

HAKOMI SIMPLIFIED 2004:
A NEW VIEW OF RON KURTZ'S
MINDFULNESS-BASED PSYCHOTHERAPY
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PREFACE

It is the ability to keep finding solutions that is important; any one solution is temporary. There are no permanently right answers. The capacity to keep changing, to find what works now, is what keeps any organism alive.

(Margaret Wheatley, A Simpler Way)

Since its inception in 1980, Hakomi has always been relatively simple as psychotherapies go: its theoretical teachings are quite modest; it makes do with only a few simple maps of the psychological territory; it offers just a handful of techniques. When Ron Kurtz first presented Hakomi to the world in a formal way, he did so in a textbook just 200 pages in length, which he has found little need to expand on or modify since its publication some 15 years ago. Training in the Hakomi method has typically been accomplished in some 300-400 classroom hours (with, of course, many additional hours of practice required for mastery). By almost any measure, Hakomi has, from its beginning, been about as simplified as a tool for human transformation can be. And that simplicity – its uncluttered vision of the human change process – has been part of Hakomi's wide appeal.

Hakomi was one of the earliest of the body-centered psychotherapies, recognizing in the client's embodied expression – in her gestures, posture, facial expressions, habits, tone of voice, and physical structure – an invaluable source of "real-time" information about the largely unconscious beliefs and assumptions that shape her outlook on life. Hakomi was one of the first psychotherapies to make use of mindfulness within a therapeutic setting, as a technique for allowing the client to study her own experience in a careful, non-reactive way. Hakomi was perhaps unique at the time in basing its entire structure and method on spiritual principles, including non-violence, interconnectedness, and organicity. And Hakomi introduced into psychotherapy the whole idea of the "experimental attitude", whereby therapist and client together conduct "little experiments" with the goal of having the client experience her own limiting belief structures directly, in her own body.

It isn't my intention to trace the evolution of Hakomi over the last 25 years, or even to contrast (except occasionally) "classic" Hakomi with the newer Hakomi Simplified. My goal is simply to describe Hakomi as Ron Kurtz himself is currently articulating it, teaching it, and practicing it. He has described certain aspects of it himself in a series of short pieces which are collected in a document named "Readings", which can be downloaded from his website (ronkurtz.com).

My purpose in this paper isn't to explain how to *do* Hakomi therapy; that's what the trainings are for. What I want to explore, from my own perspective of course, is the understanding of the "human change process" which the Hakomi method and practices

imply. I want to examine the rationale for an endeavor that we all understand is a not altogether rational.

HAKOMI SIMPLIFIED: AN OVERVIEW

As Ron presents it, Hakomi Simplified consists of six major tasks, that is, six activities that the therapist must perform (or be continually performing) during the course of a therapy session. These activities are:

1. CREATING A POSITIVE EMOTIONAL CONTEXT THROUGH LOVING PRESENCE AND CONTACT.

A positive emotional context is one in which the client feels welcome and safe and understood. This is largely created by the therapist being in a state of "loving presence" and by "contacting" the client. (Note: we will define all of the terms used in this summary much more precisely as we go on).

2. OBSERVING, HYPOTHESIZING, AND NOTICING INDICATORS.

While resting in our attitude of loving presence and maintaining contact, we must also be gathering information about the client's emotional state, her beliefs, and her strategies. We do this in large part by observing her nonverbal behavior. As we listen to the client's story and make our observations of her nonverbal behavior, we start getting ideas about what one of her "core issues" may be, and we look for an "indicator" that might serve as the basis for an experiment. We imagine the experiment we might want to try.

3. SHIFTING THE CLIENT'S ATTENTION TO THE INDICATOR.

We contact the client as gracefully as possible, though perhaps interrupting her story, and reorient her attention to the indicator.

4. ESTABLISHING MINDFULNESS AND DOING THE EXPERIMENT.

We outline for the client the experiment we have in mind, and possibly the reasons why we want to try it. If she is interested in the experiment and willing to try it, we assist her into a state of mindfulness, and do the experiment.

5. WORKING WITH THE OUTCOME OF THE EXPERIMENT.

The "outcome" of the experiment is the simply client's response: the emotions, reactions, thoughts, memories, etc. We "work" with the outcome usually by responding in ways that either help to *deepen* the experience, or that elicit the *meaning* of the experience. At some point, we may help the client to revise an inaccurate, over-generalized assumption about life, replacing it with an understanding that is more realistic and more nuanced.

6. OFFERING NOURISHMENT TO SATISFY THE "MISSING EXPERIENCE".

With the client entertaining a new, more hopeful understanding of her situation, it becomes possible to offer the nourishing experience that's been missing until now, and so we do. We help the client savor and integrate this nourishment.

AN EXAMPLE

Let's follow a simple example through the same steps:

1. CREATING A POSITIVE EMOTIONAL CONTEXT THROUGH LOVING PRESENCE AND CONTACT.

Therapist: (warmly), "Feeling a little shy, huh."

2. OBSERVING, HYPOTHESIZING, AND NOTICING INDICATORS.

The therapist, noting how quiet and hesitant the client is in speaking, imagines she finds it difficult to make herself heard, or perhaps, to ask for what she wants. He considers the experiment of offering an appropriate verbal probe.

3. SHIFTING THE CLIENT'S ATTENTION TO THE INDICATOR.

When she pauses in her story, the therapist shares his observation about her quiet and cautious way of speaking, and wonders if she would be interested in exploring what that might mean.

4. ESTABLISHING MINDFULNESS AND DOING THE EXPERIMENT.

The therapist explains the concepts of a verbal probe and of mindfulness (if needed). Then, making a guess (based on his previous observations) as to why the client speaks in the style she does, he offers the probe: "It's OK to let others know how you feel."

5. WORKING WITH THE OUTCOME OF THE EXPERIMENT.

Many psychologically rich events may occur for our hypothetical client at this point. For simplicity, let's assume that, in response to the probe, she feels her body tighten and also notices that her mind becomes vigilant, as though in anticipation of some unclear threat. This would suggest that she has a belief that, in fact, it can be quite *dangerous* to let others know how she feels. The therapist would help her deepen and understand this response, and possibly a series of ever-deeper responses. At some point, with the therapist's coaching, the client is able to entertain the possibility that, while it may be dangerous to let *some* people know how she truly feels, there are *other* people who would be quite happy to know how she felt about things.

6. OFFERING NOURISHMENT TO SATISFY THE "MISSING EXPERIENCE".

The therapist points out that he, for one, is very pleased that she has managed to contact and express her feelings so clearly. He invites her to think of someone else in her life

who might be happy to know how she is truly feeling, and to imagine this person's positive response. This nourishment – the experience of others appreciating hearing how she feels – begins to fill in, to satisfy, the missing experience. The therapist also notices, and "contacts", the fact that her body seems both more relaxed *and* more energized right now than earlier, that her voice is stronger. He encourages her to let herself appreciate the shift that has taken place. End of session.

So that's the big picture: We make our clients feel welcome and safe; we pay attention to what they're actually *doing* at least as much as to what they're *saying*; we help them *notice*, and then *experience*, something about themselves that they perhaps weren't aware of; we help them *make sense* of that experiential discovery; and then we offer them the *nourishing experience* they've probably been seeking for a long time. How hard can that be?

THREE USEFUL CONCEPTS

Before I undertake a much more detailed examination of the Hakomi Simplified process, I want to spell out three concepts that I believe are helpful in comprehending its overall therapeutic framework. These concepts are: virtual reality; limbic resonance; and the missing experience.

VIRTUAL REALITY

Ron sometimes invokes this concept to try and elucidate the big picture of our situation as human beings. I want to elaborate on this metaphor or perspective.

The term itself, of course, comes from the field of computer simulation, and is a technique whereby complex computer programs (or "algorithms") generate a simulated (or "virtual") physical reality, which a person can then interact with in various ways. The word virtual means "being something in effect, even if not in fact." A group of people sharing a common interest (in, say, ruby-throated hummingbirds), who are connected only through the Internet, is a "virtual community;" they are located near one another *electronically* rather than, as would be traditional, *geographically*. A boy whose friend's dad took more interest in him than his own father did might say later of the friend's dad: he *virtually* raised me; he was my father in effect, if not in fact. Virtualities are real and effective, even if not tangible or visible.

The Star Trek holodeck is the best known science fiction rendition of a virtual reality device; one's experience while in the holodeck (whether of peaceful, ancient forests or of clamoring, armed foes) is indistinguishable from the real thing – until you give the command: Computer, End Simulation. Then you find yourself in the completely empty room which has no features or qualities of its own. This is that room's (or that space's) "true nature", when no virtual reality is being projected into it.

The universe also has a "true nature." Our mystics and spiritual traditions generally describe this underlying reality in pretty favorable terms: blissful; loving; compassionate; peaceful; spacious; bountiful; inherently self-knowing; infinite in all directions. Sounds like a pretty good place to live, doesn't it? But, of course, most of us don't experience this blissful dimension of reality directly. And why not? Because we've all got our own virtual reality simulations running almost all the time. And these simulations, these personal (and personally constructed) models of reality, effectively hide or obscure the true nature of the underlying reality in which we live, move, and have our being. We experience the features and qualities of our "programs" rather than true nature of the space upon which (into which) they are projected.

So one clinically useful way of thinking about ourselves or, in this discussion, about our client, is to imagine that she is living inside a virtual reality of her own devising, a simulated reality that she has been constructing since birth (and probably before). And this virtual reality is generated by what, in Hakomi, we call the "core beliefs."

CORE BELIEFS

And where do these core beliefs come from? Well, as infants and young children we try to make sense of the experiences we are having with mother, with the environment, with our bodies. Much of this "sense-making" occurs long before we have true cognitive abilities, and so it is our organism itself which draws certain "conclusions" about life on the planet, and (gradually) hard-wires these into the impressionable brain. Conclusions reached in this way are said to reside in "implicit memory", and when they operate they do so without our having any sense that we are "remembering" something, or of even being aware that we are obeying some very primitive "operating instructions." These are the pre-verbal, pre-conceptual conclusions that act "as if" they were beliefs that we (consciously) held. But in fact we are not normally conscious of these "beliefs" because they reside in a portion of memory laid down in the brain before we had the ability to reflect on our experience.

When we are a little older, say from age 3 or 4 or 5 and older, we do have other experiences that we do reflect on, think about, and about which we do reach somewhat more conscious conclusions. These may also be among our "core" beliefs, but they will be less inaccessible than the "as if" beliefs.

In the example in the brief overview, "It isn't safe to let others know how you feel," is a core belief. We will discuss some other ones later.

The concept of virtual reality is most useful to us as Hakomi therapists when we are wearing our "scientist's" hat, and we will explore why this is so a little further on. But the virtual reality model doesn't shed much light on what actually goes on in the client-therapist relationship, and why the quality of this relationship is so crucial to the healing process. For that, we need to understand limbic resonance.

LIMBIC RESONANCE

Ron was an "early adopter" of limbic resonance, finding in this neurobiological explanation of emotional attunement a clarification and confirmation of what he already understood clinically. He often quotes from the book that first gave this concept and phrase its legitimacy, *A General Theory of Love* (Lewis, et al., 2000) because the authors are confirming scientifically what Hakomi has affirmed from the beginning: healing requires the presence of a sensitive, compassionate, deeply attuned "other." With the concept of limbic resonance, we can finally say why this is so with more precision.

Limbic resonance refers to the fact that mammalian brains have a component (the limbic brain) that allows us to register, within our own organism, the internal, emotional states of other beings. As an evolutionary advancement over reptiles (which possess only a "reptilian" brain), mammals evolved the limbic brain, which makes possible the mother-child bond, and the general attunement of one mammal to another. Our on-going search for people we "resonate" with is both motivated by, and made possible by, this natural ability that we mammals possess to sense how another mammal is feeling.

But this attunement to one another is not simply a passive "reading" of someone else's emotional state, as valuable as that may be. More important (to our own well-being and to the practice of psychotherapy) is the fact that this limbic resonance is an open-loop affair: our internal physiological and emotional states affect the internal physiological and emotional states of those we are close to, and vice versa. The authors of *A General Theory of Love* refer to this open-loop process as limbic *regulation*. The mother and infant regulate each other; they cause changes in each other's hormone levels, heart rates, immune functions, neural rhythms, etc. So do husbands and wives, fathers and sons, pet owners and their pets, and, of course, therapists and their clients. The calm therapist helps the anxious client regulate the hormonal and autonomic functions within her body that, at one level, are producing the anxiety.

The mother-infant situation is particularly important because the infant initially has no ability to regulate himself and must depend completely on the mother to do so. When this doesn't occur in an optimal way, the infant (child, adolescent, adult) fails to achieve the degree of self-regulation that is normal for a healthy individual. Their emotional lives are disorganized, chaotic, unpredictable, out of control. Eventually, if they are very lucky, they end up with a loving, compassionate therapist for some remedial limbic resonating and regulating.

So the concept of limbic resonance, as I've said, brings clarity to the therapy process when we are thinking about what goes on in the *relationship* of the client and therapist. But it doesn't help us very much when we want to understand what it is that's going on *within* the client, the "thing" that initially brings them into therapy and which changes during the session. For this aspect of the process, the most helpful concept is "the missing experience."

THE MISSING EXPERIENCE

In Hakomi (both classic and simplified) this phrase has been used as I used in the brief overview and example above: to refer to what might be more precisely called the missing *core* experience. Let me explain what a "core" experience is.

As infant beings, our bodily organisms themselves "anticipate" being received and treated in certain ways by the world into which we are born. Our utter helplessness as new-born infants *implies* an environment that will take care of us: our hunger implies the breast that will nourish us; our total vulnerability implies the arms that will hold and protect us; our periodic internal distress implies the maternal presence that will soothe and comfort us. The very fact that we have a limbic brain implies there will be other near-by sympathetic limbic brains to regulate and resonate with our own.

Later, as toddlers and young children, our being-organisms continue to anticipate or imply being treated in certain ways: we (our organisms themselves) are expecting to be understood, to be seen and valued and celebrated, to be supported and loved. All of these ways in which the innermost "core" of us just naturally assumes it will be responded to by the environment – these constitute, or ideally, *would* constitute, our "core" experiences, those experiences that would confirm we had shown up in the kind of place that our bodies and hearts and souls were obviously "designed" for. And when these confirming experiences don't happen, our confused and often traumatized being registers these experiences as "missing."

But these missing core experiences don't simply register as missing in some vague, it-would-have-been-nice sort of way. Rather, those non-completed experiences continue to live on in us as implied and anticipated social responses that we are still waiting for. As figurative children of the universe (whose true nature we mentioned earlier), we come into this life expecting – physically, emotionally, and psychically – to inhabit a benevolent, life-positive world. If the environment we find ourselves in isn't one of benevolence and positivity, those absolutely legitimate expectations continue to exert a pressure on us, an insistence that tends to keep us, as adults, feeling unsettled, always aware of an unease, a disquiet, or a longing.

We spend our lives waiting for life to respond to us in a certain way that will finally meet and satisfy our missing experience; or if waiting isn't our style, then begging, demanding, manipulating, seducing, or trying to bargain with life to give us what we want, what we instinctively know we should have gotten. Instead of growing up to become joyful, self-regulating, flexible, creative human beings, we become "characters" with "strategies." "Character," Ron wrote, "is growth delayed."

Perhaps it is clear by now why discovering (or naming) the client's missing experience, and then providing the needed nurturance, the anticipated response, is so central to Hakomi practice. The experience of *safety* or of *welcome* or of *making a contribution* which the client is waiting to experience isn't some kind of psychic luxury or middle-class indulgence: it's the one thing that will finally release her and allow her to move forward in her life.

So that is the usual understanding of "missing experience" in Hakomi. But I think the concept can usefully be applied more broadly, as one of the defining elements of the entire therapeutic encounter. Here's what I mean:

Surely one of the most fundamental missing experiences in most of our lives, and probably more so in the lives of our clients, is that of having someone who really knows how to listen. For most of us, having a friend who is attentive, who can listen to us without offering advice or false encouragement, who can gently reflect our moods and feelings back to us, who can help us settle more deeply into our unclear feeling states, who believes in us – that is a missing experience.

So when a client comes to us, if we can be that kind of person – one whose very presence feels warmly supportive, whose relaxed body invites the client's body to relax, whose acceptance and compassion toward the client encourage her to feel the same way toward herself – then a key missing experience is already being met. Our way of being with her gives her permission to really be with herself, to feel herself, to give herself the attention and compassion she knew she needed. A frozen life process begins to thaw. And this, of course, is why, if we did nothing else as therapists other than stay in loving presence and make occasional contact, it would be enough.

But it *would* be slow. And Ron likes to make good use of his time with a client. So, we don't just sit there loving them. We also notice nonverbal signals, we contact things, we try experiments, and somewhere along the way, the client becomes emotional. When that happens, we stay there with her, encouraging her to stay with her feelings, to tell us what they mean. This too, for most of us, would be a missing experience, having someone sit calmly and attentively with us while we were upset, angry, sad, hurt.

The point I want to make is that at every stage of the therapeutic process, some kind of missing or stopped experience of the client is coming into contact with the therapist's nourishing presence, and the missing experience (of contact, of presence, of being-with) is being met. And this is what moves the process along.

So, with all of that as a background, let's re-examine the six tasks of Hakomi Simplified in much more detail.

TASK ONE: CREATING A POSITIVE EMOTIONAL CONTEXT THROUGH LOVING PRESENCE AND CONTACT

Ron has always emphasized the presence and personhood of the therapist as the single most important element in successful therapy, aside from the readiness and willingness of the client herself. He has stressed the importance of the therapist being warm and accepting, caring and gentle, patient and understanding. He has reminded us that, with the client before him, a master therapist rests secure in his knowing that there is no real problem here. The client is not a problem waiting to be solved by some clever

therapeutic intervention or interpretation, but an able-bodied soul merely needing some kind of recognition or encouragement or clarification. Ron has insisted that we give our attention to the whole person who is there before us, whose struggles and griefs are in many ways peripheral to the actual capacity and vitality of this evolving, embodied being who has come to see us. He has asked us to look deeply enough at the person before us to feel inspired and nourished by the beauty or courage or shared humanity we behold.

Over the last decade or so, Ron has come to name this constellation of helpful therapist qualities, attitudes, and assumptions as *loving presence*. The very first of the workshops in the Hakomi Simplified Foundational Series is, *The Practice of Loving Presence*, and consists of a series of talks and exercises Ron has devised to allow participants to experience this spacious and compassionate state of being. The paramount importance of the therapist's own person and presence in the healing "equation" has been central in Hakomi from the start, and has become even more so in Hakomi Simplified.

REVIEW

First, a quick review.

We said in the section on limbic resonance that healing requires the presence of another person because, if for no other reason, that's the way we're built. If the other person is sensitive, compassionate, and attuned to us, so much the better. Our open-loop limbic brains (also called our *emotional* brains) are in part "regulated" by the limbic brains of others, and those limbic brains in turn regulate (calm) our bodies. So being in the presence of someone who is calm and warm and caring — characteristics of loving presence — is, in and of itself, part of a healing experience.

Being in the presence of such a person is also, all too frequently, the satisfying of a *missing* experience. As we discussed in that section, our organism-being itself expects to be greeted and treated and responded to in certain life-affirming ways. Each time this doesn't happen, each time some basic need isn't responded to as anticipated, a life process in us gets stopped, and it "sits" there waiting or, more accurately, "looping", in endless, energy-draining cycles. When that which was missing does become available through another's loving presence — which is inherently *welcoming*, offers *safety*, *values* us for who we are — then we can finally stop missing it and get on with our lives. "Ah, so this is what it feels like to feel *welcome!*" Or *safe*, or *valued* for who we are, or whatever. We can breathe again, let it go, reclaim that non-productive energy for ourselves, and move forward. Obviously this too is part of a healing experience.

LOVING PRESENCE AND THE PRINCIPLES

Loving presence, as Ron is now using the phrase, incorporates into a single concept much of what he used to discuss more in terms of the principles. If we briefly review the principles with respect to how each one translates into specific ways of being with the client, we'll see this.

Organicity refers to the fact that complex living systems, such as human beings, are self-organizing and self-directing. In the psychotherapeutic world, this inner, organismic thrust has sometimes been referred to as the *actualizing tendency*. It is akin to what A. H. Almaas calls the "dynamic optimizing thrust of being".

This means that, as therapists, we can assume there is a life-positive, self-directing, self-healing energy and intelligence at work within the client. Our task is simply to create the setting, the emotional climate, that facilitates the emergence of this natural impulse toward health and wholeness in our clients.

Mindfulness refers to the understanding that real change comes about through awareness, not effort. When we are truly aware of our experience, when we have what *focusing* (Eugene Gendlin's work) calls the "bodily felt sense" of it, our experience naturally reveals its inherent meaning, and it continues evolving in a self-directed, life-positive direction.

As therapists, we trust that if we can assist the client into a willfully passive "encounter" with her present-moment somatic experience, then her own awareness will facilitate (provide the context for) whatever change (or next step) needs to occur.

Non-violence is being *mindful of organicity*. It's the recognition that there is a natural way that life is wanting to unfold, and aligning ourselves with — not against — this organic, intelligent process.

As therapists, this means we have no agendas or intentions of our own that we aren't willing to abandon at once if they somehow conflict with what is emerging from the client. It means we support the client's so-called defenses (her "management behaviors"); we don't offer advice or interpretations; and we don't ask questions unless doing so serves the client.

Holism refers to the complexity and inter-relatedness of organic systems, including human beings, with their minds and bodies, hearts and souls. It is what allows us to holographically read a person's life story in her posture or tone of voice, to infer an entire childhood from a single memory, to suspect certain core, organizing beliefs from simple repetitive gestures or words.

As therapists, this means that the entire (relevant) psychological history of the client is always there before us, that there are a number of ways for us to become aware of it, as well as a variety of ways to assist the client in learning more about what troubles her.

Unity reminds us of the inter-connectedness of all things, of all life, of all events. It is holism on a universal scale.

As therapists, unity reminds us of the ever bigger picture, of the fact that we are intimately connected to our client, and that both of us together are connected to our culture, our environment, our world.

Ron says that you don't really have to "learn" the Hakomi method; that if you ground yourself in these five principles then the Hakomi method, with its particular style and feel and way of being with others, will naturally emerge as your way of working with clients. Hakomi is a product of living, thinking, and feeling in terms of the principles, in alignment with the principles, not just a good idea that Ron came up with and then found justification for in a set of high-minded principles.

In the same way, we can say that we don't have to try and learn to be in a state of loving presence. Rather, loving presence is an attitude that will naturally emerge in us as we come to deeply understand these universal spiritual principles, principles which are, in effect, the true theoretical underpinnings of Hakomi.

A SUMMARY OF LOVING PRESENCE

Let me summarize the assumptions that are, on the one hand, implicit in the practice of loving presence and, on the other, give rise to the attitude of loving presence, as viewed from within the therapeutic context.

1. Within the client is a life-positive, self-actualizing tendency — an organic-spiritual optimizing thrust — that naturally seeks out healing and pleasure and novelty, that wants to be challenged and extend its capacities, and which participates enthusiastically and intelligently with both its immediate and larger environments. This unfolding movement is neither completely predictable nor completely arbitrary.
2. The function of the therapist is to provide the context that facilitates this self-actualizing, life-forward movement. The most favorable context is the one that duplicates the environment the organism originally anticipated — maternal love, protection, and tenderness — modified to take into account the fact that the client has a life-time of experience behind her, and that the therapist is an unrelated adult. But the general atmosphere will be one of compassion, safety, and gentleness.
3. Because the therapist is in an adult, peer relationship with his client, his attitude will also be characterized by a high-degree of *non-directiveness* and *not-knowing*, out of respect for the client whose autonomy and intrinsic motivation are understood as the true source of direction and motivation in the session. The therapist has no particular agenda; he's OK if nothing happens; he knows he doesn't know what the client needs right now, in this moment. He enjoys the opportunity to spend an hour or so just *attending* to another person. His basic mood or stance is one of unconcerned trust.
4. Because the therapist is aware that the locus of healing is over there, in the client, and because he is, through his own presence, providing the most favorable setting possible, he knows that if he simply pays attention to his client's present experiencing, and allows his limbic resonating system to help him sense and understand the client's shifting internal state, that he will spontaneously respond in an optimal, authentic way to whatever the client says or does. The mindful, attuned therapist allows the most life-forwarding response possible to be called forth from within him in each moment, thus providing the

client with one missing experience after another as her previously "stopped" experiences begin moving forward again.

BEING INSPIRED BY THE CLIENT

Loving presence, as Ron is defining it now, includes yet one more aspect: the therapist "activity" of seeking for and finding, in the client, something that inspires or nourishes him.

We want to try and appreciate the client as we might a work of art, or prize the client as we would something precious, or savor the client as we might some exotic delicacy. If we hope to remain focused and attentive, and in heartfelt connection with the client, we must be being nourished in the process. Seeking inspiration in the client also has the effect of making our rapport with the client more human, more grounded in the here and now. Our loving presence isn't a gift we are offering to someone who is subtly lower than us on the great chain of being; it is part of an exchange between two beings who are inherently equal, equally capable of being inspired by each other. This is therapy as sacrament, therapy as spiritual practice, therapy as high art. And we're just getting started! We're not even out of task one yet.

I'll close this section with a quotation. The philosopher Ludwig Wittgenstein had a concept he called "sound human understanding." Although these words seem to name what might be a rather balanced, reasonable attitude, in fact the phrase expresses something quite close to what we mean by "loving presence." Another writer, in describing sound human understanding, says that this concept of Wittgenstein's is:

. . .the expression of a religious commitment; it is the expression . . . of a fundamental and pervasive stance to all that is, a stance which treats the world as a *miracle*, as an object of love, not of will. The sound human understanding is the mark of such love, for it is a feature of love that it never literalizes any perception; love is always ready to go deeper, to see through whatever has already been seen. From the perspective of loving attention, no story is ever over; no depths are ever fully plumbed. The world and its beings are a miracle, never to be comprehended, with depths never to be exhausted. Thus the sound human understanding is essentially a religious response It is a response that makes sheer *acknowledgement*, not control, central.

(James Edwards, *Ethics without philosophy: Wittgenstein and the moral life*)

It is nicely confirming that one of our greatest philosophers has equated what we think of as *loving presence* (referred to as *loving attention* in the quotation) with a concept – sound human understanding — that makes such an attitude seem obvious and reasonable.

CONTACT AND CONTACT STATEMENTS

If the therapist is in a state of loving presence, or something relatively close to it, then probably the therapist and client are already beginning to feel connected, to feel in contact with each other. This is the most important aspect of what Hakomi means by

"contact": this on-going sense of rapport or connection, of being on the same page with one another, looking out in the same direction. Being *in contact* is fundamental, and is a key element in establishing the healing relationship.

Within this state of *being* in contact, it is also helpful to occasionally *contact* the client: to name or reflect some aspect of the client's present experience back to her, especially her inner experience. Making "contact statements" like this is a way of letting the client know and feel that we are "tracking" her process accurately (or, if we aren't, to be corrected). So one reason we contact the client in this manner is to (hopefully) demonstrate that we understand what she's communicating and what she's feeling.

Doing this also helps move the process forward. When the client feels understood or feels felt, she can move on in her story or in her emotional process. Let's call this kind of contact a *level 1* contact statement. It's the kind we make as a part of this first Hakomi Simplified task. Such a contact is, on the whole, non-strategic: we aren't trying to make anything special happen; we just want to foster the empathic atmosphere that allows someone to relate and feel her story. In other tasks, we do make strategic contact statements that are designed to influence the direction of the session. These we will refer to as *level 2* statements, and we'll get to them later.

TASK TWO OBSERVING, HYPOTHESIZING, AND SELECTING AN INDICATOR

A NOTE ABOUT ORGANIC PROCESSES

Organic processes, such as Hakomi psychotherapy, cannot really be neatly divided into separate tasks or linear steps. The parts are always flowing into each other, and the meaning of each part varies somewhat as we understand it in relation to other parts and to the whole. We can delineate and name various aspects of an organic process so that we can think about it, discuss it, or teach it, but the boundaries will always be somewhat arbitrary, and never true demarcations.

At the same time, however, the delineations, if intelligently made, will also *not* be arbitrary. We don't work with the *outcome* of an experiment before we *do* the experiment; we don't do any experiments until we've established safety. We do, on the other hand, start gathering information about a client from the moment she walks in the door, when theoretically our concern is with creating the optimal emotional climate. And attending to this climate will continue to occupy part of our attention even later when we're doing experiments. And of course our experiments will allow us to gather additional information. Etc.

So task two is already well under way before we start giving it a larger percentage of our attention. But this is the point at which we allow ourselves to start thinking like a

scientist: we begin making observations, forming hypotheses, imagining possible experiments, and settling on an indicator. Let's take each of those items one at a time.

BEING A SCIENTIST

Making observations. In Hakomi, the chief way we gather information is by observing and listening to the client. We don't ask a lot of questions because questions tend to create a passive client and the image of an "expert" therapist, when what we want is an active, self-actualizing client, and a fairly quiet, beginner's-mind kind of therapist. So we "track" the client: we pay attention to her posture and movements, to her breathing and her voice, to the shifting expressions on her face, to what she does with her hands. We try to "read" or feel her emotional state: does she seem anxious, sad, hurried, burdened, timid? We listen to her story for hints of beliefs, assumptions, and attitudes that might reflect core material.

We also pay attention to our sense of the relationship. What kind of interaction does this feel like? How much is she receiving us, letting us be a partner in her work? Is she looking at us, or elsewhere? Do we feel ourselves being pulled into any particular style of relating, such as rescuer, provider, wise person, teacher, potential threat?

We also track her state of consciousness. Is she in everyday, conversational, reporter mode? Is she emotional? Is the child-consciousness evident? How inward and mindful does she seem? Is she speaking from an experience-near or experience-distant place?

As we are collecting all of this data, what we are looking for is patterns or themes. For example, a client whose body seems to not take up much space physically or energetically, who has an unusually soft voice, who displays a hesitancy in her manner of speaking, and whose story is about being overlooked for a promotion — these would seem to suggest a theme or pattern of some kind. A client whose body looks heavy and burdened, whose delivery is labored, whose story is one of overwhelming responsibility — these suggest another kind of pattern. And once we've noticed, or at least conjectured, the presence of a pattern, we are ready for the next step.

Forming Hypotheses. We need two things to form a reality-based hypothesis: we need some good data; and we need a general understanding of the "laws" which govern that kind of data.

For example, from your favorite corner table at Starbucks (where you sit every day sipping herbal tea and working on your novel), you observe that a certain nicely dressed man comes in most days a little after 3:00, orders a double espresso to go, and hurries off. Because you know about 8 to 5 jobs, and about office dress codes, and about scheduled break times, you might hypothesize that the man works in an office nearby and that he gets a short break at 3:00. You might also hypothesize that the man isn't getting enough sleep, or perhaps he isn't eating right, or has adrenal problems, or maybe he finds his job boring, and that he needs the caffeine boost to stay alert for the last couple of hours at work. Because it's a man, you figure he's getting the coffee for himself and not somebody higher up in the organization. Etc.

So, you have some observations (male, 3:00, almost daily, double espresso); you know the "laws" governing employment and gender roles in your particular subculture (8-5 jobs, breaks, dress codes, most secretaries are women); you know a little about physiology (sleep, adrenals, diet); and you makes some guesses about what it all means (bored, mid-level employee, who isn't taking good care of body, on his afternoon break).

This is the kind of thing we do all the time: knowing so-and-so, and hearing he did such-and-such, we postulate what his motives might have been. What we do in Hakomi is refine this whole process of observing and making informed guesses. We learn how to pay attention to the client's *signals* — to her verbal and (especially) non-verbal communications — and how to infer from those signals the beliefs that might be organizing her behavior. We learn which signals tend to be relevant, and we learn which beliefs tend to organize behavior to produce such signals.

If a client is speaking rapidly, for instance, we might infer that she has a belief (perhaps unconscious) that no one will listen to her for very long. If another client seems weary and burdened, we might infer a belief that says she's not allowed to rest, or that she can't rely on anyone to help her, or that she's only valued for what she does.

So one part of the Hakomi training is learning what and how to observe the client, how to listen to the story *behind* the client's story. We learn how to hear the story *within* which the story-teller is herself merely a character, often an unfortunate character whose fate and happiness seem to have been determined by forces and circumstances outside her control.

Or, to update our metaphor, we could ask ourselves: what kind of a *virtual reality* does our client seem to be living in? What are the rules of the invisible but effectively real (inner) world the client is inhabiting? What is permissible and rewarded in her personal version of reality, and what is disallowed and punished? Who makes the decisions here? What kinds of relationships are possible? How do "they" feel about displays of emotion or creativity or independence? What goals are worth pursuing within the invisible world the client inhabits, and which don't get much recognition.

Or, from still another perspective, we might wonder, what kind of an environment is this organism — our client — adapted for. It's basic evolutionary understanding that organisms evolve in response to their environments: over time they try to find unoccupied niches; to discover available sources of nourishment; to protect themselves from real or potential threats. What sort of environment might have produced a creature such as your client? What kind of world, what types of interactions, does she seem prepared for, built for, predisposed to expect?

So another part of the training, then, is learning about these "forces and circumstances", the "rules", the "environmental factors" which seem to determine how we human beings end up being molded as we are. We learn about the kinds of core issues and needs that tend to run us, and the kinds of strategies we devise in order to survive within a world that has often shown up as indifferent, hostile, and dangerous; one that may at times seem opposed to our aliveness, to our love and to our very existence.

Imagining possible experiments. So, we have the data, which is the information we have unobtrusively gathered simply by paying attention to the client's various signals; and we have a hypothesis that is informed by our understanding of how human beings tend to develop in less than optimal circumstances. But . . . all we really have at this point is just an educated guess. And, more importantly, even if we're 100 percent correct, our knowing it will make very little difference to the client. She has to know — to feel, to experience — it herself. So we need to devise some kind of simple *experiment*, both to test our theory, as well as to allow the client to experience directly the influence of the core organizing belief whose operative presence we are postulating.

The simplest form of an experiment in Hakomi is, of course, the verbal probe. For example, our observations lead us to notice that our *exhausted* client seems to feel she has to say *yes* to anyone who asks for her help. We suspect that in her virtual world, helping — even to the point of unhealthy self-sacrifice — is highly valued and is probably tied into her sense of self-worth. To confirm our suspicions, and to help the client directly notice that she is indeed operating according to such a principle, we would (later, in task 4, after establishing mindfulness) offer her a probe such as, "your life belongs to you". If our hypothesis is correct, this potentially nourishing statement will "collide" with what may be her unconscious belief — "my life belongs to everyone else first, then if there's any left over, to me" — thereby bringing that belief into felt consciousness. But more about all of that later. In task 2, we're just thinking about all of this.

Selecting an indicator. In the example above, the "indicator" would probably be the client's general state of exhaustion. But an indicator can be almost anything. What we want is something that we somehow suspect or sense might provide access to deeper psychological material. So a repeated gesture, a unconscious mannerism, a habit, a way of holding the head, a certain look in the eyes, an incongruous smile, a unique way of dressing, a careful way of speaking — all of these could be indicators, depending on the rest of our observations. Ron suggests asking ourselves: What is it that stands out about this person? If you had to describe this person to someone else, what traits would you mention? If you were that novelist sitting in Starbucks, what words would you use to capture her uniqueness?

Obviously, settling on an indicator is not really a separate act from making our observations or forming our hypotheses. The observation, hypothesis, experiment, and indicator may all reveal themselves to us in the same moment of clear-seeing. But whether this all comes at once, or gradually, if we're going to somehow make use of all this fine detective work and hunches, we're going to have to get the client interested in this indicator. That's the next task.

TASK THREE SHIFTING THE CLIENT'S ATTENTION TO THE INDICATOR

This task is pretty straightforward. We've noticed something interesting about the client that we suspect might give us access to some deeper level of material. Now we need to find out if the client shares our interest and curiosity. And so we wait for an opportune moment to share our observation. Ideally, the client pauses in her story and perhaps looks to us for some kind of response or contact, and we take advantage of that opening. But maybe this is the kind of client that hardly takes a breath between sentences. What then? Well, we may need to interrupt her. We want to be as polite as we can be, but not so polite that we are excluded from the interaction. So in one way or another, at some point, we need to say to the client: "I've noticed something interesting about you." And then it's just a matter of tact and flow and gentleness.

If the client shows some interest, we go on to task four, and set up the experiment. If she's got some higher priority, like finishing her story or getting a point across to us that we don't seem to have gotten because we were thinking about our wonderful experiment, we back off and return to spaciousness. Maybe in a few minutes.

PHILOSOPHICAL INTERLUDE

Because this is such a short task, I thought it might be good spot to introduce a bit of discussion around what *kind* of psychotherapeutic approach Hakomi represents. After all, psychotherapy keeps evolving as one sensitive, malcontented therapist after another says to him or herself: "You know, something just doesn't feel right about the way we've been taught to do therapy. We're paying far too much attention to *this*, and not nearly enough to *that*. We're focusing *here* when we should be focusing *there*. Let me see if I can figure out how to address the problem." We all know who the sensitive malcontent was who brought forth Hakomi and now, still not content, Hakomi Simplified. But where exactly does Hakomi fit in the grand scheme of all things therapeutic?

Alas, there is no grand scheme. Evolution isn't linear, and organic processes keep spinning off new variations of themselves in multiple directions whenever they find new circumstances or opportunities. But there are some small, *local* schemes that are relevant to Hakomi, and which may help us appreciate a bit more the kind of work we're doing.

This philosophical interlude actually does belong right here, at this point in the description of Hakomi Simplified, because this simple task — shifting the client's attention to an indicator — marks a distinct transition in the session. Until this point in the process, the therapist has been relatively quiet: mostly listening, occasionally making contact. The space and initiative have clearly belonged to the client. What the client is interested in and aware of has guided most of our shared attention (aside from our surreptitious observations). And now, we are about to change all that; we are going to take charge. We're going to start making *level 2* contact statements.

So, local scheme number one (of two) has to do with the debate in psychotherapy between *non-directiveness* and *efficacy*.

Non-directiveness – efficacy. All of the so-called person-centered psychotherapies (which broadly includes Hakomi) are relatively non-directive. They assume or affirm, in one way or another, that the impetus for growth and understanding must come from the client, and *will* come from the client eventually if the therapeutic setting is conducive and friendly to such growth.

In its purest form, called *principled* non-directiveness (meaning, a fundamental, underlying *principle*, like organicity or holism), the stance is this: if we really believe what we say about the self-actualizing potential residing in the client, then we must have absolute respect for the client's ability to bring forth, at her own pace, in her own way, whatever is needed for her healing. For the therapist to intervene or redirect the client's attention in any way is a disrespectful act, and violates her autonomy just as her childhood environment doubtless did.

On the *efficacy* side of the equation, other equally person-centered practitioners would agree that non-directiveness is nice up to a point, but practically speaking, clients come to us precisely because they are damaged; their actualizing function isn't functioning all that well. If they are going to make any significant progress, they need a whole lot more than just a weekly, one-hour dose of unconditional positive regard. They need our active, educated help.

In Hakomi, task three is where we shift from something we could easily label the "principled non-directiveness of loving presence", into the overtly strategic stance of "efficacy", of "moving the process forward". The reason why it's critical for us to be aware of this transition and what it entails, and to handle it with delicacy, is that the client may (quite legitimately) experience it as jarring or confusing. If a small child is playing happily alone, building something with blocks, while father looks on, the child may not immediately appreciate dad's suggestion that she put a block *there* before the whole thing falls down.

A second local scheme, another way of positioning or thinking about person-centered psychotherapies, is according to the extent they insist meaningful change comes about because of: a) the client having certain types of *relationships*; or b) the client having certain types of *experiences*.

Relationships – experiences. The *relationship* side of the discussion highlights not so much the optimal therapeutic setting (of, say, loving presence), though something like that is implicit. The emphasis rather is on the quality or nature of the *interaction* between the client and therapist. From this perspective, what really allows for meaningful change to occur is for the client to experience, moment by moment, qualitatively different responses to her beingness than she experienced early in life. What is important about these responses is, not necessarily that they be loving, but that they be *authentic*. So here it is the authenticity of the therapist, his personal congruence, his mature personhood, that is understood to be the catalyst for healing.

When I extended the meaning of "missing experience" earlier in this paper, it was to highlight this dimension of the therapeutic encounter as it might be understood in Hakomi.

On the "experiencing" side of this scheme is, for example, what *focusing* calls the "felt sense". This may be loosely defined as our deeper, bodily sense of whatever it is we are experiencing. Emotions, memories, sensations, and action all emerge from, and can be brought back to, the felt sense. The felt sense is understood to provide and contain a much more complete "grasp" of our total situation (about the particular issue we're focused on), and knows or "implies" the next step we need to take.

The felt sense is a kind of somatically attuned inwardness that is often unclear initially, but which tends to clarify itself, to be sensed more precisely, the longer we can stay with it. When the therapist asks us what we are feeling, and we don't know immediately, it is to our felt sense, ideally, that we turn, and wait for an answer. For this discussion, the most important point is that the felt sense — when we allow it to emerge within us and focus on it — is the source of meaningful change. By being in contact with our felt sense, we intuitively know what to do next.

In Hakomi, it is experience evoked and studied in mindfulness that corresponds (roughly) to this emphasis on a certain *way* of experiencing our experience as being a key part of the process.

So, a second way to think about the transition we make in Hakomi at task three is this: that we moving from a reliance on our authentic relationship with the client as the (nearly) sufficient vehicle of healing, to a territory where a certain kind of deep experiencing is understood as required for significant healing to take place.

In some ways, these categories or distinctions I've invoked here represent false dichotomies: in the first instance (non-directiveness vs. efficacy), we obviously don't abandon our loving presence when we begin directing the process a little; in the second (relationship vs. experience), we know that clients only allow themselves to go deeply into their experience within the context of safety and containment which the attuned therapeutic relationship offers. But I think the distinctions can help us understand a little better how Hakomi works, and underline the fact that there are two relatively distinct stages in any given Hakomi session.

Finally, I want to point out another reason why the first of these two false dichotomies is false: Ron didn't base Hakomi on the principle of non-directiveness; he based it on the principle of non-violence. Non-violence doesn't tell us not to intervene or redirect attention or try an experiment; it says, pay very close attention to the client's response to our suggestions and efforts, and if there is resistance, don't continue. Working within the principle of non-violence, we don't have to be extraordinarily cautious or all-knowing; we just have to be observant, sensitive, and ready to stop at once. If we can move the therapy process forward in the direction of deeper experiencing, and do so respectfully and mindfully, in true service to the client's unfolding process, then we are free and ready to do so. It's the Hakomi way.

**TASK FOUR
ESTABLISHING MINDFULNESS AND
DOING THE EXPERIMENT**

MINDFULNESS

In its simplest application, mindfulness means *paying attention*. It is pretty much what mom meant when she said to us, as we were spilling or bumping or dirtying something: "Will you *please* watch what you're doing!" Her exasperated admonition was a call for us to be mindful of our actions, especially those aspects of our activity that we weren't focused on. Our goal, for instance, may have been to fill the dog's water bowl as full as possible at the sink and then place it outside the back door. The fact that we spilled some water on the kitchen floor as we carried the bowl didn't really matter to us. Our attention was elsewhere, on our goal. We weren't paying attention to (weren't noticing as relevant) the water slopping over the edge of the bowl.

Eckhart Tolle has popularized the "power of now", the enormous shift of consciousness that takes place when we deliberately and regularly bring our otherwise scattered attention back into a unified focus in the present. When we "watch what we're doing", when we are actually present to ourselves and our surroundings, and to our present moment experiencing, then our sense of who we are and what is possible are greatly expanded. "Your point of power is in the present", Seth (through Jane Roberts) insisted, in book after book. Whatever reality the past and future may have, whatever influence they may in fact exert on us, our only practical point of contact with them is right here and right now. So that's where we need to be too.

When we speak of mindfulness in Hakomi, we are usually referring to this point in the process where we are now, in task four, in relation to the client and the upcoming experiment. But of course, mindfulness also relates to the therapist. The basis of loving presence, as well as the whole ambience of the healing relationship, is mindfulness. So, what do we mean by that?

Mindfulness is a state of consciousness, and the fact that we have to name it and describe it suggests that it isn't our ordinary state of consciousness. *Ordinarily*, we are not being mindful. Thus it becomes possible, in part, to describe mindfulness in terms of how it is different from ordinary consciousness.

In our familiar, ordinary state of consciousness, we are mostly busy figuring things out: what to do next; how to accomplish so-and-so; planning, scheduling, managing time and resources; wondering what will happen if we do *this* instead of *that*; and so on. So one (admittedly over-simplified) way of describing ordinary consciousness would be to call it "strategic". It is survival oriented. We're using our minds to run our lives, to take care of business, to create small spheres of order in what will surely otherwise be chaos if we don't personally take charge, if we don't come up with a strategy.

Mindfulness, in contrast, is a non-strategic state of consciousness. In mindfulness, we are mostly "busy" appreciating things: how beautiful the flowers are; how lovely this person

is; how gracious the day feels; how wonderful it is to breathe and move about in such a surprising and delightful world. If mindfulness has an orientation, perhaps we could say it is toward wonder and gratitude, toward acceptance and cooperation. If we living mindfully, then instead of "running" our lives, we are allowing our lives to be run, permitting ourselves to be directed or nudged along by some very real process within us, one that seems to have a much better grasp of our situation and purpose than does our anxious, calculating mind.

Mindfulness, in fact, has much less to do with the mind than does ordinary consciousness. A great deal of what we are calling ordinary consciousness is (or at least, seems) located inside our heads, in our mental activity. Mindfulness, in contrast, is a much more embodied state of consciousness, which is why one of the most reliable ways of entering a mindful state is by bringing our attention into the body.

From the very beginning of a Hakomi session, the therapist is modeling a mindful state of being, which is expressed through his soothing and friendly voice, his unhurried pacing, his interested listening, and his focused attention. Mindfulness is inherently spacious, accepting, alert. The mindful therapist has no immediate agenda other than to be fully present and receptive to his client. And the attitude the therapist displays toward the client is the attitude which, in this step, we hope to encourage the client to take toward his own experience: alert, curious, welcoming.

Probably the most important means we have of assisting the client to adopt this attitude is by our modeling of it. Our mindful presence serves to engender mindfulness in the client. This is one of the ways we influence the process in therapy. But we also offer some instruction if that seems called for. In its simplest form, we merely suggest they relax a bit, close their eyes, let go of whatever they had been thinking about, bring their attention inside, perhaps by taking a deep breath and following that breath into the chest and belly. That's probably enough. There's less "noise" in the system now. We can do the experiment.

DOING THE EXPERIMENT

What we actually do at this point will of course depend on the indicator we settled on and how we want to study it. Standard Hakomi experiments include: verbal and tactile probes; taking over voices; supporting "management behavior"; repeating gestures in slow motion; and many more. Ron emphasizes that there is a lot of room for creativity at this point. If there's something about the client's behavior or story that intrigues the therapist, and seems like it might be linked to a core pattern, it's up to the therapist to come up with some way to study it. We don't even have to have a hypothesis. There are times when we really have no idea what an "indicator" is indicating; we merely suspect it's important. We can still experiment, using the information we gather *through* the experiment to form a hypothesis.

We do these experiments (with the client in mindfulness) because we're hoping to evoke something spontaneous, unpredictable, or at least interesting in and for the client. We want to find out if our hypothesis is correct, if we have one. We also want the client to experience in her own body the effects of her core organizing material. And the whole

endeavor can be fairly playful and cooperatively figured out. If we're curious about something, and if the client is interested and engaged, experimenting like this can be joint undertaking.

TASK FIVE WORKING WITH THE OUTCOME OF THE EXPERIMENT

GETTING THE DATA

In order to have any outcome to work with, the first order of business is to get a report from the client on precisely what she experienced during the experiment. In other words, get the data. Scientists do experiments because they hope to learn something or confirm something. So do we. Scientists take careful note of the results they obtain. We should do the same.

Ideally, we would like the client to report on her experience while it is happening, and from within the experience itself. Some clients, however, have their experience, then come out and tell us about it. In either case, if they don't tell us, we have to ask, because the data determines what we do next, where we go from here.

ACCESSING, DEEPENING, AND PROCESSING

Typically, an experiment will result in some form of present experience: sensation, emotion, thoughts. This is already a good start. While in a state of mindfulness, the client has moved into a deeper awareness of some aspect of her actual present-moment experience. What we need to do then is help her stay with that experience longer, so that it deepens or opens up in some way, or so that it stabilizes. If a verbal probe elicited a feeling of sadness, we might simply suggest that she "stay with the sadness", or we might ask her what kind of sadness it is, or what the sadness seems to be saying. We want her to feel the sadness fully, while at the same time maintaining some distance from it. We want her to come into a relationship *with* her sadness: it is part of her, but not all of her. She is close to it, but not overwhelmed.

Our goal of course is to "access" core material by means these deeply felt experiences, whatever they may be, and by discovering what they mean to the client. In this overall, cyclically repeated process, there is often a release of strong emotions, and when that happens we will attempt to support the client's spontaneous behavior (tensing the abdominal muscles, covering the eyes, collapsing the chest), and offer whatever nourishment she will accept. Or the "child" may appear, signaled by a change in voice or facial expression, and we will attempt to relate to this inner child in a natural and reassuring manner, offering the consolation and wisdom that was missing in the earlier time.

Eventually — if the client has been willing, and we have been skillful, and the heavens have been gracious — we uncover a core belief. Perhaps the belief, as verbalized by the client (speaking from the child's perspective and with the child's limited understanding) is "the world isn't safe". We assist the client in coming to see that the child's intense but narrow experience of non-safety (in her family) led to a great over-generalization of how things are, that while some parts of the world, some particular people, might not be safe, other parts and people probably are. And at this point, we are slipping into task six, where we'll pick this up again.

Now, this has been an admittedly cursory description of what is in fact a very complex aspect of the therapy process. The *doing* of all this accessing, deepening, and processing requires a lot of therapist skill and confidence, as well as moment by moment attunement to the client's often rapidly shifting state. Let's take a moment to remind ourselves why it is we *do* this at all.

EXPERIENCE IS ORGANIZED

One of the main ideas which Hakomi is based on is that *experience is organized*. With respect to the therapeutic process this means: our psychological *experience* (our perceptions, our feelings, and our sense of what things mean) *is organized* (is effectively created or structured) by our *core beliefs* ("conclusions" we reached at a very young age about what kind of world this is). In the section on virtual reality, I said that it is core beliefs that effectively generate the particular personal world that each of us inhabits. For example, a core belief of "I'm not safe" will tend to generate a virtual reality in which the possibility of *danger* seems higher than it otherwise would, where a greater sense of *threat* seems to permeate otherwise innocuous settings.

Saying that the belief, "I'm not safe", *organizes* our perceptions and emotional responses means: it colors our perspective on things (we tend to see people and situations as threatening); it tells us what we should pay attention to (strangers, crowds, situations that might be chaotic); it instructs us in how to approach the unknown (with caution, with a tensed body and shallow breathing); it advises us how to feel in unfamiliar circumstances (anxious, vigilant, ready to flee). The person whose virtual reality is organized around the core belief, "I'm not safe" is going to experience and report on a very different world than the person whose virtual reality is being generated, say, by the belief "I can't get what I want", or "I'm only loved when I perform."

As I mentioned early in this paper, most of these so-called core organizing beliefs reside in an area of the brain that holds implicit memory, which we don't have direct access to, and so they shape our experience often without our being consciously aware of them. Even if we are conscious of them at some level (meaning, we can talk about them), that level of knowing doesn't change anything. It's like thinking we know how to bake a cake because we'd read a cookbook, but hadn't gotten down to the level of flour and ovens. Even if we could recite the recipe by heart, our plates would still be empty.

So the reason we "do" all this accessing and processing is because — we have to. This is what it takes. If we don't get down to the level where these "beliefs" are stored — packaged inextricably with the painful memories and awful feelings, and the sense of

hopelessness and shame and resentment, that was all part of what became a "missing experience" — then the client won't really be in the state of openness and trust needed to receive the nurturing experience when it is offered. She will go away hungry.

**TASK SIX
OFFERING NOURISHMENT
TO SATISFY THE "MISSING EXPERIENCE"**

Most of what needs to be said here I have already said, in the overview of task six, and in the section on the missing experience. To summarize, in one way or another, most often simply through his kind words and compassionate presence, the therapist offers the client her missing experience, the nourishment all of her processing and openness have prepared her to receive. The therapist's energetic and perhaps physical embrace, the atmosphere of trust and intimacy that now fills the space, the client's openness to her own inner resources, visiting angels perhaps — all of these combine somehow to answer the particular soulful longing that has made itself known during the session. And so the client experiences feeling truly safe and welcome, or deeply seen and valued as a person, or unconditionally honored in some way she's been waiting for all her life. She cries a little, she laughs a little. And for the moment at least, all is well.

AFTERWORD

Where two or more are gathered together in the name of healing, with at least a minimal degree of humility and trust, something else enters in to the midst of that relationship. The combined intention of healer and healee – to alleviate suffering, to walk a step or two further into the heart's labyrinth – serves as an invitation or call, perhaps even a summons, to those greater energies and beings which express the universe's true nature: compassion, beauty, wholeness. When we commit ourselves to healing, providence moves too, and whatever healing takes place comes about more through grace than merit, more through sincerity than preparation, more through surrender than effort. How it all works is still mostly a mystery, but with Hakomi, Ron has found, and now offers us, a skillful way of participating in this mystery with those who come to us, a participation which naturally facilitates our own continued healing and growth at the same time, the ultimate win-win situation.