Hakomi and the Ambiguous Nature of Research

Greg Johanson

Editor's note: After entering Hakomi therapy or trainings, many people inquire about research and the Hakomi method. This article explores how Hakomi authors and researchers relate to many aspects of research.

Gregory J. Johanson, Ph.D., NCC, LPC is the director of Hakomi Educational Resources in Mill City, Oregon that offers psychotherapy, teaching, training, and consultation to individuals and organizations. He is a founding trainer of the Hakomi Institute who has been active in writing, including (with Ron Kurtz) *Grace Unfolding: Psychotherapy in the Spirit of the Tao-te Ching*, and serves on the editorial boards of six professional journals. His background is in theology as well as therapy, and he is a member of the American Psychological Association as well as the American Association of Pastoral Counselors. He has taught adjunct at a number of graduate schools, currently as adjunct faculty of the Education Master of Counseling Program, project advisor, University of Lethbridge, Alberta, Canada, and Doctor of Ministry dissertation advisor at George Fox Evangelical Seminary. Correspondence may be addressed to: Greg Johanson, PO Box 23, Mill City, Oregon 97360 USA; telephone: (503) 897-4830, or e-mail: greg@gregjohanson.net; website: www.gregjohanson.net

Abstract

In this article, the relationship between Hakomi therapy, science in general, and psychotherapy research in particular is explored. It outlines how the Hakomi Institute as a provider of psychotherapy trainings functions as both a consumer and generator of research. Issues explored include how Hakomi therapists have pioneered aspects of psychotherapy—such as the use of mindfulness—in advance of collaborating research findings; how findings are engaged critically in light of clinical experience, and how findings beyond psychotherapy in cognate fields such as neuroscience, developmental studies, multicultural and spiritual areas are necessarily integrated into the research base of Hakomi therapy.

Key words: psychotherapy research, Hakomi Therapy, AQAL integral theory

Science and Research

As previously chronicled (Johanson, 2012), Hakomi was born in the post-1960s in a period of relative discontent and dissatisfaction with the psychological theory and research of the period. The efficacy of psychotherapy was not high. Ron Kurtz, the founder of Hakomi Therapy, generated a lot of excitement in those who gathered around him in the 1970s by approaching psychotherapy through means other than those used by the standard well-worn schools of psychology. Rather, he evaluated and incorporated various therapeutic modalities and sub-processes—through the lens of his background in the sciences of complexity and non-linear living organic systems—as these informed what it meant to be human. Thus, those involved with Hakomi have had a long-standing, continuous interest in scientific research and the philosophy of science broadly conceived (Johanson, 2009b, 2009c).

This unique background foundation in non-linear systems has served the Hakomi Institute well in its primary functioning as a training institute as opposed to a research institute. Hakomi of Europe, headquartered in Germany, led the way in getting Hakomi approved as a scientifically validated modality within the European Association of Psychology in the European Union. As such, the Hakomi Institute is an approved psychotherapy training provider in the European Union. Credits in doctoral programs for studying Hakomi have been obtained through a number of educational institutions worldwide. Likewise, the Hakomi curriculum was approved as an official national training for psychotherapists in New Zealand through the Eastern Institute of Technology in Napier. Subsequently, chapters on Hakomi Therapy have been included in standard textbooks on theories of

counseling and psychotherapy (Roy, 2007), as well as investigated in various theses and dissertations (Benz, 1981; Kaplan, 2005; Myllerup, 2000, Rosen, 1983; Schanzer, 1990; Smith, 1996), other books (Johanson & Taylor, 1988), and articles.

Research in general, of course, is a broad topic with numerous aspects. Hakomi, as a training institute consumer of research, has striven to have an engaged, constructive, yet critical relationship with psychotherapy research in particular that remains in tension with its clinical experience.

To begin, Hakomi practitioners have not been willing to wait for positivistic scientific approval of what seemed clearly therapeutically helpful, though we do track a wide range of scientific studies for confirmation or disconfirmation as they arise. For instance, Kurtz realized in the early 1970s the potency of mindfulness in helping clients become aware of and transform the way they organized their experience, something central to depth-psychotherapies (Shedler, 2010, p. 100; Stolorow, Brandchaft, & Atwood, 1987). The effectiveness of this discovery has been explored and deepened through Hakomi ever since. Most other therapists who were interested in the mindfulness-therapy interface would not allow themselves to speak of it in professional settings until the early 1990s (Siegel, R., 2010). Kabat-Zinn began publishing about the use of mindfulness for working with pain in the mid-1980s (Kabat-Zinn, Lipworth, & Burney, 1985). Linehan (1993) published on the use of mindfulness in treating borderline personality disorders in the early 1990s. Today, there is an ever-growing wealth of studies related to mindfulness and psychotherapy (Johanson, 2006a, 2009a). In particular, there is now much exciting knowledge from interpersonal neurobiology about the underlying mechanism of mindfulness (Hanson, 2009; Siegel, D., 2007, 2010; Simpkins & Simpkins, 2010).

The example of mindfulness illustrates that experimental psychotherapy research does not generally produce new knowledge so much as evaluate hypotheses generated in clinical practice (Gendlin, 1986; Goldfried, 2009). It is also an example of when Hakomi has maintained "the standard of a respectable minority . . . out of concern that the standard of common practice was insensitive to emerging but not yet popular treatments," a standard that "recognized that the healthcare fields do not always have a consensual view of what is effective" (Beutler, 2009, p. 308).

This stance of a respectable minority has also played out in Hakomi's caution of the supposed gold standard of randomized clinical trials (RCTs) that separate "the person of the therapist from the acts of psychotherapy" (Beutler, 2009, p. 311). Hakomi trainings always balance concentration on the being or personhood of the therapist with the doing aspects of method and technique, as it has always been obvious that it is the characterological limitations of therapists that restrict their effectiveness in utilizing the process itself. This position is congruent with much research that has built on the investigation of common factors and underlined the importance of the therapeutic relationship (Ablon & Jones, 2002; Beutler, et al., 2003; Beutler et al., 2004; Castonguay & Beutler, 2006; Duncan & Miller, 2000; Horvath & Bedi, 2002; Horvath & Symonds, 1991; Mahoney, 1991; Norcross, 2002, 2005; Orlinsky, Ronnestad, & Willutzki, 2004; Safran & Muran, 2000; Sexton & Whiston, 1991; Shedler, 2010; Tombs, 2001; Vocisano et al., 2004; Wampold, 2001; Whiston & Coker, 2000).

Along this line, Hakomi agrees with those who argue we need to "revise our definition of 'research-informed psychotherapy practice' [RIP] so that it addresses those factors that actually comprise psychotherapy" (Beutler, 2009, p. 302). The Hakomi unity principle agrees that variables must not be ruled out related to "therapist and patient personalities, interpersonal values, therapist and patient gender, socials skills, and attachment levels and the like [which] are not always capable of being randomly assigned" in RCT trials (Beutler, 2009, p. 310). The same applies to cross-cultural issues (Johanson, 1992). And, as Gendlin (1986) has pointed out, it is better not to isolate out chemical vs. psychological vs. social, but control for all three and test them together. "They are already always together. . . . Everyone thinks, feels, dreams and imagines; has a body; has a family; acts in situations; and interacts with others" (Gendlin, 1986, p. 135). Likewise, "the practice of therapy often involves more complex clinical cases" with numerous co-morbid conditions than are dealt with in much academic research (Goldfried, 2009, p. 26). Though the DSM is purposefully a-theoretical, Hakomi continues to see, with others (Blatt & Zuroff, 2005), the connections in character issues related to Axis II that affect many Axis I conditions, and thus, the value of teaching characterology, though in a non-pathologizing way.

As a psychodynamic depth-psychotherapy, it is significant to Hakomi that "researchers . . . have yet to conduct compelling outcome studies that assess changes in inner capacities and resources" (Shedler, 2010, p. 105), because

> the goals of psychodynamic therapy include, but extend beyond, alleviation of acute symptoms. Psychological

> health is not merely the absence of symptoms; it is the positive presence of inner capacities and resources that allow people to live life with a greater sense of freedom and possibility. Symptom-oriented outcome measures commonly used in outcome studies . . . do not attempt to assess such inner capacities (Shedler, 2010, p. 105).

The development of such tools as the Shedler-Westen Assessment Procedure (SWAP) (Shedler & Westen, 2007) that assesses "inner capacities and resources that psychotherapy may develop" (Shedler, 2010, p. 105) in support of healthy functioning is important to Hakomi since a main goal of the method is to mobilize a client's capacity to employ mindful or compassionate awareness (Eisman, 2006) with aspects of themselves that might be evoked throughout a lifetime, beyond formal therapy. This kind of research could help confirm that it is intra-psychic changes in the organization of a client's experience, something central to Hakomi (Johanson, 2006a), that "account for long-term treatment benefits" (Shedler, 2010, p. 103). A change mediated through the neuroplasticity of the brain alters the flow of energy and information and "activates neuronal firing that is integrative and produces the conditions to promote the growth of integrative fibers in the nervous system" (Siegel, 2009, p. 166), the physiological mechanism for effective psychotherapy.

Many people in the field are aware of the "long standing strain in the alliance between clinicians and researchers" (Goldfried, 2009, p. 25). For one, evidence-based treatments don't work as well in actual practice settings as they do in the lab, partly because perfectly and narrowly diagnosed clients do not walk through the treatment door, and it does matter who uses a treatment protocol in what way. Others note ". . . the chasm that exists between science and practice . . . [along with] how weak the evidence is for certain widely held beliefs about the nature of empirically supported treatments (ESTs)" (Beutler, 2009, p. 301; Goldfried, 2009, p. 26). For instance, it is not true that "psychotherapy would be more effective if everyone practiced an 'empirically supported treatment' . . . [or that] cognitive and cognitive-behavioral therapies are more effective than relational and insight-oriented forms of psychotherapy" (Beutler, 2009, p. 303); (cf. also Duncan & Miller, 2006; Elkin et al., 1989; Kazdin, 2008; Schulte et al., 1992; Shedler, 2010; Wampold, 2001; Wampold et al., 1997).

Likewise, it is now clear that "most manual-driven therapies are equivalently effective and not substantially different from most rationally derived therapies" (Beutler, 2009, p. 310). The effects of cognitive behavioral interventions tend to fade, and require relapse prevention strategies (de Maat et al., 2006; Gloaguen et al.,1998; Westin, Novotmy, & Thompson-Brenner, 2004).

Though it is not yet common knowledge in all academic or therapeutic quarters, empirical evidence plainly supports the efficacy of psychodynamic therapy, a characteristic of Hakomi (Ablon & Jones, 1998; Bateman & Fonagy, 2008; Blatt & Auerbach, 2003; Bucci, 2001; Clarkin, Levy, Lenzenweger, & Kernberg, 2007; Fonagy et al., 2002; Jones & Pulos, 1993; Leichsenring, 2005; Leichsenrign & Leibing, 2003; Leichsenrign & Rabung, 2008; Leichsenrign, Rabung, & Leibing, 2004; Milrod et al., 2007; Shedler, 2010; Szecsoedy, 2008; Westen, 1998).

Norcross, Beutler, and Levant (2005) note other unexamined assumptions and limitations of research. There is certainly a social construction aspect to validity studies (Kvale, 1995). Linford & Arden (2009) have called into question what they term the *Pax Medica* of the current three part standard of therapeutic practice comprised of strict DSM categories, evidence-based treatments (Blatt & Zuroff, 2005; Duncan & Miller, 2006; Elkin et al., 1989; Kazdin, 2008), and the use of antidepressants (Greenberg, 2010; Kirsch, 2010; Meyer et al., 2001; Turner et al., 2008; Wakefield & Horwitz, 2007).

Based on Hakomi principles (Johanson, 2009b; Kurtz, 1990), practitioners recognize the interrelatedness of all thing and generally think that psychological science would do well to conceptualize research subjects with a metaphor something like the rhizome suggested by Delueze and Guattari (1987): "A rhizome has no beginning or end; it is always in the middle between things, interbeing" (p. 25). It embodies an "acentered multiplicity" (p. 17) that is multiply derived or over-determined, which displays nonlinear emergent properties. Thus, there can be "no dictatorial conception of the unconscious" (p. 17). While hardly anyone will disagree that a human being is a non-linear system with the possibility of emergent properties that defy easy determinisms, almost all psychotherapy research defaults to a linear setting (Johanson, 2009b, 2009c; Marks-Tarlow, 2011; Thelen & Smith, 2002), and thus builds in constraints and limitations that tend to throw away unexpected results.

The rhizome metaphor would lend itself to adopting Kurtz's preference to work with Popper and Eccles (1981) conception of unconscious behavioral determinants as "dispositions." We are not absolutely determined, but rather disposed by many factors such as genes, biochemistry, interpersonal relationships, cultural and social forces in

various directions. Since everything is interconnected, each variable will produce a disposition in relation to the other so no one item can remain independent. This approach fosters a healthy degree of humility in psychological research that allows for a pluralistic conception of psychology and a number of types of investigation, something contemporary theorists are calling for (Held, Richardson, Slife, & Teo, 2010; Teo, 2009).

Certainly, according to Hakomi principles, there is no question that all psychological research and methodologies reflect underlying philosophies and values (Bishop, 2007; Johanson, 1979-80; Polkinghorne, 1983; Spackman & Williams, 2001), of which one should be as conscious and explicit as possible (Romanyshyn, 2007, 2010). For instance, the pre-WWII period valued the importance of the Freudian differentiated autonomous self as opposed to the self-in-relation concept of post-war feminist therapists (Gilligan, 1982; Jordan, et al., 1991). Hakomi's unity principle fits most closely with Wilber's (1995, 2000, 2006) AQAL (all quadrants, all levels, all lines) integral model of human functioning. Here the quadrants are derived from acknowledging both the individual and communal aspect of being human, combined with both the objective-outer-monological, and the subjective-inner-dialogical aspects. The resultant quadrants represent the inner aspects of individual consciousness and cultural values as well as the outer aspects of individual behavior, biochemistry, and social structures in a non-reductionistic mutual interplay where each quadrant has a science, methodology, and validity appropriate to its field. A research danger from this integral perspective is over-emphasizing variables from one quadrant while ignoring those from the others, which constricts the contextual field and relevance of the research.

This integral, holonic (Koestler, 1967) conception of humanity certainly makes room for the use of qualitative research stemming from phenomenological, existential, hermeneutical perspectives (DeAngelis, 2010; Giorgi & Giorgi, 2003; Halling, & Nill, 1995; Michell, 2003; Moustakas, 1990; Packer & Addison, 1989; Wertz, 2005; Wiggins, 2009). It honors and requires quantitative studies as well. It celebrates developments in neurobiology that demonstrate that mind (inner aspect) and brain (outer aspect) inform each other (Kandal, 2007; Porges, 2011; Schacter, 1992, 1996; Siegel, 1999, 2006, 2007).

Thus, Hakomi supports the use of mixed methods research that combines to offer the broadest view of a subject (Creswell & Plano Clark, 2007). Wiggins (2011) writes that there is a dilemma in the use of mixed methods in that every use of the mix tends to come from an underlying positivist or interpretivist worldview that evaluates or subsumes the methods in accord with its privileged viewpoint. Mruk (2010) offers a research approach to an integrated description that carefully conserves overall holistic humanistic concerns and principles, but incorporates traditional positivistic values related to validity, prediction, measurement, control, and real world utility. The APA Presidential Task Force on Evidence-Based Practice (2006), on the other hand, wanted to endorse "the evidentiary value of a diversity of research methods" (Wiggins, 2011, p. 55). However, in an unacknowledged way, "as Wendt and Slife (2007) observed, the task force proposal places qualitative methods on the bottom of a hierarchy of research methods, ranked according to their rigor and value within a positivistic worldview" (Wiggins, 2011, p. 55).

For Hakomi, the research paradigm wars (Gage, 1989), and dilemmas (Wiggins, 2011) are transcended by the adoption of Wilber's AQAL model that not only honors, but invites the "otherness" of methods appropriate to each quadrant. A framework that accounts for, welcomes, and utilizes the most research from the most places is more inclusive than a lesser one, and it is not an arbitrary power move to say this, any more than it is to assert that a molecule has a more inclusive embrace than an atom, or that this paragraph has more significance than a single letter, though atoms and letters are more foundational as building blocks (Ingersoll & Zeitler, 2010; Wilber, 1995). Those espousing the AQAL framework would, however, criticize approaches with a limited viewpoint and methodology such as Baker, McFall, and Shoham (2010) who attempt to be imperialistic or reductionistic in making their partial perspective more than what it is.

With all the above cautions noted, the overall thrust of psychotherapy research in the last thirty years, in conjunction with that of cognate disciplines such as interpersonal neurobiology, trauma, and developmental studies, has been quite substantial and encouraging. It is an exciting time in psychology and psychotherapy. Research now confirms that psychotherapy is actually effective (Seligman, 1995), and the Dodo Bird conclusion from comparing therapies that "all have won and everyone must have prizes" has likewise induced some helpful humility in the field, motivating schools to learn from each other, including the delineation of common factors (Bateman & Fonagy, 2008; Beutler et al., 2003; Bohart, 2000; Bucci, 2001; Castonguay, 1993; Frank, 1986; Lambert & Ogles, 2004; Lipsey & Wilson, 1993; Luborsky, Singer, & Luborsky, 1975; Mahoney, 1991; Orlinsky, Ronnestad, & Willutzki, 2004; Sexton & Whiston, 1991; Smith & Glass, 1977; Smith, Glass, &

Miller, 1980; Stevens, Hynan, & Allen, 2000; Stiles, Shapiro, & Elliot, 1986; VandenBos & Pino, 1980; Wampold et al., 2002; Wampold et al., 1997).

At the same time, Lilienfeld (2007), and Cummings and Donohue (2008) have noted the problems of simply following charismatic leaders in the field who circumvent honest dialogue with the research tradition. As Neukrug (2007, p. 384) argues, though it is necessarily true that "all research is biased . . . that does not mean that research is not important." And, all research that results in actual data is good, even though the theory that drove the experiment might not hold up (Johanson, 1988). The post-modern quest to know everything contextually in relation to everything else remains, and requires that we honor all the pieces of the puzzle available to us (Wilber, 1995).

One of the common factors of therapeutic effectiveness delineated by Castonguay et al., (1996) relates to levels of experiencing. Of the seven levels the study explores, Hakomi Therapy operates routinely and preferably at the highest levels of gaining "awareness of previously implicit feelings and meanings . . . [and] an ongoing process of in-depth self-understanding" (p. 499). It has been gratifying that many stock and trade elements of Hakomi from its post-1960s beginnings have found mainline psychological support through ongoing research. For instance, Hayes (2004) notes that the cognitive-behavioral therapy tradition

> . . . has maintained its core commitments to science, theory, and good practice. In the last 10 years, a set of new behavior therapies has emerged that emphasizes issues that were traditionally less emphasized or even off limits for behavioral and cognitive therapists, including mindfulness, acceptance, the therapeutic relationship, values, spirituality, meditation, focusing on the present moment, emotional deepening, and similar topics. (Hayes, Follette, & Linehan, 2004, p. xiii)

Another gratifying development in psychodynamic work through the influence of attachment, developmental, and psychotherapy efficacy studies, is research supporting the use of compassion and positive affects in therapy (Baumeister & Leary, 1995; Beebe & Lachmann, 2002; Bridges, 2006, Davidson & Harrington, 2002; Decety & Jackson, 2004; Fehr, Sprecher, & Underwood, 2009; Fosha, 2000, 2004, 2009c; Fredrickson, 2001; Fredrickson & Losada, 2005; Germer, 2009; Gilbert, 2005, 2010; Greenberg & Paivio, 1997; Greenberg, Riche, & Elliott, 1993; Ji-Woong et al., 2009; Johnson, 2009; Keltner & Haidt, 1999; Laithwaite et al., 2009; Lamagna & Gleiser, 2007; Lewis, Amini, & Lannon, 2000; Panksepp, 2001; Paivio & Laurent, 2001; Prenn, 2009; Schore, 2001; Shiota et al., 2004; Trevarthen, 2001; Tronick, 1998; Tugade & Frederickson, 2004). This is something Kurtz (1990) affirmed from the beginning, though he knew it was not the mainline model of "professional demeanor" (Kurtz, 2008, p. 15) at the time. He was often heard in trainings to say, "Find something in the client to love."

Something occurs in therapy that seems beyond the control of therapist and/or client. Growth happens in the face of ignorance, stumbling, and fumbling by therapist and client alike. Growth doesn't happen despite the most highly trained clinician employing the most state of the art techniques. Peck (1978) was so impressed that growth happens at all—in the face of so many obstacles working against it—that he posited some spiritual force called *grace* to account for it in his best seller *The Road Less Traveled*. In Hakomi, Kurtz (1990) often referred to the concept of "negentropy" as expounded by Bateson (1979), Prigogine and Stengers (1984), and Wilber (1995): the notion that there is a force in life that moves to build wholes out of parts, as well as the more well-known second law of thermodynamics that posits the opposite. By any name ("transformance" for Fosha, 2000; "the life-forward direction" for Gendlin, 1996), there is an organic impulse, that can be experienced phenomenologically, to heal through moving toward increased complexity and wholeness. Hakomi therapists always count on this organic impulse, and it has received increasing research support in recent years (Eigen, 1996; Emde, 1988; Fosha, 2006, 2008, 2009a, b; Ghent, 1999, 2002).

There are also core aspects of mindfulness or consciousness—inclusive of passive awareness and active compassion—that Hakomi therapists assume are essentially present in all clients. These potentials are there, regardless of the person's object-relations history as it shows up on the ego level of past conditioning. Others refer to these essential qualities as comprising the self, core self, heart self, ontological self, and so on. The concept of a larger self, new to Western psychology (Schmidt, 1994), has likewise received research support since Hakomi's beginnings (Almaas, 1988; Fosha, 2005; Kershaw & Wade, 2011; Mones & Schwartz, 2007; Panksepp & Northoff, 2008; Russell & Fosha, 2008; Schwartz, 1995). Eisman (2006) has led the way in Hakomi by developing an entire healing approach called the *recreation of the self* (RCS) that centers on resourcing clients as fast as possible in the non-egocentric trans-historical aspects of this larger self state.

The emphasis on resourcing through larger self states is congruent with the more general emphasis on resourcing in Hakomi by helping clients be in touch with their strengths, bodily energies, hopes, positive images and memories, and so forth. Much recent research supports this emphasis (Gassman & Grawe, 2006). For trauma therapists who work with lower brain activation, multiple forms of resourcing are absolutely necessary (Ogden, Minton, & Pain, 2006). Hakomi in general always begins with fostering qualities of safety, curiosity, and present moment experiencing, which is a way of resourcing clients to be able to successfully explore inner material (Fogel, 2009). Humor—that Kurtz was so brilliant with—was a hypnotic affirmation of faith communicating to clients that they had what it took to deal with whatever was afflicting them. Working through barriers to transformation and the introjection of positive "missing experiences" in Hakomi is a way of both unburdening hurtful experiences and expanding a client's toleration of positive experiences (Robbins, 2008). Encouraging clients to move toward the future with hope by integrating more positive experiences in their lives, while dealing mindfully with whatever barriers arise, stimulates the immune system and a more grateful, energized way of meeting life (Johanson, 2010; LeShan, 1989).

Although Hakomi Therapy trainings are primarily offered as continuing education for licensed mental health professionals, the central importance of relationship, self-qualities, compassion, and awareness to psychotherapy has led Institute faculty to also accept others in the trainings who are assessed as able to benefit from the teaching. An array of body workers, naturopaths, lawyers, teachers, artists, nurses, medical doctors, and others have taken Hakomi trainings, either to learn Hakomi methods they can incorporate into their work, or as a way of tasting the field of psychotherapy before committing to various graduate programs. Is it ethical to train people in therapeutic techniques who are not licensed? What does the research have to say about this?

As it turns out, research of our commonly held assumptions about what makes better psychotherapists, enshrined in our requirements for licensure and membership in clinical associations, are not faring well in recent research. Surely getting advanced degrees and licensure enhances our effectiveness. No, not really. Nyman, Nafzier, & Smith (2010) established that there was no discernible difference in outcome if the therapy was done by a licensed doctoral level psychologist, a pre-doctoral intern, or a practicum student . How about professional training, discipline, and experience? It certainly sounds logical, but no, it doesn't hold up (Beutler, et. al., 2004). Using the right method or the latest evidence-based treatment should help. While we continually keep trying to find the key, any single one has yet to be found, though many seem to work in their own way (Duncan, Wampold, & Hubble, 2010). Plus, no studies support increased effectiveness through continuing education, which is disappointing and hard to believe. What about therapists working on themselves as their own best instrument in therapy? There are wonderful subjective benefits reported here, but they do not show up in terms of affecting effectiveness (Geller, Norcross, & Orlinksky, 2005).

The upshot of this research does not support the necessity of state licensure boards so much as registries of psychotherapists that list one's training and ethical allegiances, and then respects a client's ability to seek and find practitioners who provide the help they are seeking. (Hakomi faculty members, due to our tender Hakomi pride and hubris, might point out that the above research did not study Hakomi trainings and supervision.)

One bright spot in efficacy outcome studies is that soliciting and responding appropriately to client feedback does improve the outcome for the client and the development of the therapist (Anker, Duncan, & Sparks, 2009; Duncan, 2010; Duncan, Solovey, & Rusk, 1992). This research finding is fully congruent with training in the Hakomi method. Hakomi's organicity principle states that when all the parts are connected within the whole, the system is self-organizing and self-correcting. This translates into the Hakomi therapist tracking and contacting a client's felt present experience in such a way that the therapist helps the person safely mine the wisdom of his or her own experience in a continuously collaborative way. This fine-tuned collaboration in turn provides a profound safeguard against either licensed or non-licensed trainees unwittingly committing forms of violence on the client and/or inducing appropriate resistance. Other aspects of Hakomi trainings could be explicated that fit in with research findings on how psychotherapists develop and grow (Orlinsky & Roennestad, 2005).

In contrast to the state of psychology in the 1960s, there is now serious and sustained research dedicated to cross cultural and social issues (Augsburger, 1986; Foster, Moskowitz, & Javier, 1996; Helms & Cook, 1999; Keita & Hurrell, 1994; Marsella, 1998; Marsella, 2009; Marsella et al., 1994; Marsella et al., 2008; McGoldrick, Giordano, & Pearce, 1996; Nadar, Dubrow, & Stamm, 1999; Pinderhughes, 1989; Ponterotto et al., 2010; Sue & Sue, 2010; Vasquez, 2012; Wessells, 1999).

Likewise, though Hakomi has never been presented as a spiritual path or endorsed the path of any other spiritual tradition, it has always been open to the spiritual dimension of a client as an important aspect of their being. This significant facet of many clients' lives (Eisner, 2009; Johanson, 1999; Mayo, 2009; Sperry, 2010; Torrance, 1994), routinely ignored or pathologized in the twentieth century (LeShan, 1990), is now being researched by such journals as the American Psychological Association's Division 36 *Psychology of Religion and Spirituality* and the *Journal of Spirituality in Mental Health* from Routledge Press, textbooks such as Miller (2003), numerous APA titles, and myriad contributions of others.

Hakomi leaders have encouraged and pursued research wherever possible within Hakomi's context as a training institute. Through the leadership of the Hakomi Institute of Europe, the first major empirical research was done demonstrating the efficacy of body-psychotherapy methods in outpatient settings. This multi-year, multi-center investigation was done in Germany and Switzerland, and involved both clinical practitioners and university professors (Koemeda-Lutz et al., 2008). In the United States, Kapland and Schwartz (2005) provided a methodologically rigorous study of the results of working with two clients within a twelve-session protocol.

Further research into body-inclusive psychotherapy was given a major impetus when Halko Weiss, director of the Hakomi Institute of Europe, joined with his colleague Gustl Marlock, to edit the *Handbuch der Koeperpsychotherapie*, a thousand page handbook on body psychotherapy published by Schattauer, a highly respected medical publisher in Germany. This well referenced and positively reviewed work has contributions from 82 international experts. When it is translated into English, it will likewise further the field in many countries and give impetus to the growing literature addressing somatic issues (Aron & Anderson, 1998; Boadella, 1997; Field, 1989; Griffith & Griffith, 1994; Halling & Goldfarb, 1991; Heller, 2012; Kepner, 1993; Leder, 1984, 1990; Matthew, 1998; Ogden, Minton, & Pain, 2006; Romanyshyn, 1992; Shaw, 2003, 2004; Stam, 1998; van der Kolk, 1994).

Hakomi faculty has taken leadership positions in the European Association for Body Psychotherapy and the United States Association for Body Psychotherapy, supporting both professional conferences and journals. The Hakomi Institute itself has sponsored numerous professional conferences that have highlighted keynote speakers outside Hakomi, such as Stephen Wolinsky, Peter Levine, Richard C. Schwartz, Thomas Lewis, Stephen Porges, Bessel van der Kolk, Diana Fosha, Susan Aposhyan, Babette Rothschild, Christine Caldwell, and more.

Through 2013, the Institute has published 26 editions of its annual journal, the *Hakomi Forum*. In the first 10 years of the *Forum,* many contributions concentrated on clinical reports on the use of the method with couples, psychodrama, biofeedback, emotionally disturbed adolescents, values, cancer patients, eating disorders, seniors, the Q-sort technique, storytelling, yoga, curiosity research, neurological correlates, groups, organizations, supervision, adolescents, families, ontological development, transference and countertransference in the here-and-now therapies, touch, pre- and perinatal trauma, laughter, psychotic jail inmates, emotion, grace, boundaries, ethics, multiplicity, self theory, and more.

As the Hakomi method matured and grew, the editorial board was significantly increased beyond the founding trainers of the Institute, and more articles referencing mainline psychology appeared, though the editorial policy continued to accept more experiential, poetic, and clinically informed articles along with scholarly and scientific contributions. A number of colleagues and collaborators outside of Hakomi have contributed to the ongoing dialogue of the *Forum* over the years, including Eligio S. Gallegos, Chogyam Trungpa, Jerome Liss, William S. Schmidt, David Feinstein, Suzanne M. Peloquin, Albert Pesso, Stephen Pattison, Eugene Gendlin, Jack Engler, Richard Schwartz, Stephen Wolinsky, Belinda Siew Luan Khong, Aline LaPierre, David N. Elkins, Martha Herbert, Siroj Sorajjakool, Miriam Greenspan, Carole M. McNamee, Louise Sundararajan, Diana Fosha, and others.

The majority of clinical research by Hakomi therapists has been dedicated to what Gendlin (1986, p. 133) has termed "playing in the laboratory." This is part of the trend in psychotherapy research toward identifying and evaluating small sub-processes of therapeutic interactions, as opposed to evaluating entire therapies in relation to each other (Johanson, 1986). Playing in the lab involves creatively and curiously exploring a sub-process with the rapid feedback in a clinical encounter that can confirm or disconfirm a hunch, or open up new trailheads. It eventually leads to promising hypotheses that are worthy of the more extensive time, money, and energy that goes into formal research.

The main laboratory settings for Hakomi are private practice, public and private health services clinics, and comprehensive psychotherapy trainings. Here Gendlin's (1986) suggestion that there be a central data bank of

successful cases that can be examined further is carried out. Ron Kurtz left over 400 videotapes demonstrating his work. The Hakomi Institute asks those who have successfully shown enough competency in the method to become certified Hakomi therapists or practitioners to place copies of their certification tapes in a central office archive. These case examples are available for the psychotherapy process Q-sort, PQS of Jones (2000), and other research uses outlined by Goldfried and Wolfe (1996), Jones and Pulos (1993), Kazdin (2007), Nathan and Gorman (2002), and others. There are a number of research studies the Hakomi Institute would like to engage when possible.

However, on behalf of the many right-brained practitioners drawn to the experiential power of the Hakomi method, it must be said there is much sympathy for the summary of Shedler (2010, p. 107) who asserts:

> Many of the psychotherapy outcome studies . . . are clearly not written for practitioners . . . [but] for other psychotherapy researchers. . . . I am unsure how the average knowledgeable clinical practitioner could navigate the thicket of specialized statistical methods, clinically unrepresentative samples, investigator allegiance effects, inconsistent methods of reporting results, and inconsistent findings across multiple outcome variables of uncertain clinical relevance . . . . Psychotherapy research needs to be more consumer relevant (Westen, Novotny & Thompson-Brenner, 2005).

Today, as suggested above, psychology and psychotherapy comprise an exciting and promising field that has grown considerably since Hakomi's beginnings in the post-1960s era. Part of the excitement is the responsibly eclectic expansion of concern to include contributions from developmental studies, interpersonal neurobiology, trauma, and the body (Levine, 1997; Ogden, Minton, & Pain, 2006; Rothschild, 2000; van der Kolk, 1994, 2003), multi-cultural values, social structures, and more. All this is being done with a view to better integrate theory and clinical practice while making applications to coaching, teaching, human relationships, group, corporate situations, and more. Hakomi, as a mindfulness-centered somatic psychotherapy, has a specific and unique contribution to make to the training of healers in today's world. At the same time, the large umbrella of its theoretical principles offers a home base from which research contributions from these many realms of healing can be integrated. A hallmark and value of Hakomi remains the close congruence between theory, method, and technique, always tested and refined through experience in the field.

Final Word

With all that has been said here (and the more that could be said) about Hakomi engaging the ambiguity of the promises and perils of psychotherapy research, it must be noted that the governmental and corporate entities who control third-party payments still look with tunnel vision at hard experimental research yielding quantitative results. It has been hard for psychotherapy in general, let alone somatic psychotherapy (Barratt, 2012; May, 2005; Young, 2010) to meet such requirements in a manner similar to double blind psychotropic drug research. Given the myriad issues suggested above, more philosophical perspectives that could be brought to bear, political-economic interests, and the overwhelming monetary requirements involved, Hakomi will not likely be producing the requisite research soon, though the Institute remains open to finding university, government, or corporate partners who can facilitate such substantial research programs. Though Hakomi can point to over 2,500 research studies on the efficacy of mindfulness in therapy alone, plus so much other research we draw on from interpersonal neurobiology and developmental studies, people in power will still ask, "Where are the studies on Hakomi *per se*?" This means that prospective Hakomi students will have to make considered choices about training in a method that is subjectively meaningful and effective for clients and therapists, but carries objective costs in terms of finances and official standing beyond private practice settings—another source of ambiguity.

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