

# Applications of Hakomi Mindfulness-Centered Somatic Psychotherapy in a Non-Profit Setting

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## *Abstract*

Through the use of narrative and composite case examples, this article explores the question: Can Hakomi, a mindful somatic psychotherapy, be applied when working with individuals who have been marginalized and oppressed?

## *Introduction*

Shivering, he sits looking out the window. It is a rather large window on the sixth floor of a downtown bank building. The window overlooks the traffic on a major street. Across the street one can see the office for a local television station.

This is the first meeting that Desmond and I have. I can sense a kind of timidity in him. It is as if he might run at any moment. I am grateful for my training in Hakomi, as it has given me the skills to slow down and wait in loving presence. I wait for a bit, allowing him to take his time and orient to the room. I offer some gentle comments intended to create safety and establish contact: “a lot to see out there.” He looks at me and looks back out the window. Thinking that looking outside might be soothing (as it is for many of my clients), I take a guess: “Kind of good to look out the window.” He gives another look and looks back out the window. I continue to wait. After a bit, Desmond looks at me and says, “I was in the woods.” He is still trembling. He looks back out the window.

I think through my mental file of what the woods can mean, and then I realize that Desmond, a homeless African American veteran of the Viet Nam war, has probably been literally living in woods. As I simply repeat his words, “the woods?” he looks up and says, “Yeah, I haven’t been this high up in a long time.”

I imagine how confusing and frightening it must be for him to be around people. I begin to think about the courage it took for Desmond to walk past a white security guard who would normally ask him to leave the building. I picture what it might be like to be this high up, in this much space, sitting in a “fancy” office, across from a white woman with a degree. Our lives, our bio-psycho-social worlds, are miles apart. Yet, we begin to find a way to connect, human to human.

## *The Need for Hakomi with Underserved Populations*

People who are marginalized habitually and unconsciously look for signs of being discounted. Many times they have become so accustomed to their needs being disregarded by both individuals and social institutions, they have learned to overlook their own needs. This is internalized oppression. Sometimes even practitioners unconsciously collude with this oppression and in subtle ways overlook their client’s humanity.

Yet, I have learned that by treating people with dignity, respecting their way of being regardless of my privilege, the person can find their own inner resources and sometimes therapeutically deepen into the process to discover

the unseen patterns that continue to shape their choices. By respecting their process, and especially their hesitations at each stage, we as practitioners, communicate our willingness to not marginalize them as people, and to help build safety and trust in a collaborative manner.

Working in a non-profit setting I do not always get to choose with whom I work. The majority of the people who come to see me have not heard of Hakomi, they have not practiced mindfulness, and this may be the first time they have ever seen a counselor. So the question arises: Can Hakomi, a mindful somatic psychotherapy, be applied when working with individuals who have been marginalized and oppressed? My personal experience is a resounding “Yes!”

In the book, *Falling Through the Cracks: Psychodynamic Practice with Vulnerable and Oppressed Populations*, edited by Joan Berzoff, offers a clinical example of Al, a school social worker, frustrated in working with a mother who was living with an abusive husband. The mother was unwilling to take Al’s advice to leave the marriage and she was not responding to Al’s interventions of acknowledging her strengths and perseverance. Berzoff writes:

What Al did not know was psychodynamic theory. He did not have a way to conceptualize this mother’s unconscious need to repeat what she had not mastered. . . . Telling her that she needed to leave did not take into account where she was developmentally and the degree to which she has separated and individuated. (Berzoff, 2012, p. 3)

She continues to write:

. . . thus expecting that she could rationally change her behavior spoke to the clinician’s lack of understanding of just how great the pulls of unconscious inner life can be, and how, in conjunction with one’s place in the social structure, these pulls often determine behaviors that otherwise do not make sense. (Berzoff, 2012, p. 4)

When working with an individual with internalized layers of oppression, we practitioners often, at times, become frustrated and want to give up. Sometimes we are more likely to resort to more directive approaches with clients who have the least ability to apply the suggestions. These tendencies to be directive may originate in concerns of safety for the client, frustration on the part of the practitioner, limited training and knowledge of how to work with the client’s inner worlds of internalized oppression and trauma, a fear of intimacy, or a combination of factors.

Hakomi Mindful Somatic Psychotherapy gives the prac-

itioner a choice between directive and non-directive approaches. In my experience, working in the present moment and creating little experiments for the client to “try out,” offers the opportunity to introduce effective skills that can help when there is a need for resiliency and stability. At the same time, these little experiments open a doorway to explore unconscious motivators when the timing is right.

### Case Example One: Desmond, 68-year-old, Homeless African American Veteran

Let’s continue with this case of Desmond, mentioned in the opening paragraph. As I become more familiar and attuned with Desmond’s rhythms, he begins to show signs of trust. By the end of this initial session, I have some history:

- I have learned that, with the exception of the support of the homeless shelter who referred him, Desmond does not have social support.
- During his time in Viet Nam he was living in a bunker that collapsed.
- He has been sober from alcohol for a month. Sobriety is a requirement of the shelter, and he is struggling with his addiction.
- He is fearful of attending an Alcoholics Anonymous meeting.

We don’t discuss the impacts of being African American. But, I can assess by his age, he grew up at a time when blacks and whites in the South were using separate bathrooms and water fountains. And, African Americans of this generation were given separate—many times disparate—educations. The risk of standing up to oppression could mean death. By the end of this first session, Desmond has begun to look at me a little more and his shivering is decreasing. I ask him if he will come back again and he agrees.

### Applying Hakomi to Establish Internal Resources

In the next session, we discuss whether he might like to learn some things that could help him feel less anxious. He says “I would.” We discuss the idea of doing little experiments in awareness where he can decide for himself whether something is helpful for him or not. I ask, “Would you like to try a little experiment?” He says, “I would.” I give him a brief introduction on how to study his experience (putting the concept of mindfulness in simple language). I invite him to be curious while observing what happens

when he presses his feet into the floor. He notices that his anxiety seems to go down some. From this beginning we practice a few somatic resourcing skills in mindfulness, and he observes the impacts.

I know that I will have limited time with him. I am also aware that he has limited resources both internally and externally. I trust in the ability of a human living system to adapt to health and that even small amounts of movement toward health can help the system begin to change. While I am informed by my knowledge of some of his bio-psycho-social world, we work collaboratively with experience occurring in the present moment. I use the principles of Hakomi to help him develop some somatic resources for his experience of anxiety, which I imagine is partly related to trauma, as well as internalized oppression. We are working in a present centered mindful state of consciousness to establish trust and help Desmond develop his own ability for self-regulation of physical and emotional experiences. I offer experiments intended for him to have a direct felt experience of a new somatic resource. While tracking the results of these little experiments in awareness, I observe signs that his nervous system is becoming more regulated. If he becomes less regulated, it will clue me to back off. We go slowly.

I worked with Desmond for another four sessions before he was moved to a shelter in Dallas. I did not get to say goodbye. I did not have time to create the safety needed to engage in psychodynamic therapy that would help him discover his unconscious patterns and core beliefs that likely are part of many of his choices, including his alcoholism. But, I was aware of underlying motivators as I made choices in the present moment. I do not know if those few resourcing skills he learned were able to integrate enough to stick with him, but I have hope that they did. I maintain hope that making a positive loving connection with another human being can evoke positive ripples within his or her being.

### *Summary of Session Work*

In this example with Desmond, I offered some direct, specific suggestions to help his anxiety, yet we tried these things in a spirit of curiosity, an experimental attitude. With this attitude of curiosity, there was room for the process to unfold and wait for what was to emerge next in the session. Desmond could decide for himself if he thought this was something that worked. Given enough time, we might have moved from this more directive present-centered mindfulness practice, toward a more non-directive mindful study of his past infused present, where we could

explore how his internalized core patterns and beliefs limited his choices today. Indeed this latter option does happen often with clients who are not able to continue with therapy for several months.

### **Case Example Two: Marjani, 21-year-old, Arabic Muslim College Student**

Marjani is a college student of Arabic descent. She is the second generation in her family to be born in the United States. The first member of her family to attend college, she comes to counseling to address her concerns about social anxiety. Her family is proud of her success in school, but they are also unfamiliar with her experience of attending college. Marjani is well-spoken, and in spite of her social anxiety, is able to create some social connections. She has support from her family, but has few friends.

In addition to the social anxiety, she has worries about her ability to complete college. She is paying for college and working part-time to cover bills. Her funds to pay for counseling are limited. With the support of donations to our non-profit setting, we are able to offer her a fee that meets her budget.

While Marjani is a highly motivated client, she is somewhat hesitant about the counseling process, as no one in her family has ever seen a counselor. She is also concerned that I will not understand her Muslim faith. She acknowledges that living in a rural area, where evangelical Christian is the predominate faith; she has delayed seeking counseling due to lack of interfaith services. It is important to her that I can respect her choices and help her view them in the context of her faith and values. Marjani says that she has heard of mindfulness, as it is frequently reported in the news, but she doesn't know much about it. She reports that she has tried some breathing techniques, but they have only helped a little.

### *Creating Safety with Differences and Processing*

Unlike Desmond, Marjani has both internal and external resources. She has the ability to be self-reflective. I hold in my awareness some understanding of the impact of the power differential both as a therapist and as a white Christian. I am aware that due to the power differential, Marjani may not feel the freedom to speak openly unless I facilitate the exchange. As part of creating safety, I encourage us to actively engage in conversation and understanding about the similarity and differences in our faiths. I pay special attention to understanding what is important to her

about her faith. As we move toward mindful study, I want Marjani to trust that she can speak openly and make connections between various parts of herself: her faith values and experiences, her inner bio-psycho-social world, and her somatic memories.

Over time the process of her counseling has taken a course much like that of any other Hakomi therapy client. We establish mini-contracts to try some things out in mindfulness, and experiment. We study her inner critic. She recalls a period of time when she was bullied in middle school. She feels the emotions and somatic impulses associated with the remembered pain of friends withdrawing from her socially. She becomes aware of a choice she made to withdraw as a way of self-protection. Within about two months, Marjani reports that she feels more comfortable walking to class. In about three months, she starts talking about noticing times of self-compassion. In about four months, she begins to talk about taking some risks to reach out to make new friends.

When she began therapy she was attempting to push herself to make new behavioral choices, but she would get stuck. However, by taking time to compassionately observe the stuck places, especially the well developed inner critic, she begins to notice a greater ease with making choices that once seemed impossible to her. She continues to work in counseling and the layers of the unconscious patterns, core organizers and beliefs, continue to emerge. Her ability to offer herself compassion, while she self reflects, is increasing.

### **Case Example Three: Mark, 62-year-old, Gay, Anglo Saxon Retired Male Surgeon**

Let's consider one more example where elements of diversity and oppression may be part of the impact of the client's inner world.

In the waiting room, I greet a slightly graying, well-dressed man. As we walk down the hallway to my office, he carries himself with an air of confidence. Mark has recently retired from his profession as a surgeon. He is a white male, professional, who is able to pay the full fee for counseling. At first glance, Mark appears to come from a life of privilege. The initial intake information shows that Mark has been feeling depressed and he wants help with that. I wonder, to myself, if some of his depression might be related to retirement, but I wait to see what unfolds.

As Mark sits down, he begins to tell me some of his story. He was married for thirty years. Six years into his mar-

riage he had a two-year affair with a man, at which time he considered divorce. However, he was concerned about the impact it would have on his daughters. He reports that for years he struggled with his attraction to men. He was raised in a conservative Christian home where he did not think being gay was compatible with his faith. He loved his wife and enjoyed their friendship. Yet, it never felt quite the same as his feelings for men.

Over time, he had difficulty forgiving himself for the affair and his attractions to men. He began to withdraw from going to church or participating in a faith community. Increasingly, he became more depressed. Five years ago he decided to divorce his wife. He wasn't sure at the time if he would date men or lead a celibate life. But, he knew that he could no longer live a lie. He disclosed that about a year and half ago he began a relationship with a man, whom he has come to love. He says that he feels like he can be himself in this relationship. Yet, he still experiences conflicting feelings that interfere with his relationship.

During this five-year period he has explored some aspects of meditation and he is drawn toward contemplative practices. He is interested to know what Hakomi therapy is, thinking it might be something he likes. He notes that he found me through a Google search looking for "gay friendly" therapists, and found only three therapists in town. He does not want to offend me, however, he is concerned that I might try to tell him that he can change being gay. He says he has lived with that belief long enough. He is also concerned, that as a "gay friendly" therapist, I will be offended if he talks about his Christian beliefs. I wait for him to pause and then ask, "Would it help to know a little of my belief?" He says, "It would."

I confirm for him that as a therapist, Hakomi or otherwise, it was not my job to determine an agenda for him. He appears to relax a little. I also acknowledge, that for him to explore his internal conflicts, it is important that we create an atmosphere of welcoming, and make room for multiple dimensions of this dilemma. I add that resolving these kinds of deep conflicts in values is a personal process and that my role as a Hakomi therapist is to provide a container and a method with which he can explore different parts of himself. We discuss how this way of working might create possibilities for him to find an internally satisfying resolution, or gentler ways to be with his conflicts. He responds that he initially was not feeling hopeful about counseling, but after talking he has more hope in the possibilities. We continued to work together for two years.

### *Learnings from Working with Mark*

In my work with Mark, I learned some things. I was surprised that it took him some time before he was able to stay in mindfulness. He had experience with meditation and I mistakenly expected this experience to translate more easily. In retrospect, the difficulty of staying in mindfulness makes sense. In Hakomi, we ask the client not only to be mindful, but to be vulnerable while mindful. We ask clients to report on their internal world. As a gay man growing up in a culture and faith that imposes compulsory heterosexuality, Mark held deep internalized shame. Allowing me to enter his world by reporting what he discovered in mindfulness was risking yet another person judging him.

Initially, Mark would intellectualize his experience, talk *about* and interpret his experience inter-personally with me, rather than mindfully staying with his experience intra-personally, and reporting about it without coming out of it. Working with him meant giving him time to trust me. He needed to be certain that if he let me know about internal places of shame, I would not judge him. It also helped to not give up coaching him on how to mindfully study an experience and to stay with it a little longer before skipping to the next. This required me to make room for and honor his protective behaviors, such as intellectualizing.

Many of Mark's behaviors were congruent with early developmental issues of power and freedom. It would be easy to assume that these issues were related to family of origin, and some were. However, some of his struggles with relationship to power and freedom were also impacted by oppressive cultural values and social structures. Initially, Mark was not aware of the depths of shame he experienced as a child and teen when he felt an attraction to males of the same age while simultaneously receiving messages that this was wrong. Mark had only explored in a limited way his internal conflicts of giving up a position of privilege: wealthy, white, Christian, male, and perceived as straight—with coming out as gay, possibly giving up some of his societal role power. All these issues, in addition to his exploration of his faith and values, were important parts of the counseling.

### *Considerations for Hakomi Faculty and Therapists*

Students in training for Hakomi Mindful Somatic Psychotherapy often come from some level of privilege and have varied experiences with meditation and personal transformation. In general, not always, familiarity with meditation and personal transformation is afforded to people of

privilege who have the time and money to attend to needs of self-actualization. Part of our challenge as therapists is to find ways to translate our learning experiences, which occur within a fairly homogenous training group, to a more diverse population. We are equipped to work with many people, if we remember to begin with loving presence, non-violence, and curiosity. It is also our responsibility to continue to learn about systems of oppression and its impact on the individual as a living, growing, adaptive system.

### *Conclusions*

Working in a non-profit setting, I see a variety of people. Some of these people are medically and emotionally stable and ready to explore the unconscious beliefs and patterns that influence their lives. Others need support, safety, and stabilization before we navigate the road to psychodynamic depth work. Hakomi can be effective for both populations of people. It is my experience that it is working with the principles of Hakomi that we most quickly forge a relationship that helps a client find their internal resources, and lay the groundwork for the possibility of deeper exploration. Hakomi provides a way to respectfully assist clients in learning skills that resource them and create stability.

Hakomi also provides the opportunity to delve more deeply into the client's inner world and explore the underlying influences that drive one's choices. If therapists can suspend interpretation of these influences and allow individuals to come to their own discoveries, they can allow more of the individual's whole world and life to influence the therapy process. I do not know all of the influences in Desmond's, Marjani's, and Mark's bio-psycho-social worlds. I believe, by creating safety and trust in their organic unfolding, they can find room to study these influences. It is my experience that as a mindful somatic approach to psychotherapy, Hakomi has provided me with tools and knowledge to assist the wide range of clients that practitioners encounter in non-profit settings.

### *Reference*

Berzoff, J. (2012). *Falling through the cracks: Psychodynamic practice with vulnerable and oppressed populations*. New York, NY: Columbia University Press.