestly encounter meaningful questions in their lives, open up, and perceive and perhaps be amazed by the similarities and also differences experienced by others. Dealing with just one of these issues can demand a part of a session, an entire one or even several. If a therapist plans to thoroughly elaborate on a certain issue, it is helpful to spread it out over several sessions and to apply various accessing methods so that the entire group has time to develop the topic.

Different Ways of Accessing

I would like to suggest 15 different ways of accessing that can lead to the unfolding of an issue. I have occasionally included a few examples for clarification. These accessing methods should be of practical help to you in order to prepare a topic for your therapy group or your workshops. They also apply if spontaneous situations arise in the group.

Here is a list of 15 methods:

1. Sharing experiences.

2. Accessing the body.

3. Accessing memories.

4. Accessing emotions.

5. Probes.

6. Allowing expression of words.

7. Encounter in mindfulness.

8. Taking-over techniques.

9. Visualizations.

10. Guided fantasies.

11. Hakomi drama.

12. Playing.

13. Physicalizing.

14. Creating barriers.

15. Expression through use of other mediums and methods (music, painting, sculpture, dance, etc.).

1. Sharing experience

I often start by having the group exchange information and share their experience on a certain issue, so that it clearly becomes conscious of an issue. I introduce the subject "myself and the relationship to ...." such as others or aggression, etc. Then I suggest that they express themselves in a large circle or split off into groups of two, three or four.

2. Accessing the Body

Every participant gets into mindfulness and investigates his or her body with respect to this issue. For example, if the topic is "closeness to others" the exercise can be introduced with questions like: ´Imagine that you feel really close to another person, how and where do you notice this in your body? How do you hold your body when you are really near to someone? What distance is your body to his or hers that you are close to?" If the group issue is "aggression" you could ask, "if aggression arises, how do you notice this in your body? If you were really furious or enraged, how would your body move? What kind of impulses do you notice in your body? How do you block these impulses ?"

3. Accessing Memories

If you begin with accessing memories, you should suggest a memory to arise that is related to a certain issue or perhaps seems to be distantly related to it. Again using the issue of "closeness" as an example you can" let a memory of a certain situation arise, a moment in which you felt really close to someone, really longed for someone or really feared to be close to someone", etc. Of course you can also suggest the time of the memory (early childhood, during the recent years, etc.).

4. Accessing Emotions

Here you can use the well-known deepening questions. For example, with the issue of aggression: "if you allow anger to arise, what kind of anger is it? Is it more of a burning or cold anger? If the anger could express itself, what would it say, etc.?" You could use accessing methods #2 and #3 here as well.

5. Probes

You can start by giving the entire group a probe. After you have brought the participants into mindfulness, an effective method is to give a probe several times. This way you can direct their attention towards different modalities of experience (thoughts, feelings, body sensations, memories,

etc.). You can also give a variety of probes on one subject. For example, if the "father"

issue is used, several different probes can be given such as "you can forgive your father" and then in contrast, "what your father did to you was inexcusable", etc. With the issue of the mother, "you can be close to your mother" or "you can leave your mother", etc. It is best to proceed slowly in order to allow the participants time to perceive what arises. There should also be the opportunity to express the present inner experience to the group without losing mindfulness. If possible, the participant should stay exactly how and where he or she is, physically (sitting, standing or lying perhaps with the eyes closed) and experientially. This trains everybody to be in contact with his or her experience and to express it. Also, by expressing themselves in this way, a participant opens up space inside for a new and deeper experience. You can easily contact every report and create safety for everybody in order to proceed with the process. It is probably a courageous act for several to express their inner experience to the group. This is made easier, though, because usually nobody reacts openly and everything can stay just the way it is. It's a relief for some to be able to hear that others are similarly or deeply touched. A go-around or check-in in this way can be very useful to you as group leader because you can then get a general impression of what each person is experiencing. It can give you a hint as to whether the group is ready to accept instructions for a further deepening of the experience or whether it's better to temporarily take a break and proceed with individual work within the group. This check-in can also be used with most of the other accessing methods.

6. Allowing Expression of Words

With this technique, the participants are in a state of mindfulness and repeat words from a certain topic that you suggest. They are said out loud so that everyone one can listen to his or her own words. The participants sense and observe their inner reactions while saying the words. It is enough for many just to think of the words and check their inner reactions. The therapist's fantasy is not limited when choosing words. It is recommended, though, that the therapist stick to certain words that contain some feeling of "allowing" or "permission". For example, "it's possible to love" or "I'm allowed to be angry" or "I'm a good person", etc. Perhaps one can use words that most likely elicit a strong relationship to the inner experience such as "mother" or "Mom" or "God", etc.

7. Encounter in Mindfulness

This accessing method takes on a special position in the group because it promotes communication and brings the participants closer to each other. At the same time the person can learn to exactly differentiate between his own typical reaction patterns and specific reactions to another participant of the group. A couple of examples: If the group is working with the "closeness" issue, you can suggest that everybody walk around the room with their eyes closed and engage another with body contact and at the same time observe themselves. The therapist should continually enhance mindfulness for what is happening in the individuals. For me, it is always important to focus my attention on what the people notice or perceive, the risks that they may take (or not), their needs or that which will make them feel comfortable, etc. Similar exercises can also be used in pairs. For example, again if "closeness" is used you can tell the two: "you should touch each other in the state of mindfulness or "be touched in mindfulness", "approach each other in the state of mindfulness", "be embraced" or "look at each other in the eyes", etc. When using the issue of "aggression" half of the participants (i.e. those examining themselves) can find an expression for their anger such as a sentence that summarizes their entire rage (but he or she shouldn't attack the other), or perhaps find a sound that expresses the anger, or a body movement that describes, represents or contains the anger. This self-found expression of anger can be shown to the partner. Such exercises in mindfulness are naturally also interesting for the "helper" who has been previously instructed in this role by the therapist. Encounters in the mindfulness are very powerful. The participants of a group can experience and learn a great deal, especially if basic feelings such a fear, pain, sadness, anger, joy, are encountered, or basic needs such as "to ask for help", or "express the wish to be closer", etc, or longings such as "to be seen in the way one really is", or "to be able to open one's heart", etc. At times the experience can be accompanied by too much fear. In this case, a deep experience of some kind, they can be invited to take a step back and investigate the fear, expectations, hopes and longings.

8. Taking-Over Techniques

The therapist can hardly take over for the entire group. Rather the participants can split off into smaller groups and take over various issues such as thoughts, body impulses (active) and tension (passive). They have to be carefully instructed in this technique though. An important point during taking over is that the partners learn to tune into each other.

This will have a positive effect not only on the relationship between the partners but also on the whole group as well.

9. Visualizations

Visualizations can be a good technique for the entire group if you want to give all participants an opportunity to take a glance at what comes beyond the barrier. Some may even have a chance to grow roots in the territory beyond the barrier. I mostly use visualization after having thoroughly worked on a certain issue with the participants. If not, they will often not be free enough to visualize. For example, if the group is working with the issue of sexuality and the therapist tells the people to visualize a fulfilled sexual experience in the first session, the exercise will certainly be interesting for a few, but you can assume that many will not be able to visualize because thoughts and feelings will arise in connection with this issue that block the vision. At the end of a series of therapeutic sessions when the issue has been understood from many sides and angles, and after everyone has expressed himself, then there is room for such a visualization. As a therapist you can take a lot of time to accumulate experiences of looking beyond the barrier. For example, with the issue of sexuality you can ask, "if you see the fulfillment of sexuality within yourself, what do you notice in your breathing and in your body?... What kind of movement (perhaps its only a small one that's not even visible from the outside) would correspond to your fulfilled sexuality?... Now, if possible, let this movement take place. What words would accompany this movement? What words would this movement say? Let a symbol emerge from this movement...", etc.

10 Guided Fantasies

Guided fantasies are a good opportunity for the entire group to investigate core material and decisions made early in life. You start in a similar way as in accessing memories. Two points are especially productive in guided fantasies: 1. If the person is experiencing his memories, as for example being in contact with his inner child in a very special past situation, you direct the individual towards the meaning, towards the decision that his child made. The therapist may either talk directly to the child or through the adult to the child. Most desirable is if the participants are allowed to find exact words for the decisions they made as children about themselves, about the world and about others. 2. At this time a fantasy-being can be introduced. The therapist may suggest that the person allow a figure of magical or archetypal origin to emerge within his or her childhood scene, for example a fairy, a magician of good intent, a wise old

man who "wishes you all the best", a magical figure who fulfills his or her deepest wishes and longings or perhaps a magician who changes the entire childhood scene so that the person (as a child) is happy. Through the kind of accessing and deepening questions used, the person is again led into the experience of this new scene. The therapist naturally does not want to meddle with the individuals biography in a manipulative way by using this "magical" resource. It is a good idea to clearly state this to the participants. By this magic way they are simply given the opportunity to get in touch with deepest needs and longings that the child had abandoned because they didn't seem to have room in life, and that still sleep within.

Here are topics for guided fantasies that I have often used in different groups and that have proven most effective: "birthday as a child", "Christmas", "at the dinner table", "an special time/place of my childhood", "the way to school", "being sick one time", "one time I was really afraid", "in my bed", "my birth", "the moment of my conception", "an earlier life of mine", etc. Obviously guided fantasies don't always have to take place in the childhood. They can also be in the future, during the time of death, on a distant planet or whatever the therapist believes to be most productive. Central concerns, barriers, beliefs and solutions are almost always found within the symbols of the experience.

11. Hakomi Drama

Hakomi drama is based on the method of psychodrama developed by Moreno. If an important scene emerges from a group issue or from individual work, roles can be assigned and played. The client (or protagonist) informs others of their roles. In the first round, it has been shown to be effective for the protagonist to watch the others play out his or her drama. Later, in the following rounds the protagonist takes over the different roles one after the other and can investigate him- or herself with the help and support of the therapist. The therapist not only oversees the entire drama but also has the protagonist keenly in sight and is always prepared to stop the event and examine issues in the mindful state.

Hakomi drama is not goal-oriented. Therefore it is not important to carry out the entire drama and play out all of the roles. The most important point is to single out the most decisive moment and then investigate certain matters with the help of various Hakomi techniques. Everything is oriented towards self-examination of the protagonist and therefore it's possible that the drama is left unfinished. Perhaps the protagonist watches how the others begin to play his scene for just three minutes and

individual therapy is triggered. In this case three minutes are enough to set an important issue in motion. My experience has shown that this is fully O.K. for the other group participants. They are often deeply moved and find similarities in themselves from the roles that they have played or watched. Later, the participants almost always suggest a new drama based on their own childhood. The therapist can complete the Hakomi drama by encouraging the actors to share their experiences in the roles that they have played. Therapeutic work can result from sharing as well.

So called "deroling" should follow every role playing. The role playing partners (also in Hakomi drama) sit in front of each other, look into each others eyes and dissociate each other from their role. In this way, a transfer of projections and feelings to other group members that arose during the role-playing are let go. I suggest a standard sentence to all deroling group members as for example, "I am not your father, I'm Fred and I am your friend".

Hakomi drama is very conducive to the group climate. There is a lot of fun and depth involved at the same time.

12. Playing

You can transform almost every issue into play in which the group participants can exchange interesting experiences with each other. Children's play is often intensively experienced and offers many opportunities including therapeutic accessing on the child level. A great deal of memories spontaneously appear in child play and very special dynamics develop between the individuals.

The generally well known ritualized games such hopscotch, pin the tail on the donkey, hide and seek, and others can be used in child play as well as those made-up on the spot. If a therapist doesn't have children, visiting a playground or looking through children's books immediately refreshes the memory.

13. Physicalizing

Physicalizing is also a good technique that can be used for the entire group. An issue, conflict or question is transformed and made physical. By using this method, the participants can, for instance, investigate their ambivalence within the group. I would like to present an easy-to-understand description. Almost everybody finds a part within himself that not only enjoys being in the group but also has a need to be there.

Another part feels resistance and fear to encounter others, or to go inside of oneself or something similar. Physicalizing can be a way to have a closer look at these different parts and the meaning of this conflict. To support each other participants split into pairs. Let's say A starts with the mindful self-exploration. So person B pulls A's body in the direction of the door in order to physically express A's part that wants to get away from the group. This pulling of B on A should be "dosed" so that A gets in contact with the part that wants to stay and thereby investigates arguments, feelings and beliefs in mindfulness. Then A investigates the other part of himself. For this, B takes over the part in A that wants to stay in the group. B physically expresses this wish by stubbornly sitting in one place during which A takes on the part of "wanting to walk in the direction of the door". Then he or she tries to find words for body posture/movements and explores feelings and attitudes. A can then switch with B after sharing or after individual work in the large group.

14. Creating and Investigating Barriers

In order for the group to create and investigate barriers together, the therapist introduces an opportunity for participants to come into contact with a deep longing or need such as to experience the closeness of another person, be seen, be liked or be welcomed, etc. Now the therapist suggests that the participants use their imagination in a way that visualizes the possible fulfillment by an "offer", for example from another person. But due to an unknown reason, the person must now tense or tighten up against the reception of this offer. He or she resists, closes down or creates thoughts against the offer. The therapist then poses a question as for example, "how do you exactly block this offer like touching, closeness, affection, friendly glance, etc. from reaching your inner self? Do you do this with your body? Can you also do this with your thoughts? What are your other possibilities", etc.? The participants arbitrarily produce a barrier and that way frequently confront their own personal, naturally inherent barriers and often its background as well (memories, etc.). In my opinion there is special value in occasionally experiencing barriers voluntarily produced by oneself. It is often easier to investigate the exact composition and meaning of certain barriers under these `active' conditions.

Another advantage of the "creating barriers" technique is that the participants don't always feel submit to their barriers but gain a strong feeling of causing and responsibility through conscious and active creation of experiences.

15. Use of Other Mediums and Methods

The use of other mediums and methods always offers a relaxing change. Here again your imaginations are not limited at all. For example the group can use music. Everyone can mindfully experience the improvisation of music together. Voice and/or instruments can be used. Special types of music can also be heard in the mindful state (drums, songs of whales, classical music, the favorite music of one or more of the participants, etc.). The group can paint something spontaneously or based on a certain issue, feel the essence of it and then perhaps describe the pictures in movement or sound. Dance and movement can be a lot of fun and an excellent medium to research oneself. Others find it worthwhile to study videos of themselves in mindfulness.

B. The Transition of Individual into Group Work

STRUCTURING TIME

It is necessary to structure time in order for group work to have enough space. Individual work in the group should be kept to 2-40 minutes. It rarely lasts longer. What I mean by " individual work" is everything that happens between the therapist and one group participant from using contact statements to the transformational work including integration. The therapist must have the willingness to leave issues "incomplete", find temporary conclusions, be able to patch the situation over and perhaps give the individual some homework. It is an opportunity for both, client and therapist, to gain trust in small but steady steps. If the structuring of time, though, comes out of the therapists' attempt to please all of the participants, then difficult dynamics can arise within the group. Above all, the therapist will burn himself out.

LETTING THE GROUP PARTICIPATE

If the therapist wants to include the group into the therapeutic process of an individual, it is specially effective if that particular individual work is shifted into a group experience. The entire group can benefit from what the individual has worked on. The participants are usually moved by the individual work, sometimes by the suffering, pain or other feelings that a person expresses, by the brave way that they handle their difficulties or the way some overcome major problems. As the therapist, you can support these valuable moments of openness in the group by encouraging

the participants to express them. Some special moving moments, though, are better left silently shared and celebrated.

The therapist can follow up an issue derived from individual work with the entire group by means of an exercise. For example, if a participant has worked on a very painful separation process and the therapist notices that others in the group are quite moved (keep on tracking !), then you can offer this issue to the entire group by using one of the fifteen accessing methods mentioned above. In this case for example, the participants are led into mindfulness and the therapist suggests they let an important person emerge in their minds. Somebody "who has left your life, from whom you really haven't completed the separation." The participant can look this person in the eyes and start a dialog with him or her. With this special feeling of separation the participant can then regress back through his or her life and observe the memories that arise. Also the kinds of decision that were made during these moments or the kinds of decisions that could have been made can also be observed, felt and investigated, etc.

The end of the exercise may be a sharing between two or more participants so that everybody has the opportunity to express their experience in a small group before the therapist proceeds in the large one with this issue.

The group is motivated in participating in the individual work because they know there is going to be a shift of main issues and feelings of the individual work to group exercises. This approach has shown to be especially important if a group has not been together for a long time and their interest and/or compassion for the others have not yet developed. Letting the group participate is also effective with people who have been together for a long time. The exercise derived from individual work offers all the participants an opportunity to follow their own issues and to investigate what has been set in motion. This allows the participants not to store up or "repress" more and more reactions and impressions in a therapy session. That way, listening and participating is not directing people away from their own issues, but towards them. People learn to keenly discriminate when compassionate feelings arise or when something particular from their own story is triggered. It is also interesting for me to see how certain issues capture the entire group and occupy them. I often use this procedure to pick up on the group process and help deepen it.

Sometimes an individual piece of work is very tough. You can reach a really "solid" barrier. In an individual session a therapist would approach

this barrier with a lot of patience and investigate it with different options. I would not recommend doing this too often in a group setting. If somebody's process is too drawn out, maybe even with whispering voices, then the rest of the group won't understand anything and will become restless, or sleepy, or other group members will react negatively. The other participants' reactions may be of great help for lightening up the individual process at hand, if the therapist can use them in a proper way.

Therefore I would like to add a few techniques and interventions to handle group dynamics at this point.

1. Reframing

It seems to be good to reframe conflicts in the group once in a while. Interpret them as an opportunity for clearing important relationship issues for everybody. The therapist can do that when he starts the group: He would talk about interpersonal crises in daily life, how reactions are causing reactions, causing both parties to protect more and more. He would describe how interpersonal systems get tighter and tighter, how they loose their openness and honesty, and usually break up. He can use his knowledge of characterology to illustrate interpersonal systems on the background of basic believes. He can switch then to the group situation and show the difference: crises are likely to happen here too, but they can take another course. It is always an opportunity to get clear about the roots of ones relational strategies. So interpersonal crises in the group are not something to avoid, rather something to get really interested in.

2. Accessing the Crises in Imagery

Imagining their own crisis in the group, accessing it, and sharing about it, can give group participants valuable insights and makes this crisis something manageable, something that can be faced and talked about.

The therapist would lead them into mindfulness and ask for the situation they are most afraid of. What the fear is about. What they could do to avoid this crisis to happen. And in contrary to that: what they could do to bring up this crisis. And suppose crisis would be right here, what they could do about it. Whether there are possible emergency signals possible, when fear is getting too much. What could make it safe in this crisis. With what they could feel good, etc.

3. Including Group Reaction

The therapist announces that in the next three group sessions for example he would like to integrate the reactions of group participants into the individual work more deeply: starting the work with one participant as usually, would stop after a short while and ask the others for responses and then continue the work with the new material and information from others. The therapist explains that it can be an opportunity for everyone in the group to precisely investigate what kind of reactions we are causing, how we do that and from what underlying core belief. Of course people are afraid of these direct and open approach first, but once started they get really interested and enthusiastic about it and the chance they have to get clear about the reactions in their environment that they are causing all the time. Often they want to continue this route for many more sessions.

4.Covert Integration of Group Reactions

Suppose a group reaction towards a participant in a process is building up and the therapist does track that in the very beginning when this reaction is not yet fully established.

He can now integrate these informations in the individual work. If for example the group starts to get a little nervous listening, the therapist could address his contact statements and questions to the topic of attention, need of attention, fear of loosing attention and experiences around situations in which the participant was trying to be listened to. Or the therapist could integrate his tracking information in a probe, for example "I like to listen to you". Usually there is no further counter-reaction in the group the moment the main issue is consciously addressed.

I remember our annual HAKOMI-celebration a few years ago. We decided to look at one of Ron's therapy video tapes. About 60 to 80 people where watching Ron lying on the floor listening to a middle aged woman who was trying to explain her problem to him for quite a long time. After half an hour people got nervous in front of the video. After about 40 minutes almost everyone was either nervously moving, scratching, or starting to talk to a neighbor. Some suggested a short break, some refused that, some wanted to have the window open, some complained about cold air that would come in. The atmosphere was tense. Everything was stuck. Right at this moment we heard (through one ear that was still open) Ron very gently saying the name of this woman and "....I am very patient with you". There was a moment of silence not only on the woman's face in the video, but in the audience too. No more scratching and complaining. Everyone was totally there, fully concentrated and deeply touched, when

we saw this woman falling apart with tears, as if she had waited for these compassionate words for ages.

5. Creating and Investigating Barriers

I already explained this accessing method above. It seems to be a good technique to include the group, especially if the individual process stagnates and a counter-reaction in the group is building up. The therapist first finds a temporary conclusion in the individual work. For example both, therapist and client can try to name and describe the barrier. The therapist then selects the most overlapping and suitable conflict from the barrier, one that most of the others can relate to (a good knowledge of character theory can be a big help here). It may be important to offer a deep longing or need. Then the group is invited to investigate this issue together.

For example, a therapist is working with a group member and gets stuck at the oral barrier. The first signs of nervousness and weariness from the others are starting to show. The therapist then finds a temporary completion with the client and invites the group to imagine an important person in their lives to lovingly look at them, to hold them protectively warm. In this particular experiment, though, the participants should examine how they can block the experience, how they can make it possible that the nourishment not be let in, or how it can be done that it doesn't reach their inner self.

With this exercise the participants often recognize their own individual kind of barrier. They can study its make-up and are usually confronted with the fear, pain and childhood memories that are hidden behind it. The client who was responsible for triggering the issue in the group can again investigate his inner organization from the active, barrier-producing point of view. He or she is now free from the pressure that can arise during tough moments in the group and can succeed in gaining important insights.

The therapist can continue by having the participants share in pairs, within the large group, or in individual work. Perhaps the individual work that was previously interrupted can be continued and further insights gained. I feel that at this point it is good if the therapist says something about barriers: that they protect us from something; what kinds of reactions are triggered in others and how one can always confirm or uphold his or her own beliefs with these barriers. In this way, a further

understanding and compassion for themselves and others can be promoted, and perhaps humor as well.

From the view of group dynamics, the therapist, by using this method, can protect an individual from the counter-transference reactions of the entire group if employed in the proper moment. Instead, the group is engaged in taking over a conflict. The therapist's sensibility and awareness will tell him when this is advised or when it is probably better to incorporate the reactions of the group into the individual work. In any case, it is misleading to simply continue working with a person's barrier if the entire group goes into a reaction. This counter-reaction will be felt or taken in either consciously or unconsciously and will prevent the client to have any positive transforming experience around his barrier. It will also make the group climate less safe.

6. Integrate Information through Sharing

If I track something is going on in the group while I am doing individual work, I sometimes include the group in this work by asking them to share there responses or insights. Almost always there is a piece of good information in it, or some compassionate remarks that are moving for the one who is working. People are encouraged to participate and to support each other that way, and they learn to appreciate that. Sometimes it is necessary though to explore contributions for background information that can be useful for the client, especially if there are counter-reactions against one participant. Counter-reactions almost always fit into the clients history (like complementary counter-transferences), and lead us to the origins of there belief structures pretty fast. I usually track the client while others are sharing their responses, and I stop the process of sharing if I notice reactions in him. I will contact him, ask him what he is experiencing, what this reminds him of, or I ask him to take in the responses like a probe and find words for it.

6. Emotional Stress Techniques

Suppose the therapist did not realize early enough that a strong reaction in the group has been building up against the one who is working. The techniques mentioned above seem to be out of place in such a moment. At the same time it seems impossible to continue the individual work in mindfulness with considerable tension in the group. Of course the therapist still can reframe the situation or refer to the time when he

predicted and reframed interpersonal crises. Above that I'd like to give a few examples that will show you some additional options.

Let's say the group is charged up by a fully established emotional reaction. Maybe a number of people are really pissed or boiling with anger.

If the therapist has an intuition for what is at the core of the reaction, he could put the individual work on hold, let everybody know that he is aware something powerful is going on around the individual work, and give a probe(a) to the whole group (like "You are not responsible for anybody's feelings") and let them share in pairs. This works if the therapist hits the core issue with his probe.

Or the therapist uses the emotional stress point to give everybody a chance to investigate his or her own stress pattern(b) or stress strategies. After gently interrupting the individual work he could give a few examples of how people usually react to interpersonal conflicts (..."some of you might withdraw or wish to get out of this place as soon as possible...some might intensely wish that we would soon be in harmony again and close to each other no matter if we have solved the problem or not...some may think of this conflict as a challenge that requires their strength to develop...etc."). The therapist gives them some time to explore that and let them share in small groups later.

It can also feel appropriate to the therapist to simply let people act out(c) their tension or anger. When I do that I let people find their own place in the room, and ask them to allow a movement to arise or a sound that expresses their tension or feelings. Usually some hit pillows, some scream and shout, some start to dance and some cannot concentrate at all during such a turmoil. I usually sit beside the one I was working with, if he or she is not participating in this acting out experience, and hold their hand. Sometimes it seems to be good to ask for mindfulness after a while, so that everybody can find words and meaning for their movement and sounds, and a connection to their own character. People then share, and I talk with the one who triggered all these reactions. We usually find out that he or she is afraid of those strong reactions since childhood, where they took place, openly or covertly. There is almost always a deep wish to freak out in the same outrageous ways.

If two participants have a deeper conflict with each other the therapist can treat them like a couple and do a little HAKOMI-couple-therapy(d).

I remember a situation in one of my therapy groups where one participant got so angry towards a woman I was working with that he started to yell at her. The woman was very startled first and looked him in the eyes. He could hardly stop himself from becoming violent. I allowed this encounter for a few seconds till I had the feeling that more of this would be damaging. Intuitively I moved between(e) the two of them, looking in the eyes of the yelling man. I nodded and indicated to go on if he liked. Now he had a chance to really let all of his anger out, knowing at the same time that it was his anger he could learn something about. I didn't have any impulse to stop him from that because he was a pretty inhibited person and usually didn't show any feeling at all. The woman behind me had already started to burst into tears the moment I stepped between them protecting her. While I was with my back to her, other group participants took care of her. She had deeply wished someone would protect her in `dangerous' situations since her childhood when her angry father had been beating her all the time. The same happened with her first husband. So we ended up with two important sessions triggered by this intense conflict.

There is a huge number of other techniques you can utilize or create yourself for group dynamics within the HAKOMI-principles. I hope I was able to show you some directions you can go as a therapist and to inspire your own creativity.

AN APPLICATION OF THE SENSITIVITY CYCLE TO ORGANIZATIONAL GROUPS

CHRIS HOFFMAN

CHRIS HOFFMAN, M.ED, M.B.A., IS CURRENTLY WORKING AS AN ORGANIZATION DEVELOPMENT CONSULT-
ANT FOR PUBLIC SERVICE COMPANY OF COLORADO. IN ADDITION TO COUNSELING AND GROUP WORK HE IS
INTERESTED IN THE BARBIC TRADITION, CERTIFIED IN ACUPRESSURE, AND HAS PUBLISHED TWO BOOKS OF
POETRY.

Ron Kurtz's Sensitivity Cycle is a powerful model for understanding the behavior of individuals (Kurtz 1983). I have enlarged his model so it begins to encompass some optimum behaviors of groups. I call this enlarged version the Holistic Group Model. My colleagues and I have found the Sensitivity Cycle and the Holistic Group Model to be very helpful in working with groups in organizations. (I would like to thank in particular Craig Beasley for his help in bringing these ideas to the workplace). In this article, I will describe the Holistic Group Model and discuss some of its practical applications.

My colleagues and I have used the Holistic Group Model primarily with groups of employees brought together for two-day "teambuilding" group process sessions. Each group has represented a diagonal slice of the organization and has included both management and union employees. For many participants the teambuilding sessions were their first ever "group" experiences. With this mix of people the Holistic Group Model proved very helpful in elucidating group behavior and stimulating discussion. Our experience suggest that the Sensitivity Cycle/Holistic Group Model could be useful in working with other types of client groups as well.

In what follows I will develop the Holistic Group Model much as I would present it to a client group.

I usually start by asking group members to think of the most positive group experience they have ever had (e.g., the most effective and satisfying sports team, work crew, social service group). Then I ask them to describe what made that group or team so good. I record on a flipchart all the adjectives/qualities they give me. Then I say that I will give them a model that will be one good way of summing up all their descriptions of what makes a group satisfying and effective. (One indication of the validity of the model is that typically most of the descriptors supplied by the group can be related, sometimes word-for-word, to the model.)

Next, I talk about individual behavior. I present the Sensitivity Cycle. (For a detailed description of the Sensitivity Cycle, see: Kurtz, 1983). I've modified Kurtz's depiction slightly by renaming two of the stages. "Awareness" replaces "Clarity" and "Action" replaces "Effectiveness". I've done this for two reasons. First, the new words are equivalent expressions which may have more pragmatic appeal to business clients and, second, the alliteration and rhyming in the new set of words aids memory (See Figure 1).

As an example of the Cycle, consider the

simple act of drinking a glass of water. First, one feels thirsty. This is Awareness. Next, one gets a glass and fills it with water and drinks. This is Action. Then, the thirst is quenched - Satisfaction. Next comes a latency period in which the thirst has faded from the forefront of consciousness (In gestalt terms: the gestalt has closed) and there exists a fertile void in which the next awareness (answering the phone, getting back to work, etc.) has room to emerge. This is Relaxation.

Everyone flows through cycles within cycles. For example, a person who builds his or her own house flows through a long period cycle of Awareness ("I want a new house"), Action (building the house), Satisfaction ("The house is finished!"), and Relaxation (housewarming party, "unwinding").

Within this cycle are several medium period cycles associated with erecting each wall: Awareness ("the wall must go here"), Action (erect studs, hammer nails), Satisfaction (step back, admire work), and Relaxation (sip cold beer).

Within each of these cycles in turn are many very-short period cycles associated with driving each nail.

In explaining the Cycle to a business audience, I often use the analogy of a four-stroke engine. The cycle of a four-stroke engine goes: Intake, Compression, Power, and Exhaust. Only one of the strokes actually produces power. Just so in the Sensitivity Cycle. Only one phase produces results ("Action") but the results won't keep coming without the other three phases.

After presenting the Cycle of individual behavior and discussing it with the group, I present the following ideas about the Cycle as it pertains to groups:

1. Every member of a group will cycle through these phases during his/her participation in the group. Furthermore,

2. the group as a unit will cycle through these phases. Yet,

3. the group's cycle will sometimes not

coincide with individual cycles, (and this has implications about levels of participation). And, most importantly,

4. to facilitate group functioning the group can structure itself so as to help itself and its members move effectively through their respective cycles.

5. This structure can be diagramed as in Figure 2, where the inner ring represents the cycle and the outer ring represents the structure. I'll discuss the structure in more detail in a moment. The basic principle underlying the structure is that:
At each phase of the cycle certain conditions will facilitate or enable movement to the next phase of the cycle: Safety/Trust facilitates Awareness. Empowerment facilitates Action. Recognition facilitates Satisfaction. And Permission facilitates Relaxation.

6. A group existing in an environment of Safety/Trust, Empowerment, Recognition and Permission will tend to be an effective group. The Safety/Trust etc. can come from both the group's own normative behavior and from outside the group.

In the following discussion I'll concentrate on the group aspects of Safety/Trust, Empowerment, Recognition, and Permission. Each of these can also be created internally by the individual for him or her self. But for optimum group functioning the group as a whole must develop a working environment of Safety/Trust, Empowerment, Recognition, and Permission.

SAFETY/TRUST is the entry point into the cycle. When a new group forms, the question underlying all activity is "How safe is it for me to be here?" Behavior starts out polite and formalized. People cluster with friends and avoid strangers. Small risks are taken to test the waters. As trust builds, more true communication starts to happen. (Weber, 1982). Trust is so fundamental that it is the first crisis that the newborn has to resolve on the road to maturity (Erikson, 1963). (See also Ron Kurtz's discussion of Safety in Kurtz, 1983.)

A sense of safety promotes trust and trust

promotes awareness. This is why: Awareness, when it is blocked, gets blocked by defense mechanisms: avoidance, denial, projection, displacement, rationalization, etc. Defense mechanisms are energized by fear, real or imagined. Building trust lowers fear which reduces the strength of defense mechanisms which in turn increases the opportunity for awareness. (Building trust also increases the _energy_ available for awareness because less energy is tied up in maintaining the defense mechanisms.)

To help build safety/trust in our teambuilding groups my colleagues and I usually begin by asking group members to pair up with someone they don't know and get to know that person and then to introduce their partner to the group. We also often employ the common O.D. (organization development) technique of asking the group at the start of the session to come up with their own ground rules or "conditions for success" for the session. We record these conditions on flipchart paper and post them on the wall for the duration of the session. By the time we present the model, we have already recorded "conditions for success" for the group so we can use the "conditions" as a practical example of a way to start developing safety/trust.

Action is not possible without EMPOWERMENT to act. How does the group empower or disempower its members and itself? These are key questions. In a work group, empowerment can come from authority being commensurate with responsibility. It can come from having the appropriate skills or receiving the appropriate training. It can come from a group norm of members generating at least two possible solutions for every problem they come up with.

Empowerment is often a core issue for organizational groups. One technique for helping a group work through this issue is called Power Mapping, developed by my colleague Mary Miura and myself. Power Mapping consists of drawing a large circle on a flipchart pad and telling the group that this circle represents "all the power there is" in the system (unit, division, project, company, _etc._), then giving the group the task of reaching a consensus on the size of

circle that would represent the _group's_ _power_ within the big circle, and the task of drawing that inner circle. Power Mapping brings out a lot of good discussion. Power Mapping takes a while to process so we don't introduce it when presenting the Model. It often seems most appropriate on the second day of a two-day teambuilding session. In our experience Power Mapping often results in the group empowering itself.

RECOGNITION enables satisfaction to occur. Effective groups make use of this fact. Peters and Waterman report that "the systems in excellent companies are not only designed to produce lots of winners; they are constructed to celebrate the winning once it occurs" (Peters and Waterman, 1982, p.58).

In working with groups one can look at group norms about recognition. How does the group reward success? How does it celebrate? Does it celebrate at all? Is recognition from this group an unmitigated satisfaction? Or do poor communications, jealousies, and fear promote "warm pricklies" and "cold fuzzies" - mixed messages of recognition and attack. ("Congratulations, you succeeded - for once.")

In our teambuilding groups we ask each member to tell the group how he/she likes to have his/her contributions recognized. We ask the group to respond by giving that member a round of applause. This always seems a bit awkward and artificial at first, but it makes the point. Plus, group members learn a lot about each other. Here again we do not interrupt the presentation of the Model for this exercise.

Relaxation can't happen without PERMISSION to relax. Otherwise, relaxation becomes guilt-ridden. Going on vacations, going for walks, and staring into space for a few minutes from time to time should be OK. What behaviors do the group norms support? Is humor encouraged or discouraged?

One group exercise we use in connection with Permission is massage. We teach group members how to give each other arm massages. For most people an arm massage is the least threatening form of massage. In most business settings being told that it's all right to give an arm massage represents a

wildly extravagant form of permission. Connecting massage with a theoretical model starts to heal the mind-body split. People love it. We usually follow the massage with a break so we can demonstrate another form of permission.

After explaining the conditions of Safety/Trust, Empowerment, Recognition, and Permission, I point out that a common problem is short-circuiting the cycle by shuttling back and forth between Awareness and Action and leaving out Satisfaction and Relaxation. The Awareness-Action loop represents the "Burnout Cycle".

The presentation of the cycle of individual behavior and particularly of the "Burnout Cycle" usually stimulates a valuable discussion among group members. Typically they talk about what happens for them at their workplace and about which conditions are missing - Safety/Trust, Empowerment, Recognition, and/or Permission.

The last piece of the Holistic Group Model is, metaphorically, the axle around which the cycle revolves. This axle is Purpose. (See Figure 3.)

A group is effective if it is both "productive" at its task (winning a game, running a household, making a product, etc.) and a satisfying life experience for its members (fun, growthful, etc.) Effective groups have a sense of purpose. They cycle through the basic functions necessary to fulfill their purpose without getting stuck or causing pain for their members.

Abraham Maslow suggests that people are most satisfied when they are "self-actualizing" (Maslow, 1968). Another way of saying this is that people are happiest when they are doing what they are here to do; when they are expressing or manifesting their purpose in life. Kurt Wright makes a useful distinction between goal and purpose and gives good working definitions of these terms. He says that a goal is "what I'm going to do" and a purpose is "why I'm doing it." Purpose is the intuitive intangible feeling force that pulls and guides me toward my destination (Wright, 1985). Purpose is the sine qua non of human endeavor. If a group can help

enable a person fulfill his or her purpose in life, the group will be effective on one of the two criteria.

Experience suggests that a sense of purpose is as important to groups as it is to individuals. Purpose is "why we're here." In their book In Search Of Excellence, Peters and Waterman say that if they were asked for "one all-purpose bit of advice for management, one truth" they would be tempted to reply: "Figure to your value system. Decide what your company stands for." (Peters and Waterman, 1982, P. 279). Groups that are "productive" at their task have a sense of "why they're here." Work groups need a sense of mission. Families need a sense of life purpose. Neither can function optimally without purpose.

If the group and its members have a sense of Purpose in addition to Safety/Trust, etc., the group will be optimally effective.

In our groups we first spend time helping individuals gain clarity about their own life purpose, and second, helping the group gain clarity about the group's purpose. We devote a lot of time to helping people come up with at least a "rough draft" of a statement of their purpose in life. When entered into seriously, this has been a profound experience for many. This work usually takes the group to a new level of trust and mutual appreciation. The excercises we use for clarifying group purpose involve such O.D. activities as picturing an ideal future state and developing a credo or a mission statement for reaching it.

In summary, Figure 3 shows a model of an effective (that is productive and satisfying) group. The model is congruent with Hakomi Therapy. The key elements of this model are 1) the conditions of Safety/Trust, Empowerment, Recognition, and Permission which facilitate cycling through the Sensitivity cycle, and 2) Purpose, which provides an axis or direction. This model has been helpful to groups in organizations for:

> * Enhancing a group's self-awareness, particularly awareness of ways a group can help itself succeed.

* Empowering a group to eliminate and/or reduce barriers in its process.

* Clarifying the burnout mechanism.

Based on our experience the Model may have further applications for other types of groups.

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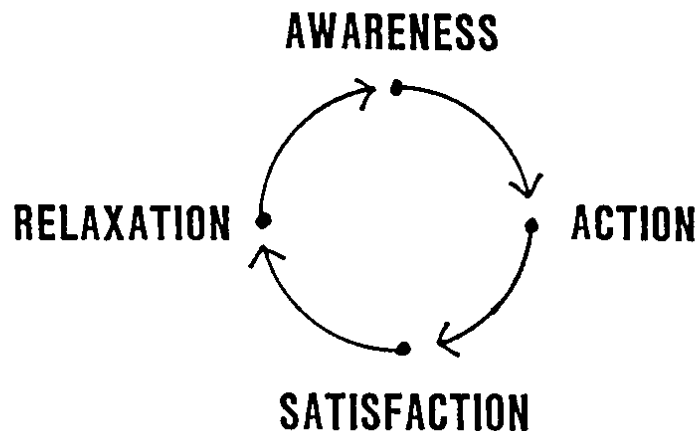
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FIGURE 1

AWARENESS

RELAXATION   ACTION

SATISFACTION

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HOLISTIC GROUP
MODEL

FIGURE 2

SAFETY/TRUST

PERMISSION

AWARENESS

RELAXATION   ACTION

SATISFACTION

EMPOWERMENT

RECOGNITION

FIGURE 3

SAFETY/TRUST

PERMISSION

AWARENESS

RELAXATION   ACTION

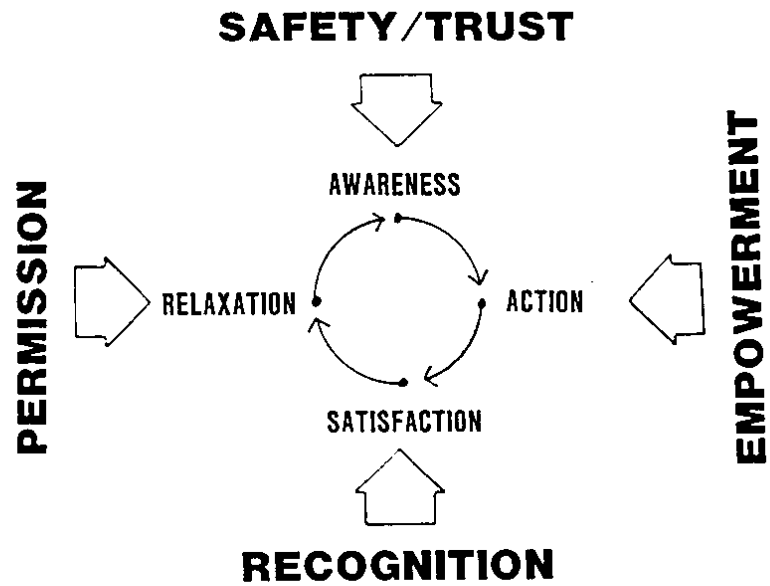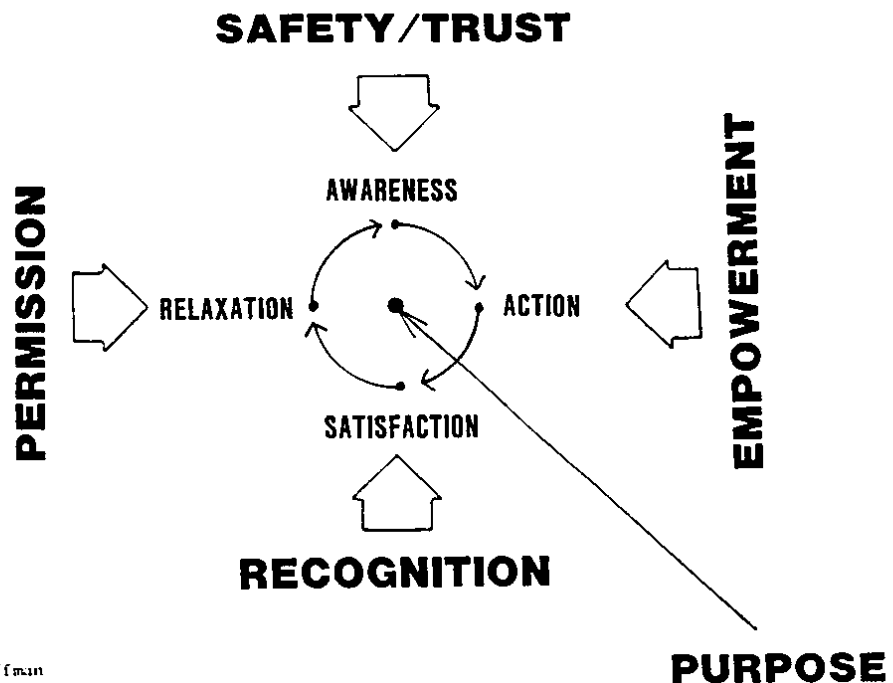SATISFACTION

EMPOWERMENT

RECOGNITION

PURPOSE

MANAGING TO PRACTICE: SUPERVISION

DAVID PATTERSON

DAVID PATTERSON, WHO IS CURRENTLY WORKING ON HIS DOCTORAL DISSERTATION IN COUNSELING PSYCHOLOGY, IS AN EXPERIENCED PSYCHOTHERAPIST AND ADVANCED STUDENT OF HAKOMI THERAPY.

Supervision is described as a set of activities comprising at least three roles - teacher, consultant, and therapist. What supervision is, why to have it, from whom to get it, when to use it, and where to find it are discussed. The basic premise of the article is that as a therapist "you deserve a supervisor." Two aspects of the use of supervision are emphasized: the role of supervision in the development of competence as a therapist; and the value of supervision to the maintenance of a practice. Legal aspects of supervision are not discussed.

This article is the first of several on managing to practice as a therapist. It is an outgrowth of presentations given at the 1986 annual conference, and discussions with Greg Johanson, Ron Kurtz, Melissa Grace, several Hakomi students from Sante Fe, and others. It is based on my own experience of being supervised, studying supervision in graduate school, and supervising beginning and practicing counselors and therapists. Through contact with the community of therapists, student therapists, and trainers that I am a part of, I have come to realize that supervision as I know it is often both misperceived and under utilized. The most common misperception seems to be that supervision is only a training technique whereby a person receives immediate feedback and suggestion during an actual or mock session. Supervision can be, and is, something more. I won't address group supervision much here, but rather the one-on-one kind. And I won't get much into "training supervision" though I will say some about the training aspects of what might be called "practice supervision."

What? What is supervision, or the supervision of a practice, then? First, the word 'supervision' itself is just one way to say "oversee" or "watch over." The notion comes directly from the cultural division of labor in which some people do things, and other people help them do those things most effectively. Secondly, supervision as I am presenting it here is best described as a set of activities comprising at least three roles - teacher, consultant, and therapist. At different times in the supervision process these supervisor roles are emphasized more or less. The therapist seeking supervision is in the complementary roles of student, requestor, and client. Supervision of this kind usually takes place in a one-on-one interaction with the supervisor, though many professional therapists are supervised in groups.

Importantly, the activities of competent supervision vary greatly with the level of experience and sophistication of the therapist seeking supervision, and with the particular clients and issues involved. It

is a highly individual activity, as therapy itself must be, depending in large part on the nature of the relationship between the two persons involved. The crafting of supervision to suit the needs of the person requesting it is the task of the supervisor, while presentation of the needs is the task of the therapist desiring supervision. Together, the two individuals create a unique interpersonal relationship that is - or is not - satisfactory.

My own first supervision was in a university counseling center where (I thought) the teaching aspect would be central. As a student in a practicum consisting of other students, our professor, and his intern, I requested supervision from the intern. She and I worked together over the course of a semester, and my major learning was how to use supervision. In a formal setting such as the one I was in, my supervisor was in some way responsible for the results of my work. But I was responsible for doing it. I had already worked as a counselor and therapist for three years at that point without the benefit of supervision, except for occasional discussions with colleagues. The difficulty of making therapeutic choices I had struggled with alone.

Having a supervisor was a breath of fresh air - someone else with whom to discuss, imagine, plan, and share my work with clients. Most of my gains came from finding a way to describe what I was doing, not from suggestions from the supervisor. I experienced "Aha!" in that short semester's work. The teaching aspect of the supervision had mostly to do with how to work within the system in which I was working. The consultant aspect was focused mostly on conceptualizing the client, for this particular supervisor emphasized my autonomy in choosing how to approach the client, and my choices of interventions. The therapeutic aspect was not central but certainly present. In particular (and this fits with my character strategy in Hakomi terms) I worked with the belief that someone else could be trusted to support, and especially, value my approach to therapy in general. The outcome of the supervision, and all my supervision since, has been to solidify my competence and authenticity as a therapist.

Why? Which brings us to the question of why to have a supervisor. There are several important answers. The first is that (depending on the moment you ask yourself) being a therapist is the most complex and/or the simplest human activity possible. But it doesn't seem to fall in the middle. Consequently, becoming a participant/observer requires another's eyes and world view at first (a training need) and also later (a practice supervision need). How often do you find yourself musing after the fact that you "fell into the system" with that last client? For the most experienced therapist this remains an intermittent problem, and many experienced therapists resolve it with a consultation with a colleague or supervisor. Worthwhile consultation can be, however, a scarce resource. Having a competent supervisor identified, and an ongoing relationship established that allows consultation, teaching, or therapy for the therapist (if needed) is one way to obtain that scarce resource.

Another reason for having a supervisor is inherent in the cultural role of being a therapist - isolation. The therapist carries the onus of confidentiality with a number of people, may spend much of his or her time isolated in the therapy room, and may even have a spouse who either doesn't understand therapy or wants no part of hearing about it! Recall how satisfying and invigorating it is to discuss work with others at trainings and workshops and you will have an idea of the nature of this need for you. Moreover, becoming a competent therapist is like entering any other craft, for there is a guild to enter (however informal or implied it may be in structure). A supervisor can act as role model and sometimes even mentor, in the cultural sense of that role, for you in your entry into the profession.

Probably the most important reasons to seek and use supervision have to do with growth and development: personal and professional growth, and the development of skills beyond those you already possess. One of the most important skills has to do with that intangible called "presence" or "the attitude of the therapist" as Ron Kurtz often seems to refer to it. That is not something one

stumbles on. Aspects of it can be learned as skills, but essentially I believe we grow into it. Supervision can help with that. Boiling all of this down to two words, I come up with competence and security. Why have supervision? To enhance the therapist's competence and create an important factor of security for him or her. I am reminded of a friend who described the most important skill of the therapist as "being able to keep your balance in precarious places." I like his play on the word 'balance.'

Remember BURNOUT? That dreaded disease of the over-committed? Supervision is preventative, like Vitamin C. Enough said on that. Burnout is another topic for another time.

Who? Who to get supervision from is easier to answer than you might think. Start with who you wish you could get supervision from, find out what he/she/or they can provide, and arrange to get it. That may consist of anything from a regular weekly meeting, monthly meeting, or whatever, during which the two of you agree to examine your practice and your role in it. Even if it is an occasional meeting when a trainer is in town, hire them for it (if they are comfortable with the role). It is probably better than what you have arranged now. However, that is no way to run a practice, ensure your development as a therapist, and do your best work. Secondly, begin to look among people in your locality. Don't limit yourself to people who work within your particular modality, such as Hakomi therapy. The value of sharing how you are working with a client with someone who does not know your approach can be great, for you will need to examine what you do in order to share it. (What is that Feldenkrais quote? "You have to know what you are doing in order to do what you want" or something like that.) Besides, you might learn a great deal from their approach. Do chose people you respect and who are open-minded about therapeutic approaches. Don't hesitate to interview several professionals before selecting a supervisor, especially since there may be an eventual therapeutic component to the relationship.

A word is in order about using your therapist as a supervisor. I prefer not to, for

several reasons. The first, not suprisingly, is that my therapeutic needs usually go beyond what is happening in my practice. Another is that the person I chose for therapy may not be a competent supervisor. Also, someone I have hired to do therapy with me is not focused on my supervision needs, though a good supervisor will be watchful for my therapeutic needs and may even refer me for therapy elsewhere if I am so inclined. Lastly, if you are surreptitiously attempting to get supervision from your therapist, you may be undermining your own therapy. What would you suggest to a client of yours who was doing that?

Peer supervision deserves serious attention. A major part of my supervision comes from discussing my work in a peer supervision group at my workplace. I respect my colleagues, learn from them every time we meet, and learn from myself when I share my struggles and accomplishments. I also learn from hearing about their approaches to clients. Fortunately for me, we represent several different therapeutic modalities. Also fortunate for me is that we have been meeting together about monthly for over two years, and that my favorite individual supervisor is a member of the group. I know whose input I will most value about a particular client, and can seek it directly. One thing missing from peer supervision, however, is the direct, focussed attention and feedback about my work that individual supervision can provide. Another problem with peer supervision is when your peers are therapists in training like yourself, if you are at the beginning of your career, or when they are not competent to address the client situation at hand for some reason. Sometimes sharing with peers constitutes a breach of confidentiality for a client that may have involvements with them. Nonetheless, peer supervision is very valuable, and far superior to no supervision at all.

When? As you can surmise by this point, my answer to the question of when to get supervision is...as regularly as possible. How often will be determined by your level of development as a therapist, and how nice you feel like being to yourself. However, I believe there is no such thing as a therapist so competent he or she doesn't deserve - or

need - supervision. Especially during early phases of your development as a therapist (the first few years) regular supervision is as useful to you as coaching is to a beginning athlete, and as necessary. After that (supposing your early supervision has done an adequate job of helping you discern when you need supervision) supervision is indicated when you need it - this is to say, regularly.

I have been a therapist for over ten years, discovered supervision about seven years ago, and have been supervised for all of those seven years. My favorite use of supervision now is the monthly peer meeting I described, and every 3 months or so I hire my individual supervisor for a session or two (when I can get her time). Sometimes I do it because I am concerned about my work with one or more of my clients (which is another good answer to "when?"). Sometimes I just go in to describe my client load, knowing I will leave with a new perspective about my clients and myself, either from her or from myself. When things are difficult in my practice, I arrange for a series of individual supervisions. Likewise, when I am learning a new modality, I arrange for supervision, preferably from a competent practitioner of that modality, while I am first applying it. I think it does a good job for me of increasing my confidence and preventing burnout.

Where? the obvious place to get supervision is where you are, and if not there then where you can find it. Supervision by phone is a pale version of good supervision, but useful nonetheless. I suggest investigating the availability of supervision in the following places, and in this order: work; peers; professional organizations; training institutions.

Work is a great place to get supervision, because you probably go there nearly everyday anyway. If you work in an agency, an institution, or even in a private practice group, good supervision might actually be next door. Often it is the least expensive source (and supervisors usually charge their typical therapy fee for supervision). Often it is the most available source. And often it is already provided by the structure of the organization. I encourage you to use it if it is, and if it fits. For the New Age

practitioner working intermittently and alone, the work-place is not such a good resource, though.

Peers come next. Whatever your work setting, you have peers, even if you only run into them irregularly at trainings or at the local health food store. They provide a couple of good resources: peer supervision can be arranged with them (which they might be really happy about for themselves); and they can help identify other supervision possibilities, perhaps their own supervisors. Either way (or both) use their help - both you and your clients deserve it.

You don't have access to all of your peers. They are scattered around the country (or the world). You have access to them through your professional organizations however. Likewise, many professional organizations for counselors and therapists can help you identify where to find supervision, whether it is in your town, or a larger nearby city, or whatever. Some organizations provide lists of persons designated for supervision in a particular modality (beware of the Peter Principle in such cases, though).

Lastly, training institutions are a good source for supervision. Keep in mind the distinction between "training supervision" and "practice supervision" when investigating this resource. Likewise, recognize that training institutions may not be geographically nearby (nor may the trainers be!). Still, the most competent practitioners of a particular modality may be gathered at a training institution, and even brief or intermittent supervision can be quite valuable.

In conclusion, supervision can enhance the competence and security of the therapist by providing a resource a) for learning new therapeutic skills (and enhancing old ones), b) for obtaining informed observations, suggestions, and conceptualizations, and c) for opportunities to deal with problematic personal issues and beliefs arising in work with a particular client. Regular ongoing supervision can be seen as solidly useful in the development of therapeutic competence, and in the maintenance of a therapy practice. Workers in the complex world of deliberately therapeutic interactions with other human beings deserve the basic necessity and the important luxury of supervision.