
THE HAKOMI METHOD AND COUPLES

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As a developing theory, most of the therapeutic focus of the Hakomi Method has been on individuals. The Hakomi therapist gently guides the client's exploration of self-limiting interactions and belief systems. In the early stages of this process, the client is taught witnessing as a way of disengaging from a reactive position. Then through probes, taking over and other interventions previously described, the various "conflicting parts" of the client can begin to communicate and integrate. What is aimed for ultimately is a mind/body wholism that facilitates creative and productive living.

In addition to individual therapy, the Hakomi Method can be utilized quite effectively in couples work. When working with a couple, the Hakomi therapist broadens his/her perspective to view the couple as one system, or if you will, one body. This concept of an interactive system is borrowed from the Family Systems theorists whose premise is that "Human experience is determined by the individual's interactions with his/her environment. What one experiences as real depends on both internal and external components."1 To illustrate this premise, Salvador Minuchin quotes the following Parable:

"Commander Peary relates that on his polar trip he traveled one whole day toward the north, making his sleigh dogs run briskly. At night he checked his bearings to determine his latitude and noticed with great surprise that he was much further south than in the morning. He had been toiling all day toward the north on an immense iceberg drawn southwards by an ocean current. Human beings are in the same situation as Commander Peary on the iceberg."2

When working with a couple, the therapist helps the couple define patterns of interaction that are limiting and are keeping the relationship "stuck". During the course of therapy, the couple also explores their negative belief systems about themselves, each other, and relationships. By using Hakomi techniques of witnessing, body awareness, taking over, etc., the therapist guides the couple in disengaging from their defensive and stuck positions. What is aimed for in couples' work is to give the couple a clear awareness of their patterns from a witnessing perspective and to aid them in finding alternatives originating from the "inner self" rather than the logical self. Once the "blocks" are minimized or overcome the relationship can continue to grow and deepen.

The following work is by no means exhaustive, but gives a flavor of how Hakomi can be utilized when working with a couple system.

PART I: INITIAL SESSIONS

In the first few sessions the Hakomi therapist's basic questions are: What is going on?; What strengths and weaknesses am I working with?; What does the couple want to have happen? In order to answer these questions, the following checklist is provided as a guide.

A. Level of functioning

1. Trust: how much overall warmth and respect is displayed by the partners towards each other?
2. How does each individual describe the strengths and weaknesses of their relationship?
3. How satisfying is their sexual interaction?
4. Do they agree on goals?
5. How willing are they to make changes?

B. Verbal Communications

1. How well do they express their individual thoughts and emotions?
2. How much individual responsibility does each partner take for their current state?
3. How well do they listen and understand one another?
4. How much do they engage in negative communication patterns:

a. Mind reading: assuming they know what each other is thinking or feeling without checking.

b. Kitchen sinking: dragging out everything but the kitchen sink when discussing any conflict.

c. Accusing and blaming: making the other person wrong or totally responsible in a derogatory manner.

d. Battlestations: Holding on to and restating the same position without movement or resolution.

C. Non-Verbal Communications

1. How much eye contact do they maintain?
2. Do they maintain "open" or "closed" (i.e., arms crossed, legs crossed, etc.) body positions?
3. How do they react physically to each other's comments?
4. How aware are they about their own and their partners non-verbal signals?
5. How much "character" do each of their bodies present?

D. Extended System

1. How well do they get along with parents and in-laws?
2. Are they a child centered couple (i.e., always bringing up problems with the children and avoiding discussion of their own problems)?
3. Do they have a social network of friends?

4. Do problems at work interfere with their relationship?

5. Did one of them or is one of them having an affair?

6. Does one or both of them have alcohol or drug problems?

Most of the checklist can be covered by observing the behavior of the couple when answering the following questions:

1. What brings you here?

2. How would each of you describe the strengths and weaknesses of your relationship?

3. What would you like to see changed?

4. How would you describe your family of origin?

If the couple is very distrustful and has poor communication skills, I usually start with communication and trust building skills before I begin to use Hakomi methods. If one partner in the couple is "stuck" i.e., one partner has a trust issue stemming from unresolved family of origin issues, I would alternate individual Hakomi work with couples work. However, if the couple has some dysfunctional communication patterns but has a basic trust of one another, I would go right into "Replay".

PART II: REPLAY

The exercise I have named "Replay" is one of the basics of my couples work. I use it repeatedly in the sessions. In replay, you introduce all of the major Hakomi techniques building one upon another. The purpose

of "Replay" is to systematically identify dysfunctional patterns of relating and to take them apart analyzing the various components from a "witnessing perspective". This takes both partners out of the "reactive position" and begins to give them choices once again.

REPLAY

Phase I: Identifying dysfunctional patterns and analyzing sequence verbally.

A. Step I: You can easily identify dysfunctional patterns using the following criteria:

1. the conflict has the same beginning, middle and end

2. there is no resolution

3. the interaction reveals many of the self-limiting beliefs the partners have about each other and themselves

4. both end up feeling misunderstood, angry, and hopeless

5. the topic is interchangeable but the pattern remains the same

When I begin to see and hear what seems to be a dysfunctional pattern, I will stop the interaction and ask the couple, "Does this feel familiar; do most of your arguments end up this way?" Most of the time I get an overwhelming "YES". At this point I go onto Step II.

B. Step II: At this juncture you want to begin to analyze the dysfunctional pattern verbally and identify the sequence. For example, Connie and Jim have continual, long, angry arguments that leave them hopeless and exhausted.

Therapist: So, when was the last time you had a battle and how did it start? Remember, I don't want you to reactivate the fight, but like a home movie we want to be able to create the sequence and replay it.

Connie: Well, I told him I would be back at 5 on Friday and I stayed a little later with the girls having one drink and he goes BULLSHIT on me--

Jim: (interrupting) Hey wait a minute--that's not the whole truth...

Therapist: Hold It--Cut--Let's go back--Connie you said you'd be back at 5 and you were how much later?

Connie: 1/2 hour.

Jim: Oh, come on! It was an hour and a half.

Connie: No, Sir!

Therapist: OK, hold it--Do you notice you have difficulty agreeing on the sequence and you're both trying to make each other wrong? Is this typical?

Connie: Yeah, all the time.

Jim: Yeah, we never agree on anything.

Therapist: OK, so I've got that Connie you came in later than expected--Jim you got angry--Connie you got defensive--is that it so far?

Connie and Jim: Yeah.

Therapist: Great--then what happened?

In Phase I of Replay you want to keep the couple refocusing on the interaction. The content is not the major issue right now;

it is "HOW" they interact and where it gets stuck that you want to identify. Also, the process of "cutting" and focusing on sequence "decharges" the topic. The shift from "what" to "how" begins to teach the couple that they don't have to react, they can step out and look at (or hear, or feel) what is going on and they can agree about something without losing.

By the end of Phase I you should have the very basic structure of the pattern. In the case of Connie and Jim it was:

1. Connie does something other than she said she would
2. Jim gets angry and verbally attacks Connie
3. Connie gets defensive and attacks back
4. Both shout at one another dragging up every past wrong
5. Jim starts running down Connie's family
6. Connie starts running down Jim's family
7. Connie cries and runs out of the room (going upstairs or outside) shouting something about wishing they'd never met
8. Jim begins to drink and usually gets drunk
9. Both stop speaking from 1-3 days.

In a true Dysfunctional pattern, it will not matter what the topic is--the argument will follow the above predictable sequence. After identifying the sequence you can go on to Phase II of Replay.

PHASE II: Connecting the verbal to the physical

A prerequisite to Phase II is the ability to witness. In Phase I you have already begun to teach the couple how to witness by example. At this point, however, you want to spend some time formally teaching the witnessing technique described in the manual. The purpose of Phase II is to begin to help the individuals connect with their physical experience of the process. In Phase II you can use the same conflict you were discussing in Phase I or a different one. To illustrate Phase II, I'll use the case of Steve and Jane. Steve is a very forceful man who continually gets frustrated by his wife's refusal to get close to him.

Therapist: So, Steve you feel that you want more physical, non-sexual attention and unless you initiate it--it doesn't happen, is that it?

Steve: Yeah.

Therapist: OK, now when you were arguing with Jane--UMM--How were you positioned?

Steve: I was sitting forward--something like this.

Therapist: Great--okay now--picture the scene and put your body in that position--great--now what is your stomach doing?

Steve: It's a little tight--but my shoulders are real tight and my hands are clenched and I can feel my jaw tighten. Wow--that's pretty amazing.

Therapist: Good--now what are the words that you are saying to Jane?

Steve: I feel real frustrated--I tell you and tell you and you just don't listen to me--I

Therapist: Okay--cut here--now Jane--where is your body when Steve is saying this?

Jane: I'm sitting back in the chair and my arms are crossed and I'm like...umm...holding myself real tight.

Therapist: Great, and as Steve talks what happens to your breathing--wait a minute--Steve go back to your position and repeat what you said to Jane and Jane you just watch what happens.

Jane: Wow--I hold my breath!

Therapist: When do you start...(Jane looks puzzled). Okay do it again.

Repeat of scene

Jane: Right when he says "frustrated"--my whole body stiffens and I hold my breath.

In Phase II you are matching the physical pattern to the sequence that you established in Phase I. An analysis of Jane and Steve looked like this.

Phase I
Phase II

1. Steve asks for something from Jane. Body forward
2. Jane doesn't respond verbally, arms crossed, body tightening, breathing shallow
3. Steve starts asking more. Increasing tension in shoulders; stridently jaw and stomach tighten

4. Jane closes down more. Muscles tightening in stomach and arms; holding breath frequently

5. Steve explodes, begins to clench hands and arms, tighten legs, blame, accuse.

6. Jane starts crying and feels weak in legs and arms, no strength, chest collapses, saying "okay, okay".

7. Steve no longer wants original request. Feels tight all over.

8. Jane waits until anger subsides and then gives him what he wants for a period of time

9. Steve responds and begins to relax muscles. Pressure stops.

10. Jane slowly stops giving. Relaxes some, chest less collapsed.

11. Pattern repeats by Jim asking for something different, but along same theme

The therapist continues to "direct" and have the couple "replay" the sequence until they can go through the entire sequence verbally and physically from a witnessing perspective. For most people, it's the first time they are aware of how much their body is involved and it is very exciting to them--sometimes even more interesting than the fight. Even the most resistant client can, with a little help, become quite fascinated. You are also aiding the couple to disengage, witness and begin to question the "invincibility" of the pattern. At this point, you move on to Phase III of Replay.

Phase III

In Phase III you start connecting up the verbal, physical, and emotional process and identifying the underlying belief systems. The main job for the therapist is to spot negative belief systems and increase the couple's awareness of them. In Phase III, you would continue with the same conflict you used in Phase II. As we continue with Jane and Steve:

Therapist: Okay, so when Steve says "frustrated" you begin to go into this experience right-holding your breath etc.?

Jane: Right.

Therapist: Okay let's start again--we'll go back to Steve. Okay--now--hmm--Steve go back to your first position.

Steve: You mean sitting forward?

Therapist: Right--okay now say the words: "I feel real frustrated, etc. and watch Jane--and I want you to keep part of yourself watching and observe what that feeling of tightness is saying to you. OK Jane you react the same way we just did. Ready--okay go ahead.

Steve: (getting into position) I feel real frustrated. I tell you and tell you and you just don't listen to me.

Jane: Tightens, looks down and unobtrusively, holds breath.

Therapist: Okay, Steve, what happened?

Steve: This feeling came over me--like--Oh, I don't know. What is this anyway?

Therapist: Okay-hang-on--what kind of feeling was it?

Steve: Angry. Frustrated. Like, it'll never work--I'll never get what I need.

Therapist: Does that feel familiar?

Steve: Yeah, Real Familiar!

Here, the therapist is "deepening the process" guiding the individuals to the deeper belief systems that underlie dysfunctional patterns. I sometimes go right into a therapeutic intervention, but more often, I keep going back and forth until each partner is clear about the feeling and belief systems they and the other person hold. After this phase, the couple has much more information about their manner of relating than they have had before. With this ability to self-observe and "step out" of the pattern and a very clear idea of how the pattern works, it is much more difficult for them to simply "react" in their old way. Oftentimes between sessions I will receive reports of how they started the pattern and then stopped and looked (or blushed or laughed) and couldn't go on.

Phase IV: Therapeutic Interventions

In Phase IV, the therapist guides the couples towards nourishment and resolution. The emphasis here is on the couple discovering alternatives and breaking up the underlying belief systems of the sequence. The therapist has a number of choices here and I will highlight four examples of them.

Choice 1: Accepting nourishment from partner

1. Have couple "replay" a section where neither of them gets what they want (i.e., you never listen to me, etc.)

2. Have them go inside and search for what it is that they exactly want right then. Have each of them tell the partner what they want and then act it out from a witnessing perspective. Have them share reactions.

3. Therapist may want to work individually with probes using partner as assistant.

4. Keep working on same part until both partners "take-in" nourishment from each other.

Choice 2: Taking over negative voices

1. Have couple "replay" a negative belief system non-verbally.

2. Therapist stands beside one and then the other "taking over" negative voices.

3. Couple witnesses and reports.

4. Continue process until resolution.

Choice 3: Taking over blocked motion and/or any movement that is important

1. Replay sequence until therapist picks up key movement or blocked motion (i.e., fists clenched) in one or both partners.

2. Therapist takes over movement and uses partner as feedback.

Example:

Therapist: John, go inside and observe what happens when I tighten your hands.

John: I'm stopping myself from reaching out

Therapist: Okay, now you try and reach out and I'll stop you okay--now what happens?

Continue process for awhile and then ask partner for feedback.

Therapist: Terry, what happened to you during that process and what did you observe about John?

Terry: I felt scared--like I wanted to go to him but I couldn't.

Here you can take over that resistance and repeat the process.

3. Therapist continues until both are getting what they need in that sequence.

Choice 4: Sculpturing metaphors

1. Therapist asks each partner to envision the entire out of contact pattern and fantasize a metaphor for how it feels:

David: I see her as a statue up on a pedestal and, I'm clearing the way for her to go and everytime I almost finish, she changes directions.

2. Act out each metaphor--therapist can take over movement or voices or any other technique appropriate to deepen process.

3. Ask them to fantasize a metaphor for how they would like it to be:

David: I would like us to be walking down the same path in the same direction.

4. Act out and explore what keeps the second metaphor from occurring. Explore as many ways and options for creating it as possible.

Phase IV: Interventions

1. Have each of them say what they need to hear from the other person and witness response when "replayed".

2. Can detour into individual work here.

3. Have them act out belief system

4. non-verbally while therapist takes over negative voices. Witness, report, deepen process

5. Therapist takes over blocked movements of each partner

6. uses other partner as co-therapist

7. connects movements to feelings and words.

8. Replay having each partner do original sequence here and how they would have wanted it to be.

9. Act out each scene.

10. Therapist takes over negative voices and explores using any or all techniques to interrupt the pattern

Part III: Out of Synchrony-In Synchrony

The purpose of Out of Synchrony--In Synchrony is to increase the couples

awareness or their non-verbal body cues. This exercise can be used in the 2nd or 3rd session and then sporadically throughout the duration of therapy.

A. Out of Synch:

1. Instruct the couple to go inside and visualize or remember the last time that they were angry with each other and that they were blaming and not listening to the other person (have them keep eyes closed)

2. Have the couple hold that image and put their body in the exact position that reflects their thoughts (should be the position they use frequently when angry and "out of synch")

3. Have them hold position and thoughts and open eyes.

4. Have them share the following sentences:

a. When I am out of synch with you my body _____.

b. I am thinking _____.

c. I am feeling _____.

d. I experience from you _____.

e. I notice your body is _____.

Relax--Stand up--Shake out and Discuss.

CHANGE CHAIRS

B. In Synch:

1. Instruct the couple to go inside and visualize the most "in synch" they can be. Where they have the relationship they

want and that they are the person they want to be in the relationship.

2. Have the couple hold that image and put their body in the exact position that reflects their thoughts.

3. Have them hold position and open eyes.

4. Have them share the following sentences:

a. When I am in synch with you my body _____.

b. I am thinking _____.

c. I am feeling _____.

d. I experience from you _____.

e. I notice your body is _____.

Here you can end or go on to C.

C. Options in "in synch" positions

1. Synchronizing breathing--have them hold in synch positions and synchronize their breathing while holding hands.

2. After breathing is "synched" have them synchronize blood pressure by holding pulse points of partner and focusing. (Contribution of Joan Barth, of Pennsylvania)

3. Have them hold hands--eyes closed and communicate positive feelings non-verbally through hands.

4. Have them hold hands and you take them on a fantasy journey.

D. Homework

1. Have the couples only argue or do their "pattern" in the out of synch position.
2. Have them do the in synch position non-verbally 5 minutes each night before going to bed.

REFERENCES

1. Minuchin, Salvador; Families and Family Therapy, Harvard University Press, Cambridge, Mass., 1974, p.2.
2. Ibid.

Stages of the Hakomi Therapy Process

