

Body-Centered Counseling and Psychotherapy

Donna M. Roy MS, CHT

Portland State University

Background

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)

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 and that is less reductionistic than the classical Aristotelian worldview, which emphasizes the breaking down of the whole into parts in order to identify, isolate, and manipulate (Kurtz, 1987; 1990). Somatic psychotherapies may complement, integrate, and sometimes diverge from conventional methods and may overlap with expressive and transpersonal work.

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; Pessio, 1997).

This chapter, while presenting an overview of selected somatic counseling or psychotherapy methods, will highlight **Hakomi Body-Centered Psychotherapy**, developed by Ron Kurtz (1987, 1990, 2000), and introduce aspects of six related body-centered modalities, including one often integrated into Hakomi practice. 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, Japan, and parts of Asia.

The 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 mindfulness—a non-reactive self-observation of internal experiences—is central to the Buddhist path. In a similar way, somatic counseling or psychotherapy (and other current therapies such as Dialectic Behavior Therapy and Mindfulness-Based Cognitive Therapy. See Hayes, Follette, and Linehan, 2004 and Germer, Siegel, and Fulton, 2005) recognize the value of developing non-judgmental self-observation capacities and related self-reflection skills (Kurtz, 1990, 2005; Brantley, 2003; Fisher, 2003; Ecker & Hulley, 1996; Linehan, 1993). The **sciences of complexity and living organic systems** have shown elements that human systems have in common with the rest of the material world. (Bateson, 1979, Jantch, 1980, Maturana & Varela, 1992, Prigogine & Stengers, 1884, Waldrop, 1992, Wilber, 1995:32-78,)

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. All things are connected. 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**, a long-time colleague of Freud's (Boadella, 1987), related neurotic symptoms to currents of energy in the body and was the first to connect the discharge of energy—catharsis—with analysis. **Georg Groddeck**, also practicing during Freud's time, recognized that physical illness and psychological states were related. He pioneered the combined use of diet, massage, and psychoanalysis. **Sandor Ferenczi**, another of Freud's peers, 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 had his clients breathe heavily. He then used their **breathing** and his **touch** to identify and work with **blocks** in the flow of body energy. The fact that he had patients lie down, breathe, move, and vocalize as early as the 1950s made him a controversial figure (Caldwell, 1997).

Though recent psychoanalytic thought has been critical of Freud's bodily-based drive theory, research on infants (Stern, 1985; Siegel, 1999, 2003) has demonstrated the centrality of the body in development, and Aron (1998b,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.

The 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).

Practitioners in body-centered psychotherapy often blend and synthesize modalities. **Dance/Movement Therapy** evolved from the work of **Marian Chace** in the 1940s, and over

time, became grounded in Jungian, Freudian, and object relations' depth psychology. One of these modern movement practices is **Authentic Movement** (Boughton, 2001). **Robert Hall** studied under Fritz Perls (1969) and co-founded the **Lomi School**, where Gestalt therapy and many forms of bodywork are combined (Hall, 2001). Hall suggests that the mind and body are functionally the same and both must energetically release for healing to happen. **Thomas Hanna** (1970, 1987) combined psychotherapy with teaching clients new ways to move their bodies freely. **Stanislav Grof** (1985) developed **Holotropic Breathwork**, which has clients breathe deeply to attain an altered state of consciousness in which they move or speak or express themselves physically, and later, make mandalas to process and physically manifest their experience (Caldwell, 1997). Grof's work has some similarities with the inward journey of shamans and stemmed partially from his research using LSD in counseling and psychotherapy (Metzner, 1998).

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).

The Gentler Forms of Body-Centered Counseling and Psychotherapy

Currently, there is a profusion of "softer," less aggressive modalities. These approaches use awareness techniques and meditation 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 (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). Many of these forms were created either by women or in cross-gender partnerships. Six of these forms of somatic counseling and psychotherapy 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.

Gay and Kathlyn Hendricks' Body-Centered Therapy (1993) stems from Kathlyn's background in movement and transpersonal counseling and therapy and Gay's training in counseling and clinical psychology, as well as his own transformative experiences. Hendricks' Body-Centered Therapy focuses on healing the body-mind split that leads to a disconnection from our fundamental **essence**, or pure consciousness. They contend that to be fully alive and aware of the unity of existence, we must listen to and fully experience our feelings. Counselors and therapists act like teachers as much as healers and make therapeutic strategies transparent to clients. The Hendricks assert that this changes the dynamic in the relationship and gives more power to clients (Hendricks, 1997).

Understanding **Amy and Arnie Mindell's Process Work** (1997) requires the ability to look softly and indirectly. Deeply grounded in Jungian psychology, this modality defines reality more like a shaman might. A fundamental concept is the **dreambody**, the experience of oneself as an evolving process, as a flow of timeless experience. This can be thought of as a changing process of expression whose form depends on the context. In sleep, it is experienced as dream images; in dancing, the impulse behind movements; in extreme states, waking visions; in ordinary consciousness, physical or emotional sensations; in relation to others, instances of synchronicity or accidents. The Mindells suggest that the more we are aware of our dreambodies, the more we are truly ourselves. Process Work strives to awaken this awareness. The Mindells also work with groups and individuals around conflict resolution, chronic and terminal illness, and extreme states of consciousness, such as coma (Mindell, 1982).

Integrative Body Psychotherapy (IBP), developed by **Marjorie Rand** and **Jack Rosenberg**, has the goal of increasing connections with the self and others while maintaining clear personal **boundaries**. Self in IBP is perceived energetically, as a felt body sense of continuity, well-being, and identity. IBP contends that effective personal boundaries lead to a clear sense of self, which allows for the development of intimate relationships; intimacy grows best when people have a definite sense of self and maintain that in coming together with another. Developmentally, IBP sees experiences in utero and early childhood as formative and held in the physical body. Consequently, it puts emphasis on a safe, bounded, therapeutic relationship; the client's present body experience; and the development of effective personal boundaries (Rand & Fewster, 1997; Rosenberg, Rand, & Asay, 1985).

Pesso Boyden System Psychomotor (PBSP) is one of the earliest of these gentler methodologies. Developed in the 1960s by Albert Pesso and Diane Boyden Pesso, the method is grounded in their backgrounds as dancers. PBSP suggests that memories of past experiences are not hard facts but subjective experiences as assessed by the individual. These **body memories** live in our tissue and powerfully influence our present and future. Such personal memory is active in every moment of our lives, as is **evolutionary memory**, which is held in our genes and contains all the species' knowledge of how to further life. Our evolutionary memory knows what each of us longs for and needs, and when the need or longing is best met, in order to develop fully. Our **personal memory** tells us whether our developmentally driven needs and longings

have been met adequately and appropriately or not. Typically practiced in group settings, PBSP helps clients undergo **structures**—client-controlled re-experiences of the body sense of not getting a developmental need met, as well as the symbolic satisfaction of the need. These unmet developmental needs and longings revolve around place, nurture, support, protection, and limits. As a result of the structures, new **virtual memories** can be formed that offer alternatives to the painful past (Pesso, 1969, 1973, 1997).

Re-Creation of the Self (R-CS), developed by Hakomi Institute founding trainer **Jon Eisman** (1995, 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**. Its interventions assist clients in stepping out of the illusion of limitation and fragmentation and into the **felt experience of wholeness** and unlimited potential. Because it recognizes the differences among clients in strength of inner resources, R-CS sets goals based on client readiness and present capacity. When needed, it uses Hakomi and other R-CS techniques to do regressive work—the exploration of the various trance selves—to build inner resources and to foster client self-reorganization.

These six approaches, as well as Hakomi Body-Centered Psychotherapy, represent an evolving orientation of counseling and psychotherapy strategies that value and regard the whole person in the healing process. Johanson (2005) writes about understanding the relationship of body-centered psychotherapies to the more general world of psychotherapy in terms of the **organization of experience** that every therapy works with in some manner. 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 in psychology 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, Pesso, 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 in Putnam, Connecticut.

The Institute later moved to Boulder, Colorado, and Kurtz began a career as a leader of workshops and professional training. He continues to write and integrate current research into his work, teach in the United States and abroad, and offer numerous seminars, trainings, and in-person sessions in Ashland, Oregon (Jon Eisman, personal conversation, September 10, 2001; Kurtz, 1987, 1990, 2000, 2005).

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'** (1969; 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 through organizing in aspects of life that had been organized out due to developmental experiences of trauma (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. This same ability to construct meaning is available to re-create one's core narratives, so that one is not simply a victim, and it is appropriate that a Northern Chinese variant on the word Hakomi translates "universal reverent laughter."

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, 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 new paradigm that often uses the term “**holon**” proposed by Koestler (1976) as the most fundamental unit of life, material or immaterial; namely a whole that is made up of parts that is in turn a part of a larger whole. It is a paradigm that leads to a systems approach that views **development as multi- or over-determined** (Thelen and Smith, 2002). Kurtz agrees with **Popper** (Popper and Eccles, 1981) that the best word for describing the unconscious is “**disposition**.” All the various metabolic, interpersonal, and cultural determinants in one's life “dispose” the organization of the unconscious in various directions as opposed to absolutely determining it.

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. It is quite congruent with the four-quadrant-all-levels approach of **Ken Wilber's Integral Psychology** (Wilber, 2000) that equally considers individual consciousness and behavior in the context of cultural values and social structures, all of which develop into new futures through the teleological pull of what Laszlo (1987) terms chaotic **attractors**. 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 (1998b, 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 with high sensitive to clues of the former trauma (Cozolino, 2002), that 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, 2001; 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 psychsocial stages, object-relations’ separation-individuation, Loveinger, Hanna, DSM-IV**, and more (Johanson, 1999, 688-689). Whatever characterological influences are paramount in a particular instance, cellular biologist **Bruce Lipton** has demonstrated that the resulting **core beliefs** are the critical element in signaling the protein receptors of individual cells about the assumed status of the environment, and in activating their fear, growth, and/or gene responses (Lipton, 2005). Working with core beliefs and the larger self that can transcend them is crucial in **psychosomatic medicine**.

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 embraces all the major constructs of Hakomi and subscribes to the concept of individual development over time, with childhood having the deepest impact. In addition, however, it fills out the model of the self putting an emphasis on recognizing limiting psychological states of consciousness and making existential choices. Eisman describes an **Organic Self**, the original and most pure form of 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, 2001).

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 is caught between its innate desire to continue to expand its experience further and its natural impulse to avoid the painful experience by contracting. To resolve this dilemma, it uses the “trick it knows from incarnating,” which is “to divide its own consciousness” (Eisman, personal communication, October 3, 2001). It then 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, 2001).

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; Porges, 1997; Lewis, Amini, Lannon, 2000) 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, 2001). Eisman's work is congruent with that of **Schwartz** (1995) and **Almass** (1988) that is also being integrated into Hakomi trainings.

Major Constructs

The 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. The givens of internal and external signals never reach us directly. They are **symbolically transformed** by the core beliefs of our imaginations before coming into awareness as experiences (Langer, 1962).

Further, information organizes perception and expression in all experiencing organisms, whether it be a fruit-fly or all of nature. 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 as noted above—**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 (1979) 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 at the highest level of organization affecting core beliefs.

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.

This means that each of us is the lead player in our own **life story**. 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, 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, 2002:231-235). 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) that necessitates 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).

The 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 therapists 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. Indeed, Kurtz notes that **Ilya Prigogine** (Prigogine and Stengers, 1984) won the Nobel Prize for demonstrating that there is a force called **negentropy** that takes parts and organizes them into greater wholes. 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. It recognizes the interdependence of everything, and that the whole is greater than the sum of the parts (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, 2001–2002). 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 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 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, 40-47). 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**, which can be thought of as a subset or implication of unity and organicity, 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 (Johanson, 1996) bodily postures, gestures, muscle tones, breathing patterns and so forth reveal core beliefs tied into deep **physiological mechanisms**. As such these physical manifestations of mental-emotional life can, with mindful attention, provide a **royal road to the unconscious**, just as dreams (Gendlin, 1986a) and relational qualities (Feinstein, 1990) might.

Movements like a person’s automatic head-ducking upon thinking about his or her father merit noticing and exploring because they possible **indicators** about the client’s response to and organization of past and present experience. This is the place to work with interactions and feedback loops, between sensations and memories, emotions and images, experience and belief (Kurtz, 1990).

The 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, 55-57) 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; Kurtz, 1990). Expressions of intuitive insight and other verbal and nonverbal communication need to be grounded in the same honesty and nonjudgmentalism referred to earlier.

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). This is especially true in Hakomi where "Relating to the somatic dimensions of a client's presentation can accelerate the immediacy, intimacy, and power of the therapeutic relationship (Heckler and Johanson, 2005)."

In the context of manifesting full human beingness Hakomi therapists offer a lot of **nourishment, creativity, and humor** in their relationships, in addition to insight and understanding. In part, this is simply living and modeling the principles that see the possibilities in life of mutual nourishment and grateful enjoyment. In part, it is clinical method. If life itself is the sustainer and healer through its infinite connectedness, then "gratifying" someone becomes diagnostic. If persons can be gratified by a theoretically nourishing input, then we know they have no clinical issue with this particular life connection, and we have simply added to their narcissistic mirroring reserves in a way **Kohut** (1977) argues we all need for a lifetime. If they discover barriers to allowing the gratification, then we have evoked a therapeutic issue that deserves attention.

In terms of **Martha Stark's** (1999) schema of one, one-and-a-half, and two-person therapy, Hakomi can be seen as utilizing all three options as appropriate. When the practitioner turns the client's awareness mindfully inward on his or her present experience, it is an intrapsychic move that helps the client mine the wisdom of his or her own experience, and is thus an example of **one person therapy**. When therapists help clients verbally or non-verbally take in a missing experiences that were painfully excluded in earlier development they are at their ideal wisest and kindest, and thus bringing forth their "better halves," and creating **one-and-a-half person therapy**. In the integration phase of Hakomi, where clients are incorporating new beliefs into their real-time-and-space-relationships in family, business, and play settings, a **two-person therapy** where therapists bring more of their complete ambiguous selves to a more interpersonal relationship becomes appropriate. The relationship never becomes fully mutual however, since the **mode of therapeutic relationship** from the therapist's end is dictated by the needs of the client's process.

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 living more out of his or her **Witness or larger (essential, core, higher, heart, ontological or term of choice) Self**. This process normally begins with helping them utilize these aspects of

consciousness to access 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 and options** being organized in.

The 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 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, 2002:51-68).

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 undertaking 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** him or herself, 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 (2001).

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, 2001).

Clients also need to be encouraged to enter curiously and experimentally into the mystery of new experiences where the expectation is that they might discover something they do not already know (Johanson and Kurtz, 1991, 1-18). When **experimentation** is done, the counselor or psychotherapist often has a **hypothesis**; then the counselor or psychotherapist, or the counselor or psychotherapist in collaboration with the client, create an experimental process, get client permission to proceed, and implement the experiment designed to help the client mindfully observe how her 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, 1988b) 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," "is it good we 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, 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, 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. Additional information comes from clients who mindfully report their experience or become highly emotional, from the counselor or psychotherapist's internal reactions, or from a supervisor's input subsequent to the session.

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, 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).

The 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 through 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, calling attention to his or her present experience, and inviting 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; 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, 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 he or she or the counselor does or does not do something normally related to some indicator of a 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, 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. Therapy happens at the **barriers** which block realistic nourishment and connection.

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. Reich's point was that **muscular tension** makes noise that masks **sensitivity**, and taking over leads to increased relaxation. 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, 2001; Kurtz, 1990). It is an example of **Taoist non-doing** in that it does not add or subtract to what the client was already doing.

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, 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, 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 (Gendlin, 1992) because the work often 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 **spontaneous 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 respected, 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 normally results 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, 2001). Although overreliance on character theory can fly in the face of organicity, knowledge of Hakomi's particular slant on characterological concepts can offer a counselor or psychotherapist additional resources when working at the core. Since there are **common developmental conflicts** everyone must negotiate, it can give compassionate clues to what experiences clients organized out in childhood that are now available and needful (Johanson, 1999, 630-689).

Core material is not all painful as many have noted. 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, 2001; Morrissey, 2000).

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. Transformation is normally accelerated when the therapist assumes that the compassionate and wise resources or the **Larger, Organic, or Essential Self** (Almaas, 1988; Eisman, 2001; Schwartz, 1995) are available as hard-wired human capacities and do not need to be introjected through historical processes.

One important variable, often overlooked in a therapist's preoccupation with the painful past, is that of the **horizon of the future and hope**. LeShan's research (1989), especially with cancer patients that Hakomi trainings are integrating, clearly demonstrates the importance of accessing and supporting a core felt sense of what is a person's song to sing in life that will give them direction, vitality, and meaning.

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 when 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, 2001; Kurtz, 1990). Organic images are instructive. Transforming core beliefs result in new growth, which at the beginning are relatively tender and small compared to the old growth of ingrained patterns and beliefs. However, with nurture and care, the new growth becomes strong as the old growth naturally weakens and withers over time.

If transformational experiments at the core 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. **Integration techniques** used at the stage where new beliefs are being accepted 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, 2001). Some Hakomi therapists have been experimenting with using energy psychology techniques in the integration phase (Feinstein, 2005).

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, 2001). A fundamental hope in completion is that the witnessing and healing capacities of consciousness employed in the therapy become **working tools** for a person’s lifetime engagement with ever evolving issues. Many Hakomi therapists encourage a client to adopt appropriate **meditation** practices to strengthen these capacities during and/or after the therapy.

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 resolution and 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. With any concern about this, working with the experiments that evoke imagination and memory can be just as impactful as working with experimental touch.

If a clinician had to pick only one Hakomi technique to use within a brief therapy context, becoming skilled at teaching the **use of mindfulness** to study presenting problems, client symptoms, and attitude toward change would be a clinically sound and efficacious choice. Since the great majority of clients in America are only seen for 6-12 sessions anyway, **brief therapy by default** is the order of the day. Hakomi and other therapists who **by design** initially contract for a finite number of sessions, such as twelve, often discover higher retention rates since the client’s unconscious apparently organizes more readily around a process with a beginning, middle and end, than something interminably open ended (Levenson, 1995).

Clients with Serious Mental Disorders

Before using Hakomi or any other 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 are 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. With both serious and normal-range presentations Hakomi therapists have found the unity principle compatible with the **AQUAL assessments** of Wilber's **Integral Psychology** (Wilber, 2000) that take into account multiple lines of development including the cognitive, moral, interpersonal, and affective, as well as the **Metaframeworks analysis** of Breulin, Schwartz, and Mac Kune-Karrer (1992) that focus on the internal ecology of parts, developmental issues, and systemic sequences, leadership dynamics, multicultural and gender issues in the client's family and key relationships.

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 when, for example, aspects of depression and anxiety get lived out as self-reinforcing trance-like states. Eisman's assessment template allows clinicians to differentiate between trauma based wounding, when a modality such as sensorimotor processing would be most appropriate, and developmental or existential wounding, when Hakomi and R-CS are appropriate. This assessment approach looks at each client as having a unique combination of woundedness and resources. Using this framework in conjunction with one like Seligman's can help counselors be more efficient and effective in responding to the specific needs of each client.

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, Vol. 4), psychotic jail inmates (Whitehead, Vol. 9), multiple-personalities (Dall, Vol. 11), as well as Johanson and Taylor's (1988) 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, from personal fulfillment, to acute psychological disorders, to traumatic life events, to chronic mental illness. If the metaphor for therapy of re-arranging psychic furniture is used, Hakomi in pure form is appropriate for a wide range of **neurotic conditions** where clients take responsibility for their part in their condition. However, with **personality disorders**, defined as those who project blame and responsibility on the world

around them, the therapist is not allowed into the psychic room. Forms of pre-therapy counseling in ordinary consciousness are required. Those with **psychotic disorders** do not have the walls of the psychic room up, and 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.

While Hakomi counselors and psychotherapists are cautious about diagnosing or defining clients in pathological ways according to standard **DSM-IV** criteria, they consider traditional diagnoses along with many other immediate factors in assessing the organization of a client's experience, and offering therapeutic interventions. Hakomi counselors and psychotherapists work with clients looking for enhanced life skills, better relationships, fewer psychosomatic symptoms, and reduced affective and cognitive disturbances. The Hakomi congruent methods of **Sensory-Motor Psychotherapy** pioneered by **Pat Ogen** for work with **trauma** are well respected, but require special training in that modality. Hakomi Clients include children, adolescents, adults, couples, and families, and are seen in private practices and counseling and psychotherapy centers and clinics in Europe (Schulmeister, 2000), the United States, Australia and New Zealand.

Cross Cultural Considerations

There are three categories of cross cultural competencies approved by the Association for Multicultural Counseling and Development. These are (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.

Hakomi trainings have incorporated **multicultural analysis** for a number of years since the unity and organicity principles, along with feminist anthropologies, clearly portray people as always and only **individuals-in-relation** so that, as Wilber notes, psychology is always also sociology (Johanson, 1992). Hakomi trainees and therapists have noted and respected such realities as that in some Native American and Asian cultures focusing and tracking someone intently is considered bad manners, or that with some African immigrants the brother-brother dyad becomes more important than the parent-child dyad. However, when working with immigrants to America who assume violence toward women or children is culturally acceptable, the therapist is placed in a difficult context where examining the boundaries between cultures becomes necessary.

Some aspects of Hakomi that require careful evaluation and intentionality in a cross cultural context include physical touch, use of altered states such as mindfulness, and the basic American 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 less rigidity around the body and touch than is prevalent in the mainstream psychological and cultural milieu (Peloquin, 1990).

Evaluation

Overview

Hakomi has contributed significantly to the field of psychotherapy and counseling through providing a foundational umbrella of principles under which practitioners can responsibly integrate an eclectic wealth of methods and techniques. Foremost among its more unique contributions is its use of mindfulness for experiential self-study, and its paradoxically powerful methods of verbally and non-verbally supporting defenses so that the safety is engendered to let them relax. Its principled integration and unique contributions result 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 an experimental attitude, safety, and non-violence through supporting organic unfolding, including defenses.
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 collaborative partnership-oriented therapeutic relationship.
6. the emphasis on insight over catharsis, experience over insight, and nourishment over suffering.
7. the nonjudgmental framing of "defenses" as the habitual organic management of experience combined with their clinical support as opposed to confrontation.

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 Psychotherapy (EAP) 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). In New Zealand it is an accredited university training course through Eastern Institute of Technology in Napier. Australia is currently working to install an accreditation process for training psychotherapists. The Hakomi Institute of Australia has been participating in the process from the beginning and anticipates being accredited as soon as the process is official. In the United States the Hakomi Institute is an approved training provider for the National Board of Certified Counselors. All these countries and institutions require that Hakomi have a research capability and knowledge.

While Hakomi has been the subject of master's theses and doctoral dissertations around the world, the results have never been brought together and analyzed. In general, Hakomi has followed the research counsel of Gendlin (1986b) who lists eighteen recommendations (Johanson, 1986) Among them are keeping tapes of clearly successful cases; concentrating not on the therapy as a whole but on helpful micro-processes that can be utilized beyond the therapy setting; working to keep changing the process of therapy to make it more regularly successful for a greater number of people; keeping research, training and practice close together so that

“research precision enables wider applications.” (p. 134); avoiding isolating out cognition vs. feeling vs. imagery vs behavior because “in the human individual, they are already together.” (p. 135); and spending the majority of clinical research time “playing in the laboratory” with sub-processes, while saving formal, time-consuming research methods for verifying hypotheses that have already been well explored and show promise of being significant.

More specifically elements of research are reported in the *Hakomi Forum* such as Hakomi and the Q-sort technique (Taggart, 1987), central and peripheral mechanism in the neurophysiology of depression (Liss, 1987) neurological correlates of psychotherapy states (Schanzer, 1988), and the Pragmatic Case Study Model (Kaplan and Schwartz, 2005). An ongoing study of the effectiveness of body-centered psychotherapies in general, including Hakomi, has been reported in Germany (Koemeda-Lutz, et al., 2003)

Although empirical research on the efficacy of Hakomi and other body-centered psychotherapies has been sparse, the tides are turning. A major contribution to the body-centered psychology field is the *Handbook of Body-Psychotherapy* (Marlock & Weiss, 2005), recently published in German. Much of the new brain (Lewis, Amini, & Lannon, 2000), attachment (Schore, 1994; Kaplan & Schwartz, 2005), interpersonal neurobiology (Siegel, 1999, 2003), and trauma (Odgen, 2005; Van der Kolk, 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 benefits from a certain clinical maturity and psychological sophistication. Clinicians need significant training to become proficient in it, depending somewhat on personality, background training, and experience. 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 practitioners. However, a two-year 400 hour training program is hardly long enough to teach the linear flow of the method along with the ability to respond to spontaneously evoked situations through both being and doing aspects of the therapy, let alone integrate the implications of the principles for artistically and seamlessly integrating a variety of interventions from inside and outside the method *per se*.

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 a recent Institute review of issues around Hakomi certification, a more defined process now exists for certification phase students.

Hakomi Institute training programs reach a wide domestic and international counselor or psychotherapist audience. There are currently about 350 certified Hakomi therapists in the United States, Canada, New Zealand, Australia, Japan, Germany, Austria, Switzerland, Italy, and Great Britain, and thousands who have simply taken the training and integrated it into their work.

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, Hakomi **Sensorimotor Psychology** 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 **Re- Creation of the Self** was born, which resulted in a complimentary model and methodology of self-transformation.

Greg Johanson, another founding Hakomi trainer, recognized that the **Internal Family System's work of Richard Schwartz** (1995) made more explicit and central elements of Hakomi that had remained somewhat implicit and underdeveloped. One was the **multiplicity of parts** that form a person's inner ecology that carries the clinical implication that work with any one part needs to be done in recognition of that parts relationship to others. A second, was the essential healing qualities the person's larger **Self** could actively bring to bear for helping parts in distress that complimented the passive qualities of the mindful Witness. Hakomi had employed this active potential as when asking a client's adult aspect to determine what a child aspect needed, but integrating IFS into Hakomi trainings has increased the emphasis on what Schwartz terms "**Self-Leadership**" that respects, harmonizes, and speaks for the needs of the internal family, tribe, team or committee of parts.

Finally, Hakomi trainers, with philosophical integrity, consistently emphasize the importance of counselors and psychotherapists developing their own unique way of doing counseling or psychotherapy, recognizing that no single approach or style is right for all practitioners or clients.

Reflecting historically, it has been about 25 years since the founding of the Hakomi Institute and 16 years since the publication of Kurtz's seminal Hakomi text in 1991. As of the writing of this chapter, the creator and founder continues to offer in-person sessions, teach, write, and explore Buddhism, Taoism, 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" in the Summer 2005 issue of the *Hakomi Forum* (Keller, 2005).

Additionally, although Hakomi as practiced, taught, and elaborated on by Hakomi Institute trainers in the United States and Canada is reflected in this chapter, true to its core principles, and as a result of its responsiveness to cultural context and trainer uniqueness, it continues to evolve throughout the world. The Hakomi Institute faculty of teachers and trainers maintain agreements that any Hakomi training offered in the world will have a certain percentage of core Hakomi curriculum as well as the distinctive integrations of the specific training staff. (<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 is self-unfolding and self-correcting. Although early childhood strongly affects psychological development, psychological limitations have many causes, and each person has the capacity to re-create his or her own life. Past experience does inform personality, but each of us retains a wise and compassionate witnessing capacity of consciousness that is basic human equipment. Employing this capacity in 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 include 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 mindful 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 and work with barriers to integration.
5. Support the reorganization of the self, the stepping out of limiting trances, and transformation.
6. Empower people to live more out the capacities of the mindful witness and the larger Self.

Change Process

Change wants to happen, but individuals need a safe context to be courageous and vulnerable, take risks, feel safe, and experience a loving therapeutic relationship that fosters change. People live and change in the present, so interventions need to be present-oriented. An idea cannot counteract an experience, only another experience. Change comes when inner resources are greater than inner pain, and people are able to work through their fears relative to organizing in some missing experience they previously organized out.

Interventions

All interventions are done with an experimental attitude that is open, curious and seeks the unfolding of organic impulses 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 through tracking client experience. Helping the client turn inward comes through teaching mindfulness. Mindfulness allows accessing and deepening into core material, where processing can happen. Accessing and processing techniques include little experiments in

awareness including probes, and taking over. Processing at the core and transformation can involve the child state, the rapids, character issues, missing experiences, and employing the aliveness, compassion, and wisdom of the larger witnessing-Self. Integration and completion can include savoring, practicing, imagining, role playing, and homework.

Limitations

1. More empirical research studies are needed.
 2. Certification often requires significant post-graduate training.
 3. The method is highly integrative, 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

Assumptions

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

-
- Almaas, A. H. (1988). *The Pearl Beyond Price: Integrating of Personality into Being: An Object Relations Approach*. Berkeley, CA: Diamond Books.

- Aron, L. (1998a). "Introduction: The Body in Drive and Relational Models." In Lewis Aron and Frances Sommer Anderson, eds. (1998). *Relational Perspectives on the Body*. Hillsdale, NJ: The Analytic Press.
- 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.
- Bateson, G. (1979). *Mind and Nature: A Necessary Unity*. New York: E. P. Dutton.
- 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.
- 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.
- Feinstein, D. (1990). "Transference and Countertransference in the Here-and-Now Therapies." *Hakomi Forum* Vol. 8 Winter pp. 7-13
- Fisher, Rob. (2002) *Experiential Psychotherapy With Couples: A Guide for the Creative Pragmatist*. Phoenix, AZ: Zeig, Tucker & Theisen, Inc.
- Frattaroli, E. (2001). *Healing the Soul in the Age of the Brain: Why Medication Isn't Enough*. New York: Penguin Books.
- Gendlin, E. (1992) "On Emotion in Therapy." *Hakomi Forum* Vol. 9 Winter pp. 15-29.
- Gendlin, E. (1986a). *Let Your Body Interpret Your Dreams*. Wilmette, IL: Chiron Publications.
- Gendlin, E. (1986b)."What Comes After Traditional Psychotherapy Research?" *American Psychologist* Vol. 41 No. 2 February pp. 131-136.
- 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 (English edition *Handbook of Body-Psychotherapy* to follow in 2006).
- Heckler, R. and Johanson, G. (2005) "Enhancing the Immediacy and Intimacy of the Therapeutic Relationship through the Somatic Dimension." In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005 (English edition *Handbook of Body-Psychotherapy* to follow in 2006).
- Hayes, C. H., Follette, V. M., and Linehan, M. M. (2004). *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition*. New York: The Guilford Press.
- Jantsch, E. (1980). *The Self-Organizing Universe*. New York: Pergamon.
- 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 (English edition *Handbook of Body-Psychotherapy* to follow in 2006).
- 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. (1992) "A Critical Analysis of David Augsburger's *Pastoral Counseling Across Cultures*." *Journal of Pastoral Care* Vol. 46 No. 2 Summer pp.162-173.
- Johanson, G and Taylor, C. (1988) "Hakomi Therapy with Seriously Emotionally Disturbed Adolescents." In Charles E. Schaefer, Ed. *Innovative Interventions in Child and Adolescent Therapy*. New York: John Wiley & Sons.
- Johanson, G. (1988). "A Curious Form of Therapy: Hakomi." *Hakomi Forum* Vol. 6 (1988):18-31.
- Johanson, G. (1986). "Editorial: Taking It Home With You." *Hakomi Forum* Vol. 4 Summer pp. 1-6.
- 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.
- 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
- Koemeda-Lutz, M., Kaschke, M., Revenstorf, D., Sherrmann, T., Weiss, H., and Soeder, U. (2003). "Preliminary Results Concerning the Effectiveness of Body-Psychotherapies in Outpatient Settings—A Multi-Center Study in Germany and Switzerland." *Psychotherapie Forum* Vol. 11 pp. 70
- Koestler, A. (1976). *The Ghost in the Machine*. New York: Random House.
- Kohut, H. (1977). *The Restoration of the Self*. New York: International Universities Press
- Langer, S. (1962). *Philosophy in a New Key*, 2nd ed. New York: Mentor.
- Laszlo, E. (1987) *Evolution: The Grand Synthesis*. Boston: Shambhala.
- LeShan, L. (1989). *Cancer As A Turning Point*. New York: E. P. Dutton.
- Levenson, H. (1995). *Time-Limited Dynamic Psychotherapy*. New York: BasicBooks.
- Lipton, B. (2005). *The Biology of Belief*. Santa Rosa, CA: Elite Books.
- Liss, J. (1987). "Central and Peripheral Mechanism in the Neurophysiology of Depression." *Hakomi Forum* Vol. 5 Summer pp. 18-24.
- Lewis, T., Amini, F., & Lannon, R. (2000). *A General Theory of Love*. New York: Vintage Books.
- Loew, T. & Tritt, K. (2005). "Empirical Research in Body-Pschotherapy." In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005 (English edition *Handbook of Body-Pschotherapy* to follow in 2006).
- Mahoney, M. J. (2003). *Constructive Psychotherapy: A Practical Guide*. New York: The Guilford Press.
- Mahoney, M. J. (1991) *Human Change Processes: The Scientific Foundations of Psychotherapy*. New York: Basic Books.
- Maturana H. and Varela, F. (1992). *The Tree of Knowledge: The Biological Roots of Human Understanding*, Rev. ed. Boston: Shambhala.
- Marlock, G. and Weiss, H, Eds. (2005). *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005 (English edition *Handbook of Body-Pschotherapy* to follow in 2006).
- 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 (English edition *Handbook of Body-Psychotherapy* to follow in 2006).
- Peloquin, S. M. (1990). "Helping Through Touch: The Embodiment of Caring." *Hakomi Forum* Vol. 8 Winter pp. 15-30.
- 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*.
- Philippa, V. (2002). "Psycho-Spiritual Body Psychotherapy." In Tree Staunton, Ed. *Body Psychotherapy*. New York: Taylor & Francis Inc.
- Popper, K. R. and Eccles, J. C. (1981). *The Self and Its Brain: An Argument for Interactionism*. New York: Springer International.
- Prigogine, I. and Stengers, I. (1984). *Order Out of Chaos: Man's New Dialogue with Nature*. New York: Bantam Books.
- Schanzer, L. (1990). "Does Meditation-Relaxation Potentiate Psychotherapy?" Psy.D. dissertation, Massachusetts School of Professional Psychology, 1990.
- Schanzer, L. (1988). "Non-Invasive Methodologies on Studying Neurological Correlates of Human Mental States, in Particular Those During Psychotherapy—A Review of Recent Literature." *Hakomi Forum* Vol. 6 Summer pp. 32-46.
- 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.
- Stark, M. (1999). *Modes of Therapeutic Action*. Northvale, NJ: Jason Aronson Inc.
- Stern, D. N. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.
- Stolorow, R. D., Brandchaft, B. and Atwood G. E. (1987). *Psychoanalytic Treatment: An Intersubjective Approach*. Hillsdale: The Analytic Press.
- Taggart, C. (1987). "Hakomi and the Q-Sort Technique." *Hakomi Forum* Vol. 5 Summer pp. 25-30.
- Thelen, E. and Smith, L. B. (2002). *A Dynamic Systems Approach to the Development of Cognition and Action*. Cambridge: A Bradford Book of MIT 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 (English edition *Handbook of Body-Psychotherapy* to follow in 2006).
- Tonella, G. (2005). "Oral Depression." In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005 (English edition *Handbook of Body-Psychotherapy* to follow in 2006).
- Tonella, G. (2005). "Body-Psychotherapy and Psychosis." In Marlock, G. and Weiss, H, Eds. *Handbuch der Koerperpsychotherapie*, Hogrefe Verlag, Goettingen, 2005 (English edition *Handbook of Body-Psychotherapy* to follow in 2006).
- Wolinsky, S. (1991). *Trances People Live*. Falls Village, CT: The Bramble Co.

- Waldrop, M. M. (1992). *Complexity: The Emerging Science at the Edge of Order and Chaos*. New York: Simon & Schuster.
- 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. (2000). *Integral Psychology*. Boston: Shambhala.
- Wilber, K. (1995). *Sex, Ecology, Spirituality: The Spirit of Evolution*. Boston: Shambhala.
- Wilber, K. (1979) *No Boundary: Eastern & Western Approaches to Personal Growth*. Los Angeles: Center Publications.
- Yalom, I. D. (2002). *The Gift of Therapy*. New York: HarperCollins.