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# HAKOMI AND NATUROPATHY

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This article examines the need for integrating psychologically and physiologically based healing modalities, and refers to the Hakomi method and naturopathy as an example of how this may be accomplished. The holistic premises of Hakomi and naturopathy are contrasted to an allopathic model of health care, and the nature of transformation in healing is discussed.

The unity of the mind and body is a concept which in recent years has begun to find acceptance in the mainstream of modern medical thought. Current research is having a dismantling effect upon Descartes's seventeenth century model of a transcendent non-material mind separate from a mechanical body. In the 1950's Hans Selye demonstrated the principles of psychophysiology and the relationship between stress and tissue pathology (Selye, 1956). Today not only have these principles been acknowledged by orthodox medicine at a conceptual level, but new fields of study have arisen to identify the particular molecules and neural pathways which link mind and body (Locke, 1983). Psychoneuroimmunology has emerged as a full-fledged reductionistic science. The term "psychosomatic" is slowly losing the connotation of an illness which is imagined or invented by the patient. In fact, most standard medical textbooks now attribute anywhere from 50 to 80 percent of all disease to psychosomatic or stress related origins (Pelletier, 1977). Wave mechanics and other

developments in the post-Einsteinian era of physics underscore the inseparability of mind and matter, in asserting that the atoms of which our bodies are composed are not solid bits of material after all; the closer we examine the stuff of tissue, the less distinct its appearance from the "immaterial" stuff of the mind.

Despite such progress, there remains a major lag between the accomplishments of research and the extent of their incorporation at a clinical level. Some health care practitioners acknowledge the impact of emotions upon bodily events by asking the client questions about personal conflict in the home or at work and developing a profile of stress factors. A few may recommend various stress management techniques such as exercise, meditation or autogenic relaxation. The staunchly orthodox physician may feel that referral to a psychiatrist for psychopharmacological treatment is the outer limit of respectable medicine, while the holistically oriented practitioner may include biofeedback training, sound healing or flower essences. Although each holds a valuable place in treating the mind/body entity, these approaches are most often employed in a fragmentary way. The physician who recognizes that a patient with ulcerative colitis needs to work with emotional issues is to be commended for referring to a psychotherapist, and yet the treatment for this patient is still divided among an arbitrary if not

imaginary line. For the same reason, psychotherapy alone is a frustrating experience for both client and therapist when unacknowledged nutritional or allergenic factors are contributing to the client's difficulties.

As the prevailing mechanistic view of health and illness begins to outgrow its own limits, the need increases for greater utilization of new and existing models of clinical application which encompass therapies of mind and body within a single frame. Homeopathy is one example of such a model with the potential to inform and expand other therapies of a more limited focus. A growing number of contemporary clinicians has developed practical applications which also address this need, such as the integration of psychotherapy and acupuncture (Ford Geiger, 1985). For this paper I have selected two approaches to health care, naturopathy and Hakomi therapy, as a context for understanding somatic and psychological healing as an integral process as the clinical value in recognizing shared elements in our models of the cell and of the psyche. I have chosen these particular therapies in part because they are major elements of my training and practice, but primarily because in theory and application they are profoundly consistent with the holistic view of health. Thus bringing them together into a single clinical format provides an instructive context for treating mind and body as a unified entity.

#### SYMPTOM AS ALLY

Naturopathy and Hakomi therapy (HT) have numerous shared characteristics in contrast to allopathic medicine. Important among these are: 1) both view symptoms as the organism's effort to defend, adapt or heal, while allopathic medicine views symptoms as the object or indication of disorder; 2) naturopathy and HT support and "take over" symptoms, while allopathic methods seek to confront and suppress them; 3) naturopathy and HT focus the intervention on stimulating the *vis medicatrix naturae*, life energy, immune or self-healing capability within the person, while allopathic methods focus on singling out and weakening the pathological agent.

A closer look at specific treatment methods will help to illustrate these comparisons. In HT the therapist "takes over" or supports a gesture, tension, voice or other defense, so that the client's attention is free to turn toward that which is being defended. The therapist's attention brings nonviolent, nurturing energy to the externalized expression of the unconscious pattern. This approach is entirely different from psychotherapy methods which accomplish the same end by "breaking down the defenses" to arrive at unconscious material. In a parallel manner, various naturopathic therapies also assist change by moving with the grain of the symptomatic pattern. Neuromuscular therapy for example is a method of normalizing irritated tissue, such as a small nodule of contracted muscle, by applying gentle manual pressure to the area of pain. Such pain is the result of irritation and tension sustained by a chronic nerve impulse running between the nerve endings in the tissue and the spinal cord by way of a neural reflex arc (Casey, 1973). In applying pressure to the irritated tissue, the nerve impulse is altered and the pattern dispersed. The therapist in effect is taking over and gently exaggerating the symptom for a moment, which in turn stimulates a self-corrective response. In "taking over," both HT and neuromuscular therapy are colluding with an unconscious defense mechanism; both are re-routing a facilitated pathway (obsolete belief system/neural reflex arc), and both employ gentle, precise touch to accomplish this end.

Another example of this approach is found in the homeopathic principle of "like cures like," or The Law of Similars, which is thematic in naturopathy. The homeopathic remedy is a highly titrated substance which is selected for a particular set of symptoms, on the basis of the finding that those same symptoms would be duplicated if the substance were given in a higher dosage. Thus malaria is characterized by chill and fever with a certain periodicity. Quinine has been used successfully to treat malaria, and yet taken in sufficient quantity, quinine will produce these same symptoms. By the same token, the Hakomi therapist discerns the barrier or limited belief and reevokes it in the client's present experience as the first step

in healing. Just as the homeopath seeks out the substrate whose effects match the symptom, so the Hakomi therapist makes experiments, in order to discover a phrase or touch which will resonate with the wound. With each method the intervention is effective precisely because it is potentized in dilution--the body-centered interventions of HT are "titrated" through the principles of nonviolence and mindfulness.

In HT the art of respectfully turning toward the symptom as a source of knowledge is highly developed. If the client reports a sensation of constriction or fear around the heart, the therapist may place a hand over that area and ask "what is my hand saying to you?" Thus the therapist's interventions are empowered to the degree that they are in alignment with the symptom.

In HT it is acknowledged that the development of an individual's character style (in response to childhood circumstances, innate predisposition, important experiences and the like) is both a liability and an asset. While the character style may distort a person's perception of reality and limit his or her ability to live a full life, it may also serve a purposeful and needed function as a means of adapting to an unfavorable situation in the past or present. It has survival value. Similarly the disease process as viewed from a naturopathic perspective impairs the function of the organism on one level, while on another level it is the manifestation of an adaptive response. In this light the symptoms of an illness can be considered as the organism's acute effort to restore homeostasis and bring about healing. Thus fever is produced by the body during infection, increasing the metabolic rate and inhibiting with heat the growth of virus and bacteria (Lwoff, 1961). We may equate fever with sickness and "normalize" the body temperature with aspirin, but in so doing, we misconstrue the function of the sickness. The naturopathic physician assists spontaneous fever by administering diaphoretic teas and poultices, while monitoring the temperature in case it increases to a hazardous level. Prolonged or extreme fever is recognized as a liability, and when this occurs an effort is made to cool the body, just as the Hakomi therapist contains

and buffers the client's encounter with painful inner material. Yet the patient's incapacity during fever is not interpreted as an unhealthy state. By contrast the physician or psychotherapist using allopathic strategies treats the symptom as an adversary phenomenon and measures healing in terms of its eradication.

Another aspect of this comparison is apparent in the focus of intervention. In naturopathy the ultimate therapeutic strategy is to help strengthen the person's system overall: to raise the resistive power of the immune function, restore efficient activity in each body system, and provide healthy conditions on a cellular level. Disease subsides as a consequence, for it no longer has a hospitable environment of weakened tissue in which to flourish. Allopathic medicine, on the other hand, seeks to stop symptoms by targeting a pathological agent or by numbing or cutting the diseased tissue. It tends to be oriented toward engaging in a battle ("the war on cancer") against the offending symptom. Metaphorically, this may be viewed as the difference between combatting ghouls in their own dark cavern, or introducing the light in which the malevolent impact of their motions are balanced or neutralized. This image conveys the idea that it is not always necessary, desirable or effective to focus on, analyze, or engage our energies with the manifestation of disease, whether it be carcinomic tissue or neurotic character traits. Orthodox healing practices tend to be self-defeating to the extent that they bring energy to and become immersed in this adversary alignment, thus becoming lost in the ever-deeper recesses of the dark cavern. The dermatologist is frustrated to discover that one category of symptoms may be overcome, only to be followed by another more complex outbreak; and the Jungian analyst acknowledges that there are an infinite number of back rooms behind back rooms filled with the compulsions, memories and archetypal images that may be explored for a lifetime. Meanwhile the modern physician has become a disease specialist rather than a health specialist.

In this vein HT demonstrates that it is not especially necessary for the therapist to analyze or even know the biological content

of the client's struggle (Kurtz, 1983). With appropriate therapeutic guidance and support, the significant material emerges and is moved more by the client's unconscious processes than by the therapist's power of comprehension. Therefore, the therapist should be less concerned with joining in the search and chase of demons, be they viruses or psychoses, than in opening the passages to new light and air. The Hakomi therapist's principle strategy is to help the client to increase sensitivity and awareness. Certainly this should be the underlying goal as well of the bodyworker, physician, and educator.

From the above discussion it is clear that HT and naturopathy are squarely planted in the empirical tradition of health care, which extends back at least as far as the work of Hippocrates (Coulter, 1975). They do not insist on a complete conceptual explanation or justification of the therapeutic process; they consider the internal events which move the client to a greater state of well-being to be ultimately inscrutable by reductionistic analysis; and they place final implicit trust in the self-healing capability of soma and psyche, rather than in the external devices of the care giver.

While making a case in favor of naturopathic therapies, there can be no question that the surgical and pharmacological tools of allopathic medicine are powerful, direct and frequently appropriate means of restoring health. Their indisputable effectiveness at producing change however does not always justify their use. In assessing a particular situation we must ask two questions: first, what is the quality of the change produced, and second what impact does the change have on the larger system? Tonsillectomy may resolve the immediate problem of chronic throat infection, but what repercussions may be expected due to compromised lymphatic function? Realizing that this question equally applies to alternative therapies, let us consider the example of a person who has just received treatment from an "old-school" Rolf therapist, with the goal of improving postural alignment and structural integration. If the Rolfer happens to be unduly strident or lacking in breadth of clinical vision, the client may emerge from the session feeling decidedly "changed" from the

therapy and convinced of the efficacy of the procedure, without having actually achieved a net improvement in state of health. This client has overlooked the fact that one also emerges changed after being run over by a motorcycle; in health care we often fail to discriminate between the quantitative and qualitative aspects of change, and to accurately reckon the balance of negative and positive outcomes of treatment. "Achieving tangible results" is a one-dimensional but popular criterion for successful therapy. Many modern innovations in health care dazzle us with their power to reorganize the patterns of our afflictions, for such reorganization in itself can bring a sense of hope and relief. But profound and enduring healing is distinct from suppression, delay or redistribution of symptoms.

#### TRANSFORMATION IN HEALING

Once again, as in every era past, we are led to question the meaning of healing. How does this event take place, and what is the role of those who presume to oversee it? As previously described, I believe that Hakomi therapy and naturopathy are currently among those models which best embody the holistic precepts of healing. However in the present day climate of modern medicine, it is easy to assume reflexively the axioms of allopathy, which in fact exert a tremendous pull on many of our basic attitudes. What effect does this pull have on HT and naturopathy at the present time?

In HT the functioning of the psyche is compared to an information system. Deep conflicts early in life become crystalized into unconscious assumptions about life ("core beliefs") which are sustained in adulthood. HT endeavors to access these beliefs or programs to the client's consciousness, and to replace them with more workable, satisfying belief systems.

This process may be viewed in two stages. The first is to bring the client into felt contact with core beliefs, and to clarify and associate that material with the conditions which shaped it. The second includes presenting new options based on modified beliefs while the client is in an

altered state of consciousness, which then may be carried forward into everyday life. This second stage is referred to as "transformation." The stage of transformation in HT is conceived as a process of discovering new options for belief and experience, savoring and experimenting with them, and stabilizing them so that the client comes to know and value them above previous behaviors. Thus the client is encouraged to own, incorporate and integrate new beliefs and ways of being. Old issues are opened up and brought to a positive conclusion through the use of nourishing probes and other techniques. Herein lies the possibility of falling back into the "let's fix it" posture borrowed from allopathy. At this juncture there is a risk that this stressful material which has been uncovered, and which has helped to form limiting core beliefs (be it painful childhood experiences or lifelong archetypal conflicts) can be washed away too readily with the promise of a more satisfying option. In HT we are reluctant to dwell awhile with the client at the bottom of that abyss which mindfulness has enabled us to discover. We want to build a bridge across it promptly, for the therapist sees the means for doing so, and is understandably moved to provide that passage, while the client is naturally drawn to accept this offer of relief.

Why travel down to the bottom of that abyss once it has been discovered? Why not simply provide the statement, the loving phrase at the precise moment, the piece of information which the system was missing? One reason is that although the human psyche appears to operate as an information system in some respects, it does not in others, as indicated by the principle of organicity. When a computer "goes down" it has ceased to carry out its true function, and it may need to have information subtracted and added in order to regain that function. By contrast, when the human soul "goes down" it is fulfilling one of its true functions, which includes informing the psyche as a whole. The psyche needs to know what lies at the bottom of that dark and terrible abyss, even more than it needs to move efficiently past it. Furthermore, a computer has no history once its memory bank is cleared, while personal history is a fabric into which new threads are woven but none are removed. If

we wish to see the whole of that fabric, we must not attempt to undo childhood grievances. Otherwise the therapist may offer the client effective relief from this pain, or may provide more workable options or a more satisfying version of reality, but at the risk of forgoing a deeper healing which can only begin at the bottom of the wound. Let us learn in this situation from the allopathic surgeon, who understands better than anyone the necessity of cleaning, examining and repairing the deepest layers of an injury to the flesh before closing it neatly at the skin.

Alice Miller (1981) describes a patient whose professional success and recognition served as a substitute satisfaction for the love and approval which he did not receive as a child. In times when his work faltered, he became depressed. Miller states that "depression leads him close to his wounds, but only the mourning for what he has missed, missed at the crucial time, can lead to real healing." Her example supports the view that in therapy focussed on the developmental plan, the primary emphasis should be the emotional rediscovery, acceptance and mourning for the violations and losses of one's childhood, rather than endeavoring to rewrite the original script.

Another way of describing this idea is with the metaphor of a newly built house, beautifully landscaped and surrounded by a verdant meadow, all constructed on top of a toxic waste landfill. Perhaps the engineer has designed capably enough that none of the buried toxins will ever seep to the surface and jeopardize those who live in the house and walk in the meadow. But there remains the probability that after some period of time, the buried material will move slowly into the deep bedrock aquifers which carry the water within them to great distances. At some time, in some place, the material will resurface in a form which is far more difficult to manage. The solution to the problem depends on the particular situation. On some sites, excavation with a bulldozer is the best answer. Other sites are too costly, widely dispersed or dangerous to attempt dislocating the material so that venting, draining or sealing off with continual monitoring is necessary. But it is never appro-

priate to simply cover over with six inches of clean topsoil and plant grass.

In the practice of HT there is a need to adjust the timing of the sequence of the therapeutic process to allow ample room for a mourning phase. In the usual progression, most of this mourning takes place in the form of "riding the rapids," which is immediately succeeded with the therapist's statements in support of an appropriately revised belief system. Instead, the place of the action should be slowed down greatly at this point. The client should be provided with support in having allowed the painful unconscious material to become conscious, and with a safe outer environment in which to meet that dark inner terrain. It is an act of courage and faith on the part of the therapist to attend the client's anguish without quickly offering a remedy. The therapist must recognize that precisely at this moment more than any other, the client's psyche has become empowered (and should be permitted) to evolve its own healing in its own time. To be comfortable in doing this, the therapist needs to have come to terms personally with the vital role which struggle and darkness play in the process of transformation. This is the ultimately difficult and most important stage in which the principle of "going with the grain" of the client's process must be observed. For the therapist, it is the most delicate gesture of nonviolence; to forgo the role of savior so that the client's psyche may fully evolve its own healing. At this juncture, the therapist has the power to dispel the client's grief and fear by switching on the lights in the dark room. What then becomes of that shadow which the client is struggling to integrate? With faith in the principle of organicity, the therapist is willing to wait for the appearance of a new light, which makes possible a fuller transformation. How many of us dwell in rooms brightly lit with new options, positive affirmations and nourishing support, but have stopped walking outside to observe the circadian pulse? Even on a cellular level, most of the body's repair and regeneration functions occur in the dead of night, during the "critical healing period" between midnight and four in the morning (Cooper, 1978). These hours are considered critical not only because they are the most important time of cellular rejuvena-

tion, but also because body circulation drops to its lowest ebb, the greatest number of heart attacks occur, the greatest number of babies are born--in short, the system is the most open to change. This is possible because the organism's energy resources are directed away from negotiating its relationship to the outer world, and are dedicated instead to inner processes. Similarly it is in the night of acute confrontation with emotional conflict, and in a state of inner focussed mindfulness, that the Hakomi therapist helps to access and alter the contents of the psyche's "map room."

According to Whitmont (1980), The Law of Similars discussed earlier derives in a mythological context from the wisdom of the unconscious or of the gods, and is ascribed to the Delphic oracle in reply to the injury of Telephos. The oldest known formulation of the Similia Similibus Curentur (Law of Similars) is "that which wounded shall heal." Knowing this principle helps us to reexamine deeply held attitudes about suffering and limitations, and reminds the therapist to have patience in allowing the client's recollected pain to germinate its own healing.

The therapist must be extraordinarily sensitive to guide the client with optimum timing during the stage of transformation. If nourishment or new beliefs are offered too soon, the client may rightfully sense that the wound itself is not receiving due honor and acknowledgment--essential catalysts. On the other hand, if the therapist withholds encouragement beyond an appropriate time, the client may lose momentum, become mired, or even build upon the existing pain. In the practice of HT, special care must be taken to provide ample room for a complete mourning phase during the stage of transformation. This does not suggest any change in the sequence of steps in the HT process, but rather an awareness of the timing during the culminating phase as previously described. The mourning phase may take place not only during the acute "riding the rapids" state of consciousness (oriented to catharsis), but also in mindfulness (oriented to discovery and meaning), and in the child state (in which the pain frequently originates, and in this regard the most effective state for access to deep change). Outside the therapy session,

the ordinary state of consciousness is also ground to continue the work of mourning.

How is such mourning to be distinguished from a morose and self-defeating obsession with past pain? The key distinction is that the mourning which heals is an acknowledgment of what has been hidden or denied. Although it is accompanied by pain, it is also characterized by a sense of release. It is not static, repetitive or laden with secondary gain. It is not a narrowing of attention onto negative aspects of a situation, but rather an inclusive movement of letting in a wider view of a situation, including its negative aspects. Mourning heals in a way that a positive affirmation does not, because rather than substituting a part of the belief structure with a new segment, it joins additional information to the existing segment. "Options" are adjunctive rather than alternative. Segments of belief or experience which are painful and limiting are not retracted, but rather they take on new meaning when placed in a larger context.

This principle of inclusiveness extends into other aspects of therapy as well. For example, when the Hakomi therapist helps a person with a schizoid character style to restructure beliefs about safety in the world, by stating in the form of a nourishing probe, "you're perfectly safe here," it should not imply a blanket negation or retraction of the opposite assertion, "you are in danger here." Likewise the statement "you are not all alone" is an appropriate and helpful statement for a person in an oral phase of behavior, but not if asserted as a universal truth. For while it is quite true that the world is a safe and loving place to be it is equally true that the world is dangerous and that we are indeed all alone. The therapist supplies missing information and thereby enhances rather than dismisses the client's previous reality structure. Debilitatingly painful and limiting core beliefs do not constitute an erroneous reality, only an incomplete one. Nothing stands outside of reality. However, isolated pieces of reality (which are painful and limiting) undergo transformation when viewed from a larger field of information, and healing results.

As described earlier, naturopathy also approaches the symptom as ally rather than adversary. Naturopathic interventions avoid negating the symptom with measures which suppress it, and instead view the symptom as intrinsic to the healing process. In fact, one of the naturopath's goals in many cases of chronic illness is to help bring about a "healing crisis," an acutely symptomatic state which in many ways parallels the state of riding the rapids in HT. The most important characteristic of a healing crisis is that the body throws off toxins and restores homeostatic balance through an episode of intensified elimination. The metabolic rate increases greatly, and the system must have a sufficient reserve of strength to accomplish this. If the system is too weak no healing crises will occur, and again we find a similar principle at work in the emotional realm; the client must have a reserve of ego strength and psychic vitality in order to benefit from an acute catharsis. Where such strength is lacking the first therapeutic step is nourishment. When the naturopath recognizes that the system may not have enough vitality to move stored toxins out through the eliminative channels, a strengthening program is first initiated. Similarly, the Hakomi therapist does not attempt to access obsolete belief systems and painful memories until a sufficient degree of safety has been established for the client within the therapeutic relationship. Indeed, the material in most instances was originally suppressed because there was not enough safety or strength in the system to withstand it.

The healing crisis is reflected in Hering's Law of Cure, which is a primary tenant of naturopathy (Gesser, 1966). Constantin Hering was a seventeenth century physician in Germany who observed that as disease passes from acute to chronic stages, the symptoms move from the surface of the body to the interior, from lower body areas to upper, and from less vital organs to more vital. Healing of chronic illness occurs in the opposite direction and involves going back through to the acute form where it may be finally resolved. Thus Hering's Law states in part that healing takes place from within outward, from above downward, and in the reverse order as the symptoms originally appeared. To illustrate the latter, suppose

that a person suppresses the symptoms of a cold by using an anticholinergic preparation (such as atrophine) in a nasal spray to dry the nasal mucosa. At a future time the person has a problem with bronchitis, and takes codeine to suppress the cough which otherwise would have helped to eliminate bronchial secretions. Later there develops a repeated susceptibility to influenza, and aspirin is routinely used to bring down the fever. One day there is a bout with pneumonia, and penicillin is given. This person is on a downward spiral in which acute eliminative processes are repeatedly thwarted, resulting in a progression of increasingly serious disorders which at some point settle in the form of a chronic disease. According to Hering's Law, a process of reversal of these symptoms may be anticipated as the person undertakes appropriate healing therapies which encourage spontaneous eliminative functions. In a succession of brief periods of illness, the above patient would reexperience the symptoms of pulmonary inflammation, discharge from the mucous membranes, etc., culminating in the healing crisis. In a similar manner, healing of the psyche involves a revisitation of previously undischarged conflicts and stresses. The Hakomi therapist guides the client's awareness back upon this held material through accessing, even though it often leads to a state of more acute discomfort, in the knowledge that such a reversal process is transformative.

As practiced today, naturopathy also has a tendency to be pulled toward an orbit around allopathic medicine. Herbs are frequently used as a substitute for synthetic drugs without any other change in basic method or goal. For example, the herb *Hydrastic canadensis* may be taken in a formula to help deal with a bacterial infection, which in itself is an appropriate step. However, one must also make an effort to discern the environmental, biological and mental factors which contribute to the problem, and to alter lifestyle factors and initiate supportive therapies which will restore more hospitable conditions for a healthy balance of the internal flora. To use this herb as an isolated measure against infection is an allopathic intervention.

One of the lessons learned from

observing nature is that life and death are two inseparable aspects of all phenomena. Implied in allopathic medicine is the effort to separate the two, by championing life as the "good" and combatting death as the enemy. Neither is this position uncommon within the holistic health care movement, as evidenced in the concept of "high level wellness," in which the goal is to keep moving on a continuum away from illness and toward a state of super-health. In a recent work, Larry Dossey, M.D., describes this attitude:

And so we continue in our ceaseless struggle for the endless summer of health, striving to banish physiological imperfection forever from the field, reenacting the archetypal search for the fountain of youth with every annual exam, x-ray, and blood test. And it doesn't work. What is worse, we know it--somewhere in our being we know we're off the mark in our struggle for eternal, unblemished health. And the assurances of modern bioscience that nothing is beyond our reach--what we could call "promissory healthiness," has, for most of us, come to seem vacuous. We need a new vision of health, one that will reinstate our ability to sense its quintessence--a vision that must include, paradoxically, illness and death as the "moving principles" of the health that eludes us". (Dossey, 1983, Pp. 9-10).

Catabolism, the destructive phase of metabolism in which complex structures are broken down into simpler ones, is the correlate on a biomolecular level of the degeneration and loss which we tend to experience in daily life as misfortune to be avoided. Yet catabolism is no less essential to life than the opposite, constructive phase of anabolism in which the substance of the body is built up. Those who would heal or be healed must employ methods which are consonant with both aspects of this bipolar dynamic inherent in all living systems.

This premise is embodied within the essential structures of both naturopathy and Hakomi therapy. However, it is the responsibility of those who work with

these methods to translate such understanding from a theoretical to a clinical reality, and thus, it is implied, to a personal reality. Only then is it possible for the healer to be consciously aligned with the power of the symptom as the "moving principle" of health.

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**"What we experience is really our state of mind projected outward upon a screen called "The world." This world and those in it actually become the mirror of our thoughts and fantasies. What our mind projects becomes our perception, which limits our vision as long as we hold to it."**

**Jerry Jampolsky**

Love is Letting Go of Fear

**"The surest way to become Tense, Awkward, and Confused is to develop a mind that tries too hard – one that thinks too much. The animals in the Forest don't think too much; they just Are. But with an overwhelming number of people, to misquote an old Western philosopher, it's a case of "I think, therefore I am confused." If you compare the City with the Forest, you may begin to wonder why it's man who goes around classifying himself as The Superior Animal."**

**Benjamin Hoff**

The Tao of Pooh

**"What we observe is not nature itself, but nature exposed to our method of questioning."**

**W. Heisenburg**

Physics and Philosophy

**"Modern physics has confirmed most dramatically one of the basic ideas of Eastern mysticism; that all the concepts we use to describe nature are limited, that they are not features of reality, as we tend to believe, but creations of the mind, parts of the map, not of the territory."**

**Fritjof Capra**

The Tao of Physics