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# *Making Hakomi More Transpersonal: Mindfulness in Psychotherapy as Vipassana Meditation, Buddhist Abhidhamma*

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**Editor's note:** Though I do not believe Hakomi has ever been “unapologetically transpersonal” as Coffey suggests here, we certainly have operated on that line between psychodynamic-humanistic and transpersonal therapy through our use of mindfulness to compassionately help people reorganize core beliefs and achieve the subject-object differentiation that allows them to have symptoms rather than be symptoms. In this challenging essay Coffey asks why not intentionally step over that line? Why not also become mindful of the felt sense of “I” and move toward nonattachment, nonaversion, and nondelusion, breaking the chain of dependent origination or interdependent co-arising, and go from the alleviation of suffering to its eradication through attaining selflessness, or unity consciousness? The answer to this point has been that though we value these things, and though we hope clients will take home a better ability to use the compassionate witness in their ongoing lives, that these additional steps are best taken in an organized supportive community with skilled teachers, that Wilber is right in his *Integral Spirituality* that there is the danger of skipping “shadow work” (spiritual bypassing) if done too quickly, and that Epstein is right that we can mistakenly lose our ability to be *Open to Desire: Embracing A Lust for Life*. Most fundamentally, we have always been psychotherapists borrowing helpful wisdom regarding psychology and consciousness from ancient traditions as well as contemporary science. We have never ever portrayed ourselves as spiritual teachers, or gurus. We have no spiritual identity tied to Buddhism, Taoism, Hinduism, any of the Abrahamic traditions, or any other form, though people have explored some common threads. However, Keating demonstrates that moving across the line can be a psychologically healthy, helpful, and continuous therapeutic move. By outlining the possibilities, he is inviting us as a community to engage in dialogue, and the *Forum* invites contributions that advance this discussion. This article is adapted from Coffey's 2002 Naropa University masters thesis titled: “The Use of Mindfulness and the Object of Change in Hakomi Psychotherapy as Compared to Vipassana Meditation and Buddhist Psychology, or Abhidhamma: The Contents or the Processes of Consciousness.”

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**ABSTRACT:** Mindfulness is cultivated in vipassana meditation as one of fifty-two mental factors in Buddhist psychology or abhidhamma. Hakomi psychotherapy uses Buddhist mindfulness. But vipassana meditators and Hakomi therapists apply mindfulness with different goals towards different objects of change. In Hakomi the object of change is maladaptive contents of consciousness which condition its processes. These contents are unconscious core beliefs. Experientially substituting more adaptive beliefs alleviates suffering. In vipassana the object of change is maladaptive processes of consciousness themselves. Bypassing the beliefs which condition them, meditators exercise volitional control over these processes directly. This eliminates suffering. These differences limit the methods and goals of Hakomi therapy. Making Hakomi more transpersonal by integrating traditional uses of mindfulness is proposed in theory and demonstrated in practice.

## Introduction

Psychodynamic therapy since Freud has worked within the constraints of the fundamental processes of consciousness to alter the content of one's past as it affects the present. Asian psychologies have largely ignored psychologically loaded contents of awareness . . . while seeking to alter the context in which they . . . are registered in awareness. Conventional psychotherapies assume as givens the mechanisms

underlying perceptual, cognitive, and affective processes, while seeking to alter them at the level of socially conditioned patterns. Asian systems disregard these same socially conditioned patterns, while aiming at the control and self-regulation of the underlying mechanisms themselves. Therapies break the hold of past conditioning on present behavior; meditation aims to alter the process of conditioning per se so that it will no longer be a prime determinant of future facts.

—Daniel Goleman (1996, pp. 239-240)

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A defining task of the field of transpersonal psychology is the comparison and integration of theories and therapies East and West, ancient and modern, spiritual and psychological. The integration of psychotherapy and meditation in general is but one aspect of that task. This article concerns a single and narrowly focused example of that integration: the current and possible uses of mindfulness in Hakomi psychotherapy and *vipassana* meditation.<sup>1</sup>

In Hakomi psychotherapy the client is guided and supported in applying mindfulness to the various unconscious core beliefs limiting his or her functioning and experience of well-being in the world. These strategic though erroneous core beliefs, formed mostly from childhood experiences, organize the way the client currently experiences him or her self and world. Core beliefs underlie various identifiable character strategies and their corresponding symptoms. For example, in the case of Bill, described at length below, predominant experiences of rejection from primary care givers, coupled with sporadic experiences of acceptance and approval in moments of accomplishment or compliance, created a core belief in Bill that he must always *do* something to be loved. This belief ripened in Bill's adulthood as he continued to perceive others as predisposed to reject him lest he do something for them. This perceptual habit led Bill to develop a character strategy or relational pattern of always performing acts of extraordinary service or accomplishing great things for others' love and approval. The pressure of maintaining such a life, coupled with the inevitable self-alienation of rejecting other, less "acceptable" aspects of the self, manifested in Bill as symptoms of anxiety and depression.

Core beliefs like Bill's represent contents of consciousness, whereas the ways these beliefs organize the client's character in and experience of the world represent processes of consciousness. For change to occur, incomplete or maladaptive contents, or beliefs, must be both cognitively and affectively challenged and replaced with more inclusive and adaptive ones. This experiential method facilitates the organic reorganization of the client's process of experiencing. Thus, in Hakomi one applies mindfulness to both contents and processes of consciousness, but the object of change remains the multiple core beliefs that comprise its

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<sup>1</sup> While there are many schools of Buddhist psychology, or *abhidhamma*, and many corresponding traditions of Buddhist meditation, the term *mindfulness* is used here as translated from the Pali word *sati-sampajanna*, as defined by the Theravada school of Buddhism, and as applied in the vipassana meditation traditions of Sri Lanka, Thailand, and Myanmar (Burma). This is the tradition from which the practice of mindfulness was adapted for use in Hakomi therapy by its founder, Ron Kurtz. According to senior Hakomi trainers G. Johanson (2006) and D. Faucheux (personal communication, March 6, 2002), Kurtz specifically derived mindfulness from *The Heart of Buddhist Meditation* and *The Power of Mindfulness* by Nyanaponika Thera (1962, 1972), discussed below.

contents, while changes in the multiple processes of consciousness conditioned and organized by these beliefs occur only indirectly, as byproducts of content change.

In vipassana, or "insight meditation," a similar method is used, again experientially applying mindfulness, both cognitively and affectively, to various contents and processes of consciousness. However, in vipassana meditation there are two important differences. First, processes of consciousness are not only an object of study and indirect change, but are an explicit object of direct change in their own right. Second, to the extent contents of consciousness are also an object of direct change, as in Hakomi, there is one particular pathogenic, unconscious, core belief singled out and targeted in vipassana practice that is absent in Hakomi literature and training: the implicit belief in a discrete, stable, solid and enduring "self" over which one has mastery or control. Experiential disconfirmation of (or "insight" into) this particular maladaptive belief, or content of consciousness, has a radical effect on two interdependent processes of consciousness: it ends the cognitive process of identifying with any and all other core beliefs, and thus it also ends the related affective process of reacting to any and all other experiences, or contents of consciousness. If there is no "self," who is there to react? This reactivity, in Western psychological language, goes by the names of desire and aversion in Buddhist psychology, or *abhidhamma*, and is the very thirst or craving or attachment that is singled out as the cause of suffering in the Buddha's Second Noble Truth.

Thus while mindfulness is applied both cognitively and affectively to both contents and processes of consciousness in both Hakomi therapy and vipassana meditation, the ultimate objects of change are different in the two systems. In Hakomi one uses mindfulness to alter various maladaptive processes of consciousness by way of altering the various contents that organize them; in vipassana one uses mindfulness to develop volitional control over certain processes directly, and also to uproot the one process of organizing around and thus being reactive to any and all contents or beliefs, by way of altering one particular content or belief: that of what Buddhists call the fictitious self.

In the case of Bill, for example, Hakomi therapy was used to create the new cognitive belief, or content of consciousness, that he was inherently loveable, rather than loveable only as a result of his actions. This change indirectly altered various processes of Bill's consciousness, such as his perceptual process of misperceiving others as predisposed to reject him, and his affective process of so desperately wanting others to accept him in the first place. These changes did not, however, make him immune to other and future misperceptions and wants. Using complimentary vipassana techniques, by contrast, Bill directly learned to better tolerate, and thus alter, the affective process of wanting in general, including wanting so badly to be accepted by others. Bill also used vipassana techniques to

alter processes of consciousness by altering his belief in an enduring self. Experiencing and believing himself to be less solid and more fluid, Bill found there was less of a filter of “Bill-ness” through which to perceive others as accepting or not. He also found less of a “Bill” to want others to accept him, or to be accepted by them. Also important is that these changes were global in nature, applicable to and influencing other current and future processes of perceiving and wanting.

This distinction between Hakomi and vipassana techniques and aims goes to the heart of what defines transpersonal psychology. From a transpersonal perspective, all non-transpersonal psychotherapies alleviate but do not eradicate suffering. This is because they are by definition personal, or in the Buddhist terminology of this article, still and forever rooted in the delusion of the false self. Cessation of or freedom from suffering, by contrast, is by definition the experience of oneself as something other than this fiction, hence it is other than or *transpersonal*. It is as if the whole range of non-transpersonal psychologies, up through and including existential psychology, are an exquisite elaboration on the causes of and ways to cope with the First Noble Truth of the Buddha: the existential truth of suffering, that suffering is a reality inherent in our existence. What transpersonal psychotherapy dares to attempt is the realization of the other three noble truths: the cause of suffering, the end of suffering, and the path to the end of suffering. Thus the differences between Hakomi and vipassana under scrutiny here ultimately represent a difference between personal and transpersonal psychotherapy. After reviewing relevant Hakomi literature and considering in more detail the uses of mindfulness and the objects of change, first in Hakomi psychotherapy and then in vipassana meditation and abhidhamma, a case history is presented to illustrate how these ideas may be applied in a psychotherapeutic setting.

Finally, a brief note on the use of the terms *context*, *content*, and *process* may prevent unnecessary confusion. Ever since Vaughn (1979) proposed them, these three terms have been used in the field of transpersonal psychology to describe three dimensions or aspects of psychotherapy based upon which a given therapy may be considered transpersonal. The three terms can, however, be used in an analogous but different way to describe the context, content, and process of consciousness, not therapy. The distinction is important for clarity. For example, discussion, during the therapy hour, of the process of a client’s consciousness during meditation outside the therapy hour, does not necessarily indicate a transpersonal therapeutic process. It may be only an example of transpersonal content in therapy. Keeping in mind the distinction between the process of therapy and that of consciousness will help to avoid such confusions. In general, it is the latter that is discussed in this article.

### ***Hakomi in Context: Why Hakomi?***

The basic theoretical notion of core organizing beliefs is not unique to Hakomi psychotherapy, but has its counterparts in other psychotherapeutic orientations. Compare for example, in the relational psychoanalytic school, the “pathogenic beliefs” of Weiss (1993, p. v) and the “mental representations” of Greenberg & Cheselka (1995, p. 59); in the person-centered model, Carl Rogers’ “conditions of worth” (Bohart, 1995, p. 95); from the existential viewpoint, the “self and world construct systems” of Bugental and Sterling (1995, p. 232); the “life decisions” (Hoyt, 1995, pp. 455-456) of Redicision Therapy based on Transactional Analysis and Gestalt; and cognitive therapy’s “schemata” (Freeman & Reinecke, 1995, p. 198), “core beliefs” and “attitudes, rules and assumptions” (Beck, 1995, pp. 15-16).

Nor is the method of Hakomi, specifically its use of mindfulness as a therapeutic process, necessarily unique. Mindfulness in Hakomi is akin to any number of therapeutic techniques that go by other names: the “focusing” of Gendlin (1978, 1996), the “inward searching” of Bugental (1978, pp. 51-56), the “presencing” of Hendricks and Hendricks (1993, or pp. 103-131), the “awareness” of Gestalt (Perls, 1973, pp. 125-133).

Moreover, in the few short years since the current proposal—for the expansion of Hakomi therapy further into the transpersonal via integration of traditional Buddhist uses of mindfulness—was originally developed (see Editor’s note), there has occurred a genuine explosion of therapeutic interest in and application of mindfulness under its own name. Theorists and practitioners from virtually all current schools of psychotherapy, including “Humanists, Psychoanalysts, Cognitive-Behaviorists, Brain Scientists, Traumatologists, Positive Psychologists, as well as Eclectic [*sic*] General Practitioners and those open to spirituality” (Johanson, 2006, p.31), have finally either discovered mindfulness, “rigorously operationalized, conceptualized, and empirically” validated it (Baer, 2003, p.140), or overcome any skepticism they may have had towards what might appear more spiritual than scientific, and begun to employ Buddhist mindfulness as a central technique. (See, for example, current surveys by Germer, Siegel & Fulton, Eds., 2005; senior Hakomi trainer and *Hakomi Forum* editor, Johanson, 2006; from the psychoanalytic tradition, Safran, Ed. 2003; and from the Cognitive-Behavioral tradition, Baer, Ed., 2006. Bennet-Goleman, 2001, combines an authentic and well-informed use of mindfulness with “schema therapy”; and for one of the very best examples of the use mindfulness in any psychotherapy—in this case, couples therapy—and one drawn from a deep understanding of vipassana, see Boorstein, 1996.)

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However, as Johanson (2006) points out, even though the use of mindfulness in psychotherapy has moved from “out of the mainstream” to a “significant and growing force...[in] contemporary psychotherapeutic practice,” few of these newer converts to or original innovators of the use of mindfulness in psychotherapy do so to the same degree as Hakomi therapists: “the main uses of mindfulness still tend to be adjuncts to therapy as opposed to the main tool of a psychotherapeutic session as it is used in Hakomi” (p.23).

Thus Hakomi psychotherapy is considered here for further expansion as a Buddhist transpersonal therapy not for its general theoretical or methodological underpinnings, which, broadly speaking, are not unique, nor simply for its use of mindfulness, which becomes less unique each year, nor even because Kurtz was the “pioneer” (Johanson, 2006, p. 23), “who first integrated” mindfulness and psychotherapy “within the Humanistic branch of psychology . . . in the early 1970’s” (p. 25). Rather, it is because Hakomi therapists and theorists explicitly define Hakomi as transpersonal; explicitly developed its use of mindfulness from Nyanaponika (1962, 1972), Hanh (1976), and the Theravada source of Buddhist abhidhamma and vipassana; and because, as the following sections demonstrate, Hakomi psychotherapy already comes so close to these possibilities, is already a such a good fit with them, and can so easily and organically evolve in this direction. Given these possibilities, this extensive use of mindfulness, and this Buddhist heritage, that in both theory and practice Hakomi therapists generally stop short of explicitly pursuing traditional Buddhist transpersonal goals and the traditional Buddhist uses of mindfulness that bring them about is surprising, unnecessary, and an opportunity for growth for Hakomi as well as other therapies.

### *Mindfulness in Hakomi*

Kurtz (1990) calls mindfulness “the ‘dharma’ of Hakomi” (p. 2), but the term is used rather loosely to mean many things, such as non-judgmental self-observation, choiceless awareness, bare attention, spaciousness, witnessing, or just being in present-felt experience without effort to change or analyze it. This is a good description of *sati*, the first part of the compound Pali word for mindfulness, *sati-sampajanna*. This kind of mindfulness informs all aspects of Hakomi, and its intentional cultivation and use moves Hakomi therapy away from traditional psychotherapy and closer to meditation practice.

Still, Hakomi is not meditation, nor are its goals synonymous with those of meditation. “Bare attention” (*sati*) is used as a tool in Hakomi to notice and study what arises in the client’s experience in order to uncover various unconscious core beliefs. However, in traditional meditation practices of applying bare attention, one does not intentionally stay with and study what arises, but simply notices and lets pass each experience. This is the first distinction between the two systems in their use of

mindfulness, and will be discussed in more detail in the section on abhidhamma, below. In brief, however, when the latter method is employed, it tends to invite nonattachment rather than desire or aversion, and to lead to wisdom or insight into the ultimately selfless nature of our experience. In the case of Bill, for example, when he did not stay with and study his longing for acceptance and fear of rejection in the Hakomi fashion, but simply observed them arising and passing in the vipassana fashion, both feelings diminished of their own accord. This often happens spontaneously in Hakomi therapy too, but this is not the stated goal or basic protocol. From this practice Bill learned experientially the impermanent nature of feelings, and by extension, of the “self” who feels them. Desire, aversion, and ignorance (or belief in the fiction of an enduring self) are the three primary mental factors which lead to suffering; whereas nonattachment, nonaversion and nondelusion, cultivated by mindfulness, are three factors which end suffering. Whenever the process of Hakomi therapy imitates this Buddhist application of mindfulness, which it often does for prolonged moments, the effect, whether intentional or not, is to loosen the grip of desire and aversion rooted in a false sense of self: traditional Buddhist ends. When the process moves on into experimenting and evoking experience, Hakomi becomes more of a Western therapy again.

The second distinction between the two systems concerns the second half of the compound word for mindfulness, *sampajanna*. *Sampajanna* is the second aspect of mindfulness and is usually translated as “clear comprehension” (Nyanaponika, 1962, p.29). Clear comprehension itself has four aspects, the last of which is most relevant here: it is *asammoha-sampajanna*, or comprehension of “the deepest and most obstinate delusion in man: his belief in a self” (p.51). Right Mindfulness is at the core of Buddhist psychology. It constitutes the seventh aspect of the Eightfold Path, which is itself the Fourth Noble Truth. It is also one of the Five Faculties, the first of the Seven Factors of Enlightenment, and perhaps the most important of all fifty-two mental factors. Clear comprehension (*sampajanna*) is fully half of Right Mindfulness. In its fourth aspect (*asammoha-sampajanna*) it is synonymous with and thus includes the other most important mental factor, wisdom. Yet clear comprehension is absent as an aspect of mindfulness in the Hakomi literature and training of therapists. Nor is the application of mindfulness to the false sense of self—its traditional application—a recognized step in the Hakomi method.

These two dissimilarities to vipassana meditation—the different use of bare attention and the lack of use of clear comprehension—represent omissions of traditional Buddhist uses of mindfulness, and an unnecessary limit in Hakomi therapy. After a review of relevant literature, a more complete understanding and application of mindfulness, drawn directly from the abhidhamma tradition, is considered below to demonstrate the possible further uses of mindfulness in Hakomi therapy.

***Review of Hakomi and  
Related Literature***

Hakomi has always been an unapologetically transpersonal therapy. The third ever issue of *Hakomi Forum* ("Issue 3," 1985) was devoted to the general question of spirituality in Hakomi psychotherapy. In it, writers such as Cedar Barstow (1985), Amina Knowlan (1985), and Reba Townsend-Simmons (1985), describe the experience of Hakomi therapy in overtly spiritual terms, such as feeling God's grace or divine wisdom manifested in themselves and their clients, or feeling united with a force or wholeness greater than themselves. Such experiences do represent an altered sense of self. And while these descriptions do not address the question of change in the client's content versus process of consciousness directly, and while they speak more in theistic terms than Buddhist ones, they nonetheless are suggestive of an altered process of experiencing in Hakomi clients. However, this result is not a stated goal of therapy, nor is a systematic method for achieving it provided.

Other Hakomi writers make more direct reference to altered processes of consciousness, and do so in terms strikingly similar to Buddhist ones, though still not in direct reference to abhidhamma, nor as an explicit or detailed goal of therapy so much as an anecdotal side effect. From a non-Hakomi but Buddhist perspective, Goleman (1996) describes changes in perceptual, affective, and cognitive processes of consciousness using the language of abhidhamma; and Engler (1986), also writing as a non-Hakomi Buddhist therapist, describes precise stages in the transformation of these processes. According to Engler, a shift in perception occurs first, as a result of preliminary meditation practices. With this shift, the "sense of being an independent observer disappears . . . is revealed to be the result of a perceptual illusion . . . no self--can be found" (p.41). From the Hakomi perspective, Kurtz is well aware of this shift: "We create what we see . . . Perception is always an act of creation" (1985, pp. 6-7). However, in Kurtz's case this insight comes more from an understanding of quantum physics and systems and relativity theories than from Buddhism (1990, pp. 17-38; 1997, p. 47). This may explain why it does not lead him to an interest in more specifically Buddhist therapeutic possibilities, insights, and psychological health. Still, the words are reminiscent of the opening lines of the Dhammapada: "We are what we think. All that we are arises with our thoughts. With our thoughts we make the world" (Byrom, 1976, p.1).

Similarly, Stan Hartman (1985) compares Hakomi to the Hawaiian spiritual tradition of Huna, describing how "Subject and object are no longer separate. I and Thou are no longer separate. Therapist and client are no longer separate" (p. 33). This, too, represents a change in self-identification. And while this shift in the perceptual process of consciousness is also phrased in the language of Eastern

meditative traditions, again no overt reference is made to Hakomi's Buddhist heritage. Hartman also does not describe how Hakomi might bring about this perceptual shift, nor does he say that such a change in process can be a goal of therapy.

A third Hakomi theorist whose early writings go a bit further, Johanson (1985a) compares Hakomi to the Creation Spirituality of Matthew Fox and specifically relates this to Buddhism (p. 36). In a later article (1987) he comments on the Taoist roots of Hakomi and the parallel concept of letting go of oneself in that tradition. He describes Hakomi as "a shift in consciousness" and "a shift away from identifying with any particular contents of consciousness . . . a shift into the witness" (p. 42). This does represent a further step in Hakomi thinking, but still stops short of advocating the kind of abhidhamma process change described by Goleman and Engler. It is still only a temporary shift into mindfulness, a new process for therapy perhaps, but not a lasting new process of consciousness for the client as a goal of that therapy. Rather, this temporary disidentification with the contents of consciousness is still used in the service of altering those contents towards "more satisfying ways of organizing" (p. 42). To maintain that shift and establish volitional control over the process is not generally considered as a goal of Hakomi therapists.

Those who do consider it do so with understandable caution and humility. For example, non-Hakomi transpersonal theorist Ken Wilbur (1986) unites psychological and spiritual development and pathology along one continuum of consciousness and, less cautiously, freely recommends meditation *as* therapy for the transpersonal levels. Some Hakomi therapists are interested in these possibilities, but hesitant. Johanson has written about Wilbur in considering these questions from the beginning (1985b), still cites him today (2006, p. 26), and regularly reprints articles by non-Hakomi therapists espousing similar views (Engler, 1986/1992; Wolinsky, 1993/1994). Regarding Wilbur, Johanson describes Hakomi poetically and accurately as "dancing up and down the spectrum" (1985b, p. 4); introducing Engler in an editor's note, he places Hakomi precisely on that spectrum: "Hakomi Therapy works on the border of the personal and the transpersonal, of the self and the no-self" (p.1).

But Johanson marks that border with a clear line:

[Hakomi Therapy] is transpersonal in encouraging mindfulness . . . and a resultant sense of a transpersonal self existing beyond the normal limitations of one's personal identity . . . realiz[ing] the limitless possibilities for being many things or nothing. [But] Hakomi stops short of deliberately fostering unity consciousness, though it certainly does not deny it . . . someone participating in HT is given a strong, though usually unspoken, disposition towards expanding their personal boundaries in the direction of ultimate inclusiveness (1985b, pp. 4-5).

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In Vaughn's terminology (1979), this is a good description of Hakomi therapy as transpersonal in process by virtue of its use of mindfulness, and in context by virtue of its unspoken disposition, but not in content unless this new sense of a transpersonal self is spoken of explicitly. Twenty-one years later, Johanson's language is more clearly like that of Goleman and Engler (now quoted, too), but the line has not moved:

Mindfulness in Hakomi is used as . . . a bridge between Western psychology that normally concerns itself with the healing of the fragmented ego or self, and Eastern psychology that normally assists people in achieving the unity consciousness of the no-self. . . . While the client continues processing to find ego-level healing in the Western sense, he also becomes more de-centered or unattached to his issues, and attains more practice in using mindfulness to distance himself from the immediacy [*sic*] of how he organizes his experience. . . . Wilber (2000) likewise extols the value of mindfulness . . . in promoting both personal and transpersonal change. Many in Buddhist and transpersonal psychology employ a . . . mindful state of consciousness to relativize normal mental-emotional life, and move toward the Eastern tradition possibility of the No-Self . . . in addition to using it in the service of the Western tradition of healing the fractured self (Engler, 2003). (2006, p. 26)

Why should Hakomi therapists not cross that line and be counted among those in Buddhist and transpersonal psychology who do use mindfulness for transpersonal Buddhist ends?

A few other Hakomi writers have also acknowledged but not undertaken this further goal of a paradoxical and lasting paradigm shift whereby the very "healthy," solid and enduring sense of self—that has been nurtured in Hakomi and other therapies—is ultimately seen as pathological and the cause of suffering, and hence dismantled. In Engler's words, "At this point *an entirely different level of psychopathology* comes into view. . . . At this level of perception, the normal affective and emotional bases of behavior are experienced as pathogenic and sources of great suffering" (1984, p. 43). Dyrian Benz (1985) is one such theorist, however he too concludes that this goal is best left to meditation. John Lloyd (1985) is another. He uses the language of Oscar Ichazo and the Enneagram: "The Hakomi idea of core material organizing experience is analogous to the fall from essence into personality" (p.48). In this he anticipates the work of Stephen Wolinsky and *Quantum Psychology* (1994), discussed below. Again, the language is not Buddhist but the concept is: Lloyd refers to the possibility of not just altering our personality by way of its core material for "better" organization of experience, but of leaving personality behind altogether by exercising control over the very process of consciousness by which that core material creates our personality in the first place. But even though Lloyd initially deems the absence of such

discussion in Hakomi "an oversight," he too, ultimately concludes that such discussion is better left out of Hakomi therapy (p. 48).

More recently but in the same vein, Kurtz, writing with Kekuni Minton (1997), suggests that almost as an inevitable byproduct of the work, "You begin to distance yourself from your automatic behaviors and egocentric models about who you are . . . you begin to find a different level . . . become able to make spiritual choices" (p. 59). Still, Kurtz too remains on the same side of Johanson's line, quoting another Hakomi trainer, Halko Weiss: "When the client starts talking about religion, it's a sign that therapy is over" (p. 59). Also more recently Weiss himself (2002) makes the same distinction: "Buddhist mindfulness is designed to cause, eventually, the ultimate freeing of the individual from ego-identification with the illusory material world, a state called enlightenment . . . We, in contrast, are cultivating mindfulness in such a way as to effect a change in the *locus* of identification—from experience to observer" (Back to Mindfulness and Self-Study section, ¶ 5-6).

Most recently of all, Johanson has continued the policy of including related but non-Hakomi material in *Hakomi Forum*, reprinting the work of Belinda Khong (2005, 2007). With a Buddhist background, Khong dives deeper into the actual abhidhamma than most. She emphasizes that a therapist does not have to be a Buddhist to use Buddhism-derived techniques: "I believe that the Buddha teaches an attitude, not an affiliation;" but does recommend therapists "be familiar with the finer points of the Buddha's teachings" (2005, p. 34). She then combines mindfulness with the abhidhamma theory of dependant origination (also discussed below) to demonstrate both a weakness of typical Cognitive-Behavioral therapy: "using thoughts to conquer thoughts" (p.39); and its solution: focusing first on bodily sensations instead, to break the cycle of mental negativity. Like others cited here, Khong clearly identifies the distinction between contents and processes of contents: "therapies tend to focus on utilizing the intellect to change cognitions while the Buddha emphasizes modifying cognitions through experiential and attitudinal change" (2007, p.15), but does not make those processes the ultimate focus of therapy, as they are in meditation.

At least one Hakomi therapist does cross the line and attempt to use therapy as a form of Buddhist mental development. Unfortunately, he doesn't use Hakomi therapy for this. Jim Lehrman (2000) includes Hakomi with two Japanese Zen-inspired therapies, Naikan and Morita, along with Wolinsky's Quantum Psychology, as one of four therapies strongly influenced by and functioning like Buddhist meditation practices. Lehrman generally concurs with the findings here that Hakomi studies the process of consciousness, but chiefly alters the contents that influence that process. However, he goes on to describe how in Quantum Psychology one goes further, not just helping clients "become mindful of the relationship between their

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automatic responses and what triggers them,” but also of “the mechanism itself”; in Quantum, clients ultimately “are able to notice the mechanism of their automatic response . . . and thus exercise choice and control over it” (§ 11). Whereas “in Hakomi, one transcends the constraints of history,” “in Quantum one transcends the innumerable identities of self” (§ 12). Finally, Lehrman writes that it is Quantum Psychology, not Hakomi, that “More than any school of psychological thought today . . . is both a theoretical and practical embodiment of . . . central notions of Buddhism” (§ 11).

Based on a review of relevant literature, Hakomi is very much a transpersonal psychotherapy in context, content, and process. Also, while there is not exactly controversy over explicitly including Buddhist goals as transpersonal goals of Hakomi therapy, there is a range of viewpoints on the subject: from a disinterest in or a lack of awareness of the distinction; to an appreciation that it happens naturally in Hakomi; to a clear recognition and welcoming of it, but one that also sees it as the proper province of meditation and spiritual practice rather than psychotherapy. Given Hakomi’s Buddhist heritage, however, that no Hakomi therapist has yet taken the further step to make these Buddhist goals and methods Hakomi goals and methods, does leave such an integration open to development as proposed here. Whereas Johanson (2006) distinguishes Hakomi from other therapies based on the *extent* to which mindfulness is used (as the main tool versus an adjunct), what is proposed here distinguishes Hakomi based on *how* mindfulness is applied, and *to what end*.

### Vipassana Meditation and Buddhist Abhidhamma

#### *A Note on the Terms “Ego” and “Self”*

Before moving into the language of Buddhism proper, a common linguistic confusion may be avoided, namely, the confounding of the two meanings of the word “ego” or “self” as used variously in Buddhist and Western psychologies. Ever since the popularization of the expression, “You have to be somebody before you can be nobody” (Engler, 1986, p.24), therapists, clients, and meditators alike have mistakenly believed that the same ego or self that Western psychology studies and nurtures in great detail must now be eradicated. Nothing could be further from the truth. In fact, the very ego strengths Western psychology focuses on, such as affect tolerance and cognitive capacities, are invaluable aids to meditation (Cortright, 1997, pp. 2-3; Goldstein, 1993, p.93). Epstein, (1995) calling this “an unfortunate mix of vocabulary,” quotes the Dalai Lama on the subject: “Selflessness is not a case of something that existed in the past becoming nonexistent. Rather, this sort of ‘self’ is something that

never did exist. What is needed is to identify as nonexistent something that always was nonexistent.” He goes on to explain: “It is not ego, in the Freudian sense, that is the actual target of the Buddhist insight, it is rather, the self-concept, the *representational* component of the ego, the *actual* internal experience of one’s self that is targeted. . . . The entire ego is *not* transcended; the self representation is revealed as lacking concrete existence” (p. 98).

This distinction is well-illustrated in the case of Bill. Bill and I did not eliminate but recognized as useful such ego strengths and capacities as affect tolerance and cognitive reasoning skills. Cultivating rational thought, Bill was better able to understand his representational self as a falsehood. Cultivating affect tolerance, Bill was better able to endure the pain of emotions like wanting and fearing without reverting to habitual reactions.

#### *Western Psychological Perspectives*

From a Western point of view the Buddha’s teachings may be heard less as a religion than a universally applied psychological theory and method. As a theory the essential teachings, or Four Noble Truths, amount to a diagnosis of psychopathology, an explanation of its etiology, a hopeful prognosis for its eradication, and a prescription for treatment. In method, also like psychotherapy, Buddhism is experiential, something to do, not just to believe in (Batchelor, 1997, pp. 4-5). Thus meditation and psychotherapy are alike: both share the goal of relieving mental suffering, and both do so through the experiential use of insight into its causes. Hakomi therapy and meditation further share the use of mindfulness as integral to their methods. In this way Hakomi may well be called applied Buddhism, or interpersonal or assisted meditation.

The difference lies in whether relief from mental suffering means its alleviation or its eradication. Hakomi therapists cited above notwithstanding, other contemporary Western psychotherapists, well-versed in Theravada abhidhamma theory and vipassana practice, do suggest the integration of this tradition in therapy. Three of these previously discussed are Daniel Goleman, Jack Engler, and Buddhist psychiatrist Mark Epstein, and it is Epstein (1995), finally, who not only suggests such integration, but also demonstrates how it can be achieved in practice. He notes, “preliminary meditation practices are . . . more closely related to psychotherapy than are other practices along the meditative path” (p.134), and describes a typical vipassana meditation progression: “Beginning with the in and out breath, proceeding to bodily sensations, feelings, thoughts, consciousness, and finally the felt sense of I, meditation requires the application of bare attention to increasingly subtle phenomena” (p.110-111). It is this last step, applying mindfulness to the felt sense of I, which is possible in and even natural to Hakomi, but which is not generally taken.

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This step also represents the fourth type of the clear comprehension aspect of Right Mindfulness (*asammoha-sampajanna*) described above. Again, Epstein (1995) writes, “When one begins to practice meditation, psychological issues usually predominate. But as the practices of concentration, mindfulness, and analytic insight are developed, the psychodynamics change, and the emotional issues of childhood often retreat as the focus shifts to an examination of *how* one experiences oneself” (p.131). In Hakomi this is called shifting from the contents of one’s experience to the process of how one experiences. But Epstein continues, “Deep meditation is much more generic than psychotherapy: it is less about the individual details of a person’s history. . . . The focus moves from *what* is being repeated to *who* it is that needs to repeat” (p. 131). This is a step beyond the typical use of mindfulness in Hakomi psychotherapy. “While the first step is to integrate the disclaimed emotions and to find and accept the feeling of ‘I’ that has been displaced, the crucial step, from the Buddhist view, is to shift the perspective from the reactive emotions to the feeling of ‘I’ itself” (pp. 211-212). According to Epstein, “examining the underlying feeling of identification that accompanies the emotional experience” (p. 213) reveals “that the self is a fiction” (p. 154), and thus “pulls the rug out from under the reactive emotions” (p. 213).

By bringing this process into and actually taking this step in the therapy hour, Epstein avoids both of the two omissions of traditional Buddhist uses of mindfulness made by Kurtz. Instead, Epstein makes his blend of contemporary relational or intersubjective psychodynamic and Gestalt therapies (personal communication, January 26, 1999) more explicitly transpersonal than anything found in Hakomi. This article proposes in theory and demonstrates by case history in practice how to do the same for Hakomi: blending it, too, with contemporary relational-intersubjective psychodynamic therapy, and making it, too, more explicitly transpersonal by completely embracing its Buddhist roots.

### **Traditional Buddhist Psychological Perspectives**

Thus far abhidhamma has been treated here largely in Western psychological terms. A brief foray now into the actual source material of and commentaries on the abhidhamma, written by practicing Buddhist scholars and monks, will further clarify the subject. Returning to the compound Pali word for mindfulness, *sati-sampajanna*, provides a good opening into the complex world of abhidhamma. Here, the Buddhist view of mental health may be described in strictly Buddhist terms more completely than before. As has been suggested, while Kurtz borrowed the use of mindfulness from vipassana meditation as taught by Nyanaponika Thera, he borrowed it incompletely in at least two respects, and these two omissions correspond to the gap in therapeutic means and ends in the two systems of personal transformation here

considered. Bare attention (*sati*) and clear comprehension of reality (*sampajanna*) are the two aspects of mindfulness that work together. In fact, the two are inseparable. The disciplined practice of bare attention in the way it is prescribed in vipassana meditation, as opposed to the way it is mainly used in Hakomi therapy (the first omission), supports and develops clear comprehension (the second omission).

To understand why this is so, it is helpful to return to the Four Noble Truths. The Second Noble Truth states that the immediate cause of suffering is thirst, or craving (*tanha*). “Thirst” has the sense of wanting things to be other than they are, and thus includes both desire and aversion (*lobha* and *dosa*), two of the three unwholesome roots (*mulas*) of karmic action, to be discussed shortly. It is important to note that these two roots are inextricably bound up with the third, which is delusion (*moha*) concerning the true emptiness of self.

There are three different types of thirst, but the most deep rooted is thirst for existence (*bhava-tanha*): “the will to be, the will to live, to exist, to re-exist, to continue, to become more and more” (Rahula, 1959, p.31). Its cause is ignorance (*avijja*), the belief in the fictitious self. Reciprocally, the cause of ignorance is thirst for existence. These two (*bhava-tanha* and *avijja*) are said to be “the [two] outstanding causes of karma that lead to unhappy and happy destinies” (Nyanatiloka, 1952, pp. 31-32, 207-208). They are also none other than two of the roots (*mulas*) described above: thirst (*tanha*) is a synonym for desire (*lobha*); ignorance (*avijja*) is a synonym for delusion (*moha*).

Where does mindfulness come into all this? Mindfulness is one of fifty-two mental factors or mental formations (*sankhara*) that comprise the fourth aggregate of existence (Bodhi, 1993, pp. 76-113). (So are nonattachment [*alobha*], nonaversion [*adosa*], and nondelusion [*amoha*] or wisdom [*panna*] the three wholesome roots which reciprocally inhibit their opposites.) The five aggregates (*khandas*) are one way of understanding the truth of selflessness (*anatta*). In short, what we normally experience as a self is seen to be nothing more than a continuous, interactive flow of the processes of mind and body. There are five of these, and in meditation one can slow down one’s observational process enough to experience “oneself” in this way. This is the analytic method of understanding selflessness.

The counterpart to the analytic method is the teaching of conditioned genesis or dependent origination (*paticca-samuppada*). This is the synthetic method of understanding selflessness. As one can take apart the self as five aggregates, so one can put it back together as dependent origination, a never-ending cycle of causes and effects, of physical and mental phenomena continuously being conditioned by and conditioning one another. Mental formations (*sankhara*), are found here as well: as they comprise the fourth aggregate, so also they comprise the

second of the twelve links of the chain of dependent origination.

### ***Innovative Buddhist Psychological Perspectives***

So far all of this is simplified but straightforward abhidhamma. Where it becomes innovative, and more relevant to psychotherapy, is when one takes a psychological rather than metaphysical interpretation of karma and rebirth, as Buddhist scholar Andrew Olendzki sometimes does (personal communication, May 8-12, 2000; 2005, p.248). In a psychological interpretation, karma is the action that conditions or determines one's rebirth and future happiness or suffering not in future lifetimes, but in the very next moment of this one. Rebirth can be seen as the recreation of the false sense of self in the mind in each successive moment of experience. Mental formations are the mental actions that produce this karmic result, which condition this rebirth. As such, they are also the point of potential therapeutic intervention, the lever for change. Wholesome mental factors are simply those which lead to happiness and the cessation of suffering. They create "good" and eventually no karma. Unwholesome mental factors have the reverse effect.

This may occur in the chain of dependent origination, or more accurately, interdependent co-arising (A. Olendzki, personal communication, May 8-12, 2000), especially at two key links. The twelve links in the chain are subdivided into four phases: two active, or volitional, and two passive, or automatic (Bodhi, 1993, pp. 292-328; Nyanatiloka, 1952, pp. 150-159). These phases are also described as causes or karma processes, and results or rebirth processes, respectively. The two active or volitional phases are of concern here, as this is where mental formations, mental karmic actions, can be a lever for change. The first active phase includes links one and two, where ignorance (*avijja*), conditions mental formations (*sankhara*). The second active phase includes links eight through ten, where thirst or craving (*tanha*) leads to becoming (*bhava*). (As mental formations [*sankhara*] is both the fourth aggregate and the second link in the chain of dependent origination, so thirst or craving [*tanha*] is both the Second Noble Truth and the eighth link in the chain of dependent origination.) Ultimately, depending on one's degree of insight, the presence of wholesome mental factors in the mind at these two active phases may produce not only wholesome karma (alleviation of suffering), but no karma (cessation of suffering: no karma, thus no psychological rebirth of the self, thus ending craving, thus ending suffering).

In order to see how (and which) mental formations can be a therapeutic lever for change in each of these two active, volitional, karma producing phases of dependent origination, it is necessary to depart further from the traditional teachings. Three related teachings may be combined in an original way that can have far-reaching

implications for Hakomi psychotherapy. The first two teachings have already been discussed: they are the traditional division of mindfulness into bare attention and clear comprehension (Nyanaponika, 1962, pp. 29-56), and the traditional division of dependent origination into two active and two passive phases (Bodhi, 1993, pp. 292-328; Nyanatiloka, 1952, pp. 150-159). The third teaching now to be integrated with the first two is Daniel Goleman's (1988) division of mental factors into those which are cognitive and those which are affective (p. 126). Of the roots (*mulas*), or key wholesome factors under discussion, Goleman classifies wisdom or nondelusion (*panna* or *amoha*) as a cognitive factor, while nonattachment and nonaversion (*alobha* and *adosa*) are considered affective. What is suggested here is that Goleman's cognitive mental factor is what is needed at the first active phase of dependent origination, so that wisdom and not ignorance conditions formations, while his two main affective mental factors are needed at the second active phase, so that attachment and aversion do not condition more becoming; also suggested is that these two points of intervention require the cognitive capacity of the clear comprehension (*asammoha-sampajanna*) aspect of mindfulness, and the affect tolerance of the bare attention (*sati*) aspect of mindfulness, respectively.

Looking freshly at mental factors in this way provides the two necessary ingredients for change in Hakomi—or any—psychotherapy (Yalom, 1995, p.24-28): both cognitive and affective or experiential learning. Bare attention is an affective application of mindfulness at the moment when feeling (*vedana*, link 7) is about to condition thirst or craving (*tanha*, link 8) in the forms of desire and aversion. With bare attention, nondesire (*alobha*) and nonaversion (*adosa*) may arise instead. Similarly, clear comprehension, particularly clear comprehension of the truth of selflessness (*asammoha-sampajanna*), which is clear comprehension as nondelusion (*amoha*), may be seen as the cognitive application of mindfulness when delusion (*moha*) or ignorance (*avijja*) would otherwise condition formations. In the language of psychotherapy, *bare attention is a therapeutic intervention to develop affect tolerance, while clear comprehension is a cognitive reframe*. Neither insight nor experiential learning alone is enough. The two reinforce one another.

In fact, this is exactly the teaching of classical (Nyanatiloka, 1952) and contemporary (Goldstein, 1976, pp. 117-122; Goldstein & Kornfield, 1987, pp. 122-125) vipassana teachers alike. Not surprisingly, many contemporary vipassana teachers are also psychotherapists. Of dependent origination Nyanatiloka writes simply, "The 2<sup>nd</sup> and 10<sup>th</sup> proposition practically state one and the same thing" (pp. 157-158). Like affect tolerance and cognitive reframing, all wholesome mental factors tend to arise together. They are inseparable, mutually interdependent and co-arising. So, why is there suffering?

Because of birth. Why is there birth? Because of all the actions of becoming, all the volitional activities

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motivated by greed, hatred and delusion. Why are we involved in these kinds of activities? Because of grasping. Why is there grasping? Because of desire in the mind. Why is there desire? Because of feeling, because the quality of pleasantness or unpleasantness arises. . . . There's no possible way of . . . preventing feeling from arising. . . . *But it is right at this point that the chain can be broken. . . .* When there's ignorance in the mind, feeling conditions desire. . . . But if instead of ignorance in the mind there is wisdom and awareness, then we experience feeling but don't compulsively or habitually grasp or push away . . . we experience them mindfully. . . . No longer do feelings condition desire. . . . When there is no desire, there's no grasping; without grasping, there's no volitional activity of becoming . . . there's no rebirth. . . . The whole mass of suffering is brought to an end. (Goldstein, 1976, pp. 119-120, italics added)

### Case Study

#### **Background and Initial Meeting**

Bill, an attractive gay man in his late twenties, came to me for psychotherapy in my first week at a new job. He did not call the Center's main phone line and go through the customary intake and assignment procedure, but was referred to me directly by friends from the local vipassana *sangha*, or community, who had heard me give a dharma talk, and therefore called my extension directly. Thus even on the telephone, before ever meeting, what Kohut would call a pronounced idealizing transference (Kahn, 1991, p. 109) became apparent: Bill began to flatter me, telling me he had heard that former clients insisted I was "the best therapist in town," an absurd notion considering I had no former clients in town.

In our first session Bill related his current life circumstances to me. His presenting problem involved adjustment and reentry into American life and society. Bill had no money, no job, no bank account, no drivers license. He was staying with sangha members who had taken him in. He had spent the last seven years living at a Zen center in Europe, focusing entirely on his Zen practice and his relationship to his teacher, whom he described as "an enlightened master." His teacher had returned to Asia some months before, and Bill had recently come to town with the vague notion of attending graduate school. With no money and no direction, he thought therapy might help where meditation did not. He had come to me because he wanted a therapist with a Buddhist background. He also wanted a man.

Bill grew up wealthy and privileged on the upper east side of Manhattan. His mother was a full professor at Columbia, his father "a loser from an old money family." Bill attended private schools, became an accomplished violinist, and eventually went on to Stanford, majoring in comparative

literature. Immediately after that he went to Europe, met his teacher, and never returned. Never in all of this, Bill confessed, had he ever had to support himself in any way. No need to drive going to high school in Manhattan; no need to make his own arrangements as a darling of the music world; no need to earn a dime living in a rambling old European farmhouse with his Zen master and other students.

What was worse, according to Bill, was that he had always felt incompetent. He felt he took after his father more than his mother, that like his father he had gotten as far as he had only because of his looks, his name, and his family's money, but that also like his father, he "couldn't even change a light bulb." Bill had always experienced his mother as highly critical and rejecting. Her standards were too high, he said. He could never be as successful as she.

At the same time, Bill began to speak of my presumed success. He was sure from his friends' reports that I was "more enlightened than he was," and I hadn't even lived with a master for seven years as he had. Moreover, in addition to supposedly being "enlightened" while only eight years his senior, Bill also imputed to me all manner of personal and professional successes. The basic facts of my life—marriage, children, education and work history—I readily allowed, but beyond that, when Bill asked for more self-disclosure on my part, I explained that I tended to be on the liberal end of the spectrum in terms of disclosing my feelings in the moment with him, but on the conservative end of the spectrum when it came to disclosing personal information about my life outside the therapy hour.

#### **Phase 1: Relational Therapy and Mindfulness as Bare Attention in Hakomi Therapy**

Bill and I met weekly thereafter, our work becoming more overtly relational and involving more of the Hakomi method. The therapeutic approach, as described here, is not strictly Hakomi psychotherapy, but what aspires to be a seamless blend of Hakomi and contemporary relational or intersubjective psychodynamic psychotherapy (Mitchell, 1988; Stolorow, Brandchaft, & Atwood, 1987, 1994), all within the context of a Buddhist worldview. Theoretically these two models are entirely consistent; methodologically they compliment each other well. Both models seek to disconfirm limiting, unconscious core organizing beliefs. Both seek to do so both cognitively and experientially. Hakomi's strength is an efficient way to make these beliefs conscious and present-felt at the same time, through the use of mindfulness. Hakomi also offers powerful *intrapersonal* methods of disconfirming these beliefs experientially--or at least broadening and making them more inclusive--by providing what is called *the missing experience* (Kurtz, 1990). These experiences often take place with the client's eyes closed, not attending to the therapist. Relational approaches also seek to disconfirm these beliefs experientially, and the great strength of this approach is *interpersonal*. Favoring use of the actual relationship in the

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room, and working with the core beliefs as they manifest in that relationship in the moment, the client may have also have an experience, a *corrective emotional experience* (Alexander, 1946), which disconfirms the maladaptive beliefs. This is likely to occur with the client's eyes open and looking at the therapist.

Thus, throughout the first phase of our work together, Bill and I gradually became less concerned with his presenting problems and more interested in the core beliefs and associated relational patterns that underlay them. This phase of the work was predominantly personal as opposed to transpersonal. Transpersonal content entered into the work when Bill discussed his meditation practice and aspirations for enlightenment; transpersonal process occurred whenever he used mindfulness to observe his intrapersonal process, or whenever we used mindfulness to observe our interpersonal process in the intersubjective field between us; and transpersonal context was always a given. But for all that, we mostly did conventional psychotherapy, both Hakomi and otherwise. I also placed Bill in one of two weekly interpersonal therapy groups I co-facilitated with a colleague. His core beliefs and relational patterns emerged there as well. The group format served to reinforce and consensually validate our individual work, distributed Bill's transference among more people in therapy (including my co-therapist), and provided increased opportunities for Bill to disconfirm his core beliefs experientially in relationship.

What emerged in this phase of our work was a pattern of narcissistic character strategy in Bill. He would alternately inflate and deflate himself and his own worth. He would also idealize and devalue others. He spoke often of those he idealized, including his mother, his former analyst in Palo Alto, his Zen master/teacher, his current aikido instructor, and me. What's more, Bill began to seduce as well as flatter and attempt to become friends with me. He compared me favorably to his "famous" Palo Alto analyst and referred numerous friends to me; wondered out loud if he would fall in love with me (while wearing more revealing clothing than usual and absent-mindedly stroking his inner thigh); and brought me homemade brownies, books on Zen, and invitations to join his aikido class.

Moving fluidly between relational and Hakomi methods, I contacted these patterns in our relationship and encouraged Bill to relate them to his other current and previous relationships, including those with his parents in childhood. One day, in our eighth session, Bill's core beliefs emerged in what is a good example of conventional Hakomi psychotherapy. In a particularly poignant interchange, I told Bill that he didn't need to do anything for me to like him. Tears came to his eyes. I encouraged Bill to rest his attention on the tears. He closed his eyes and became mindful of the feelings in his eyes and around his heart. He described a mixture of sadness and longing. At this point Bill as vipassana meditator would simply stay mindful of these feelings, neither indulging nor repressing them,

watching them come and go and change, noticing in a detached way his desire for certain experiences and aversion to others, and experiencing the inherent suffering, transience, and selfless quality of them all.

But I did not encourage Bill to do this. Unlike in vipassana, Bill and I ceased using mindfulness strictly as *sati*, or bare attention. Nor did we invoke the *sampajanna*, or clear comprehending, aspect of mindfulness. Instead, we used mindfulness as a therapeutic tool and directed it towards thoughts, feelings, and body sensations of therapeutic interest. With Bill well established in this state of mindfulness, I repeated the words that brought tears to his eyes, this time explicitly as what is called a "probe" in the Hakomi method: a verbal experiment in mindfulness intended evoke experience. Speaking slowly and softly, with Bill's eyes still closed, I instructed him to "notice what happens—all by itself—in your experience, when I say the words . . . 'You don't have to do anything for me to like you.'"

Immediately Bill's tears returned. In addition to sadness and longing he also felt relief. Bill experienced this physically as a somatic sensation of sinking and relaxing in the area of his chest and stomach. Continuing to contact and study in mindfulness this experience of relief, its opposite arose: fear and a tightening in the chest. Working in the Hakomi method, Bill became aware of images, memories, and words associated with this fear. In Hakomi, therapist and client gather information from as many "channels" of experiencing as possible. Broadly speaking these are three: bodily, physical sensations; affective, emotional experiences or feelings; and mental or thinking experiences. (These also correspond to three of the Four Foundations of Mindfulness taught in vipassana.) Images, memories and words registered primarily on the thought channel. Bill saw his mother leaving the house to live with another man when he was three. Soon, words, meanings, decisions and beliefs came into Bill's conscious awareness: his mother's voice saying, "I need you to be perfect"; his own inner voice saying, "I don't deserve to be loved."

These experiences, however real or constructed, are origins of Bill's unconscious, limiting, core organizing beliefs—what conventional Hakomi therapy seeks to uncover and disconfirm. Bill's unconscious beliefs about himself and his world, formed in the relational matrix of childhood experience, came to fruition in the perceptual and interpersonal patterns of Bill's current adult life. Believing these things, Bill saw how he was predisposed to experience a world in which they were true, to have experiences and relationships that confirmed them, to behave in ways stemming from the need to avoid feeling the pain of them and to compensate for the presumed personal deficits they implied.

Much of the first phase of our work together involved using relational psychodynamic and Hakomi therapy to work at

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the personal level, to disconfirm both cognitively and affectively these and other core organizing beliefs. In terms of Hakomi, Bill had repeated experiences in mindfulness, in the therapy hour, either actually and interpersonally or imaginatively and intrapersonally, which could not have happened if the beliefs were true. When, for example, Bill was late for an appointment, he was sure I would judge him harshly for it. When, while studying in mindfulness his experience of anticipated judgment, Bill experienced that I did not reject him, tears of relief came to his eyes. He felt the anxiety in his chest dissipate. It was possible in this moment for Bill to believe that someone he admired and needed really could accept him as less than perfect. Intrapsychically, Bill then imagined how his life would have been different if this were true, and how it could be different now. Bill had many such experiences with me, in incremental doses. These experiences set in motion an adaptive spiral: these experiences being possible, new beliefs also became possible for Bill; new beliefs in place, more new experiences both inside and outside of therapy became possible.

This is a good example of how one applies mindfulness in Hakomi both towards the contents of consciousness—here the belief that Bill could not be imperfect and still be accepted; and its processes—how that belief organized Bill's perception of me, his somatic and affective experience, and the interpersonal patterns of his life. It is also a good example of how the object of change in Hakomi remains the contents of consciousness, or beliefs themselves, leading to reorganization of experiential processes only as an organic byproduct.

### ***Phase 2: Mindfulness as Bare Attention According to Buddhist Methods in Hakomi Therapy***

Dividing the therapy into phases is a somewhat artificial construct meant to help clarify the distinctions made in the theoretical section of this article. In reality the phases of my work with Bill were not so distinct. The work progressed more like a spiral, both moving forward linearly and circling back on itself. Examples of ways of working from each artificial phase thus occurred in each other phase. Still, the work progressed mainly as described.

As Bill's patterns became more familiar to us, he had increasingly frequent experiences, both intra- and interpersonally, to disconfirm the beliefs that underlay them. Bill's experience of and way of being in the world also began to change. Many of Bill's presenting problems cleared up of their own accord. He found reasonably satisfying, stable, and adequately paying work. He got a driver's license, a car, and his own apartment. He applied to and was accepted into a graduate program. Moreover, friends and fellow group members alike began to notice a change in Bill. They found him to be more consistent in his moods, less likely to be either boastful about or critical of

either himself or them. They found his posture, dress, and mannerisms to be more composed and dignified, less flamboyant, seductive, solicitous or self-effacing. In short, Bill felt better about himself. I felt these changes in our relationship as well. No longer did I feel so powerful or on such a pedestal in the room with Bill.

Thus, one day, in our twenty-fourth meeting, when Bill arrived and started presenting what was by now quite familiar material concerning his diminishing but persistent feelings of worthlessness and unlovability, I began to work with him in a new way. The session began ordinarily enough, talking about a recent fight he had had with his new lover. I contacted the content, then increasingly the process of Bill's concern. Soon Bill had turned inward, closing his eyes and cultivating a mental state of mindfulness. (It should be noted that Bill was unusually proficient in the use of mindfulness, due no doubt to his years of zazen and now vipassana meditation practice.) Bill became acutely aware of a familiar sensation and attendant image. He described it like a heavy black hole the size of an orange in the center of his chest. We had worked with this feeling and image before, often connecting it to feelings of and beliefs about his fundamental worthlessness and unlovability. In the past Bill had even become aware of this unlovable feeling as the primary factor motivating him in his most self-destructive behavior: promiscuous, unprotected, anonymous sex with men. Now, hurting from the rejection by his lover, old wounds smarting and old beliefs seemingly confirmed, Bill was aware of being sexually aroused, of wanting to have sex with anyone at any cost—including me, anything to feel loved and make this feeling go away.

This time, however, after fully exploring his sexual feelings towards me in the context of the therapeutic relationship, and sensing a new strength in Bill, I did not pursue the usual line of making cognitive connections between past and present. Nor did I instruct Bill to stay with these present experiences, a Hakomi technique known as an accessing directive and designed to stabilize present-felt experience. Nor did I pursue more unconscious core material by way of probes and other experimental techniques designed to evoke new experiences in mindfulness. Instead, I simply instructed Bill to do nothing but remain mindful of the unbearable thoughts, feelings, and sensations he was experiencing, including allowing them to shift in any way they might.

This instruction was new to Bill in our work together, but not to him otherwise; indeed, he had been doing it for years in meditation. This is the traditional use of mindfulness as bare attention (*sati*). Now that Bill had so much new information as a result of our work together, it seemed an appropriate time to begin working with him in this way. This time Bill did not use his present-felt experiences as an access route to discover new variations on his core beliefs, new historic origins of those beliefs, or new manifestations of them in his current life. Staying mindful, Bill simply

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observed his experiences, his reactions to them, their transient and changeable nature. “You mean do nothing?” he asked.

Bill did “nothing.” The feeling in his chest got worse, then stayed the same, then got better. Thoughts came and went. Bill did not pursue the pleasant aspects of his experience, nor did he repel the unpleasant aspects. Instead, he cultivated the mental factors of nonattachment (*alobha*) and nonaversion (*adosa*) inherent in mindfulness. Doing so, Bill began to know the spacious quality that came to him often in meditation when the sense of self loosened its grip. Not clinging to a pleasant sensation that arose in his chest, for example, nor recoiling from a painful childhood memory that followed it, Bill felt there was less of a self to care what experience came next. Inevitably, the experience of selflessness (*anatta*) and the mental factor of nondelusion (*amoha*) or wisdom (*panna*) co-arose. In the abhidhamma terminology presented above, this was an affective intervention at the second active stage of the cycle of dependent origination, the seventh link in the chain, that between feeling and craving. Psychologically as opposed to metaphysically, the chain was broken for a moment or two, and Bill experienced a taste of the freedom that comes when no new karma is made, when the false sense of self is not recreated anew just yet, and hence no new suffering immediately ensues.

When the session was over Bill was amazed to find that the unbearable feelings were gone, and along with them the irresistible urge for compulsive sex. He went home and made up (non-sexually) with his lover, as he informed me the following week.

### **Phase 3: Adding Mindfulness as Clear Comprehension to Hakomi Therapy**

Four months later, in our fortieth session, Bill came in distraught over being jilted by the lover-turned-partner just discussed. The session began much like session twenty-four, above, for about the first twenty minutes. Bill was affectively experiencing his inherent selflessness again. Then, as Bill was being mindful of feeling particularly wounded by his partner’s actions (his word was “offended”), I moved toward adding a more overtly cognitive experience of selflessness. I asked the question, “Who is it that’s offended?” This is a technique Epstein (1995) calls working with the moment of “injured innocence” (p. 211), when the false sense of self is especially visible. It also reminded Bill of interventions his former Zen master used to make. Just as Bill was unusually skilled in the use of mindfulness, so was he familiar with Buddhist views of selflessness, a great asset in this phase of his therapy.

It should be noted here that the possibility of *spiritual bypassing* (Wellwood, 1984) is always a concern in clients with spiritual practices. Cortright (1997) defines the term

as, “when a person cloaks defensive avoidance in spiritual ideas . . . takes spiritual language and concepts to ‘reframe’ personal issues in the service of repression and defense, a kind of transpersonal rationalization” (pp. 210-211). Bill had exhibited some of this tendency in the past. He had, for example, once criticized himself for not yet being enlightened. Another time he had dismissed the possibility of dying of AIDS as a result of unprotected sex by flippantly saying one who was never born could never die. Certain core beliefs, such as not deserving to have needs, or it not being safe to express wants, lend themselves to spiritual bypassing, especially via spiritual systems that include “self” negation, such as Buddhism. These types of beliefs often have their origins in narcissistic parenting, and Bill was not without them. However, we had done enough work together for me to be confident this was not a present concern. This prudence was, in fact, the main reason almost a year passed before we entered into this phase of therapy.

In any case the intervention described above assisted Bill in cultivating the clear comprehension of the truth of selflessness (*asammoha-sampajanna*) aspect of mindfulness. A peaceful smile replaced the pained look on Bill’s face. He sighed. Appreciation for the shortness of life and the beauty of the day suddenly entered Bill’s awareness. Using terms from the earlier discussion of abhidhamma, this was an intervention at the cognitive first link of the chain of dependent origination, in its first potentially active or karma producing phase. This moment, and others like it, came naturally out of Bill’s long-standing meditation practice and our consistent use of mindfulness in the second phase of therapy. Without ignorance to condition mental formations, nonattachment (*alobha*) and nonaversion (*adosa*) come naturally, and the sense of self is not reborn to cause more suffering.

In my work with Bill, interventions like this became more frequent. Enlightenment, or the Buddhist view of ultimate mental health as freedom from—rather than merely alleviation of—suffering, slowly became a further goal of therapy to be worked toward lightly. Bill began to adopt a more gradual rather than sudden view of enlightenment, which did not reinforce his perfectionist tendencies or lend itself to spiritual bypassing. He began to feel that enlightenment was nothing more than having this selfless, non-craving experience more often, more easily, more deeply, for longer durations, and under more diverse circumstances.

## Conclusion

As demonstrated in the case of Bill, the theory and practice of Hakomi therapy can be not only seamlessly blended with contemporary relational psychodynamic therapy, but also fruitfully developed by extending the use of mindfulness along the lines of traditional vipassana meditation and abhidhamma study. Therapy need not be limited to

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alleviation of the various manifestations of suffering as they express themselves in unique symptoms and character structures stemming from particular core beliefs. Rather, therapy may do this and also go on to directly alter affective processes of consciousness, and to challenge the one common, underlying, erroneous core belief at the root of and around which all others constellate: that of the fictitious self. In this way both alteration of the processes of consciousness, and the cessation of suffering, become additional and explicitly transpersonal goals of therapy.

These goals may be achieved in Hakomi therapy by the innovative combination of three abhidhamma teachings at two key points of intervention: *bare attention may be applied at the moment of feeling to cultivate nonattachment and nonaversion, a kind of Buddhist affect tolerance; and clear comprehension of selflessness may be substituted for ignorance as a kind of Buddhist cognitive reframe.*

Johanson (2006) “anticipate[s] a lot of future dialogue and debate on the various ways mindfulness should be used in therapeutic protocols” (p.31). This article represents one contribution to that dialogue. Ironically, while this contribution from a Western psychology perspective seeks to ensure that a Buddhist-inspired transpersonal psychotherapy, Hakomi, does not stop short of traditional Buddhist ends, those more invested in and writing from a Buddhist psychology perspective, such as Olendski (2005), share the identical concern in reverse: “The question remains whether psychotherapy, in its effort to make mindfulness useful in clinical practice, will neglect its potential for radical liberation, or whether Buddhist psychology and practice will invigorate psychotherapy with its broad conception of human potential” (p. 261). This article represents a step towards the latter.

Finally, in actual practice, such as with Bill, these two interventions are experienced simultaneously. One does not occur without the other. In abhidhamma they are called interdependent and co-arising. Cognitive and affective processes are inseparably linked. This may explain the lack of distinction between heart and mind in many Asian languages, where there is often only one word for both, a kind of heart-mind. Thus, the distinction between content and process as an object of change, so central in the writings of transpersonal theorists and so crucial to this discussion, ultimately is revealed to be a construct of language. Such distinctions are extremely useful tools for discussion, but are not entirely validated by experience. At least this is the case with the three fundamental unwholesome roots of Buddhism, also called the three poisons: the one content of a cognitive belief in selfhood, and the twin affective processes of desire and aversion both born of and recreating that belief. At the subtle level of experiencing cultivated in vipassana meditation and innovative Hakomi therapy, duality ceases. When it comes to desire, aversion, and ignorance, content change is experienced as process change, and vice versa. Words, which by their very nature are

designed to make such distinctions, fail. This is also the end of suffering.

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*The Tao that can be told  
is not the eternal Tao;  
The name that can be named  
is not the eternal name.  
The Nameless is the origin  
of Heaven and earth;  
The Named is the  
mother of all things.  
(Lao Tzu, 1)*

*Learning consists in  
daily accumulating;  
The practice of Tao consists in  
daily diminishing  
(Lao Tzu, 48)*

*Some say my teaching is nonsense.  
Others call it lofty but impractical.  
But to those who have  
looked inside themselves,  
this nonsense makes perfect sense.  
(Lao Tzu, 67)*

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