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Hakomi Therapy with Families:
A Theoretical Case Study

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ABSTRACT: This paper describes how Hakomi Therapy could theoretically be used in the case study of an emotionally at-risk, severely diabetic adolescent boy and his recently separated parents. The therapeutic stages and interventions outlined in this paper are informed by the writings of Hakomi's original founder Ron Kurtz and several Hakomi Institute trainers, as well as the experience of the writer, who is a Hakomi-trained practitioner and has previously worked with teenagers.

Family Case

Jeremy is a 14-year-old Caucasian male who was referred for a family evaluation and treatment a week or so after his release from the hospital following treatment for a diabetic coma. Jeremy had been treated for juvenile-onset diabetes since he was 7. His diabetes was reasonably well controlled with diet and daily insulin injections and blood sugar checks, which he did himself. Besides this chronic medical problem, his health was good. He is the younger of two siblings, his sister, Maggie, being 8 years older. His mother, Ann, admits that Jeremy was an unplanned pregnancy and that her moderate social drinking during her pregnancy might have had some bearing on his diabetic condition. Jeremy had done reasonably well in school, had a few friends at his school, and was quite involved with both scouting and coin collecting. Jeremy's sister is married and living out of state. His parents separated about 7 months ago, and Jeremy has been living with his mother in the family home, although he spends most weekends with his father, Mark, who is living in a nearby apartment. Mark continued the affair that had led to the separation, and Ann had begun dating. Needless to say, Jeremy was confused and frightened by these changes.

Three weeks prior to the evaluation, Mark said that he was planning on getting married in 6 weeks. Later that day, Jeremy stopped taking his insulin and went off his diet.

Two days later, he was found unconscious in his room by his mother, who rushed him to the emergency room where he was diagnosed with diabetic ketoacidosis, treated, and released. Jeremy's parents immediately rushed to his bedside and, putting their animosity aside, planned how they could support Jeremy as best they could. His father moved back into the family home and spent all his free time with Jeremy. The family was back together again, at least for a while. As things stabilized, his father moved back to his apartment and went forward with his wedding plans. The next day, Jeremy was taken by ambulance to the hospital where he was treated for a diabetic coma. The pediatric endocrinologist who consulted on the case told the parents that Jeremy had nearly died, and that his body was unlikely to sustain another incident such as this. Recognizing that family dynamics were involved, the doctor made the referral.

Introduction

When a family is referred to a therapist from a concerned medical doctor, the therapist automatically feels the desire to help. Knowing in this particular situation that death is the ultimate and immediate fear of the doctor and family members heightens the concern—the therapist wants to be especially helpful. At the same time, many experienced

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therapists are aware of the powerful and resilient forces existing within individuals and family systems. These are the forces that create troubles for families, and they are the same forces that guide certain families out of difficult situations and towards resources. In other words, while the therapist wants to be extremely helpful, she also realizes that the people she counsels will make their own choices and the family will ultimately do what it does. From this starting point the therapist enters into therapy with hopes for the family, with knowledge of its strength, as well as a clear understanding of the family members' free-will in choosing their own destiny. Hakomi therapy was designed to begin in this open and hopeful, yet unassuming, place, and it is the model used to describe potential treatment for this case study. The sequence of the following therapeutic interventions roughly follows the suggested stages of Hakomi therapy sessions as outlined in Johanson & Taylor's (1988, 241-257) article "Hakomi Therapy with Seriously Emotionally Disturbed Adolescents."

Safety First: Unity and Non-violence

In the case study of Jeremy and his family, a Hakomi therapist would first establish safety with all members of the family as individuals and subgroups. The therapist starts here because Hakomi therapy, like many psychotherapy models (Becvar & Becvar, chaps. 6-13) emphasizes joining with and creating (and maintaining) basic emotional, physical, and interpersonal safety (Fisher & Hull, 1999). The therapeutic alliance between client and therapist is a foundation for Hakomi therapy (Kurtz, 1990) that has some of its roots in experiential psychotherapy (Kurtz, 2008, p. 1) and is similar in respects to Carl Whitaker's Symbolic Family Therapy (Napier & Whitaker, 1978; Nichols & Schwartz, 1998, 177-24), which emphasizes therapeutic relationship above any and all techniques (Becvar & Becvar, 2006, p. 160). Without safety and trust, a therapist could offer little to no therapeutic support to Jeremy and his family (Kurtz, 2008, p. 5; Kurtz 1990, p. 55).

Focusing first on safety is adhering to the Hakomi principles of non-violence and unity. Non-violence in therapy refers to the importance of the therapist not having an overt or subtle agenda of her own (Kurtz, 2008, p. 4). This should not be confused with the therapist having a wish for clients, using therapeutic confrontation, or in the case of Jeremy, attempting to keep him safe by proactively helping the family avoid another diabetic coma. Non-violence, rather, steers the therapy towards a dynamic collaboration between therapist and client (Kurtz, 2008, p. 6). Non-violence also implies the need for therapists to win over the trust and support of their client's conscious and unconscious processes through implicit and explicit messages that communicate that the therapist wants to help the family do what they need and want to do (Johanson, 1986, p. 8). This encourages the client to trust the wisdom of his or her own knowledge, and to look to the therapist as an ally. By

immediately creating and maintaining an environment of safety clients begin to realize that their therapist is working *with* them. C. R. Taylor (1985) writes: "The truly disturbed adolescent is certain that there is no such thing as a trustworthy adult" (p. 35). With this in mind, building trust and safety is critical to this case with 14-year old Jeremy.

The unity principle refers to the notion that all things are connected—including the therapist and the client (Kurtz, 1980, p. 32). Unity adheres to a systemic approach, and a Hakomi therapist would know that Jeremy is not the origin of this family's problems; in fact, there is no single origin or solution (Johanson, 1986, p. 7). Unity and organicity principles in Hakomi guide people to affirm and remember that in terms of foundational human dignity and worth there are no dominator hierarchies (Fisher, 2002, p. 10). In touch with the organicity principle that stems from Bateson's proposition that when all the parts within a system are communicating that the system is self-organizing, self-directing, and self-correcting (Kurtz, 1990, 34-38), the therapist has confidence that despite the challenging circumstances, Jeremy and his parents have innate wisdom and resources. The therapist's job is to help them discover and use these resources.

Safety Interventions

In summary, a Hakomi therapist guiding by the principles of non-violence, unity, and organicity would start with creating a safe environment for Jeremy and his parents as soon as they entered her office. Establishing safety would entail two parts: 1) building rapport, and 2) making sure all parties understand the gravity of the situation. The therapist would build rapport first by engaging in a warm, friendly, conversational manner, drawing from whatever information she knows about the family and their interests. This engaged chit-chat offers an opportunity for the family to sense the warmth and humanness of the therapist while being met where they are strong and comfortable. The therapist's interest in mundane (but meaningful to the family) topics tells the family that the therapist is interested in them beyond their status as clients, and it invites the possibility that the therapist could also be trustworthy in terms of offering deeper support. (Johanson, 1986, p. 7).

In this case, because the parental dyad is not intact, it might make sense to begin by engaging with the adolescent, Jeremy, knowing that he is the most outwardly pained and confused, most likely the outlet for his family's pain, and most central to bringing them together now. Engaging Jeremy first would help set the tone that he is important, and has value to the therapist beyond his obvious health risks. Here, the therapist models the Unity and organicity principles of interconnections. Given that little is known about Jeremy's interests besides his scouting and coin collecting, it would be advantageous for the therapist to begin getting to know him more deeply and widely,

deepening into the relational networks. The conversation could look like this.

> **Therapist**: "Hey, you must be Jeremy . . ."
> **Client**: "Yup."
> **Therapist**: "You're coming from school?"
> **Client:** "Yup."
> **Therapist:** "You're 14, right? You must be in ninth grade . . . high school, huh?"

Or, the therapist could mention scouting or coin collecting (assuming it was okay to share that she knew this information). Or, even better, the therapist could comment on something she notices displayed on Jeremy's clothes (band names, sports teams, colors). Two important notes for her striking up initial conversation: 1) use simple, casual language and tone, and 2) choose a subject that hopefully does not relate directly to the problem. Anything that acknowledges that the therapist sees Jeremy (literally and metaphorically) and wants to relate to him on his terms helps build rapport (Johanson, 1986, p. 10). Acknowledging the problem comes subsequently.

The therapist knows it can take more or less time to build trust and safety (Johanson, 1986, p. 11), and yet as part of establishing safety she would need to use the time wisely and move to discussing the safety risks with Jeremy's diabetes. This is important given the doctor's concern that Jeremy would not survive another diabetic coma. This part of the conversation could look like this.

> **Therapist:** So, that's cool you like baseball so much (or whatever she is talking about with Jeremy). I'm sure there's a lot you could tell me about it. Right now, though, I want to make sure we use your time wisely and check in about what you were referred for. I hear there is some concern with your health . . . "

The therapist could go on to confirm the facts of the situation with Jeremy and each of his parents, making sure to engage each one of them and to make certain the medical risks were clear. While this technique may differ from traditional Hakomi techniques, in this case it is important to focus on the facts first to establish clarity about the need for safety through addressing physical wellbeing.

Internal Shifts in the Therapist

While establishing safety and a clear understanding of the situation with the family, the Hakomi therapist would be recognizing the uniqueness of the case and making some internal shifts. She would know to let go of any notions she might have to practice "pure" Hakomi (Johanson, 1986, p. 7). Understanding that her work involved engaging with a complex family system as well as an adolescent in moderate to severe distress, the therapist would need to let go of any desire she might have to practice particular Hakomi

techniques with Jeremy or his family. Instead, she would do what is termed "falling back on the principles." Taken together, Hakomi principles of unity, organicity, mind/body holism, mindfulness, and non-violence encompass a vast range of material that can be simplistically summarized as "do what needs to be done," whether it looks like classic, textbook Hakomi linear process or not. This internal move might mean shifting towards the use of creative, "non-traditional" Hakomi solutions such as increasing collaboration with Jeremy and his family with regard to their inner and outer resources while engaging in less mindful states of consciousness (more ordinary conversation) (Johanson & Taylor, 1988, p. 236). Hakomi characteristically invites people into a mindful state of consciousness that helps them study the underlying, normally preconscious organization of their experience, however sometimes a therapist must work with whatever level of awareness clients have to start with. Especially in cases where trauma is involved, Ogden (Ogden, Minton, & Pain, 2006), a founding Hakomi trainer who has specialized in trauma through her own Sensorimotor Psychotherapy Institute, teaches that the first stage of therapy has to do with resourcing.

In reality, we can't know what therapy would be like for Jeremy and his family because it is only possible to predict probabilities in response to any case (Johanson, in press,a). We can say, however, that the therapist would be geared towards finding creative, pragmatic ways to work with the family while being informed and guided by the Hakomi principles named above (Fisher, 2002, p. 2).

Making Contact

The family's response to talking about Jeremy's health risks would affect how the Hakomi therapist would respond. The therapist might attempt to tickle out the multiplicity (Rowan & Cooper, 1999) and ambiguity of the many elements in play by asking:

> **Therapist**: Perhaps, as Jeremy has begun to share here, it would be good for all of us to name the various parts of us that get evoked by this situation; the parts of us that want to help, that are confused, that are angry, that want it to all go away – whatever. All of these, of course, are just parts of us, not the whole of us, but it is good to bring them into awareness.

Generally speaking, her next steps would be to follow what was most alive. She would do this by tracking the underlying (and overt) responses in Jeremy and his parents as they each spoke (or chose not to speak), and making verbal contact with these arising parts.

> **Therapist**: As you talk you seem a bit worried about that.
> OR

Therapist: That scares you, huh?
OR
Therapist: You frustrated with that?

Following the Hakomi founder Ron Kurtz's guidelines for therapeutic contact, statements would be brief (not even full sentences) and would tend to highlight present-moment experience (1980, p. 81) with a tone of voice that invites further curiosity and exploration of the experience. If the therapist's tone of voice does not function to help the person deepen into their experience, explicit questions or directives might be used.

> Therapist: Why don't we stay with the worry a bit longer and invite it to say more about itself?
> OR
> Therapist: Can you sense where the scariness shows up in your body? Maybe we can listen to it and get more specific about what kind of fear this is.
> OR
> Therapist: What is the quality of the frustration?

Sometimes the therapist contacts and deepens (Roy, 2007) the experience of an individual, and sometimes it is something that is happening systemically between the family members (Fisher, 2002).

> Therapist: (to the dad): So when Jeremy talks about getting upset, some emotion comes into your face?
> OR
> Therapist: (to the parents): As Jeremy begins to struggle with naming his anxiety, you both lean into him, like you really want to get it?
> OR
> Therapist: (to the mom): When Jeremy says he wonders why he should care, it seems like you slump a bit, in a way that looks defeated?

The question marks at the end of these contact statements indicate the therapist is guessing, not attached to the correctness of what she is observing, and willing to be corrected or fine-tuned with any observation. It is simply a respectful way of attempting to contact and honor present, felt present experience, while encouraging the person to slow down and mindfully (Johanson, 2006) consider more deeply what is being evoked within; materially that is normally glossed over in ordinary conversation in the habit to quickly move to the next thing. How the person or family unit reacts or responds to such initial contact gives the therapist diagnostic information for the next step of assessment. Throughout, the therapist continuously embodies an engaged, gentle, non-judgmental state. This communicates nonverbally to the family's conscious and unconscious parts that the therapist is congruent both in what she says and what she inwardly feels: she cares and she's trustworthy (Kurtz, 2008, p. 6; Kurtz, 1980, p. 82). She is willing to be with the family and help its members mine the wisdom of their deepest experience in the trust that this will guide the process forward.

Assessment

The next stage of a typical Hakomi therapy process would be to continue making contact, accessing deeper material, and to encourage mindfulness if the participants appear willing to consider intrapsychic aspects of their interpersonal relationships. Whether this would happen next in this case would depend on what the therapist sensed in the moment. *Does there seem to be alive experience here to access? Is the family too volatile to engage in deeper vulnerability and experiencing? Could Jeremy or his parents tolerate a "dip" into mindfulness, or is better to wait and establish more rapport and safety first? Would it be advantageous to have family members witness each other more deeply, or wait for individua, or dyad sessions before deepening with the entire family present?*

Depending on the therapist's assessment of these answers, she could choose to do a number of things next. She could continue the conversation about Jeremy's health risk (brainstorming some barriers to and resources for keeping him safe, perhaps even creating a contract between Jeremy and herself or his parents); she could continue to explore the underlying experiences in and dynamics between family members; or she could choose this moment to talk about the therapeutic process and her ideas for how sessions could proceed. Creating a plan for establishing physical safety is something that should happen sometime during the session. It's up the therapist to "feel out" when would be the most appropriate moment, and collaborate with the family about how and when to discuss this sensitive topic. For the purposes of this reflection we will assume that the therapist senses it would be best for her clients to forego deepening into present-moment experience at this point, and more timely to discuss a plan for keeping Jeremy safe. (For clients new to Hakomi it is often best to allow clients an opportunity to move between present-moment states and ordinary conversation/planning, as they become used to the intensity of present-moment experiencing (Johanson & Taylor, 1988, p. 248))

A Plan for Therapy

Establishing a plan for safety could happen in a number of ways. This writer is inclined to suggest the therapist get more information about what precipitates Jeremy going into a coma, to find out what times are most risky for him. It is helpful if the family can objectively identify the systemic nature of the cycle that leads to Jeremy's coma. Once this is established, the therapist can inquire about what aspects of each person feed into driving the cycle (Fisher, 2002). This in turn can lead into discussing a plan for family therapy. In this case, it would make sense to suggest individual therapy (for Jeremy), couples therapy (for parents), and joint family therapy (all three members). Working with family members separately would probably be advantageous given the obvious tension between the parents as shown by their

recent marital separation, and given Jeremy's clear need for lots of structure and support to help him find non-dangerous ways of communicating his feelings. Working with the family together as a unit would be important as a way of bringing the individual and parenting pieces together, and as a way of working with the dynamics of the familial system.

The therapist would share these suggestions for multiple therapeutic relationships, noting the responses and potential financial limitations of the family, while being ready, in the spirit of collaboration, to describe her reasoning for suggesting so much varied therapy. She would also need to be willing to work within the confines of the family's situation. If the family was not willing, or could not financially afford to do individual and couples therapy in addition to family counseling, the therapist could suggest alternating the sessions. The therapist could offer to do all the therapy herself, or suggest that Jeremy (or his parents) see another therapist. It would be important to receive permission for the therapists to work together if multiple therapists were to be involved. It is already clear that Jeremy's diabetic outbursts can be correlated to his parent's separation—and that treating just him or them without bringing the processes together would deny the systemic dynamics at play. Again, the principles of unity and organicity recognize the power of treating the system with all its external and internal parts (Kurtz, 1980, p. 31).

Following what's Organic

Once a plan for therapy sessions and how to keep Jeremy safe is in place, depending on the time left in the session and the energy of the group, there are a number of options. One option would be to engage the family in conversation on a topic interesting to them. This would let them know that therapy, while seriously professional, is not based on a doctor-patient pathology model, but follows from their curiosity (Johanson, 1988) and concerns, validates other areas of the family's life than dysfunction, and can be enjoyable and fun. Another option would be to begin individual treatment for Jeremy or couple's treatment for the parents. This could happen with all members present, or with asking certain family members to leave for the rest of the session. The advantage of seeing people conjointly is that it can give every member a clearer sense of what vulnerabilities triggers the others, and what is needed, and thus promote more of a supportive network (Napier, 1988). However, if there has been so much hurt and defensiveness that evoked material is used against one another, this is counter-indicated. Sensing the energy and endurance of the members, as well as asking them outright what they think the best course would be, could be an effective way of determining where to go next. Collaboration is a hallmark of Hakomi where there is no need for secrets since the method aims at empowering people through mining the wisdom of their own organic wisdom.

Is Jeremy's attention span for therapeutic work done for today? Do the parents have further questions or concerns for the therapist? Could it be useful to have everyone stay present even as the rest of the session focuses on one or two family members? The therapist could ask these questions or sense other possibilities for the remaining minutes. Either way, she would want to give the impression of being both flexible, and capable of being directive and creating structure to support the agreed upon therapeutic goals. Thus, the family's knowledge of the therapist's ability to manage the session is insured, as well as her ability to follow the needs of the moment. A balance between structure and openness shows clients once again that the therapist is capable, resourced, and trustworthy.

Following the overt or subtle needs of clients is part of Hakomi's organicity principle, and is a critical element of this kind of therapy. Organicity honors the organic process that exists in all life forms: life is self-organizing and in a supportive environment will move towards growth and healing. In therapy this means clients have an innate ability to grow and heal in their own way and time (Fisher, 2002, p. 5). The therapist helps clients to experience the safety of the therapeutic environment and to discover how they want and need to process and grow. As any therapist knows, this process is different for every client, and we can assume Jeremy and his parents' process will be uniquely informed by their histories, strengths, resources, personalities, triggers, etc. As Hakomi trainer Greg Johanson (1986) writes, the therapist's job is to "enter into the organic flow of what is healing" for this particular family (p. 11).

Continuing Contact

By the end of the first session, hopefully, all family members will have had a chance to engage with the therapist, feel joined, and have a positive sense of her--If not positive, then at least a sense of the possibility of her genuine helpfulness. A plan should be in place for how Jeremy can avoid risking another coma. This plan might include a contract between him and his parents, and it might include the use of practicing some new and basic resources designed to maintain safety. Examples of these could be Jeremy letting someone know if he starts to feel the kind of extreme feelings that precipitated his previous diabetic ketoacidosis; temporary close monitoring of Jeremy's insulin injections and food intake; Jeremy's father Mark temporarily remaining at his ex-wife house; or Jeremy going to live with his father. If the family has identified the cycle that leads to coma, there can be an agreement that any member of the family can name aspects of that system when they see it in process. There are many creative possibilities for keeping Jeremy safe, especially since he is still a minor and a dependant.

There should also be an understanding of how therapy sessions will proceed. This should be clear and agreed upon

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between all family members (otherwise the therapist risks a no show). What takes place in upcoming sessions depends on the set-up and structure for therapy, as well as the unique process that arises. For our purposes here, we will assume that this family has the resources and willingness to send the son, Jeremy, to therapy, as well as to attend couple's sessions and to meet all-together occasionally as well. We will assume that everyone is comfortable with the current therapist providing all these sessions and that everyone is clear the therapist's main "client" is the family and no one member in particular, even as she supports each member. The following paragraphs briefly outline the likely stages and interventions for therapy. They focus on the sessions with Jeremy.

Introducing Mindfulness and Accessing Deeper States

Next time Jeremy came in (by himself) the therapist would continue to engage him in what we will call "meaningful chit-chat," facilitating the two getting to know each other and building trust. In addition the therapist would help Jeremy build a tolerance for noticing and feeling his underlying present-moment experience. She could do this by continuing to track and make verbal contact with what Hakomi calls "indicators" (Fisher, 2002, p. 34). Indicators are signs that a person is managing some kind of deeper experience. They may be obvious: crying is often a sign of sadness. Or, they may be subtle: lack of eye contact, little movements of the hands, concave posture, or stillness. In the case of subtle indicators, the therapist may have a hunch about what Jeremy's indicators are related to based on her knowledge of character, but she nonetheless remains curious and open to learning about her client's unique organization as she supports him in discovering the meaning for himself (Kurtz, 1980, p. 40). By gently contacting indicators and following Jeremy's process, the therapeutic process deepens.

> **Therapist**: A bit angry at them, huh? (about parents)
> **Client**: Uh-huh
> **Therapist**: How do you notice that anger right now? Do you hear anything inside, feel anything in your body, or have an impulse to do anything?
> **Client:** I feel like screaming at them, but I can't!
> **Therapist:** Seriously angry, huh?
> **Client:** (collapses . . . and face crumples)
> **Therapist**: Something changed there. You start feeling defeated?

By simply naming Jeremy's process the therapist is beginning to help Jeremy notice what's happening as it happens. This is the beginning of fostering mindfulness and of incorporating the mind-body principle. For a fourteen-year old, mindfulness would be taught simply and perhaps without even using the word "mindful." Mind-body holism is a point of view about the innate connections between mind and body, physicality and psychology. As Kurtz

(2008) writes simply, "Your mind is hooked up to your physiology" (p. 8). The connection between Jeremy's mind and body and the discovery of his body's wisdom would also be taught to him casually by simply assisting Jeremy to listen to his own body as part of the therapeutic process (Aposhyan, 2004).

By following Jeremy's process as it develops and changes, the therapist helps Jeremy see that safety will be maintained, that there will be no pushing, even as he builds a tolerance to feel what is painful. Ron Kurtz (2008) eloquently writes about incorporating mindfulness into therapy:

> There are no tricks or manipulations here. Going into a state of mindfulness is a deliberate choice and not always easy. The client chooses it, chooses to be vulnerable. Clients relax their defenses when they become mindful. They choose to take what comes. If they feel painful emotions as part of this process, it is because they believe it is worth in order to understand themselves. (p. 2).

As Jeremy learns to trust that he can share and explore deeper parts of his experience with the therapist, his therapeutic process deepens. This phase is called accessing, and requires patience and creativity on the part of the therapist, who basically is helping Jeremy begin to explore what is known and unknown, and most likely painful, inside him. No easy task for anyone, and especially for an at-risk adolescent boy. Hanging out here, on the edge of deeper material could take a number of sessions—it depends on Jeremy's needs and the safety of the therapeutic alliance. Often, clients young and old become more invested in the therapy when they realize the therapist is helping them mine the wisdom of their own experience, as opposed to lecturing them on things and legislating behaviors from a position of expertise and power.

Johanson (1986) writes: "Emotionally disturbed children basically need compassionate, genuine, realistic adult relationships with a large measure of structure, clarity, and consistency provided" (p. 12). By remaining warm and open to Jeremy the therapist provides compassion. By giving directions (even as she follows) the therapist provides consistency and structure. By being upfront and collaborative she is being genuine. In order for her to be realistic, it is important to notice whether attempting to deepen the process is therapeutically useful for Jeremy or not. If not, therapy can remain in the stages of contact, light accessing, insight and resource building, and developing safety in relationship. If the therapist thinks Jeremy is capable and ready to move deeper, she can begin using the experimental technique called probes.

A "probe" is a shorthand way of talking about an experiment in awareness, the essence of many Hakomi techniques. Since we all, as clients and therapists, organize all aspects of our experience (Stolorow, Brandchaft, & Atwood, 1987, 28-46) experiments to access how we are

organized can be verbal, non-verbal, relating to how one stands, moves, relates, breathes, makes gestures, talks, fantasizes, dreams, and more. The word "experiment" here refers to an experimental attitude. This means any result of an experiment is fine. The experiment is not trying to force a particular outcome, but bring awareness and curiosity (Johanson, 1988) to what actually happens.

Probes for Deepening

A verbal probe is a statement said by the therapist to the client who is invited into a state of mindfulness where awareness is turned toward felt, present experience in an open, exploratory, non-judgmental, non-agended way (Johanson, 2006). In metaphorical terms, the client is invited to be an alert but relaxed passive observer, standing by the pond of his own consciousness and effortlessly bringing bare attention to the ripples that go off when a fish jumps in the pond. The fish is the probe or experiment in awareness. The ripples could be sensations, feelings, tensions, memories, thoughts, attitudes, or a non-verbal felt sense (Gendlin, 1996). Any of these are creations of the person's imagination, and can be used to access the level of the creator, the core organizing or narrative beliefs that brought them into being.

Probes are normally positive, nourishing, true statements such as "You are welcome here."; "You can be yourself here."; "It's okay to show your feelings," Etcetera (Kurtz, 1980, p. 94). Even though probes are theoretically nourishing, they are used to get information about what Hakomi calls the "nourishment barrier." This is the place in a client's psyche where he does not let himself receive the nourishment offered because of past experiences of wounding in relation to the offer, and the perceived need to protect from anticipated further harm (Fisher, 2002, p. 156; Kurtz, 1980, p. 185). The particular probes a therapist introduces, therefore, are usually designed to address exactly what the client does not believe, and has organized out of their experience as a possibility (Johanson, in press, b). Because probes are delivered to clients in a mindful (open, watchful, nonjudgmental) state, it enables them to notice the automatic responses that arise, based on the core organizing beliefs that normally work outside of awareness in the pre-reflective unconsciousness (Stolorow, Brandchaft, & Atwood, 1987, 12-13). Usually these responses evoke a different, more experiential quality of knowledge from the ones that happen in ordinary consciousness—they are deeper, allow more right brain input (Siegel, 2007), and are often tied to unconscious material (Kurtz, 1980, p. 98).

If the therapist working with Jeremy were to use verbal probes (with his consent), she would try probes that seemed appropriate for him based on her particular knowledge of him, and general assumptions of where nourishment barriers might arise. Given what we know from the case study description, the probes might be ones about expression, communication, safety, familial care/love. In this case, they could be as obvious as, "You don't have to hurt yourself to get your parent's attention." "It is okay to express your truth." Again, there is a qualitative difference between voicing thiese assertions in ordinary consciousness as opposed to a mindful state of consciousness that can take normally habitual reactions under awareness. Once a probe was delivered and an automatic response noticed and named, the next step would be helping Jeremy hang out with his response longer, so that he could deepen into it and eventually discover what is needed. This is called exploring the barrier (Taylor and Johanson, 1988. p. 253).

Supporting Defenses:
Taking Over Technique

Once Jeremy's barrier, to a nourishing probe is clear, the therapist can help support his response. This is called taking over, which means doing for the person what they are already doing for themselves. This has two functions. The first aspect of supporting a client's automatic response is that the therapist is providing additional safety as the client moves into unconscious vulnerable territory. The organicity principle assumes that if a person is resisting something, even something potentially nourishing, there must be a good reason. Supporting, or taking over, the resistance communicates that the therapist honors the organic wisdom present, and the client can relax into the assurance the therapist is not going to try to take it away. Support of automatic defenses is related to the non-violence principle, which would not want to see a therapist push a client through their barriers into unsafe territory where increased resistance would be engendered (Johanson & Kurtz, 1991, 40-47). The other aspect of taking over is that paradoxically by supporting defenses, the client's consciousness is freed from fighting for its perceived need for the defense and enabled to discover more information about what is underneath the defense, and the process often deepens (Kurtz, 2008, p. 3).

If Jeremy witnessed a voice that responded to the therapist's probe "you can express yourself fully" by saying "no way in hell!" the therapist could "take over" that internal voice. She would ask Jeremy to teach her how to say the words as closely as possibly to the way he was hearing them in his head. Jeremy would stay mindful and watch his responses to hearing the probe statement said again, immediately followed by his initial "no way in hell!" reaction to the probe. If Jeremy now noticed feeling something physical holding him back, or a tension in his body, the therapist could assist him in doing what his body was naturally doing—with her hands, for example. It should be noted that physical touch always should be done with permission (Hunter & Struve, 1998; Smith, Clance, & Imes, 1998; Zur, 2007), and that in the case of teenagers, it may be wise to use sparingly, if at all (Johanson & Taylor, 1988, p. 256). This therapist would at this point know Jeremy well enough

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to know whether to even suggest taking over through the use of touch. Other alternatives to touch would be using pillows, Jeremy's own hands, or having him imagine supportive taking over. Meanwhile, tracking for safety and tolerance to stay mindful would remain absolutely critical. In addition, sessions should remain collaborative and move slowly enough to allow Jeremy to integrate whatever arises in his process.

Processing Child Material

If clients feel comfortable with mindfulness, experiments like probes and taking over they often are able to tolerate and take under awareness the experiences that arise in response to the experiments—with support from the therapist. Common responses to mindfully accessing and deepening into core material through such techniques as taking over are emotional release and experiencing memories (Kurtz, 2008, 4). During this time the therapist helps the client to experience his or her feelings fully by offering gentle encouragement and in some cases physical support when there is spontaneous emotional release Hakomi practitioners term "riding the rapids" (Johanson & Taylor, 1988, p. 255). When riding the rapids is provoked by the appearance of core memories, they can be processed so that clients gain insight about the meaning they made as children (Eisman, 1989). Due to the way that child experiences relate to core beliefs, Johanson & Taylor (1989) write that processing child memories is "highly valuable, therapeutically speaking" (p. 240). If Jeremy were able to reach this state with his therapist, it could be highly effective for helping with what he perceives is going on with his parents that cause him to engage in risky behavior. Perhaps he is able to begin integrating the new belief that "I can ask directly for attention without getting sick."

Integration

Lastly in the therapy process is developing and integrating these new (more inclusive, helpful, healthful) beliefs. This could be adding a new perspective or increasing flexibility towards receiving support. Or it could be a new story or a narrative about a client's life, family, or world (Taylor & Johanson, 1988, p. 257). In any case, integration is based on the client's unique needs and insights. In the integration stage, Hakomi therapists stay attuned to the way that their client's system knows how to re-integrate, while also creating structure to help them integrate. In Jeremy's case, it would probably mean the therapist helping him find resources to maintain his new beliefs, and assisting him in preparing to communicate his feelings and needs with his parents. Jeremy's integration would include a plan for his life outside therapy, and a plan for how to effectively incorporate what he's learned about himself next time he's in family therapy.

The Couple and Family

The stages of therapy for working with Jeremy's parents (as well as for working with the family as an entire unit) would be similar to the process of working with Jeremy. The main difference would be that the therapist would alternate accessing and processing material between the family members and would include helping the family members dialogue with one another (Fisher, 2002, p. 245). The therapist would also assume and ask for more self-responsibility on the parts of the parents than she would with Jeremy, who is not yet an adult. Depending on how the family progresses, the therapist might decide to refer the parents to see individual counselors (Hakomi or otherwise) for additional support. Mark's fiancé or even Jeremy's distant older sister could be invited to attend therapy if this proved therapeutically appropriate. The therapist would remain creative in her approach, along the way continuing to follow the arising needs of the individuals and the family unit. She would focus on assisting the family in finding practical solutions to their dilemmas (such as how to keep Jeremy safe, how to allow the parents to finalize their divorce, and Mark to move on with his plan for marriage—assuming these remained the goals of the family). Even as she worked with interpersonal dynamics, a good Hakomi therapist would help family members work with intra-psychic relationships that affected their ways of interacting, steering them from the stories and ideas of ordinary consciousness *about* their experience to the deep healing work of actually processing unconscious material in a mindful, experiential way, knowing this distinction to be a Hakomi trademark (Johanson, 1986, p. 9).

Conclusion—Humble Beginnings

As shown to this point, Hakomi Therapy offers many possibilities for how to work with Jeremy's case. Due the creative nature of the model that rests in principles more than techniques much could happen, and though it would not always model the "pure" Hakomi method taught in training environments, it would still be considered Hakomi Therapy. Becvar & Becvar (2006) warn about this:

> Despite our enthusiasm for a particular model that seems to have successfully supported therapy in the past either for ourselves or for others, we must be aware of the limitations of all theories and not endow them with a certainty they may not deserve. That is, we need to suspend our stories and allow the client's story, as it evolves in the context of the therapeutic interaction, to be our primary focus. (p. 317).

No matter the name of the theory, it is safe to say creating a safe and genuine therapeutic relationship with Jeremy and his parents is always an appropriate and hopeful place to begin treating them.

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When the world is governed according to Tao,
Horses are used to work on the farm.
When the world is not governed according to Tao,
Horses and weapons are produced for the frontier.
No crime is greater than that of ambition.
No misfortune is greater than that of discontentment.
No fault is grater than that of conquering.
(Lao Tzu, 46)

All things arise from Tao.
They are nourished by Virtue.
They are formed from matter.
They are shaped by environment.
Thus the ten thousand things all respect
Tao and honor Virtue.
Respect of Tao and honor of Virtue
are not demanded,
But they are in the nature of things.
(Lao Tzu, 51)
(Lao Tzu quoted in
Johanson & Kurtz, Grace Unfolding, 1991)