

Accessing Implicit Material Through Body Sensations: The Body Tension Sequence.

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Editor's Note: In this article, Joe Mowrer, who has had wide-spread training in a number of modalities, takes the "body tension sequence," a training exercise commonly used in Hakomi workshops, and fleshes it out in theory and practice to communicate to therapists in general who work in an experiential mode.

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ABSTRACT: This article provides a brief summary of the way in which body centered therapy helps clients attend to body sensations as a means to access implicit material and narrative in psychotherapy. Rationale for the importance of body-centered methodology based on recent neuroscience is provided. Some of the principles and understandings used in Hakomi body-centered psychotherapy are presented as a context for therapeutic choices in developing and expanding a client's awareness around a bodily felt tension, one of many indicators that can be attended in the therapeutic situation. A sequence and a case example are described that illustrates the process of self-reflection encouraged through the careful cultivation of present-centered mindfulness of body tensions. Turning a person's attention to the physical aches, pains and tensions that arise in the course of therapeutic exchanges is a powerful means to evoke core material associated with blocked potentials, and address the limited sense of choice associated with client problem presentations.

Introduction

Body-centered psychotherapy is associated with a wide range of psychotherapies (Caldwell, 1997), all of which, to one degree or another, see the body as part and parcel of the "mental" processes that govern the flexibility and range of our response patterns (Johnson & Grand, 1998; Smith, 1985). Among many, are Gestalt therapy, Pessio-Boyden Psycho-Motor Psychotherapy, Focusing therapy, Client-centered therapy and other therapeutic models with existential/experiential roots. Although there may be vast differences among the methodologies of these approaches, they fundamentally agree that the body literally holds and maintains implicit cognitive, emotional, and perceptual material that shapes and constrains how we act (Kurtz & Prester, 1976) and that access to and transformation of this material is necessary for increased flexibility and choice in our life situations (Rosenberg & Rand, 1985; Wylie, 2004). These body oriented approaches put great emphasis on the immediate on going experience of the client (Hartley, 1995). As adherents of these approaches have suggested, this kind

of focus has the benefit of by passing the usual cognitive processes that maintain well formed, but often problematic world views on the part of our clients.

Somatic processes of the body have indeed been shown to be inherently involved in the implicit and explicit emotional/cognitive activities of the individual. Neurological and biochemical research points to the usefulness of a unified mind/body/brain model (Siegel, 1999, Pert, 1999) in which feelings, perceptions and cognitions are a function of interactions of the mind/body/brain unity. More recent neuroscience (Cozolino, 2002, 2006) suggests further, that within the unity of mind/body/brain, there is indeed three distinct ways of processing experience. First, there is a sensory-motor level associated with the body and lower brain functioning. Then there is an emotional schematic level that serves to color our experience and is centered in the midbrain. Finally, a conceptual/cognitive verbal process centers in the cortical portions of the brain. These three processes, sensory-motor, emotional schematic, and cognitive/conceptual are not linear. One does not cause the

other, (i.e., a cognitive thought does not cause a specific emotion) but inform and influence one another in complex ways (Morgan, 2006).

The outcome of this complex interaction results in what seems to be two circuits of human affective experience. On the one hand there is a more intuitive emotional process, one that often operates more implicitly and without the mediating influence of cognitive processes. It is largely the function of sensory-motor process. It can only evolve into the experience of emotion when it reaches a critical mass of raw sensation, and attention is directed towards it. It is this implicit intuitive emotional level to which body oriented therapies bring awareness by tracking indications of somatic processes.

Awareness of emotional material connects it to a higher order of experiencing, a complex affective-cognitive system which organizes mental representations of emotions or emotion schema (Mahoney, 2003). These schemas are in part our mental maps for reacting to emotion provoking situations, and what part of our experience we organize in or out. These emotional schema or “somatic markers” as Damasio (1999) calls them are embodied narratives of our history with developmental caretakers. Such embodied narratives well be what give us the “felt sense” of our predicament that is sought in Focusing therapy developed by Eugene Gendlin (1996).

The evidence concerning these two levels of affective experience suggests change in an embodied felt sense requires change at both the somatic and schematic levels of emotional experiencing (Kepner, 1993). In simple terms, the client must have a new experience in relation to an old predicament while rewiring the emotional narrative that accompanies it. It may be that body-centered therapies are particularly suited for accessing the somatic-motor level of experiencing and gaining access to the implicit emotional material with their focus on the immediate embodied experience. Change at the emotional schematic level may be more complex.

One form of body centered therapy that might accomplish both is that of Hakomi as developed by Robert Kurtz and his colleagues (Kurtz, 1990). The Hakomi approach provides a clear set of principles, methods, and techniques to help individuals access deep implicit material (i.e., somatic-sensory memory) and transform related internalized narratives (i.e., emotional schema) in a manner that seems to correspond to underlying somatic and neurological processes. Some of the working principles of Hakomi are presented here to provide context for a case example meant to illustrate change instituted at both levels of embodied experiencing. A relatively confined methodology, the Body Tension Sequence (BTS), is provided because it can be used by any experientially oriented therapist who provides a safe empowering relationship for their clients (Mahoney, 1991).

The Hakomi Approach

Hakomi Therapy is a body-centered psychotherapy that is organized around a few fundamental principles that inform the therapeutic stance and range of choices available to the therapist. The principles also form the basis for a set of clearly defined methods and techniques that constitute the skill means by which the therapist engages and relates to the client. Working within these principles, the primary purpose of the therapist is to invite and evoke the here and now experience of the client so that it becomes the object of the clients self study. This self study (Kurtz, 2008) becomes a potential source for identifying and transforming implicit narrative and emotional barriers in such a way as to open the client to fuller and more flexible functioning.

Although the principals and methods are well known to those familiar with the Hakomi approach, and have been explained more fully and more elegantly elsewhere (Kurtz, 1990), a brief explication of some key concepts are needed here. This will help ground the reader’s understanding of the Body Tensions Sequence described below. The original principles, methods, strategies, and techniques of Hakomi were derived intuitively and grounded in understandings of other effective therapeutic modalities, the sciences of living organic systems, as well as tenets of the eastern wisdom traditions. The latter stand in their own right as exquisite perspectives on human transformation.

The therapist working within the frame of Hakomi principles invites the client to collaboratively study the way in which experience is organized outside ordinary awareness. The working assumption is that our experience is organized in implicit habituated ways by beliefs rooted in early developmental events. These experiences often include various degrees of trauma, interrupted developmental processes (i.e., attachment) as well as defensive patterns that confirm these beliefs over and over (Johanson, 1999). Certain significant beliefs (core beliefs), along with associated emotional memories, are seen as underlying nearly all of the habituated patterns that constrain an individual’s flexible and balanced functioning. Without our recognition and understanding, core material (narratives and emotional memory) shape and organize virtually all of our experience.

The focus of the Hakomi process is to make core beliefs and emotional memories explicitly conscious where they can be transformed into more flexible and functional understandings. The intent is to help the client to establish and stabilize new beliefs, thereby diminishing and ending the habituated power of old beliefs and implicit emotional material.

The Central Role of Mindfulness

Since experience is organized constantly, the present experience of the client is a central focus for the therapist. By focusing on current experience access to core material is often easier because our implicit beliefs are constantly organizing experience in the present moment. It is worth noting that the work of Eugene Gendlin (1996) and his colleagues have consistently pointed to the value of the client's ability to reflect on his own experience. That ability appears to be the client's single most significant contribution to positive outcome in therapy. The Hakomi therapist actively helps the client attend to their experience by cultivating mindfulness, one of the key principles to the approach.

Over the past ten years or so, mindfulness has become the new watch word in the world of psychotherapy, as perhaps it should, given its power to impact the psychological, physical, and spiritual well being of the individual, (Johanson, 2006). Ron Kurtz, the founder of Hakomi, was one of first to recognize and utilize mindfulness as a central and necessary process in the therapeutic process. He borrowed the concept from his study of eastern traditions to capture the process of internal attention to ones present experiencing that seems so necessary to therapeutic movement.

Mindfulness can be and has been defined in many ways, but for our purposes we will try to stay with the simple view not unlike that of Eugene Gendlin's concept of Focusing (Gendlin, 1996). Focusing or mindfulness is noticing, remembering and reporting present thoughts, feelings, impulses, and so forth, without judgment or evaluative reaction. Hence, mindfulness constitutes a nonjudgmental curious observing of internal, sometimes non-verbal, phenomena arising. Although the apparent capacity for mindfulness varies from person to person, it fortunately seems to be a skilled means, and does not solely depend on any inherent ability. Some are better at it initially but there are very few who can not increase their mindfulness over time (Gunther, 2006, Siegel, 2007).

In fact one of the initial intentions of the Hakomi therapist is to invite the person in various ways to leave ordinary states of consciousness and come into mindful reflection of his ongoing experience. Ordinary consciousness is by nature habituated and without the reflection inherent in mindfulness. In the state of ordinary consciousness, we readily perceive what we already know, and our choices are often limited to what we have already tried. It is in a very real sense involuntary. Ordinary consciousness is defined by repetitive emotional reactions, as well as unexamined narratives and autobiographical stories that maintain a static and limited view of ourselves and others. The Buddhists, who over time have proven to be exquisite psychologists, have called ordinary consciousness "habit mind" because of

its seeming automated quality. In the Buddhist perspective mindfulness is, of course, seen as the antidote to habit mind.

Inviting Mindfulness

In Hakomi work various means are used to invite mindfulness. For one thing, the Hakomi therapist works at a slower pace than utilized in many therapies, minimizing the number of responses on the part of the therapist as well as their length and complexity. Pacing, minimalism, and a supportive loving posture, (called "loving presence" in Hakomi; Kurtz, 2008) on the part of the therapist contribute to eliciting mindfulness on the part of the client (Lewis, Amini, & Lannon, 2001). By slowing the pace and minimizing responses, the therapist creates a context where clients often find themselves in uncertain waters, and needing to search their experience more carefully-- frequently finding material that may be more novel and less familiar. Through this patience the therapist also essentially communicates that "there is no hurry here" (Johanson & Kurtz, 1991). The reflective state of mindfulness is timeless in the sense that there is no push to get somewhere or get something done.

Often minimal response takes the form of what are known as contact statements. Contact statements are short statements by the therapist that attempt to capture the emotional flavor and deeper meaning of the client's current experiencing (Kurtz, 1990). For example, a client describes a conflict he is having with long time girl friend that is critical of the frequency of his contact with his family. In describing this he seems quite perplexed about her reaction, and expresses self doubt. He expresses this, in part, by raising and opening his hands in front of himself and shrugging his shoulders. Then he says, "What am I suppose to do, give up my family?" The therapist could respond in a variety of things here, of course, but the Hakomi therapist might offer simply, "So, it is confusing, torn between two loyalties?"

This might seem to some like an over-simplified response, one any first year counseling student might offer in an empathy practice class. From the Hakomi point of view, however, more is being offered than an empathy or insight by the therapist. Offered supportively with the tonality of a question (Johanson, 1988), it is an invitation to turn inward and reflect curiously on the accuracy of the therapist's contact. The well grounded Hakomi therapist is not seeking to be right or perfectly accurate. The purpose of contact statements is primarily to turn the person's attention mindfully to their own internal meaning making process, or as Eugene Gendlin (1992) calls it, the "felt sense" of a thing. Meaning as a felt sense implies that it is imbedded in somatic processes. In this light our bodies are the key to the deeper meanings embedded in our communication (Aposhyan, 1999, 2004).

The Body Tension Sequence (BTS)

It is this “felt sense of things” that makes bodily related processes powerful allies of mindfulness. Core beliefs or deeper narratives can of course be found through cognitions, emotions, images and memories. Many Hakomi methods are directed at these dimensions. However, communication of these dimensions is mostly a cerebral cortex function more subject to filtering and censoring than automated behavior patterns or bodily sensations that tend to be functions of lower brain centers. This makes identifying some aspect of the client’s observable behavior, i.e., gestures, voice tone, breathing, posture, etc., a particularly powerful means of encouraging mindfulness. This may be even more true of body sensations that can only occur in the present moment, and are directly connected to bodily felt experience, whereas cognitions, memories, and feelings (and the description thereof) can more easily slide back into ordinary consciousness, and an “as if” state.

The Utility of Body Sensations

Here we are focusing on the utility of body sensations work because it is the dimension that may be the least filtered of body/mind expressions (Bainbridge-Cohen, 1993). Inviting individuals to notice behavior can sometimes invite self-consciousness and an associated resistance to exploration (and mindful reflection). On the other side it may be easier for them to develop curiosity about body sensations because it is totally internal and generally novel to them. Another way of considering this is that we tend not to develop the same kinds of defensive patterns around body sensation as we do around other aspects of our perceptual field. The caveat here is that some individuals are cut off from perceptual access to their bodies (often in the case of PTSD clients; see Gunther, 2006, and Ogden, Minton, & Pain, 2006). And as clients feel safer, and have more experience in the state of mindfulness, the various dimensions become more accessible and it is less necessary to identify a particular dimension to cultivate mindfulness around.

Be that as it may, the Body Tension Sequence (BTS) (Kurtz, 2000) we outline here is a methodology that tracks body sensations that can be used by other therapists who work experientially with their clients.

Identifying a sensation occurs in a variety of ways. Sometimes it is by spontaneous report of the client. Sometimes it emerges out of tracking one of the other dimensions. The outline of the sequence offered here is descriptive only. It is not meant to be followed as an exact sequence, or to the last detail. In practice the sequence may loop back on itself where you get to one place in the sequence and it makes sense to return to an earlier part of the sequence (or jump forward to a later one). It is more a range of choices to be made at a given juncture of focus on a body sensation(s). In actuality, the process seems to follow the sequence more often than not.

In the course of interaction with a client that is based on inviting self study through mindfulness, it is common to notice body shifts or hear verbalizations that point to a tension somewhere in the body. The case example used here is representative of a BTS (Kurtz, 2000) and approximates a therapeutic episode that took place in a group training workshop experience. It illustrates the course of such a sequence. Content and facts have been changed to hide the identification of the individual involved. The example is meant for illustrative purposes only. The BTS begins with the:

Identifying a Tension in the Body.

The client is a fifty plus, single, divorced woman with grown children. As the interaction began the client indicated she was not sure what she wanted to focus on. As she said this she began to move around in her chair hunching her shoulders and furling her brow as if she were in pain. The therapist noticing her seeming distress, remarks in a gentle questioning voice, “Having troubled getting comfortable?” Here, calling attention gently to current behavior brings awareness to present experience. The woman, in response, says slowly, as if trying to determine whether this was true, “yeah, I guess.”

Because of the body movement and apparent distress (and the seeming hesitancy), the therapist attempts to turn the focus more directly to her body by asking, “where do you she feel most uncomfortable?” The woman, in response, complains of pain centered in the middle of her neck where it joins her back. She spoke of the pain in vehement terms of aversion. “I hate this! It is all I need right now--just when I have been feeling better.” Here the client was referencing a prolonged period of struggle where she had recently completed recovery from depression and various ailments that kept her constantly focused on her health, with neck and back pain among the issues.

At this point therapist asks if she wanted to, “explore anything about the pain’s return?” and waits for her to indicate her willingness before proceeding. Respect for the client’s wisdom concerning what is safe and needed requires the therapist to stay in the loving presence consciousness, and not proceed without the client’s agreement. The client has had some experience with body-centered work, and quickly expresses a willingness to proceed.

The therapist then asks if she “could notice any details about the pain.” By focusing more directly on the sensations the therapist is inviting the client to deepen her state of mindfulness, and create the potential for accessing deeper material. In this situation the client did not respond right a way, but spent a few moments moving around in the chair

and turning her neck and head to one side and another – than laying her head over each shoulder. The therapist holds back responding, giving plenty of room for the client to explore the sensations associated with the pain. Trusting the client’s capacity to know her own experience requires an unusual patience. Making room for mindfulness requires the therapist to be unhurried. One Hakomi therapist speaks of this slower pacing as “allowing for the space in between thought.”

After a few moments of moving about, the client says it feels like a “dull ache” that “just won’t go away.” To this, the therapist minimally responds with a nod of his head and an implied question, “An ache?” The client responds with a tone of curiosity, “It feels like it is moving.” The curiosity in her voice is an important cue to her state of mind. It seems to indicate that she is processing in mindfulness as she attends to the sensation of the ache.

Develop a mindful curiosity about the tension; study, and befriend it.

At this point she again angrily protests the unfairness of the pain and emphatically cries that she, “Just wants it to go away.”

The therapist acknowledges how “unfair it must feel,” but wonders if it might not be an opportunity “to learn more about the pain by getting to know it. Perhaps it might have something to tell you.” To provide a more embracing frame the therapist adds, “Even friends trying to help can be pains in the ----.” The client smiles and closes her eyes and again begins rolling her shoulder. The therapist continues to offer the possibility of a friendly relationship with the pain, by suggesting she “Invite the pain to help her understand it’s role in her life.” At which point the client says, “It doesn’t say anything, it just keeps moving.”

Waiting for a few moments, the therapist then asks if, it (the pain) “is still moving?” When the client says “yes,” the therapist asks the client to describe the movement, maintaining the focus on the immediate experience of the pain. She suggests after several moments (the pacing of a response can signal whether the client is indeed mindfully tracking her experience with slower response, generally more indicative of mindful attention). “It seems to move between my shoulder blades, sort of like a rolling ball--going back and forth.” Her movements seem to reflect this as she lifted one shoulder than another a number of times.

At this point the client seems to break from her mindful attention, opening her eyes and looking at the therapist as if seeking further instruction. The externalizing of her attention suggests the client might have shifted out of her mindful state. This is not unusual as most clients will be able to maintain mindfulness for relatively short periods of time, a minute or so at most. The Hakomi therapist pays

close attention to the “state of mind” held by the client. Ordinary consciousness is not a “working state” as it tends to repeat and maintain the status quo of perception.

Experiment with it, i.e., make it voluntary, more intense, etc.

Recognizing the client had perhaps jumped out of mindfulness, the therapist invites a return to mindfulness by setting up an experiment. The client is asked if she would like to try to take control of the movement of the pain, by suggesting she “Ask the pain if it minded if you moved it from one side to the other at your own pace.” This is a kind of experiment that furthers and perhaps changes the client’s relationship with her own experience. The pain becomes something to be curious about. In a sense the client is invited to become a scientist about her own experience, to literally study her experience as a subject to understand, not something to resist, ignore or overcome.

In response, she changes her position from one in which she has been slumped forward to a more upright one. She begins to roll back and forth and swing her shoulders in a circle and turning her head as if trying to loosen up. After about a minute a slight smile appears on her face, taken as an indication by the therapist of a shift of some kind--away from the earlier antagonism toward the pain. He makes contact, “Something is different, huh?” striving to stay close to the client’s direct experience. The client immediately replies, “Yeah, it feels good not to feel so helpless.” The swift spontaneity of her response suggests a shift in her experience of the pain in continued mindfulness.

As you experiment, notice how the rest of the body interacts with or participates in the tension.

It is often helpful to open up the scope of mindful awareness. The holistic perspective of Hakomi suggests that how a client organizes experience is interconnected at many levels of the body/mind interface. Accessing of core material has many doors so to speak, and the possibilities are rich. Here the therapist inquires, if (the client) “notices any other parts of the body respond as you move the pain from side to side.” The client continues her rolling motion, having stopped briefly. She does a variation on her rolling, sometimes hunching her shoulders, tilting forward. Then she comes to rest and is quiet. The therapist waits – again giving room for her unconscious to unfold in mindfulness. Her non-verbal behavior suggests she is still in a state of mindfulness.

When she speaks, it is slow and deliberate. “The pain is less intense, sort of spreading through my body.” The therapist offers another contact statement at this point, “Like you

don't have to hold it in one place any more?" The client says, "Sort of . . . but more like I was holding myself up because nobody else will." She references her experience and easily refines the contact statement to make it more precise, a possibility facilitated by the therapist not being attached to the correctness of his observation. Her manner has become more matter of fact, as though she was offering a platitude.

Notice any associated images, attitudes, or feelings that arise in relation to it.

Suspecting the client had shifted states of mind, and hoping to expand the recognition in her statement, the therapist wonders, "What it feels like to be the only one holding yourself up?" Feelings, images, or attitudes can require a different kind of internal search than cognition alone, perhaps more likely to pull up "material" connected to core beliefs. At the very least it is more likely to return the client to deeper mindfulness as she checks for internal feelings and images.

In this situation the client hesitated for a moment--and then sighs deeply, and slumps visibly. She says, "Tiring," in a voice that speaks volumes about her fatigue. Here the therapist reflects gently and with a questioning tone, "So tired, it is hard to keep going?" She replies quietly and simply, "Yes." The therapist chooses to wait for a moment. The client appears to be in mindful state. At this junction she looks up at the therapist with what seems like a look of expectancy. Mindfulness more often occurs when the person's eyes are looking down, unfocused, or even closed. Her questioning look suggests that she has externalized her focus for the moment.

It is worth noting here that this frequent moving in and then out of the working state of mindfulness is not problematic. It is one of the primary tasks of the Hakomi therapist to continue to monitor and re-invite a state of mindfulness. One general, but not rigid rule of thumb is to return to the last point of access so to speak. The therapist asks again about the pain, in a slightly different way. "Is the pain still there?" This invites the client to focus again on her body experience, which, as Tolle (1999) suggests, is the most powerful "portal" to present experiencing. It initiates a search that is by its nature, mindfulness. In response to this question the client looks down and closes her eyes. She reports softly, "Yes, but not so sharp."

Allow it to tell more about itself--its story, concern, etc.

The client seems to be re-engaged in a state of mindfulness, so the therapist asks, "Does it have anything it wants to tell you?" The client again looks down and moves her body slightly. She then says "Yes, it is angry and feed up." The

therapist simply says, "Angry and feed up, huh?" She lets out big sigh, "Yeah ,and lonely." The therapist says gently, "Like, just aching with loneliness? Her facial expression changes then to one of a grimace that appears to be the start of a sob, but apparently being held back. The therapist acknowledges what seems to want to emerge with another contact statement, "It hurts so much, you just want to cry."

Then the client begins shaking and sobbing deeply. She seems have given herself over to the flood of emotion, so the therapist waits quietly, wanting to see what she does with this intense release of emotion. Since she now seems comfortable exhibiting her deeper feeling, the acceptance inherent in the therapist's silence seems best. The emotional response seems congruent, and is taken as a sign that the client has accessed deeper emotional material associated implicit memory.

After a few moments the client looks up and begins to describe how lonely she feels in her current situation. She explains that she lives in a spiritual community where the cultural ethic is one of self reliance, with an inclination to work out internal struggle privately, and where there is no touching. "There is just nobody I can turn to when I am struggling, and what is worst, my daughter (a grown child) will have nothing to do with me."

The therapist suggests, "So, it is hard to support yourself when you feel alone?" In response, her shoulders slump forward and head drops and she whispers, "I am so tired . . ." In many therapeutic modalities the therapist might find the client's statement regarding her daughter something to pursue and explore. Her conflict with the daughter may be important and even relevant, but asking about content changes the ground of the interaction. It becomes something that is "told about," but not referencing present experience. Body-centered experiential work rests on the moment to moment experiencing of the client, with the therapist trusting that relevant connections will emerge through that experiencing. At this stage of the process, to pause for the story, risks leaving the ground of "immediate" experiencing."

Explore what might be needed

The tracking of the pain sensation seems to have lead to, or be connected with, a deep sense of tiredness, still another bodily sensation. Tracking any bodily related phenomena is likely to result in shifts of kind and quality. The therapist follows, as opposed to leading, this process. In this case, the therapist focuses on what may be needed, by asking, "What does the tiredness need?" The inquiry is not, "What do *you* need?" which might lead to cognitive reflections about what might be helpful. By referencing the experience of tiredness, the client must do a mindful search of her immediate sense of tiredness, which she appears to do. She says, "It does not want me to do all the work anymore."

Offer in response to expressed needs, a potentially nourishing experiment in awareness, encouraging the person's openness to what parts of them take it in and what parts keep it out.

Once a need is expressed, the therapist has an opportunity to change the usual outcomes that are predicated on unexamined implicit core beliefs. Opening the client to a new experience formed around the expressed need allows the person to observe reactions that resist and/or accept the novel experience. In general, Hakomi focuses not on withholding gratification or nourishment, but by helping people organize in nourishment that is realistically available, through helping them work through the barriers they have that keep it organized out (Kurtz & Minton, 1997). The experiment here was to ask the client if it was, "Okay if someone did the work of supporting you for awhile so that you do not have to work so hard at it?" This is an example of a Hakomi technique called "taking over," which means doing something for someone that they are already doing for themselves (trying to hold herself up while being so tired, in this case.) When one of the members of the group slide behind her to provide some support, she seemed to stiffen a little, causing the therapist to offer that if she was "not comfortable with someone there, it was OK to say no."

In Hakomi work nothing is forced. The power to choose the direction of the interaction is given totally to the client. The individual who moved behind her may have done so precipitously, before the client was vetted so to speak about whether she was ready, (or perhaps whether the person who moved behind was acceptable to her as a support person, a male in this case). In reaction to the checking in statement by the therapist, she seemed to considerate for a moment, and then indicated she felt safe with the man behind her, and wondered if he could give her a shoulder massage. The man began to give her a gentle massage, and the client appeared to relax as her shoulders slumped and loosened.

The therapist waits, as the client seems to be enjoying the massage. After a minute or two she slumps back and lets the man behind support her. Her eyes are closed and there is a slight smile on her face. The experimental providing of a nourishing experience directed at an unexpressed or an unacknowledged need can often be the basis for transforming the original core beliefs into more flexible and balance ones. It is a transformation to go from believing no one is there for me any of the time, to some people can be there for me some of the time.

Track and contact any barriers that arise.

One of the goals of Hakomi is to help the client incorporate new experiences, ones that stand in contrast to more habituated ones. In the process of the interactions the therapist may have a variety of thoughts about what experiences have been organized out by the client's core belief system. In this case the client has little nurturing in her current situation, but it is possible that her life choices have followed a pattern that take her to non supportive environments (Keleman, 1981); or it may be she believes there is nothing available for her when in reality it might be there if she made the choice to contract for it; or perhaps she organizes herself to block support from her peers. The therapist might consider such thoughts but as hypothesizes only. They are not offered as "interpretations" or insights, but might form the basis for possible experiments for the client to study in mindfulness. Use of therapist insight in the form of interpretation is more likely to inhibit mindfulness than not. Interpretation frequently invites a return to the cognitive processes of ordinary consciousness, or worse, to a defensive state relative to the therapist.

So when the client opens her eyes this time she looks at the therapist in a relaxed way. One option at this point is to see how the client experienced the "support experiment." The question is whether the person can take the experience in, not as an exception, but as an ongoing possibility. So the therapist asks, "What is it like to feel supported?" She says, "Nice" (hesitates a little), and then says "but a little scary, like I might get to expect it."

The latter can be taken in this context as indicating some resistance to the experience of support and nurturing. It may indicate a barrier (or barriers) that prevent the acceptance of support, and by implication an overdeveloped sense of needing to support herself. The therapist responds by inviting exploration of the potential barrier. With a questioning quality in his voice he expresses his curiosity, "Scary?" The client hesitates, and then says, "I don't want to be one of those people who are forever needy." The therapist simply replies, "You know a lot about that, huh?" The client responds with, "Yes, my mother taught me." This suggests is that her resistance to support from another is rooted in her experiences with her mother.

Retry experiment with nourishment modified by concerns of barrier.

Again in some forms of therapy this would be an invitation to explore in more detail her relationship history with her mother. That may be useful, but from the Hakomi perspective, it moves us away from our purpose of helping the client integrate an experience that transforms a barrier; in this case to gain more flexible behavior around the issue of getting and receiving support. The therapist looks for ways to incorporate the concerns reported by the client into the nourishing experiment.

The therapist says, “can you turn around (to the man providing her support), and say something that would reassure you that you are not asking too much?”

At this point the therapist could be getting it wrong. As was suggested, wrong is good in this approach, and creating an experiment on a mistaken assumption can lead to some experience in mindfulness that enriches understanding on part of both the client and the therapist. The client turns around and faces the man. She takes a few moments looking in his face as if studying him, then says, “If I let you support me, will you promise to let me know when it is too much--not leave me before I know it is too much for you?” The man nods and says, “Yes, of course.”

They sit there for a few moments, until the therapist asks if she would like a little more back massage? She immediately responds by asking the man if he would mind. He does not mind. They spent a few minutes doing so. The therapist then asks, “how does it feel now?” and she says, “Wonderful!” quite enthusiastically.

That there is no qualification of her experience this time is taken by the therapist as evidence that for now she is able to take the experience in fully. The therapist, wishing to highlight and bring completion to her experience of safe support, asks how it feels to know she “might not have to pay a price for being supported?” She replies enthusiastically, “Really good,” indicating there was no barrier this time.

Because of time constraints in this training setting, the therapist asks if this is a good place to stop and she responds in the positive. Since the acceptance of support is new for her, it likely that she will have to revisit this more to fully transform the original resistance, but this episode in all likelihood opens the door for further fruitful work around this issue.

Repeat until person is able to organize in the new experience

Sometimes, continued resistance arises in the context of a nurturing experiment as described above. This is not viewed as a problem. New information about the need of the resisting part is used to modify the experiment further until hopefully the client can take in the experience without resistance. When it seems clear that the experience has been taken in by the client, it is often useful to have a more cognitive discussion about how the client might use this information, a sort of imagined future moving forward with the awareness discovered in this session. It is also a time where insight or alternative perspective can be offered to the client as a way of anchoring new learning. This would be the integration phase of a Hakomi session. Home work organized around the experience may also be assigned.

Comments

This case example illustrates the methodology of BTS and some of the working principles of Hakomi. Here it may be helpful to comment on its correspondence to change, and its relation to the change model derived from neuroscience research mentioned earlier.

With minimal contactful response, pacing and careful selection of what to invite the client to attend to, the therapist was able to help the client access the somatic level of experience (implicit emotional material). Inviting the client to attend to sensations and bodily related phenomena in the present moment brought the client to emotional material of some long-standing. Her habituated stance in relation to support was embodied as a backache, that, when attended to, unfolded (Johanson & Kurtz, 1991) to her felt sense of anger and fatigue at having no one to support her. Receiving support and/or asking for it was previously ruled out by her emotional schema (in Hakomi terms, core belief) that she would be abandoned if she ask for too much.

At this point, the question becomes what has to happen to effect change at both levels. It helps of course to have insight, but in Hakomi the therapist seeks to provide a new experience, often called the “missing experience.” This is done as an experiment addressed precisely to what the client did not experience in key developmental situations. To impact the neurology of the client, new experiences have to resonate at both the cognitive and affective levels of neural circuits (Cozolino, 2002). In this case the client was provided a safe relational environment, and an experiment in receiving support by a group member. Since we are seeking changes at both the somatic and narrative level, the therapist needs to see and hear congruency in the response of the client. Body position, facial expressions, voice tone, etc. must reflect the client’s incorporation of the fresh experience if in fact some neurological change (in the form of new neural pathways) can be expected. It is of course likely that no single event can effect a permanent change at the neural and somatic level of the person, but with repeated variation of similar experiences the client can indeed expect to have new and fresh options to old issues.

The methods and case example demonstrate one approach that incorporates understandings arising from recent research in neuroscience (Morgan, 2006). It is clear that psychotherapy does effect change at the level of neural and somatic processes. Practitioners of all approaches to psychotherapy should take seriously the growing understandings neuroscience offers (Cozolino, 2002, 2006). Where needed, we should reexamine and modify our methods and techniques to account for this new knowledge. It is also true that informed clinical intuition has often served as the foundation for a methodology (Gendlin, 1986) later found remarkably close to the mark of recent research

results (Siegel, 2007; Schwartz & Begley, 2002), as is true of Hakomi.

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*The Tao is called the Great Mother;
Empty yet inexhaustible,
It gives birth to infinite worlds.*

*It is always present within you.
You can use it any way you want.
(Lao Tzu, 6)*

*The reason why Heaven and Earth can
Endure and last a long time—
Is that they do not live for themselves.
Therefore they can long endure.*

*Therefore the Sage:
Puts himself in the background yet
finds himself in the foreground;
Puts self-concern out of this mind yet finds
that his self-concern is preserved.
(Lao Tzu, 7)*

*(Lao Tzu quoted in
Johanson & Kurtz, Grace Unfolding, 1991)*