

CHAPTER 15

Body-Centered Counseling and Psychotherapy

Donna M. Roy, LPC, CHT
Portland State University

Ways of alleviating psychic pain and supporting the full flowering of humanness continue to evolve and change. With today's increasing recognition of the relationship between mind, body, emotion, and spirit, and in light of the expanding body of exploration into this connection, psychotherapeutic approaches that target reducing the “*disharmony* of body, brain, mind, and spirit within the whole person” (Frattaroli, 2001, p.9) and that offer a “delicate admixture of evidence and intuition” (Lewis, Amini, & Lannon, 2000, p.12) draw more and more adherents. This chapter offers an overview of some of the current integrative modalities. Although still termed “non-traditional” and “alternative”, many holistic approaches are currently practiced (Corsini, 2001). These approaches are grounded in years of clinical experience, and the empirical research base is beginning to grow as theorists and clinicians recognize the pragmatism of bringing science and heart together. (Marlock & Weiss, 2005; Kaplan & Schwartz, 2005; Loew & Tritt, 2005; Lewis, Amini, & Lannon, 2000)

Background

Three overlapping categories of alternative counseling are somatic, expressive, and transpersonal. Somatic or body-centered counseling and psychotherapy, highlighted in this chapter, focuses on reuniting the body and mind and stems from both classical theories and ancient healing approaches (Caldwell, 1997; Kurtz, 1987; Mindell, 1982). Expressive counseling and psychotherapy center on externalizing, understanding, and processing internal urges, trauma

material, and untapped capacities through images, sound, movement, or words. They include art, dance, drama, poetry, sand tray, play, music, writing, and reading therapies. Transpersonal methods focus on the evolution of the individual in both spiritual and personal terms and can employ meditation, shamanic healing, spiritual counseling and psychotherapy, and mystical, altered state, or trance experiences. In this chapter, expressive and transpersonal approaches to psychological and spiritual healing will be discussed only as they relate to somatic counseling or psychotherapy.

Somatic approaches to healing have broad roots in classical psychological theories, in shamanism and Eastern philosophy, in physics and systems theory, in medicine, and in education and the arts. (Caldwell, 1997; Kurtz, 1987, 1990; Mindell, 1982) This eclectic foundation evolved into a paradigm that stresses holism, inclusivity, and partnership (Kurtz, 1987; 1990).

Body-centered or body-inclusive counseling or psychotherapy takes various forms that share certain common principles. Among these is the idea that a return to health requires embracing the whole human being and giving special attention to the place where the body and mind meet, the body-mind interface (Kurtz, 1987). Another key idea is that the open channels for expression of self, or life-energy, are needed for optimal health. Disease is created, from this perspective, when life force is repressed or unexpressed (Caldwell, 1997). Somatic counseling or psychotherapy assumes that body posture and movement, as well as the ways we speak of and imagine the body, are clues to how we organize our experience and relate to the world. Our bodies receive and communicate information. Central to the concept of the mind-body interface is a belief in the profound effect of the body's early experiences (pre- and perinatal) on psychological and social development (Caldwell, 1997; Keleman, 1985; Kurtz, 1990; Pessó, 1997).

This chapter, while presenting an overview of selected somatic counseling or psychotherapy methods, will highlight Hakomi Body-Centered Psychotherapy, developed by Ron Kurtz. Although a myriad of transformational methods exists, Hakomi can serve as a primer on body-centered counseling or psychotherapy. An original and highly eclectic body-centered counseling and psychotherapy modality, Hakomi is active and vital throughout the Americas, Europe, New Zealand, Australia, and Japan.

Roots of Somatic Counseling and Psychotherapy

Somatic counseling or psychotherapy owes part of its development to traditions outside the realm of conventional psychology, such as shamanic healing, the spiritual disciplines of the East, and contemporary philosophy of science. Shamanistic cultures throughout the world have operated for millennia from the premise that the mind and body are not in fact divided, that health comes from balance of mind, body, and spirit, and that there is a direct relationship between mental and physical health. Shamans practice with respect for and understanding of the connection between the body, mind, and spirit and use the generation of trance and altered states of consciousness to facilitate what essentially is a journey within to the source of healing (Halifax, 1979; Hammerschlag, 1988; Harner, 1980). This view of wholeness and the use of meditative states such as mindfulness are also fundamental to Hakomi and some forms of somatic counseling and psychotherapy. The importance of increasing awareness through path. In a similar way, somatic counseling or psychotherapy, and other current therapies such as Dialectic Behavior Therapy (Linehan, 1993) and Mindfulness-Based Cognitive Therapy (Hayes, Follette, & Linehan, 2004; Germer, Siegel, & Fulton, 2005) recognize the value of developing non-judgmental self-observation capacities and related self-reflection skills (Kurtz, 1990, 2005; Brantley, 2003; Fisher, 2002; Ecker & Hulley, 1996).

Body-centered counseling and psychotherapy have learned much from the East. Spiritual disciplines such as Buddhism recognize the unity and interrelationship of all things; they see a fundamental delusion in the idea of separateness on any level. This means that we are not separate from each other, our bodies are not separate from our minds, and further, our minds are not divided within themselves. The splits we perceive between others and ourselves, between mind and body, and even within our minds, are delusions. Our bodies are bridges to the unconscious as well as to the outside world. Somatic counseling or psychotherapy encourages communication not only between therapist and client, but also, and equally as important, between the various internal parts of the mind, all with the goal of recognizing wholeness and interconnections within and without (Johanson & Kurtz, 1991; Kurtz, 1990).

In addition to Eastern thought and shamanistic perspective, the somatic field is heavily influenced by psychology's more conventional theorists. Freud (1955) began as a physician and saw the body, through its sensations, as directly related to psychological states. The ego, according to Freud, was a body ego. With his eventual emphasis on talking in therapy, however, the body never became central to his work; the only place it remained in analysis was on the couch as a way to reduce the client's defenses (Caldwell, 1997). Some of Freud's contemporaries gave the body more attention. Josef Breuer (Boadella, 1987) was the first to connect the discharge of energy—catharsis—with analysis. Georg Groddeck, also practicing during Freud's time, recognized the relationship of physical illness and psychological states and pioneered the combined use of diet, massage, and psychoanalysis. Sandor Ferenczi used what he saw his patients doing with their bodies to create techniques that associated movement and posture with memories and the unconscious (Caldwell, 1997; Smith, 1985).

Considered by many to be the father of somatic counseling and psychotherapy, Wilhelm

Reich (1974), a student of Freud and Ferenczi, saw a person's psychological history in his or her body. He believed that the repression of universal life energy (psychic and physical energy) caused neuroses and psychoses, which in turn caused character armoring (rigid and chronic physical manifestations of psychological defense mechanisms). To address this armoring and treat physical rigidity, he took the controversial step of having clients use deep breathing and his touch to identify and work with blocks in the flow of body energy. (Caldwell, 1997).

Research on infants by Stern (1985) and Siegel (1999, 2003) has demonstrated the centrality of the body in development, and Aron (1998, 20) summarizes how the object-relations, intersubjective, and relational schools of the psychoanalytic tradition understand the self as "first and foremost a body-as-experienced-being-handled-and-held-by-other self . . . a body-in-relation-self." In their comprehensive text *Handbook of Body Psychotherapy* Marlock and Weiss (2005) agree, and make the case that somatic psychology has been a continuous development of psychodynamic thought and practice.

Evolution of Somatic Counseling and Psychotherapy

Somatic counseling and psychotherapy have evolved since Reich, with bodywork one of its offshoots. The bodywork branch of the family tree grew from the work of practitioners like Frederick Alexander (1974), Ida Rolf (1978), and Moshe Feldenkrais (1972). Their work focused on body alignment in space as well as physical balance, and was not counseling or psychotherapy, nor were their bodyworkers trained as counselors or psychotherapists, but they held a strong belief that bodywork would improve mental as well as physical health. Their contributions significantly influenced somatic counseling and psychotherapy (Caldwell, 1997; Kurtz, 1987, 1990).

So-called "hard techniques" (Smith, 1985) of somatic counseling and psychotherapy that

evolved from Reichian theory include bioenergetics and core energetics. These methods support the expression of strong emotions and are intense forms of therapy. Therapists use exercises with clients that intensify body tensions and force their release. In 1952, Alexander Lowen (1976) and John Pierrakos (1987), students of Reich, together developed bioenergetics, based on Reich's universal life energy and armoring theories. Bioenergetics studies the personality through the body, using a systemic description of five character types (schizoid, oral, psychopathic, masochistic, and rigid) based on body movement and form (holding together, holding on, holding up, holding in, and holding back). Core energetics, developed by Pierrakos when he later split from Lowen, also focuses on intensifying clients' core feelings and energy in order to release blocks to fulfillment (Caldwell, 1997).

Gentler Forms of Body-Centered Counseling and Psychotherapy

Currently, there is a profusion of "softer," less aggressive modalities, such as Gay and Kathlyn Hendricks' Body-Centered Therapy (1993), Amy and Arnie Mindell's Process Work (1997), Marjorie Rand and Jack Rosenberg's Integrative Body Psychotherapy (IBP) (Rand & Fewster, 1997; Rosenberg, Rand, & Asay, 1985), and Boyden System Psychomotor (PBSP) (Pesso, 1997). These approaches use awareness techniques and rely less on counselor and therapist analysis of body structures and movement and more on the client's experience and self-awareness. Clients are not encouraged to work toward explosive catharsis, are not put into stressful physical positions or touched invasively, and are not led into altered states through intensive breathing, such as in Grof's Holotropic Breathwork (Caldwell, 1997). These methods still assume that transformation is the goal, and have faith in the human organism's natural tendency to unfold. They are also informed by feminist theory, seeking to create therapeutic relationships that are based on interdependence (Jordan & Surrey, 1986) and a sharing of power

(Espin & Gawelek, 1992). Two of these forms of somatic counseling and psychotherapy which evolved from Hakomi are briefly described below.

Sensorimotor Psychotherapy, developed by Pat Ogden (1997; Ogden & Minton, 2001) evolved from Hakomi Body-Centered Psychotherapy and Ogden's personal training as a bodyworker, and has become one of the preeminent and clinically accepted methods for working with symptoms of trauma (Ogden, 2005; Van der Kolk, McFarlane, & Weisaeth, 1996). Aligned with Hakomi philosophically and methodologically, Sensorimotor Psychotherapy is grounded in the use of mindfulness to study present experience as well as the belief in the client's capacity for self-regulation through processing sensory and physiological sequences. Sensorimotor Psychotherapy differentiates between treatments for trauma and developmental wounds, employing specific, phase-oriented interventions to improve regulation of physiological and affective states, a common difficulty among traumatized individuals. Its techniques are geared toward preventing re-traumatization and "uncoupling physical sensations from trauma based emotions" (Ogden, 2005). It applies the mindful approach of Hakomi to what Van der Kolk terms bottom-up as opposed to top-down processing, which titrates and metabolizes the sensations stemming from non-cortical areas of the brain before they can cascade into a vortex that evokes the original trauma response. This trauma work requires a high level of counselor or psychotherapist skill regarding somatics, trauma and the brain-body connection, assessment of physiological arousal, attachment theory, and the use of mindfulness.

Re-Creation of the Self (R-CS), developed by Hakomi Institute founding trainer Jon Eisman (1995, 2000-2001), is rooted firmly in Hakomi and is taught in Hakomi/R-CS training programs in the United States, Canada, and Europe. This counseling and psychotherapeutic method adds a detailed map of the psyche and offers an existential alternative to doing regressive

work. It focuses on the innate wholeness of people, and sees each of us as being formed from Divine wholeness yet experiencing human separateness and fragmentation. It contends that the failure to integrate our Divine nature with our human nature, coupled with later unyielding life events, leads to a fragmented perception of self. As humans, we experience trance-like states of consciousness through whose eyes we perceive our lives. The *R-CS* approach to counseling and psychotherapy accesses and encourages a state of aware consciousness that recognizes our innate wholeness, allows the full expression of humanness and human resources, and supports freedom from trance.

These approaches, as well as Hakomi Body-Centered Psychotherapy, represent an evolving holistic counseling and psychotherapy orientation. Johanson (2005) writes that while previous therapies have worked with how relationships (psychodynamic), dreams (Jungian), cognitions and behaviors (cognitive-behavioral) are organized, somatic therapies focus on how various aspects of the body such as posture, breathing, movement, and so forth are organized. Any of these aspects of life can reveal psychological schemas and ways of organizing as well as provide royal roads to the unconscious.

Hakomi Body-Centered Counseling and Psychotherapy

Hakomi Therapy is one of the original “softer” somatic psychologies and is rooted in the experiential therapies of the 1960s, Eastern philosophy, and systems theory. Its founder, Ron Kurtz, has been called a “therapeutic wizard” and an irreverent pragmatist (Johanson, 1987). Kurtz’s postgraduate work was in experimental psychology, learning and perception; the major influences on his early professional development included experiential learning, sensitivity training, Gestalt therapy, bioenergetics, Buddhism, Taoism, yoga, and the work of Reich, Milton Erickson, Feldenkrais, Rolf, Pessó, and Pierrakos. He taught at San Francisco State University in

the 1960s, immersed himself in the evolving experiential psychology community of the time, and then worked in New York for 7 years in private practice. After his first book, *The Body Reveals* (Kurtz & Prester, 1976), was published, he and a small group of dedicated students co-founded the Hakomi Institute in 1980 SSSS which headquartered in Boulder, Colorado, and Kurtz began a career as a leader of workshops and professional training. (Kurtz, 1987, 1990).

The word Hakomi comes from the Hopi language and means roughly, “How do you stand in relation to these many realms?” It emerged from a dream of one of the original founders. The distinct relevance to the heart of Hakomi inspired the original institutional founders to embrace the dream name, and it continues to both reflect and inform the work (Kurtz, 1990).

The Western psychological roots of Hakomi, including Person-Centered Therapy and Gestalt Therapy, emphasize the counseling or therapeutic relationship and the role of experience and its study. They see value in interpersonal encounter and dialogue, but unlike their Freudian and neo-Freudian predecessors, they place more value on integrating new experiences (beyond insight) of perception and expression. Perls’ (Perls, Hefferline, & Goodman, 1977) encouragement of clients to exaggerate movements or voices was a way to interrupt “any attempt to head trip” (Kurtz, 1987, p. 10) and to ground people in their present experiences. Perls’ and Rogers’ experiential therapies and the encounter movement of the 1960s were much less about analyzing the past and more about being in and aware of the present, and making clients more responsible for their own change processes. The body therapies (e.g., Feldenkrais) of the 1980s added the study of present experience to the recipe. Their goal was to study how experience was organized in order to make fundamental life changes (Kurtz, 1990).

Another key aspect of Hakomi is drawn from the work of master therapists like Milton Erickson (Erickson & Rossi, 1976) and Virginia Satir (1983). They had fundamentally positive

assumptions about people and their suffering. They believed that the pain of existence comes from how a person responds to the world and that changing the way he or she perceives and responds to life also changes the experience of pain. This assumption about the nonpathology of existence is critical to Hakomi and greatly influenced its development (Kurtz, 1987, 1990). It placed Hakomi squarely in the constructivist tradition (Mahoney, 2003) of assuming people are at least co-creative in developing the filters, schemas, or core beliefs that determine their perception and expression in life.

The main Eastern philosophical influences on Hakomi came from awareness practices of yoga, Taoism, and Buddhism. These traditions are meditative and contemplative and use the practice of mindfulness to explore consciousness and its relationship to life. They also concentrate on using present experience and its study to inform action. They are based on a nonviolent worldview that supports the potential for change without force. The reliance on the Buddhist meditative technique of mindfulness is central to Hakomi, and it is this aspect of the method that Kurtz says he would like to be remembered for integrating into the field of counseling and psychotherapy (Johanson & Kurtz, 1991; Kurtz, 1987, 1990; Batchelor, 1997).

Kurtz has a background in physics, and information theory and a lifelong passion for systems theory, which constitutes Hakomi's third major influence. Systems theory assumes that living systems are nonlinear, fluid, interdependent, self-organizing, self-regulating, and self-correcting. Living systems are complex and actively respond to their environments by organizing themselves in relation to them. They are alive with uncertainty, participation, variety, and change. This is an organismic and contextual, nonmechanistic view; it asserts that dynamic, multiinfluenced systems concern wholes with interrelated parts, not separate parts fabricated into wholes (Capra, 1982; Kurtz, 1990). Hakomi embraces this paradigm.

Human Nature: A Developmental Perspective

Hakomi has an unabashedly optimistic view of human nature. Along with various spiritual traditions, it views the creation as good, as something that can nourish and be enjoyed with gratitude. Although it recognizes the effect of fear, pain, and primitive brain processes in human behavior, it assumes that people are fundamentally whole and, when wounded and/or fragmented, have the innate capacity to redirect themselves back toward wholeness. It begins with the view that people are not problems that need to be fixed, but complex systems that are amenable to self-correction when obstacles and threats are removed. Although a particular self-correction may need periodic updating, it represents the best a person can do at any moment, given his or her disposition, level of awareness, and existing life conditions. Like the person-centered theory of Carl Rogers, Hakomi assumes that people are fundamentally trustworthy, naturally move toward greater awareness and self-actualization, have the needed inner resources to do this, and experience unique worlds (Hazler, 1999). It does not judge someone's response to life as being deficient or fault-ridden; nor does it see defects that need curing, although it does evaluate how people might be limiting their worlds in characterologically unsatisfying ways. Hakomi assumes that people can accomplish a natural self-expansion through mindfully studying how they organize their experience and making choices based on the new perspective gained from this self-study, especially when provided a safe, nurturing therapeutic context (Kurtz, 1987, 1990).

Hakomi presumes an underlying interconnectedness among people and in the natural world and that, at the individual level, humans have a self-healing capacity. Based on the interactive integration of the mind and the body, Hakomi is at home with individual complexity and mystery. It contends that the human "default" mode of interaction is to embrace partnership

rather than domination, and that people would rather peacefully cooperate than use violence to dominate, though fears can trigger defensive actions. While acknowledging the special role of early childhood in fostering strategic responses to the world, Hakomi theory rests on the premise that psychological woundings and limitations have multiple causes. Finally, while recognizing the multiplicity of influences on human development, it celebrates the power of the individual in the creation of his or her own life (Kurtz, 1990). Human consciousness has the self-reflective capacity to take the organization of one's life under observation compassionately, and thus introduce the possibility of change. Aron (1998, 4) argues that the "clinical study of self-reflexivity (and especially the relationship among self-reflexivity, intersubjectivity, embodiment, and trauma) is among the most promising areas of psychological research . . . taking place today."

Like Reich, and consistent with a holistic orientation, Hakomi counselors and psychotherapists function from the premise that a "person's character is the fractional sum total of all past experiences" (Reich, 1974). Although Hakomi counselors and psychotherapists use information about character formation to inform their interventions, the nature of character etiology, as defined in Hakomi, is currently in a state of flux as counselors and psychotherapists become increasingly aware of new findings—and further questions—regarding human development and the mind from researchers such as Daniel Siegel (1999). Although character strategies help clarify why and how people learned to be, feel, and act as they do, character theory remains secondary to honoring the gradual unfolding of individual uniqueness (Eisman, personal communication, September 26, 2001; Kurtz, 1990, personal communication, August 20, 2001).

From a Hakomi perspective, character strategies evolve from interruptions of natural

growth; they are primarily the result of a child's natural responses to his or her environment over time. They develop for very good reasons—as ways to deal with innate dispositions and situations of childhood—and are the ghosts of early experiences. Hakomi concurs with developmentalists who suggest normal development requires having certain experiences within critical time periods in order to proceed with healthy growth. Without critical psychological or social “experiences that need and want to happen” (Kurtz, 1990, p. 30), children miss something important: they either do not learn, or inaccurately learn, or partially learn the human social skills and attitudes that childhood is meant to teach. As a result, they develop a fear of particular current experiences because of the pain associated with the original incomplete or skewed learning experiences. They organize around not being vulnerable to the same kind of hurt again. They enter a kind of trance, sustained by neuropeptide distribution and neurological receptor sites highly sensitive to clues of the former trauma (Cozolino, 2002), that keeps them blind and powerless in the face of the original experiences' present day reflections. These missing core experiences cause pain, blocks, and limiting ways of being in the world. They contribute to the creation of character patterns whose purpose is to soothe the pain of the original experience or contend with the still-present, unmet natural longing around the issue (Eisman, personal communication, September 27, 2001; Kurtz, 1987, 1990, personal communication, June 20, 2000).

People are internally complicated and use a variety of character strategies to respond to the world, so individuals cannot be defined by one strategy; they are combinations of various patterns. Different character patterns develop around different developmental learning tasks so people evolve as “constellations of character,” rather than as one fixed type (Eisman, personal communication, September 26, 2001). Life unfolds, beliefs develop, experimentation happens,

strategies develop, and eventually character strategies reach a certain degree of homeostasis. Functionally, they are strengths, because they helped the child deal with his or her life; practically, they can become weaknesses if overused. The overuse problem with these adaptive characterological responses to early trauma, as Freud suggested, is that even when children mature, they are not able to perceive new experiences as new. In Piaget's terms, they continue to assimilate new situations into old characterological beliefs instead of accommodating their beliefs to new information. In Hakomi, character strategies are not treated as defenses to be overcome, but as processes to be understood. These "organized, habitual patterns of reaction" (Kurtz, 1990, p. 42) can be consciously employed or not, once their roots are uncovered and the missing core experiences are reclaimed (Eisman, 1987; Kurtz, 1987, 1990).

Hakomi character typologies follow a developmental model influenced by both Freud and Lowen. Hakomi incorporates Freud's tactile, oral, anal, and genital stages, applied to the developmental period from in utero to about 7 years of age, as well as Lowen's body movement and form-derived types, and suggests a number of major strategic responses to the world (Eisman, 1987; Kurtz, 1990). Table 16.1 outlines Freud's and Lowen's terms and Hakomi's character typologies, developmental time frames, related core beliefs, strategies, and longings. These typologies can easily be mapped into the schemas of Erickson's psychosocial stages, object-relations' separation-individuation, Loveinger, Hanna, DSM-IV, and more (Johanson, 1999, 688-689).

To provide further definition for what the self is and how it evolves, the aligned *Re-Creation of the Self* method is helpful. *R-CS* puts an emphasis on recognizing limiting psychological states of consciousness and making existential choices. Eisman describes an Organic Self as the unique and true expression of individual humanity and Divine consciousness.

Its purpose is to live, learn, grow in wisdom, and develop into a unique, fully human person. It does this through the ongoing pursuit of what it wants moment-to-moment: the Organic Wish—an intention rising from a reservoir of core knowledge about how the world is ideally supposed to be (Eisman, 1995).

In life circumstances when this core knowledge is betrayed, or the Organic Wish meets unresolvable resistance by some kind of limiting experience, the Organic Self fragments itself into several substates of consciousness. Each of these substates represents some aspect of the dilemma and is like a self-sustained trance with its own limited view of reality (Eisman, 1995). These sub-states can be seen as manifestations of neural network patterns created by repeated and/or intense negative and limiting life experiences. Eisman references current brain theory regarding neural patterns and emotional states, with emphasis on the use-dependent and plastic nature of neural patterns. (Shore, 1994; Siegal, 1999; Perry, Pollard, Blakley, Baker, & Vigilante, 1996; Lewis, Amini, & Lannon, 2000; Morgan, 2004) He suggests that the Organic state of being is accessible even within highly traumatized individuals, and, just as neural networks that create negative moods, painful affective states, and various “trances” are use-dependent, intentionally and repeatedly accessing preferred states can help individuals re-create themselves according to the wishes of the Organic Self. (Eisman, 2005) *R-CS* interventions focus on helping clients recognize the felt sense of a particular neural pattern (such as “This is my no-one-loves-me feeling state”), notice whether the particular feeling is a preferred one or not, and develop the skill of “shifting willfully into a different neural pattern” (Eisman, 2005, p.46). In other words, while *R-CS* acknowledges the common human experience of being wounded and reverting to perceptions of fragmentation, it focuses on helping clients reclaim their underlying innate sense of wholeness and aliveness (Eisman, 2000-2001). Eisman’s work is congruent with

that of Schwartz (1995) and Almass (1988) that is also being integrated into Hakomi trainings.

Major Constructs

Organization of Experience

Foundational to Hakomi is the tenet that experience is organized and has meaning. Bateson, in *Mind and Nature* (1979), describes the organization of systems and suggests that experience is more than free-flowing emotion or energy: it is energy encoded or organized by information processing schemas. Bateson goes on to say that everything in nature, indeed, nature itself, has mind. All organisms that exhibit the quality of mind are parts organized into wholes, or holons—hierarchical systems that exhibit increasing levels of complexity. What makes minds organic with a trustworthy inner wisdom according to Bateson is that all parts are in communication with each other within the whole. Trouble in living organic systems stems from a lack of communication, which is why Hakomi agrees with Wilber (1977) that therapy on multiple levels can be thought of as healing splits or overcoming barriers to more inclusive communication. Minds are these kinds of information processing systems (Kurtz, 1990). From a Hakomi perspective, this supports the celebration of creativity and complexity, and underscores the importance of holding the highest order of possibility for clients.

Additionally, humans have life experiences from conception through old age that have emotional and cognitive (and spiritual) impact, and from which we make generalizations about the world. These generalized beliefs, especially those from early childhood events and traumatic or other life-altering experiences, comprise core organizing material that resides deep in our psyches and forms a base upon which we continue to perceive and act in the world. We create feeling and meaning from these events; we begin to believe we are loved or unloved, safe or unsafe, strong or weak. We gather and meld our responses into our own truths that rule our lives.

Each of us gathers and groups events and experiences in order to keep the flow of experience moving in particular directions. Although we are each very active in this creation of our lives, we usually are unaware of much of it (Kurtz, 1990; Eisman, 2000-2001). Thus, Hakomi is in agreement with narrative therapy about the necessity of constructing meaningful story lines to organize our experience, but is more insistent that core narratives operate at unconscious levels not easily accessible to new story lines suggested in ordinary consciousness (Fisher, 2002). Likewise, Hakomi theory is congruent with the findings of the intersubjective psychoanalytic school (Stolorow, Brandchaft, and Atwood, 1987, 46) that “transference is an expression of the universal psychological striving to organize experience and create meaning,” normally held in the “prereflective unconscious” (p. 12), necessitating therapy that can make the unconscious conscious.

This lack of awareness of our own role in creating our lives is not surprising. People have learned through millennia to speed progress by developing habits that reduce the time needed to attend to repetitive actions. We are skilled in many areas of our lives at responding without having to think. Many of these automatic life responses flow from memories, beliefs, images, neural patterns, and attitudes that do not need to reach consciousness to profoundly influence our actions (Kurtz, 1990). Studying this core organizing material allows us to make these automatic habits conscious and make choices about changing the actual flow of our experience, thus affecting implicit memory (Cozolino, 2002). Hakomi works toward helping clients uncover their organizing core beliefs and influences and wake up to themselves and their creative power. Although this study is often accompanied by strong emotions, which Hakomi honors, it emphasizes the uncovering of meaning rather than the release and expression of emotion (Kurtz, 1990).

Principles

Hakomi has basic principles that inform all of its techniques and therapeutic strategies. A counselor or psychotherapist operating in congruence with these principles, even without knowing any Hakomi techniques, would still be an effective partner in healing. The principles provide a theoretical scaffolding for the therapist understanding what is at stake, and constructing appropriate interventions on the spot. They provide an attitudinal foundation that communicates to the client that he or she is free, alive, and of exquisite interest. The experimental attitude the principles give rise to of curiosity, invitation, acceptance of uncertainty, receptivity, and faith in the client's unfolding invites the unconscious to reveal itself and collaborate in the process. In contrast, working outside of these principles is, as Kurtz says, like "working blind" (1990).

The unity principle states that everything is interconnected, participatory, and holonic; that the idea of a separation between people and within people is false. Unity is associated with belonging and bonds because, as Kurtz says, "...the universe is fundamentally a web of relationships" (1990, p. 33). Unity is also reflected in primal psychic wholeness, rather than brokenness. It assumes there is a basic healing drive toward unity in all of us. This view is very different from a mechanistic orientation that focuses on separation and isolation as a fundamental human construct, and the assumption of entropy that everything is losing energy and falling apart. The unity principle assumes that we have to actively split ourselves internally and from others in order to perceive a world of separation. The unity principle proclaims the underlying belief, instead, in the interconnectedness of existence, which is why Hakomi trainings always encourage therapists to network and work in interdisciplinary ways to address multiple variables. (Kurtz, 1990; Wilbur, 1977).

The organicity principle, in line with Bateson's propositions concerning living organic

systems, affirms that each organism has its own organization and self-regulation when all the parts are communicating within the whole. As such, it is not possible to “heal” another person, only to assist (or hinder) his or her own self-healing through a therapeutic relationship and appropriate interventions. This underscores the importance of looking within the client, within the client/counselor or therapist relationship, and/or within related systems to find insight and answers. It also reminds counselors and therapists to follow natural processes that want to unfold, rather than assume authority over the client’s process. It respects the client’s innate capacity for health, self-determination, and personal responsibility (Kurtz, 1990).

Mindfulness is a state of consciousness that allows nonjudgmental awareness of present experience. Some have called its use in Hakomi “assisted meditation” (Kurtz, 1990, p. 23). It is also a principle that assumes the path of consciousness is the preferred way. Psychotherapy deals with the organization of experience, and Hakomi’s clinical experience is that mindfulness is the most powerful tool for being able to study and encourage transformation of that organization. In Hakomi, the mindfulness principle involves waiting and noticing, without taking automatic action, in order to allow what wants to happen to actually happen. Mindfulness allows a client to stay with his or her immediate experience long enough to gather the information needed for true change to be possible, but without being at the mercy of his or her experience. This is a different dynamic than either talking about one’s experience as an event in the past, or acting out the immediacy of one’s impulses. In a mindful state, a client maintains a connection to both conscious and normally unconscious experience. Awareness becomes crystallized and offers the person a broader, witnessing view of his or her inner and outer world while also allowing awareness of his or her immediate surroundings. Mindfulness is not the same as hypnosis, which intentionally bypasses the conscious mind to go straight to the unconscious. Hakomi welcomes

the conscious and unconscious as equal partners, using mindfulness to witness internal events. It agrees with Wolinsky (1991) that ordinary consciousness is a type of self-hypnosis trance governed by habitual, automatic processes, and that introducing a mindful or witnessing state of consciousness is what allows freedom from the trance.

The principle of nonviolence involves a basic respect for life and engenders an attitude of inclusiveness and regard for the “inevitable presence of unity and organicity” (Eisman, 2000-2001). It eschews the use of force against a living system because force creates resistance, which hinders growth. Mindfulness is the central therapeutic tool of the method, and clients simply cannot turn their awareness inward if they do not feel safe, if they feel they must defend against any kind of judgement or agenda that they have not claimed as their own. Hakomi has a particular view of nonviolence that goes beyond the conventional interpretation of the term; violence, for example, does not have to be blatant. Violence can be a counselor or psychotherapist thinking he or she knows what’s best for a client, failing to truly accept a client as a self-determining, whole living system (Kurtz, 1990). It can be a practitioner denigrating or ignoring some emotion or defense that arises, instead of suggesting that the part must have some good reason for its concerns that should be explored more deeply. Hakomi affirms the non-violence or paradoxical non-doing of Taoism (Johanson and Kurtz, 1991) and implements it within the therapeutic relationship as well as in clinical interventions.

One way Hakomi operates within this principle is its support of, rather than active opposition to, client “defenses.” By supporting the client’s tried and true ways of managing and protecting himself or herself, Hakomi creates a safe space for exploring these possibly outdated mechanisms, and does not increase the client’s need to protect himself or herself further (Johanson and Kurtz, 1991). Another nonviolent aspect of Hakomi is its focus on experience

over problem solving. This allows choices to unfold naturally, and the client to be the “doer” of his or her own change process. Another example is the way Hakomi invites both the client’s conscious and unconscious mind to be present in sessions. This ensures that the client is not tricked or manipulated and retains full power of choice (Kurtz, 1987).

The principle of mind-body holism, recognizes that the mind and the body reflect one another, and that the mind-body system is multifaceted and unpredictable in its mutual, reciprocal influence. It is an orientation that “sees patterns and interactions and non-linear influences” (Kurtz, 1990), and is intrigued and expectant about complexity and mystery. In Hakomi, the mind-body interface is the territory most explored because it is the place where information is accessible and can evolve. This is where the counselor or psychotherapist can have a direct relationship with the unconscious. Unlike words that can conceal as much as reveal, bodily postures, gestures, muscle tones, breathing patterns and so forth reveal core beliefs tied into deep physiological mechanisms. (Johanson, 1996)

Two additional implications of the principles have been added to Hakomi training literature as a result of the experience of long-time Hakomi practitioners. These are truth, proposed by Hakomi trainer Halko Weiss, and mutability. Truth speaks to the importance of not making false promises to clients, especially to those in the altered state of consciousness called the child state (see *Intervention Strategies*), to the importance of being ethical and honest, and to the significance of the existential pursuit of the question “What is the truth?” for both counselor or therapist and client. It assumes such values as human wholeness, goodness, worth, and right to exist are fundamental (Eisman, 2000–2001).

The concept of mutability assumes that change is an inherent and absolute characteristic of reality. This means that things change, and will continue to change. Hakomi therapy is built

on the assumption that people can and want to change, and will do so under certain circumstances. Hakomi embraces this concept by supporting clients in transforming their core beliefs and fully embodying and acting from their truths (Eisman, 2000–2001).

Healing Relationship

The Hakomi method assumes that it is the counselor's or psychotherapist's job to create the therapeutic relationship, and that the effectiveness of counseling is embedded in the context of the relationship between counselor or therapist and client. This means that maintaining the relationship and holding an emotional attitude grounded in the principles is fundamental to doing good therapy. The importance of this relational context is gaining support within scientific quarters. Lewis, Amini, and Lannon's (2000) rigorous and eloquent exploration of the psychobiology of love describes how our limbic system regulates human relationships, as does Daniel Siegel's work on interpersonal neurobiology (Siegel, 1999, 2003). Both past and present limbic resonance between people shapes the brain and our individual experience of the world. This relational dynamic directly supports Hakomi's reliance on loving presence (Kurtz, 2000) and the psychotherapeutic relationship as the crucial container in which growth and change happens. Likewise, the research of Mahoney (1991) on human change processes underlines the importance of the therapeutic alliance as beyond method or technique by a factor of eight. The counselor's attitude needs to be one of "resting in nonviolence" (Kurtz, 1990) in order to gain the cooperation of the client's unconscious. In addition, the counselor or therapist needs to be warm, accepting, honest, nonjudgmental, and respectful of the client's self-management. This requires a level of psychological maturity on the part of the counselor or therapist that comes from deep self-awareness. It offers the client the chance to engage with someone who has the strength and trust (Johanson and Kurtz, 1991) to back off and let the process unfold. An

understanding of the client's world is also needed, as is the ability to communicate that understanding to the client in a way that rings true (Eisman, 2000-2001; Kurtz, 1990).

A therapeutic relationship is also founded on self-awareness on the part of the counselor or therapist (Yalom, 2002), and the cooperation of his or her own unconscious. In Trungpa Rinpoche's words, "full human beingness" (1983) is critical to counselor and psychotherapist effectiveness. Hakomi realizes that for counselors and psychotherapists to develop skills like intuition and holistic seeing, it is essential to be self-aware and self-trusting. Practitioners may not need to be enlightened, but it is crucial that they be on the road toward greater self-understanding and acceptance (Kurtz, 1990).

Applications

Overview

Hakomi is a mindful or contemplative body-inclusive approach to counseling and psychotherapy that focuses on helping people internally reorganize their experience and thereby change how they live their lives. A therapeutic relationship based on a partnership worldview is key to success, as are techniques geared toward honoring all aspects of the client and his world. The following section presents Hakomi's goals, change assumptions, intervention strategies, and client characteristics.

Goals of Counseling and Psychotherapy

Hakomi's primary healing intention is to facilitate the unfolding of a client's experience toward core material, to offer a related transforming experience (missing experience), and to support the reorganization of the self. Interventions are aimed at affecting core material's influence on a client so he or she has the chance to transform his or her life. In order to do this, Hakomi techniques focus on mindfully opening and enhancing communication between mind and body,

as well as unconscious and conscious. The counselor's or therapist's task is to, without force, “. . . bring together all aspects of the person: mind/mind, mind/body and self/universe . . .” (Kurtz, 1990, p. 33), so that change happens at the level of core material, fostering maximum organic wisdom through healing any splits or barriers to inclusion, harmony, and communication within the information processing system of the mind-body. (Kurtz, 1990). The end result is not in taking away any defenses from the client, but in rendering them optional when appropriate, as transformation happens through new possibilities being organized in.

Process of Change

Hakomi sees change as a natural life process, like the growth of a seed gracefully unfolding into a plant. Transformative change is more than just simple growth, however; Hakomi interventions encourage the client's evolution into his or her full humanness, into his or her greatest complexity and capacity as a system, much the same way that water braids under pressure, allowing more to flow through the system. Hakomi recognizes that this kind of change requires exquisite attention to safety issues that will foster the willingness to be vulnerable and the courage to move forward in spite of danger, uncertainty, and past traumas. It requires both the existence of a protected and caring environment for the journey, and the presence of an honest, supportive, loving therapist willing to wait and call forth what is true (Kurtz, 1990). Hakomi supports change unfolding in life-affirming ways, trusts that change wants to happen, happens in the present, and occurs when the principles are honored.

Traditional Intervention Strategies

Hakomi can be thought of as the “method of evoked experiences in mindfulness” (Kurtz, 1990). Although there are numerous counseling and psychotherapy methods that are humanistic, client-centered, partnership-oriented, and supportive, Hakomi is unique in its combined use of the

systems-based principles to ground the counselor or therapist, a compassionate and collaborative therapeutic relationship to hold the work, and mindfulness to empower the client, not as an adjunct to therapy, but as a primary tool within the sessions (Fisher, 2002).

Present Orientation: All Hakomi techniques operate in the now, whatever the actual timeframe of the event or issue under study. While respecting the profound effect past experiences have on a person's perception of reality and interaction in the everyday world, Hakomi methods are based on the assumption that the results of past conditioning are forming the present moment where life is happening and where insight, perceptual shifts, and new intentions can be formed. Rather than talking, even in an insightful way, for an hour about the past, a client in Hakomi counseling and psychotherapy might mindfully study current physical or emotional or energetic responses to a body event, or a statement from the counselor or therapist, or some other intentional experiment that evolves from what is happening in the session. The therapist is more interested in present-moment indicators of the storyteller than the conscious content of the infinite variations on the story that can come from unconscious core narrative beliefs. This mindful study of experience in the present is one of the aspects of Hakomi that Kurtz suggests makes it quicker than other methods, positing that observation and examination of present experience are more efficient than discussion and speculation in reaching core characterological material, because ordinary consciousness is already organized, and the goal is to access the level of consciousness that does the organizing (2000).

Experimental Attitude: Hakomi is a process-oriented method of assisted self-study that assumes the goal is transformation. The ebb and flow of the process involves working mindfully with presenting issues, and with created experiments that help the client spiral closer and closer to the core material that wants to be uncovered and understood. As it is the client's organicity, the

natural tendency to re-organize, that is being supported, an attitude of receptivity, openness, non-judgmentalism, and flexibility is needed. The counselor or psychotherapist has to have faith in, curiosity about, acceptance of, and eagerness for the client's natural unfolding, and be able to invite, not insist (Kurtz, 1990). The counselor or psychotherapist needs to be comfortable with his or her own uncertainty in the face of the complexity of another human being, and be willing to table preconceived notions of what is right for the client, trusting that the person has an innate desire and propensity to evolve (Eisman, 2000-2001). Clients need to be encouraged to enter curiously and experimentally into the mystery of new experiences and expect they might discover something they do not already know (Johanson and Kurtz, 1991). The counselor or psychotherapist often has a hypothesis, then in collaboration with the client, creates an experimental process, gets client permission to proceed, and implements the experiment designed to help the client mindfully observe how he or she organizes in relation to it. The client and counselor or psychotherapist, noticing what transpires, can process or adjust to the response, develop new experiments, and further access core material. There is a lot of forgiveness or grace in the process since any result of an experiment is valid. Whether it confirms or disconfirms the original hypothesis, it provides new data and curiosity (Johanson, 1988) for the next step.

Managing the Process: Managing the therapeutic process using a method that emphasizes the client's organicity can be tricky, but it is as important as being in relationship with the client, and more important than gathering information. This is because the counselor or psychotherapist's main role is to facilitate and support the client's organic unfolding, not short-circuit the process with a static diagnosis. Within this intent, the counselor or psychotherapist has to be active at times and passive at others, both following and leading. Active taking charge directs the process by offering interventions for inducing mindfulness, and for contacting, accessing, deepening,

processing, transforming, and integrating client experiences. Passive taking charge creates spaciousness and an environment of letting be and allowing; it responds to the client's leads and requires the counselor or psychotherapist to be silent at critical times (Kurtz, 1990). A bias in Hakomi is Lao Tsu's counsel that the best leader follows. (Johanson and Kurtz, 1991).

Managing the process brings the counselor or psychotherapist fully into the therapeutic relationship as a leader, not a dictator. Phrases such as "If it's okay with you," and "How about trying . . .?" and "Is it good to stay with this?" indicate collaboration to the client. Taking charge in Hakomi is not about controlling, ordering, or being violent toward another. It is quite the opposite of violence, in fact, for it can be violent not to act when action is called for. Taking charge in the Hakomi sense is nonviolent because it provides clear support for what the client deeply wants to happen. How the counselor or psychotherapist manages the process looks different at different points in a session: he or she creates safety and cooperation of the unconscious at the start; helps the client access and deepen his or her experience and try on new options in the middle; helps him or her learn to use the new ways in his or her life toward the end; and lets go of being in charge at the completion of the session (Eisman, 2000-2001).

Managing Consciousness: Managing consciousness is critical to Hakomi because it is a state-of-consciousness-driven modality. Without the client's ability to maintain some degree of mindfulness, self-study does not happen, so being able to induce and help a client maintain mindfulness is one of the counselor or psychotherapist's main management jobs. Mindfulness can exist with eyes closed or open, but it is usually characterized by a slowing of breathing, a suspension of habitual reaction, and the ability to perceive, describe, and choose to neutrally witness inner experiences. To manage the immersion in this state of consciousness, the counselor or psychotherapist may need to teach the client how to be mindful, consistently return him or her

to inner-directed study and body experiences, remind him or her to notice whatever happens in his or her inner world, and encourage him or her to give ongoing reports without coming out of contact with inner experience to do it.

When the client is in a state of mindfulness—an already altered state, and one in which minimal input has maximal results (Schanzer, 1990)—other non-ordinary states that contain core material, such as the child state and emotional rapids, are more likely to occur. When this happens, the counselor or psychotherapist needs to manage the client's immersion in them as well. The final management task related to states of consciousness is to ensure the client's transition back to ordinary consciousness and safe reentry into the outside world (Eisman, 2000-2001; Kurtz, 1990).

Gathering Information: Gathering information, although important in Hakomi, is secondary to supporting the client's natural unfolding. Gathering information is not only done verbally, but also comes from tracking the client, confirming accuracy of counselor or psychotherapist perceptions, getting reports from the client, and "listening" with ears and eyes, as well as energetic, intuitive, and spiritual bodies. Since clients organize around every input, their history is continuously revealed through every reaction to a greeting, handshake, room arrangement, suggestion, or question. Intake information can certainly be sought about personal history, culture, the physical and energetic bodies, thoughts, emotions, and spirituality, as well as information on life themes and beliefs, core longings and desires, automatic defenses and strategies, degrees of congruence with the self and the outside world, and expectations and assumptions (Eisman, 2000-2001).

Categories of Experience: Hakomi values experience above all else as the door into the unconscious and core material. It works with many categories of experience that people

encounter in their inner journeys: thoughts, sensations, emotions, memories, images, meanings, and beliefs (Kurtz, 1990). The theory is that all these experiences are examples of how people have created their worlds. Thus, mindfully attending to them can initiate a process of deepening awareness that leads to the level of the creator, the core beliefs that fashioned these creations. Accessing and exploring these experiences involves being aware of clues or indicators and choosing appropriate language. The counselor's or psychotherapist's question "What are you thinking?" is bound to evoke a left-brain description, theory, or justification of a thought. Right-brain questions or directives require clients to reference their experience as the only way of responding. The statement "Notice exactly where you feel that tension" focuses the client on his or her body sensations. Emotions can be explored with statements such as "Let that sadness get as big as it wants"; memory can be elicited with a simple "Familiar, huh?" Images may be generated by the suggestion to "Notice what you see as you stay with that." The statement "Something important about that" leads to meaning and insight; beliefs show up with a phrase such as "You start believing something about the world from this." General exploration happens with asking "What are you noticing?" or "What happens when you...?" Physical contact (always done with permission), such as a touch on the hand when the client is in a mindful state, may elicit a response from any of the categories of experience. Experiences come in different types, represent different aspects of a person's world, and communicate in specific ways, but can always be employed as the start of a thread that leads from surface structure (creation) to deep structure (the creator).

Flow of the Process: Hakomi has a flow to it that both varies and stays the same. It varies in that each person has his or her own way of self-exploration and expression; it stays the same in that there are common steps that typically occur in practicing Hakomi. Below is a summary of the

linear process that still requires the counselor or therapist to key off of what is spontaneously evoked by it.

Establish a Therapeutic Relationship. In order for a healing relationship to be established, safety, trust, and cooperation of the conscious and unconscious are required. The counselor or psychotherapist's initial task is to create this therapeutic container. Ways of doing this include making contact statements that show understanding of the client, his or her story, and his or her world, that call attention to his or her present experience, and that invite the cooperation of the unconscious. A contact statement may be as simple as "Sad, huh?" if it addresses the emotional import of the storyteller and not simply the content of the story being told. Meeting the client in his or her world is what is important, as well as utilizing what the client offers in the spirit of Milton Erickson. The counselor or psychotherapist needs to respect the integrity of the counselor or psychotherapist-client system by establishing appropriate boundaries (Whitehead, 1994, 1995) for taking charge of the therapeutic process, while honoring the client as the ultimate controller of his or her own life, in and out of the sessions. This presumes careful, continuous tracking of the client's experience—what he or she is saying and doing, what he or she is consciously and unconsciously communicating. It requires going at the client's pace, holding the best interests of the whole person, not interrogating for information, and waiting for the right time to deepen experiences (Eisman, 2000-2001; Kurtz, 1990).

Establish Mindfulness. With contact and a therapeutic alliance established, a state of relaxed, inner-directed, nonjudgmental, aware, quiet mindfulness becomes possible. This may occur simply because of the calm, simple, focused, nonjudgmental, inclusive way the counselor or psychotherapist speaks and acts. It may flow from the practitioner employing questions and directives that ask for experiential responses. It also may require teaching the client how to be

mindful. Aspects of mindfulness such as orientation in the present, internal focus, contextual awareness, nonjudgmental self-observation, non-doing, and receptivity may be described, demonstrated, and practiced. It is also important to note that the counselor or psychotherapist needs to be in a state of inner and outer mindfulness in order to be fully present, able to track the client, and wisely serve his or her needs (Kurtz, 1990).

Evoke Experiences in Mindfulness. Hakomi returns again and again to the study of present experience because it faithfully leads to core material, the organizer of experience. Counselors and psychotherapists do this by tracking clients' present experience and listening for themes that want attention, and by offering ways to mindfully explore these experiences and themes. In addition to simply inviting mindful attention to what the client is presenting, specific types of interventions to evoke and/or deepen experience include little experiments, probes, and taking over (Eisman, 2000-2001; Kurtz, 1987), all of which can be considered experiments in awareness.

A little experiment is a way to set up a test of what happens inside a mindful client when there is an intentional input into the client's world that is somehow related to the client's core process. The experimental attitude that considers any result as valid helps insert a degree of detachment in the process of self-study, can reduce the effects of transference in the therapeutic relationship, and allows space for lightness and flexibility. A little experiment could come, for example, from a client's difficulty with eye contact. The client might experiment with noticing his or her responses to the counselor's looking at him or her, or looking away from him or her or to himself or herself, or slowly turning his or her eyes toward the counselor. He or she might then deepen into a memory, a sensation, a feeling, or see an image. Whatever happens is grist for the mill and an opportunity for further study (Kurtz, 1990).

A probe is a verbal or non-verbal experiment in awareness delivered by the counselor or psychotherapist when the client is in a mindful state. Its wording (e.g., “Your life belongs to you”) or form (e.g., a gentle touch on the arm) is based on evaluating the opposite of a limiting client belief, and is potentially nourishing (although it is not the primary intent of the probe to nourish). The intent is to be truthful, and to give the client’s unconscious the chance to either take in some important truth, or notice that he or she rejects what is offered, and then deepen curiosity into how and why it is rejected. It should be geared toward the particular client’s process, and is used to evoke further experiences worth studying.

Although probes are most effective if customized from observing body movement, gestures, posture, and listening to a client’s story, there are generic probes that relate directly to specific character strategies. For example, operating from one pattern described in Hakomi character theory—hypersensitive/withdrawn—makes it very difficult to believe the following statement: “You are safe here.” Upon hearing this probe, such a client may react strongly and immediately by shaking his or her head, crying, tightening up, freezing, or withdrawing into himself or herself more. Conversely, someone not stuck in this orientation, who at least feels safe in the counselor’s or psychotherapist’s office, would react differently, perhaps nodding, saying he or she agrees, and visibly relaxing. Whatever the response, it provides either an opportunity for conscious integration of an important truth, or material for deeper study (Kurtz, 1990).

The concept of taking over grew from the Taoist idea of supporting the natural flow of things, Feldenkrais’ application of physics to therapy, Pesso’s use of structures, and Kurtz’s experience of spontaneously supporting the arched back of a woman in a workshop instead of trying to collapse it in accordance with his previous training, and then feeling his assumptions about how to work with “defenses” transformed by her beneficial response. Taking over assumes

that supporting a client's defenses—which are the natural outcome of developmental struggles and serve as protection—rather than fighting them provides safety, a way of supporting what organically arises, and leads to deeper awareness without re-traumatizing the client. Taking over is based in the principles that respect organic wisdom. It incorporates the Taoist principle of mutual arising that says for every force there is a counterforce, namely automatic resistance to perceived pushing. Taking over frees the client from the work of managing or blocking some past painful experience, or from having to protect himself or herself from the associated feelings. It gives him or her the chance to safely experience the original event and focus deeply and singularly on its effects.

Taking over is also based on the physics of the signal to noise ratio. Lowering background noise allows a signal to be detected more clearly. If we think of core material as a signal we are trying to tune into, and our worries, tensions, anxieties, and confusions as the background noise that gets in the way, it is clear that we can either increase the signal (as in Gestalt commands to exaggerate) or lower the noise to access core material. Hakomi tends toward noise lowering, which is what taking over does. A counselor or psychotherapist takes over something that the client is actively doing consistently for himself or herself, like clenching his or her fist each time he or she talks about his or her spouse. Other experiences to take over might be chronic body posture, temporary body events or sensations, spontaneous gestures, familiar limiting thoughts, beliefs or inner voices, internal conflicts, or impulses or resistance to impulses. Taking over can be done verbally or nonverbally, and always includes client involvement in developing and permitting the experiment (Eisman, 2000-2001; Kurtz, 1990). *Access and Deepen.* Most clients' lives reflect all the categories of experience, with some clients favoring certain ways of experiencing life over others. Hakomi respects a client's natural ways of

being and doing while encouraging deepening toward core material. This deepening is sought because core beliefs, meanings, and images can be said to live “underneath” memories and emotions, which are thought of as underneath sensations and thoughts (Kurtz, 1990). A deepening spiral into core material might flow from thought (I hate my job), to sensation (My neck feels tense and my stomach hurts), to emotion (tears of sadness), to a memory (My father died when I was 10), to an image (I see my father sitting at his desk late at night, rubbing his neck; his hand looks bloodless), to meaning (My father’s job drained his life from him), to belief (I believe work will kill me, just like it killed my dad). The process of deepening varies, of course, depending on what and how the client presents himself or herself and his or her story, and may take numerous interconnected spirals and periods of sustaining and processing experiences.

The 3-Step Method of accessing meaning and facilitating the unfolding of experience is used over and over in a Hakomi session, functioning as ball-bearing that moves the process along. It typically engenders the spiraling process described above that can steer the client toward deeper meaning or, at the least, toward the continuation of “what wants to happen next.” The 3-Step Method directs the client to (1) notice the experience, (2) stay with/immerse himself or herself in the experience, and (3) study the experience (Eisman, 2000-2001).

Accessing phrases, that continually direct the client to stay with their experience, serve to maintain the inward spiral, increase focus and/or foster broadening of awareness, encourage a deeper felt sense of an experience, uncover meaning, and lead to further experience. Staying fully engaged in this process leads to delving deeper and deeper through the categories of experience until the core is reached, and a missing core experience and/or felt sense of inner resource is identified. Previously described techniques, such as little experiments, probes, and

taking over, as well as others, can all be used to access and deepen (Eisman, 2000-2001).

Process and Work at the Core. Powerful experiences happen when core material is reached.

There is a shift from thoughts, sensations, and feelings about the present to beliefs, memories, images, and holistically felt experiences that come from the past but are awakened in the moment. This is what a shaman might consider to be the creation level of existence. The actual felt sense of a limiting core belief as well as its transformation through integrating new experiences may occur. Shifts out of mindfulness into other altered states of consciousness such as the child state or the rapids are common. This is where deep character issues and the client's long held habits of self-protection may arise. Finally, a felt sense of wholeness, with no awareness of brokenness, may occur as a deep core experience, and may or may not come about from retracing history, accessing painful memories, or experiencing trance states.

The child state is a felt experience of being young and perceiving the world from a child's orientation. It can occur, for example, when the process has evoked a body memory of a childhood experience. Sometimes it is elusive and hard to maintain; sometimes it is very intense, vivid, and full-bodied. Working with a client in this state offers the chance to help complete unfinished childhood business and have important missing experiences, such as being really seen, or listened to, validated, or held. Because it is not really a child in the counseling or psychotherapist's office, but an adult with adult capacities, the child can tap into the adult strengths and resources (and vice versa), and integration of new insights becomes possible for the whole person (Kurtz, 1990).

Emotions arise regularly in Hakomi sessions because the work centers on deep pain and strongly held beliefs. Hakomi counselors and psychotherapists want emotional release to be therapeutic, not just cathartic, so they support the release of feelings and provide a safe

environment to express them in, but they do not force emotional expression. Any part of a client that wants to resist expressing feelings is accepted, and by this, counselors and psychotherapists offer a non-overwhelming, balanced way of working with emotions that allows inner study to continue. However, because supporting the resistance to expression can actually communicate safety and opportunity to the unconscious, there are times when chaotic and powerful emotions of grief, terror, or rage spontaneously and naturally explode. Their expression is then vital to the client's organicity, so Hakomi encourages counselors and psychotherapists to work differently when clients are "riding the rapids" of strong feelings than when they are in a mindful state. Kurtz suggests that, because these rapids are not compatible with mindfulness, when they occur the counselor or psychotherapist needs to fully support spontaneous behavior, let go of any attempt at self-study, and offer nourishing verbal or nonverbal contact. Return to mindful study may happen after the emotional release is complete (Kurtz, 1990).

Hakomi considers character strategies to be rooted in childhood missing experiences, and to be automatic and limiting responses to the world. There is a tendency for people to fixate on a few strategies in their everyday lives, the seeds of which show up when working at the core (Eisman, 2000-2001). Although overreliance on character theory can fly in the face of organicity, knowledge of Hakomi's particular slant on Freud's and Lowen's concepts can offer a counselor or psychotherapist additional resources when working at the core.

Core material is not all painful; it also includes the experience of deep aliveness and wholeness. This felt sense can come from processing painful experiences or from making choices connected to innate aliveness. It is here that the *R-CS* method dovetails with Hakomi by providing a map of the psyche and ways for the counselor or psychotherapist to facilitate the tapping of client aliveness and inner resources. By recognizing the degree to which he or she

feels fragmented internally and the extent of his or her longing to live differently, the client has the chance to tap into his or her innate aliveness and capacity for a fully empowered life. This energy of aliveness generally supports expansion, curiosity, existential responsibility, and truth, and provides a resource to combat fear. It is this aliveness that generates the capacity to reject limiting trances, and that, combined with clear intention and action, can lead to the Organic Self moving back in charge of the whole person, rather than the assumed adult staying mired in the trance of brokenness (Eisman, 2000-2001). As a counselor or psychotherapist, working at a client's psychic core requires managing interrelated and complex variables, yet has the potential of bringing about transformational life change.

Transform, Integrate, and Complete: Transformation in a Hakomi sense is reorganization that comes when the inner resources of the self are bigger than the woundedness. From the R-CS perspective, transformation can occur when aware aliveness generates the capacity to reject limiting trances. Transformation happens in both ways, and is both an event and a process. The event may happen in a session as working at the psychic core results in clarity about something important. It is not necessarily dramatic, although it may be accompanied with awe, joy, relief, relaxation, or strong emotions. The event is not the end; in order for real change to happen, newly realized truths need integration and nurturing both in the session and over time (Eisman, 2000-2001; Kurtz, 1990).

It is not the counselor's or psychotherapist's responsibility to force change or insist on transformation. He or she is called to trust the client's organicity and to create an experiential context where change has a chance. When the client's inner resources seem big enough to tip the balance toward a new belief, Hakomi counselors and psychotherapists follow the same process of experimentation that is used over and over at all stages of therapeutic work. An experiment is

offered that, for example, allows the client to experience the opposite of the old belief, get unexpected permission or support, have a reality check that supports the new belief, or have a missing experience. If the experiment produces an “Aha!” response on some experiential level, the counselor or psychotherapist tracks it and works to help the client stabilize the growing new belief. This requires time to anchor the new truth and to consider and work with any life challenges around the new belief. If the experiment meets resistance, the counselor or psychotherapist needs to help the client study and work with that, not push a client who is not fully ready to change beliefs. Techniques used at this stage include savoring, stitching (tying elements together), practicing new beliefs, discussion, fantasy/imagery, anchoring (reinforcing a felt sense), storytelling, rituals or ceremonies, and suggesting homework (Eisman, 2000-2001).

Sessions often have a natural flow from ordinary consciousness to non-ordinary consciousness—from studying to processing to transformation to integration—and then back to ordinary consciousness (Kurtz, 1990). The term completion in Hakomi refers to resolution of issues, ending counseling or psychotherapy sessions, and terminating counseling or psychotherapy. Because Hakomi operates in a paradigm that does not look for “cures,” completion is seen in a “for now” context. Although the point of counseling and psychotherapy is to eliminate its need in the long term, a person’s life is an ongoing evolution with needs that ebb and flow throughout his or her life-span (Eisman, 2000-2001).

Brief Intervention Strategies

Hakomi is a modality that lends itself naturally to a deep AND a brief approach, primarily due to its use of mindfulness, its non-violent orientation and its efficiency. Its here and now orientation integrates developmental issues without requiring a detailed exploration of the past, yet can result in transformation of lifelong wounds within a few sessions. Its valuing of the in-the-

moment therapeutic relationship and its emphasis on self-study in mindfulness allows immediate and direct processing of both conscious and unconscious material in a way that accesses the very core of presenting problems. Similar to Depth-Oriented Brief Therapy (Ecker & Hulley, 1996), an approach that grew from a depth orientation and desire to respond to the needs of the managed care environment, Hakomi offers a technology that can be customized to specific diagnostic needs and that allows for a specificity of focus which is often required within today's pragmatic therapeutic climate. Hakomi, through its emphasis on getting quickly to the root of the problem by its use of mindfulness, as well as its goal of facilitating an "experiential shift" (Ecker & Hulley, 1996), aligns comfortably with a brief therapy change model.

All of the techniques described in the preceding section can be used within a brief context.

Choice of experiments may be more limited within managed care environments given dynamics around physical touch. However, working with experiments that evoke imagination and memory can be equally as powerful. The use of mindfulness to study presenting problems, client symptoms, and attitude toward change is a fundamentally sound clinical intervention strategy, as long as it is accompanied by grounding in the Hakomi principles and the clinician has adequate related training.

Clients with Serious Mental Disorders

Before using Hakomi techniques with clients who exhibit symptoms of specific mental health disorders, assessing the clinical nature and severity of the client's wounding is important, as is mapping the goals, treatment options, timeframe, medication and medical assessment needs, adjunct services, and prognosis with or without the application of Hakomi. Seligman's (2004) 12-step process offers non-medical practitioners detailed plans for treatment that support

working in collaboration with medical/psychiatric professionals and suggest the most appropriate treatment interventions to use with specific diagnoses.

Eisman's (2005) treatment assessment paradigm offers a framework that outlines three major kinds of client woundedness (neurological, fragmented states of consciousness, and derivative experiential content), two major sources of that woundedness (missing experiences and violations), and treatment approaches that address the actual need and nature of specific client wounding. Hakomi interventions can address all three types of woundedness, working especially well with core issues that derive from developmental and other life experiences, as well as treatment of neurologically based attachment issues, through fostering a "mindful relationship with a secure other" (Eisman, 2005, p. 49). Hakomi, in conjunction with *R-CS*, works well with experiences of fragmentation of consciousness. Eisman's assessment template allows clinicians to differentiate between trauma based wounding, when a modality such as sensorimotor processing is most appropriate, and developmental or existential wounding, when Hakomi and *R-CS* are appropriate.

Numerous body-centered clinicians in the US and Europe are increasingly publishing their findings and experiences in the treatment of specific disorders. New literature includes applying Hakomi and other somatic approaches to depression (Tonella, 2005), narcissistic personality disorder (Thielen, 2005), trauma recovery (Ogden, 2005), eating disorders (Goetz-Kuhne, 2005), and psychosis (Tonella, 2005). Within the articles of the *Hakomi Forum* to date there are reports of using Hakomi methods with eating disorders (Moyer, 1986, Vol. 4), psychotic jail inmates (Whitehead, 1992, Vol. 9), multiple-personalities (Dall, 1995, Vol. 11), as well as Johanson and Taylor's (1988b) report of working with seriously emotionally disturbed adolescents. Reading these findings is a must before using Hakomi to treat any severe mental health conditions.

Clients seeking Hakomi counseling and psychotherapy exhibit a wide range of presenting diagnoses and therapeutic needs. Hakomi in pure form is appropriate for a number of neurotic conditions where clients take responsibility for their part in their condition. However, with clients with personality disorders, defined as those who project blame and responsibility on the world around them, forms of pre-therapy counseling in ordinary consciousness are required. Those with psychotic disorders need structure building techniques to establish self-other boundaries, which can be done within the context of Hakomi principles. Clients with psychotic symptoms or other severe disturbances need psychiatric consultation and support if the Hakomi practitioner is not a psychiatrist him or herself. Typical Hakomi clients include children, adolescents, adults, couples, and families, and are usually seen in private practices in the United States, and in both private practice and counseling and psychotherapy centers and clinics in Europe (Schulmeister, 2000).

Cross Cultural Considerations

Following are three categories of cross cultural competencies approved by the Association for Multicultural Counseling and Development: (1) counselor awareness of individual cultural values and biases, (2) counselor awareness of the client's world view, and (3) culturally appropriate intervention strategies. Hakomi is well suited to any inclusive paradigm that assumes the counselor's personhood and self-awareness as a cultural being is the starting point for a cross culturally sensitive therapeutic relationship. The "beingness" of the therapist dramatically influences the outcome of working in a cross cultural context. Awareness of the "other" is equally as important as self-awareness. Hakomi recognizes that observing and tracking the client can lead to understanding the client's phenomenological world and that no real helping can happen without true understanding of and empathy with the client. And, certainly, Hakomi is

based in the assumption that no intervention should be undertaken unless it is clearly appropriate based on accurate connecting with and respect for the client's conscious and unconscious worlds. Some aspects of Hakomi that require careful intentionality in a cross cultural context include physical touch, use of altered states such as mindfulness, and the basic orientation toward an individual self separate from a community context. (See the case study on Jonathan for consideration of these areas.) It is important to note, however, that some cultures and co-cultures may actually be more open to aspects of Hakomi, such as use of physical touch in an experimental way, because of non-mainstream perceptions around the body and touch. What is important is for counselors and psychotherapists to be cross-culturally aware in both general process and specific content terms.

Evaluation

Overview

Hakomi has contributed significantly to the field of psychotherapy and counseling. Foremost among these contributions is its use of mindfulness for experiential self-study. Although it has much in common with other experiential, person-centered, and systems-oriented approaches, it has succeeded in a unique integration of a number of elements. This integration results in an efficient modality that is appropriate for a wide range of clients. The specific interconnected elements (Kurtz, 2000) include the following.

1. the mindful study of experience
2. the reliance on experimentation and non-violence
3. the creation of a clear and direct relationship to the unconscious while maintaining connection to the conscious mind
4. a systems approach to the person, his or her world, and the process

5. the development of a partnership-oriented therapeutic relationship
6. the emphasis on insight over catharsis, and nourishment over suffering
7. the nonjudgmental framing of “defenses” as the habitual management of experience

Supporting Research

In Europe, body-psychotherapy is a scientifically validated branch of mainstream psychotherapy. In 2000, the Hakomi Institute of Europe submitted evidence to and received validation from the European Association for Body-Psychotherapy (EABP) in support of Hakomi’s inclusion within this framework. Criteria included evidence of theoretical coherence, clarity and organization, research and client assessment capacity, explicit relationship between methods and results, broad treatment applicability, and peer review (Schulmeister, 2000).

A major contribution to the body-centered psychology field is the Handbook of Body-Psychotherapy (Marlock & Weiss, 2005), recently published in German. Also, much of the new brain (Lewis, Amini, & Lannon, 2000), attachment (Shore, 1994; Kaplan & Schwartz, 2005), and trauma (Odgen, 2005; Van der Kolk, et al, 1996) research strongly supports approaches that take advantage of the effects of limbic resonance, the need for safe and secure attachments, and the interconnectedness of mind, heart, spirit, and body.

Research and evaluation methods of conventional therapies are congruent with Hakomi. For example, Carl Rogers’ use of session taping as a means of evaluation has been a standard tool of Hakomi counselors and psychotherapists since the Institute’s inception, and is often used in counselor and psychotherapist certification. In addition, Hakomi professionals contribute regularly to the thinking in the field. Over the last 20 years, the Hakomi Forum has published scores of articles by both Hakomi practitioners and aligned professionals on topics related to the theory, techniques, and application of Hakomi and body-centered psychotherapy.

Limitations

Hakomi is a form of psychotherapy whose implementation does benefit from a certain clinical maturity and psychological sophistication and clinicians need significant training to become proficient in it. The Hakomi Institute and its affiliates have succeeded in formalizing, standardizing, and teaching the theory and techniques of Hakomi in a way that meets professional and adult learning needs and turns out skilled practitioner and reaches a wide domestic and international counselor or psychotherapist audience. However, the pedagogical emphasis of performance over seat time means that getting certified in Hakomi requires a firm commitment to personal and professional development and a broad range of fundamental Hakomi skills. As a result of recent Institute review of issues around Hakomi certification, a more defined process now exists for certification phase students. There are currently only about 350 certified Hakomi therapists in the United States, Canada, New Zealand, Australia, Japan, Germany, Austria, Switzerland, Italy, and Great Britain.

As it has developed, Hakomi has grown into and has grown out of itself and has stayed true to its open and inclusive nature. Gaps in or opportunities to improve methodology or theory have regularly surfaced, and Hakomi has either reorganized itself or given rise to new modalities. The method has not always worked well with all clients, especially those who are severely traumatized or who frequently dissociate (Ogden, 1997). As Ogden identified the need to hone classic Hakomi in a way that served traumatized clients, Sensorimotor Psychotherapy was developed. Another master Hakomi therapist, Eisman, also on the ground level of launching Hakomi, used his 20-year practice with hundreds of non-psychotic Hakomi clients to define a phenomenon not clearly delineated in Hakomi theory. His clients exhibited inner fragmentation as well as the capacity to shift into a state of wholeness. From this client-reported, persistent

evidence, the complementary *Re-Creation of the Self (R-CS)* was born, which resulted in an alternative model and methodology of self-transformation. Another method used by counselors and psychotherapists to address this same limitation in Hakomi's model of the self is Richard Schwartz's Internal Family Systems Therapy (IFS). IFS grew out of family systems theory and posits the existence in each person of a core Self and internal parts. IFS works to reduce polarization of these parts and to increase inner harmony and what Schwarz calls "Self-leadership" (Schwartz, 1995).

It has been about 16 years since the publication of Kurtz's seminal Hakomi text. As of the writing of this chapter, he continues to offer in-person sessions, teach, write, and explore Buddhism, the development of the mind, the new research on the brain and its connection to affect regulation, attachment theory, sociobiology, and what it means to be human (<http://www.ronkurtz.com>). His work reflects his ongoing exploration and expands as his thinking evolves. For an excellent outline of Kurtz's current framing of Hakomi, see the article, "Hakomi Simplified 2004: A New View of Ron Kurtz's Mindfulness-Based Psychotherapy." (Keller, 2005) Additionally, although Hakomi as practiced, taught, and elaborated on by Hakomi Institute trainers throughout the United States and Canada is reflected in this chapter, as a result of its responsiveness to cultural context and trainer uniqueness, it continues to evolve (<http://www.hakomiinstitute.com>).

Summary Chart—Hakomi Body-Centered Psychotherapy

Human Nature

Hakomi believes in the innate wholeness and interconnectedness of individuals, each a complex self-organizing system that can self-heal. Although early childhood strongly affects psychological development, psychological limitations have many causes, and each person has

the capacity to create his or her own life. Past experience does inform personality, but each of us is constantly unfolding in a unique way. Increased mindful self-study can lead to increased awareness and self reorganization.

Major Constructs

Hakomi is grounded in the precept that experience is organized and has meaning. Core organizers—memories, images, beliefs—lie buried deep in our psyches and rule our lives until we wake up to their meaning and influence and transform our relationship to them. The foundational principles of Hakomi are more important than any technique. They are unity (everything is connected), organicity (organisms self-regulate), mindfulness (nonjudgmental self-observation increases awareness), nonviolence (going with the grain honors natural unfolding), mind-body holism (mind and body affect each other unpredictably), truth (be honest; seek Truth), and mutability (change will happen). The healing relationship needs to be partnership-oriented and is the safe container where change can happen.

Goals

1. Provide a safe context to do transformative work.
2. Increase communication between mind and body, conscious and unconscious.
3. Facilitate the unfolding of the client's experience toward core material.
4. Offer therapeutic missing experiences.
5. Support the reorganization of the self, the stepping out of limiting trances, and transformation.

Change Process

Change will happen, but for healthy change, individuals need to be courageous and vulnerable, take risks, feel safe, and experience a loving therapeutic relationship. People live and change in

the present, so interventions need to be present-oriented. Change comes when inner resources are greater than inner pain.

Interventions

All interventions are done with an experimental attitude that is open and curious and that seeks the unfolding of experience as well as the gathering of information. The managing of the process and of client consciousness keeps the state of consciousness appropriate to what wants and needs to happen. Establishing a healing relationship comes from making meaningful client contact and tracking client experience. Helping the client turn inward comes from teaching mindfulness.

Mindfulness allows accessing and deepening into core material, where processing can happen.

Accessing and processing techniques include little experiments, probes, and taking over.

Processing at the core and transformation can involve the child state, the rapids, character issues, missing experiences, and experiences of aliveness. Integration and completion can include savoring, practicing, imagining, role playing, and homework.

Limitations

1. More empirical research studies are needed.
2. Certification requires significant post-graduate training.
3. The method continues to evolve and so can be a challenge to quantify.
4. The method does not work for all clients, especially those who cannot attain a state of mindfulness or who frequently dissociate.

The Case of Jonathan: *A Hakomi Approach*

Because Hakomi interventions are based on experience that wants to happen in the moment, specific case planning is always hypothetical. Furthermore, Hakomi does not use a conventional diagnostic, cure-oriented approach to counseling and psychotherapy. Rather, it views clients as always on their own paths—not as broken beings who need fixing. However, working effectively with Jonathan requires considering a number of issues. A counselor or psychotherapist needs to

assess his or her own awareness of the Navaho culture, consider Jonathan's sense of himself as a cultural being, and look at his or her own cultural self-awareness. He or she needs to be able to work outside the dominant cultural paradigm in shepherding the counseling and psychotherapy process, looking, for example, at such factors as his or her beliefs regarding the standard 50-minute hour, his or her assumptions about individual versus group identity, and his or her expectations regarding counseling and psychotherapy goals. Moreover, the counselor or psychotherapist needs to take the following into consideration.

- Jonathan's tribal roots are healthy, deep, and available.
- The Navaho culture is matrilineal, and, like other Native American tribes, organized around the responsibility to (and interdependence of) family and community, balance of opposites in the "world of shadows" (Hall, 2001), and the importance in life of wisdom and spiritual awareness.
- Indigenous cultures often see psychological, physical, family, social, and spiritual problems as interconnected. Their worldviews are holistic and organismic.
- Native American men may hesitate to express deep emotions or disclose private material, except in specially framed grieving or spiritual contexts.
- The Navaho respect healers.

Jonathan's World

As a member of the Navaho nation, a vital and large Native American tribe (Utter, 1993), and as a human being with varied life experiences, Jonathan is a man rich in inner and outer resources, with a unique and community-connected life purpose. He has managed his life based on his degree of connection with these inner and outer resources. His heritage, experiences, choices, and the larger environment have contributed to his current state of being.

It is apparent from his life-story that he values his Navaho culture and formal education, loves his immediate and extended families, and functions responsibly as a provider. Furthermore, he is able to consider and describe his own experience, recognizes connections between his feelings and his circumstances, pays attention to dream messages, is intelligent, and is able to self-critique. We can also infer that he feels trapped, afraid, angry, misunderstood, undervalued, unsuccessful, lacking in power, alienated from the “white man’s world” and his own tribe, discriminated against, and deeply guilty about his brother’s death. He is a complex man, as are all humans.

His life-story speaks of fragmentation and separation from his personal, community, and, perhaps, spiritual roots, as well as of bouts of self-medication with alcohol. Although he clearly longs for success in relationships, he believes he and his actions are never quite good enough for his brother, his wives, his boss, his children, his extended family, or his tribe. He persists in being a seeker of answers, even though he repeatedly leaves and returns to marriage and the reservation without finding answers that satisfy him. He hears his dreams, as they speak to him of his journey and frustration at not having the power to direct his life.

Congruence with Hakomi

Hakomi has much that lends itself to working effectively with Jonathan. The emphasis on relationship is, of course, primary. The principles of unity, organicity, non-violence, mindfulness, and mind-body holism are congruent with tribal values of interconnectedness and relationship, balance of opposites, seeking wisdom and spiritual awareness, spirit-mind-body interconnectedness, and responsibility to the whole. The idea that responsibility to the community and the family is greater than responsibility to the self is also congruent with Hakomi. The principle of organicity recognizes that wholes are made up of parts, and healing

interventions done anywhere in the system affect the whole and each of the parts. Consequently, serving the community helps the individual (and vice versa).

The fact that Hakomi's main goal is uncovering information, not expressing emotions, also indicates congruence. Too much talk and emotional disclosing can go against the Navaho cultural norm and may not be seen as useful or appropriate. Thus, the centrality in Hakomi of being in experience to gain insight—not necessarily in the form of spoken words, but possibly through a felt sense, or a vision, or an inner voice—may be more acceptable, as this insight can lead to wisdom that serves the family and community.

Establishing a Therapeutic Relationship

Knowing as much about Jonathan's world as we do from the case description, the counselor or psychotherapist can immediately focus on establishing a therapeutic relationship through building trust and creating a "container" that helps Jonathan feel comfortable, valued, hopeful, and empowered. This involves listening to and honoring his story, as well as demonstrating patience, collaboration, respect, curiosity, integrity, acceptance, empathy, and awareness.

Carefully tracking his experience in the session and contacting it in ways that show understanding and intuition can help build trust.

Mindfulness, Accessing, Processing

If congruent with Jonathan's beliefs, mindfulness can be re-framed as a way to gain knowledge by tapping into the dreamtime world of resources—of allies, personal memories, and tribal wisdom. The purpose, then, can become less centered on individual awareness as the presumptive counseling or psychotherapy goal, and more on community hopes and needs and Jonathan's connection to them. Mindfulness can also be presented as a way to identify and listen to important body language and messages, taking care to respect his cultural boundaries around

physical contact. Using mindfulness to explore the interconnection in Jonathan's life of his body, mind, spirit, and community would honor his ongoing attempts to seek answers, while providing a life-affirming, trustworthy method.

The melding of present and past can occur in mindfulness and be therapeutic, an experience naturally congruent with a non-linear worldview. In a shaman's world, intervening today can change yesterday and tomorrow. This could be relevant in working with Jonathan's guilt about his brother. When the time is right, the counselor or psychotherapist might use an experiment that has Jonathan mindfully respond to a probe such as "It's not your fault that your brother died" to evoke Jonathan's experience of himself as a 16-year-old, horrified and filled with guilt over his brother's death. He or she might then invite Jonathan to witness this 16-year-old from the eyes and heart of his wise adult self, or another wise ally or elder. This could provide a missing experience of compassion and understanding, and allow self-forgiveness for the 16-year-old Jonathan, thereby shifting his sense of himself as responsible for his brother's death. He may also be able to align with spiritual resources in this self-forgiveness process. Jonathan's use of alcohol, the anger that precedes it, and his pattern of quitting school, marriages, and life on the reservation, only to return to them, can also be studied mindfully, processed respectfully, and put in a larger perspective. Using mindfulness interspersed with a sharing of stories, issues of acceptance and alienation, being and producing, racism and power, the connection of anger and grief to each other and to alcohol use, fears about harming himself or others, and other life-limiting or life-enhancing possibilities can arise and be explored. To honor the dream message coming to him, Jonathan's dream can be explored through the technique of mindful dream re-entry—not analysis. The purpose would be to identify the dream people and dream elements and his relationship to them all; to help Jonathan—in an awake mindful dream

state—to ask for and access the help that he needs to follow his inclinations; and then—again, in a mindful dream state—to act and respond to the results of his actions.

Integrating, Completing

Finally, work with Jonathan needs to involve helping him integrate non-limiting beliefs and empowering ways of being, acting, and connecting into his life. One task would be to consciously tie insights from the missing experience around his brother's death, his dream journey, and from other experiments in mindfulness to his everyday life. Another would be to encourage him to do reality checks with people in his life, and then explore their responses in sessions. These checks might be with his extended family concerning their belief about his innocence or guilt in his brother's death, with his wife and children regarding their sense of him as a husband and father, and with tribal elders about his value and purpose as a Navaho tribal member.

References

- Alexander, F. M. (1974). *The resurrection of the body*. New York: Dell Publishing Company.
- Almaas, A. H. (1988). *The pearl beyond price: Integrating of personality into being: An object relations approach*. Berkeley, CA: Diamond Books.
- Aron, L. (1998b). The clinical body and the reflexive mind. In Aron, Lewis and Frances Sommer Anderson, eds. (1998). *Relational perspectives on the body*. Hillsdale, NJ: The Analytic Press.
- Batchelor, S. (1997). *Buddhism without beliefs: A contemporary guide to awakening*. New York: Riverhead Books.
- Bateson, G. (1979). *Mind and nature: A necessary unity*. New York: E. P. Dutton.
- Boadella, D. (1987). *Wilhelm Reich: The evolution of his work*. Boston, MA: Arkana.
- Brantley, J. (2003). *Calming your anxious mind: How mindfulness and compassion can free you from anxiety, fear, and panic*. Oakland, CA: New Harbinger Publications, Inc.
- Caldwell, C. (1997). *Getting in touch: The guide to new body-centered therapies*. Wheaton, IL.: Theosophical Publishing House.
- Capra, F. (1982). *The turning point: Science, society and the rising culture*. New York: Simon & Schuster, Inc.

- Corsini, R. J. (2001). *Handbook of innovative therapy* (2nd ed.) New York: John Wiley & Sons.
- Cozolino, L. J. (2002). *The Neuroscience of Psychotherapy: Building and Rebuilding the Human Brain*. New York: W. W. Norton & Co.
- Dall, M. (1995). Dancing in Neverland: Hakomi therapy from a client's perspective. *Hakomi Forum* Vol. 11 (1995):37-40.
- Ecker, B. & Hulley, L. (1996). *Depth oriented brief therapy: How to be brief when you were trained to be deep—and vice versa*. San Francisco, CA: Jossey-Bass Inc.
- Eisman, J. (2005). Categories of psychological wounding, neural patterns, and treatment approaches." *Hakomi Forum* Vol. 14-15 Summer (2005):43-50.
- Eisman, J. (2000-2001). *The Hakomi method and re-creation of the self: Professional Training*. (Available from the Hakomi Institute of Oregon, 6836 HWY 66, Ashland, OR 97520)
- Eisman, J. (1995). *The re-creation of the self*. Manuscript submitted for publication.
- Eisman, J. (1987). Character typologies. In R. Kurtz (Ed.), *Hakomi therapy* (pp. 19/1-19/14). (Available from the Hakomi Institute, PO Box 1873, Boulder, CO 80306)
- Erickson, M. H. & Rossi, E. S. (1976). *Hypnotic realities*. New York: Irvington Publishers, Inc.
- Espin, O. M., & Gawelek, M. A. (1992). Women's diversity: Ethnicity, race, class, and gender in theories of feminist psychology. In L. S. Brown & M. Ballou (Eds.), *Personality and psychopathology: Feminist reappraisals* (pp. 88-107). New York: Guilford.
- Fisher, Rob. (2002) *Experiential psychotherapy with couples: A guide for the creative pragmatist*. Phoenix, AZ: Zeig, Tucker & Theisen, Inc.
- Feldenkrais, M. (1972). *Awareness through movement: Health exercises for personal growth*. New York: Harper & Row Publishers.
- Frattaroli, E. (2001). *Healing the soul in the age of the brain: Why medication isn't enough*. New York: Penguin Books.
- Freud, S. (1955). *The interpretation of dreams*. New York: Basic Books.
- Germer, C. K., Siegel, R. D., and Fulton, P. R., Eds. (2005). *Mindfulness and psychotherapy*. New York: The Guilford Press.
- Goetz-Kuhne, C. (2005). The role of body-psychotherapy in the treatment of eating disorders." In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005.
- Halifax, J. (1979). *Shamanic voices: A survey of visionary narratives*. New York: E. P. Dutton.
- Hammerschlag, C.A. (1988). *The dancing healers: A doctor's journey of healing with Native Americans*. New York: Harper Collins Publishers.
- Harner, M. (1980). *The way of the shaman: A guide to power and healing*. New York: Harper & Row, Publishers, Inc.
- Hayes, C. H., Follette, V. M., and Linehan, M. M. (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York: The Guilford Press.
- Hazler, J. H. (1999). Person-centered theory. In D. Capuzzi & D. Gross (Eds.), *Counseling*

& *psychotherapy: Theories & interventions* (pp. 179-201). Upper Saddle River, NJ: Prentice Hall, Inc.

- Hendricks, G., & Hendricks, K. (1993). *At the speed of life: A new approach to personal change through body-centered therapy*. New York: Bantam.
- Johanson, G. (2005). The organization of experience: A systems perspective on the relation of body psychotherapies to the wider field of psychotherapy." In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005.
- Johanson, G. (1999). Making grace specific. Ph.D. diss. Drew University, Madison, NJ. (UMI Microform 9949072).
- Johanson, G. (1996). The birth and death of meaning: Selective implications of linguistics for psychotherapy." *Hakomi Forum* No. 12 Summer.
- Johanson, G. (1988). A curious form of therapy: Hakomi." *Hakomi Forum* Vol. 6 (1988):18-31.
- Johanson, G. (1987). Forward. In R. Kurtz, *Hakomi therapy* (pp. i-vii). [Available from the Hakomi Institute, PO Box 1873, Boulder, CO 80306]
- Johanson, G., & Kurtz, R. (1991). *Grace unfolding: Psychotherapy in the spirit of the Tao-te-ching*. New York: Bell Tower.
- Johanson, G and Taylor, C. (1988b). Hakomi therapy with seriously emotionally disturbed adolescents. In Charles E. Schaefer, Ed. *Innovative interventions in child and adolescent therapy*. New York: John Wiley & Sons.
- Jordan, J. V., & Surrey, J. L. (1986). The self-in-relation: Empathy and the mother-daughter relationship. In T. Bernay & D. W. Ballou, (Eds.), *The psychology of today's women: New psychoanalytical visions* (pp. 81-104). Hillsdale, NJ: Analytic Press.
- Kaplan, A. & Schwartz, L. (2005). Issues of attachment and sexuality: Case studies from a clinical research study." *Hakomi Forum* Issue 14-15, Summer 2005: 19-31.
- Keleman, S. (1985). *Emotional anatomy: The structure of experience*. Berkeley, CA: Center Press.
- Keller, R. (2005). Hakomi simplified 2004: A new view of Ron Kurtz's mindfulness-based psychotherapy." *Hakomi Forum* Issue 14-15, Summer 2005:5-18
- Kurtz, R. (2005). Mindfulness-based self-study. *Hakomi Forum* Issue 14-15, Summer 2005:1-3.
- Kurtz, R. (2000). *Highlights from a four-day advanced seminar: Melbourne, Australia*. [Available from Rosemary McIndoe, 395 Station St., North Carlton, Victoria, Australia. 3054.]
- Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi method*. Mendocino, CA: LifeRhythm
- Kurtz, R. (1987). *Hakomi therapy*. [Available from the Hakomi Institute, PO Box 1873, Boulder, CO 80306]
- Kurtz, R. & Presteria, H. (1976). *The body reveals*. New York: Harper & Row.
- Lewis, T., Amini, F., & Lannon, R. (2000). *A general theory of love*. New York: Vintage Books.
- Linehan, M. (1993). *Skills training manual for treating borderline personality disorder*. New York: Guilford.
- Loew, T. & Tritt, K. (2005). Empirical research in body-psychotherapy." In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005.

- Lowen, A. (1976). *Bioenergetics*. New York: Penguin Books, Inc.
- Mahoney, M. J. (2003). *Constructive psychotherapy: A practical guide*. New York: The Guilford Press.
- Marlock, G. and Weiss, H, Eds. (2005). *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005.
- Mindell, A., & Mindell, A. (1997). Dreams and the dreaming body. In C. Caldwell (Ed.), *Getting in touch: The guide to new body-centered therapies* (pp.61-70). Wheaton, IL: Theosophical Publishing House.
- Mindell, A. (1982). *Dreambody: The body's role in revealing the self*. Boston, MA: Sigo Press.
- Morgan, M. (2004). *Born to love: Hakomi psychotherapy and attachment theory*. New Zealand: Hakomi Institute.
- Moyer, L. (2002). The context for Hakomi in the treatment of eating disorders.” *Hakomi Forum* Vol. 4 Summer (1986):33-41.
- Ogden, P. (2005). Sensorimotor processing for traumatic recovery.” In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005.
- Ogden, P. (1997). Hakomi integrated somatics: Hands on psychotherapy. In C. Caldwell (Ed.), *Getting in touch: The guide to new body-centered therapies* (pp.153-178). Wheaton, IL: Theosophical Publishing House.
- Ogden, P., & Minton, K. (2001). Sensorimotor psychotherapy: One method for processing traumatic memory. *Traumatology* (Vol. VI, Issue 3, Art. 3) [Online]. Available: www.fsu.edu/~trauma/v6i3/v6i3a3.html
- Perls, M., Hefferline, R., & Goodman, P. (1977). *Gestalt therapy*. New York: Bantam Books, Inc.
- Perry, B., Pollard, R., Blakley, T., Baker, W., & Vigilante, D. (1996). Childhood trauma, the neurobiology of adaptation and use-dependent development of the brain: How states become traits.” *Infant Medical Health Journal*.
- Pesso, A. (1997). PBSP—Pesso Boyden system psychomotor. In C. Caldwell (Ed.) *Getting in touch: The guide to new body-centered therapies* (pp. 117-152). Wheaton, IL: Theosophical Publishing House.
- Pierrakos, J. C. (1987). *Core energetics*. Mendocino, CA: LifeRythm.
- Rand, M. & Fewster, G. (1997). Self, boundaries, and containment: Integrative body psychotherapy.** In C. Caldwell (Ed.), *Getting in touch: A guide to the new body psychotherapies* (pp. 71-88). Wheaton, IL: Theosophical Publishing House.
- Reich, W. (1974). *Character analysis*. New York: Touchstone Books, Simon & Schuster, Inc.
- Rolf, I. (1978). *Rolfing: The integration of human structures*. New York: Barnes and Noble Books.
- Rosenberg, J., Rand, M. & Asay, D. (1985). *Body, self, and soul: Sustaining integration*. Atlanta, GA: Humanics.
- Satir, V. (1983). *Conjoint family therapy* (3rd ed.). Palo Alto, CA: Science & Behavior Books.

- Schanzer, L. (1990). Does meditation-relaxation potentiate psychotherapy?" Psy.D.
- Schulmeister, M. (2000). *Hakomi Institute of Europe's answers to the EAP's 15 questions about scientific validation of body-psychotherapy*. [Online]. Available: http://www.eabp.org/scient_validity_hakomi.html
- Schwartz, R. C. (1995). *Internal family systems*. New York: The Guilford Press
- Seligman, L. (2004). *Selecting effective treatments: A comprehensive, systemic guide to treating mental disorders, Revised Edition*. John Wiley & Sons, Inc.
- Shore, A. (1994). *Affect regulation and the origin of the self: the neurobiology of emotional development*. Hillsdale, NJ: Erlbaum.
- Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York: The Guilford Press.
- Siegel, D. J. and Hartzell, M. (2003). *Parenting from the inside out*. New York: Jeremy P. Tarcher, 2003.
- Smith, E. (1985). *The body in psychotherapy*. Jefferson, NC: McFarland & Company.
- Stern, D. N. (1985). *The interpersonal world of the infant*. New York: Basic Books.
- Stolorow, R. D., Brandchaft, B. & Atwood G. E. (1987). *Psychoanalytic treatment: An intersubjective approach*. Hillsdale: The Analytic Press.
- Thielen, M. (2005). Body-psychotherapy and the narcissistic personality disorder." In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005.
- Tonella, G. (2005). Oral depression. In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005.
- Tonella, G. (2005). Body-psychotherapy and psychosis." In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005.
- Trungpa, C. (1983). Becoming a full human being. In J. Welwood (Ed.), *Awakening the heart: East/West approaches to psychotherapy and the healing relationship* (pp. 126-131). Boulder, CO: Shambala.
- Van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (Eds.). (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford.
- Wolinsky, S. (1991). *Trances people live*. Falls Village, CT: The Bramble Co.
- Whitehead, T. (1995). Boundaries and psychotherapy Part II: Healing damaged boundaries. *Hakomi Forum* Vol. 11 pp.27-36.
- Whitehead, T. (1994). Boundaries and psychotherapy Part I: Boundary distortion and its consequences. *Hakomi Forum* Vol. 10 Fall pp.7-16.
- Whitehead, T. (1992). Hakomi in jail: A programmatic application with groups of psychotic, disruptive jail inmates. *Hakomi Forum* Vol. 9 Winter (1992):7-14.
- Wilber, K. (1977). *Spectrum of consciousness*. Boulder, CO: Shambala.
- Yalom, I. D. (2002). *The gift of therapy*. New York: HarperCollins.

