

Dancing with the Unconscious: An Approach Freud Never Dreamed Of

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As I opened the door to my office for our first appointment, Jane said a curt hello before I could greet her, and walked in ahead of me. There was a soldierly rigidity to her gait that immediately left me feeling a bit shut out. She greeted my smile with a slight scowl as she told me, without preamble, what had brought her to therapy: she was tired of being so alone in her life.

“Even when I’m with my husband, I’m alone,” she said. She’d tried talk therapies and appreciated the insight she’d gained, but added, “I just keep doing the same things I’ve always done to push people away from me.”

At 57 and a successful physician in a small town, she found herself returning to her house in the evenings to watch TV alone, while her husband tinkered in the garage. She routinely rebuffed kindly overtures of support from others without really knowing why—which enabled her to say, truthfully, that she got “very little help from anyone.” For instance, before dinner was complete, she’d jump up from the table and wash the dishes, feeling resentful as she preempted her husband’s help. She was almost entirely unconscious of the implicit, but ironclad, rules that dominated her somatic and emotional life.

She spoke with an air of independence, giving me the distinct impression that she suspected that I’d be only marginally useful to her, if at all. Her straight posture, stiff carriage, and severe mouth communicated—more than her words could—that she was struggling to rely only on herself.

As typically happens with clients in a first session, taking in Jane’s verbal pace, body language, and facial expressions, I found myself formulating some initial questions about the formative experiences and inner templates that had shaped her approach to life and her habit of removing herself from contact. What must her world be like that she walks with such purpose and doesn’t respond to my smile? What happened to her that made it a good idea for her to act so tough? I wondered.

Accessing Implicit Knowledge

The approach that guides my work, **Hakomi Mindfulness-Based Experiential Psychology**, is a method originally developed by Ron Kurtz that draws on sources as diverse as Psychoanalysis, Bioenergetics, Gestalt Therapy, Cognitive-Behavioral Therapy, Neuro-Linguistic Programming, Focusing, body work (including the Feldenkrais Method), Buddhism, and Taoism.

Hakomi gently and safely encourages clients to use the power of their present

emotional and somatic experience to explore the unconscious models of reality that dictate how they live and engage in relationships. It relies on body-based mindfulness as a primary tool to explore the implicit beliefs that organize life experiences and to address the attachment injuries that shape our emotional realities. People are adept at using words to dissemble, but the body is far more direct in communicating our inner states to those who are willing to listen. Through the way we move and hold ourselves, we reveal the internalized working models of our worlds and rules of self-conduct that are encoded in our brains, governing our behavior, perceptions, and feelings.

One such implicit rule Jane had learned early in life was never to rely on others. In her worldview, nobody could be trusted to give her what she needed or wanted. Her dismissive style and rigid posture were part of a self-reliant character strategy designed to protect her from the wounds of massive disappointment—not needing or depending on others was an attempt to save her from further injury. As I watched her caught in the tyranny of her toughness, I saw that, while she knew how to be strong, she didn't know how to be connected to people. In some ways, her strategy of insulation was functional, but it was overused: it had become a life sentence of separation. Part of the job of therapy, as was apparent early on, was to make her somatically held knowledge consciously available to her, to then provide experiences in the present that would challenge her self-limiting beliefs, and, finally, to offer new options for perception and behavior.

Attachment in the Present Moment

Clients' attachment styles originate in early interactions with primary caregivers and often endure into adulthood. Deficiencies in attachment can be transformed later in life as a consequence of nourishing and attuned relationships with partners, friends, and therapists. However, this type of transformation requires *experiential* events, not just conversation. One of the most powerful ways for a therapist to establish an experiential, relational state of attunement is through mindfulness—both the clinician's and the client's.

Mindfulness starts by attending to the many details that make up the present moment. Unfortunately, most of us can easily be transported away from the experience of the moment, especially by the content of conversation. Studies have shown that 70 to 80 percent of communication occurs through mostly unconscious somatic signals—pace, posture, gestures, voice quality, breathing patterns, changes in energy, and alterations in skin coloration. These signals arise directly from the core beliefs and models of the world that the client holds. By not allowing ourselves to get carried away with the *content* of clients' stories, we can notice the other ways in which they communicate. The process of noticing and joining with a client at this level generates the kind of nonverbal attunement—normally supplied by good early parenting—that can build secure attachment and begin to address the early injuries that may have occurred in preverbal life.

During our first session, Jane told me in a flat voice that her husband had decided, without consulting her, to accept a more “responsible position” (code for many more hours away from home) at his law firm. She roughly pulled a tissue from the box.

Noticing the vehemence of her gesture, I said, “You’re mad at him, huh?” “Yes,” she replied, “He’s always like this.” A flash of grief crossed on her face, followed by a dismissive movement with her hands as she turned away.

Rather than following the content by asking, “He’s done this before?” I responded by reflecting back her current experience, saying, “You’re pushing away with your hands, huh?” I left it to her to tell me what she was pushing away—her husband and/or her feelings. What she’d offered was a gesture, a demonstration of the impulse to push away and turn inward. It seemed important, since it was performed with some energy and was consistent with her predisposition toward self-reliance.

Focusing on the gesture caught her attention. I suggested that she do it again, but slowly, really taking time to notice the details of her experience, the subtleties that get lost in ordinary consciousness and conversation. As she did so, she said, “You just can’t count on anyone.” She grimaced as if the words tasted bitter.

I responded, “You feel betrayed and bitter, huh?” I wanted to contact what was stirring inside, beneath the impulse to push away. Contacting her emotional experience here opened a door—her eyes welled up with tears and her lower lip began to quiver. I responded, “These are some strong feelings. It looks like you’re fighting with them a bit.” As she tried to answer, something softened inside her and she began to weep.

Part of the process of healing for someone who’s been entranced by a rigidly self-reliant belief structure is learning to risk the emotional vulnerability that can lead to a response from another person that’s different from an earlier experience of childhood neglect. Without pushing in any way for increased abreaction, recognition of the internal battle between expression and containment shifted the balance toward the former, allowing Jane to show me more of her vulnerability.

Much of the impact of trauma stems from isolation. Telling one’s story to an attentive, warm listener will begin to reconsolidate how the memory is held. While therapists can’t change the past, we can offer a place in which it’s no longer held alone, but in relationship. This builds attachment.

Exploring Mindfulness

Studying an experience while it’s happening presents opportunities absent from ordinary conversation. One important element in Jane’s internal model of relationship was how she held herself apart from others. In a later session, I wanted to construct a therapeutic experience of mindfulness that would enable her to experientially explore the need to be invulnerable.

“Jane, I have an idea,” I said, “I’ll say something to you, and you can notice where it lands inside. Notice the response. It could be a thought, a feeling, a sensation, an impulse, memory, fantasy, music, or nothing at all. Would that be OK?”

Asking permission is always important in establishing a genuinely collaborative relationship based on safety and equality. Once she agreed, I let myself shift into a slower, more mindful state in which I could begin to notice the details of my own internal

world and start to track her moment-to-moment reactions even more precisely. With the help of limbic resonance and the activation of mirror neurons, she, too, began to let her attention focus inward.

“OK,” I said, “Let your attention go inside so you can notice whatever happens when I say these words. (Pause.) *Jane, your needs are important.*” I said this not to elicit agreement, but quite the opposite: I was looking for the parts that disagreed. Again, this was guided by the knowledge that people like Jane, who have a set of implicit rules of relationship, tend to protectively deny their needs. I wanted to bring this reaction into conscious awareness.

She opened her eyes for a moment, “Yeah, sure!” she mumbled sarcastically, more to herself than to me. Now, emerging in consciousness, we had the part of her that dictated toughness.

“Great!” I said. “Let’s invite that part to be here. It sounds like a street fighter.”

“Yeah,” she replied, “Needs are the same as disappointment.”

I asked Jane to turn her attention inside and let her own words echo—“Needs are the same as disappointment”—and notice what experience emerged. In this kind of mindful exploration, the therapist can track external signs of internal experience in the fine changes in the client’s face, emotional temperature, breathing, and voice quality. As both participants carefully attend to present experience in this manner, something deeper than rational conjecture can occur.

In this case, Jane said, “I feel really hot!” She looked down and noticed that her shoulders and the top of her chest were turning red. As with many clients who are beginning to explore unfamiliar territory, it was easier for her to recognize the physical sensation than the underlying emotion. I encouraged her to stay with the heat and the redness, and asked her to notice the mood that went with it. She said with surprised consternation, but also curiosity, “Oh, I’m ashamed . . . of my needs!”

There are, of course, contraindications to this procedure. Immersing a client in a trauma memory, for instance, risks his or her hyper- or hypoarousal—becoming flooded, immobilized, or even retraumatized. It’s important for the therapist to track the client carefully, remaining alert to signs of dissociation and disconnection, and to titrate the immersion in immediate experience to avoid overwhelming the client. Exploring experiences slowly, and noticing sensations and motor activity in particular, can yield more information and change in the long term than dramatic, “multiple-tissue-in-the-garbage-can” sessions that release explosive feelings. Before, and alternating with, immersion in traumatic or negative memories, clients should be focused on the felt experience of their own resources—the places, people, things, and experiences that bring comfort, along with a sense of self-confidence and expansiveness.

Every experience we have, conscious or unconscious, is a mix of other, underlying experiences, many of which are unconscious, stored in the neural networks of implicit memory. Consciousness of one part of the neural network tends to evoke related parts. Jane’s sense of invulnerability was comprised of many associated cognitive, emotional, and somatic experiences, including tension in her muscles, a rigid posture, a belief that to show softness exposed her to danger, and a memory of being

shamed for her vulnerability.

“Let’s make lots of room for shame,” I said. “We can hold it gently. Just let a little bit of it be here. Go ahead and stay with it, and let’s see where it takes you.”

I was intending to follow her lead, but the suggestion took us to what appeared to be a dead end. The feelings stopped and she sat up straight, wiping her eyes. As Jane started to explore the feeling of shame, something inside her obviously shut down. On a somatic level, her posture shifted—she sat up straight, no longer resting against the back of the couch.

Drawing on her immediate present experience for clues about where to go next, I said, “You’re sitting really straight, and it seems like your feelings just went away. Let yourself be with that uprightness. Feel all the muscles involved, and notice what they remember.” Eliciting a memory, in effect, from the feeling in her muscles, she remembered when her father taught her about the limits of trust: he told the 7-year-old Jane to jump from a kitchen counter into his arms, and then purposefully let her fall, without trying to catch her. “*Never trust anyone,*” he instructed her. She learned this lesson well.

To ensure that no one ever had the same kind of power over her again, she’d adopted a strategy, a relational model, requiring her to rely only on herself. Though superficially functional—she could protect herself from being hurt—this strategy sentenced her to the feeling of lonely disconnection that had brought her to therapy. In fact, this kind of strategy tends to recruit others to act in predictable ways that reinforce the underlying beliefs—Jane habitually dissuaded anybody from doing anything for her, which reinforced her distrust of others.

As her feelings began to ebb, I commented, “You learned not to rely on anything or anyone, huh? Not even the back of the couch. How about we start by supporting your back, so it doesn’t have to hold you up all on its own?”

I was speaking somatically and metaphorically here. Could she risk taking in support after so many betrayals to her trust? This experience was designed to challenge the neural pathways that had led her to self-reliance, and to help her develop a new set of neuronal firings that would permit greater nourishment and support. Jane began to experiment with just leaning back and trusting the couch. While she explored the simple, metaphorical act of “leaning,” I encouraged her to slowly and mindfully notice her subtle internal reactions. As she did so, I could see her gradually relax her body, as she realized she could lean a little on the couch without losing herself.

“It’s important for you to be strong,” I said, “but it separates you from others. Now, it feels as if a softer part is calling to you, but you’re not sure it’s a good idea to follow it.” She agreed. “I get trapped in my own hardness.” We’d taken the first few steps in the direction of her relearning the ability to engage in healthy, interdependent relationships.

Transformation and Integration

Several weeks later, I noticed that as Jane talked to me, she looked at me slightly out of the corners of her eyes. I was still looking for signs of the old patterns—

compulsive self-reliance and the dismissal of human warmth—so I said, “Sometimes you look right at me, and sometimes you look from the side of your eyes. How about we explore the difference between the two looks?”

She agreed, and I asked her to turn her attention inward, noticing the thoughts, feelings, sensations, memories, and images that arose as she tried each way of looking. She reported that when she looked directly at me, she felt vulnerable, and when she looked at me somewhat sideways, she felt more protected, though lonely. I told her that she was entitled to look at me any way she wanted, and that she could decide which she wanted to do now; she could exercise her choice. She decided to look directly at me, and as she did, she smiled and then started to chuckle. She said, “I feel a bit scared, but this is really what I want.”

The next goal was to help her stabilize this resourceful experience. I asked her to take her time, to make room for this mirth bubbling up and the sense of connection, to notice how it lived in her body, and the words and impulses that came with it. Having clients immerse themselves in new experiences builds new neural pathways. Immersion in expansive experiences is at least as important as immersion in the experience of wounds and limitations.

During ensuing sessions, we returned many times to this constellation of issues. Each new pass helped Jane clarify the beliefs structuring her reality and the risks she could take to create new experiences and generate new models of the world. She practiced allowing herself to depend more on me without losing her self-reliance. She looked at me directly without losing her choice to withdraw when she wanted. Then she became increasingly able to transfer the vulnerability she showed in sessions to her relationship with her husband. She gained the ability to ask him for more time and closeness in a way that engaged him because of its genuineness and lack of the hostility that previously had accompanied her requests. He started to find her more interesting than the car engines that had been so absorbing.

At this point, she suggested it might be helpful to invite her husband to a session to help consolidate her gains in therapy. This is the integration stage, in which it’s important to help clients weave their newfound options and ways of behaving into the fabric of their daily social and professional lives. Frequently partners prefer homeostasis to changes in their relationship, and can undercut therapy. When Charles arrived, his eyes looked big and hypervigilant. Unsure of what to expect, he seemed more scared than oppositional to his wife’s new way of being. After I checked in with him conversationally about how he’d been experiencing the changes in Jane, she brought up the feeling that “she couldn’t lean on him.” Unsure whether she was referring to her inability to lean or his inability to support her, I suggested we try this out in mindfulness—to have her actually practice leaning physically on him—to see what the effect might be on each of them. It turned out that it was hard for her to do this, as it involved facing the demons of disappointment in all the people who’d failed her in the past. When she finally succeeded and let her head come to rest on Charles’s shoulder, he breathed a sigh of relief.

“Feels good, huh?” I said.

“Yeah, I finally feel useful to her, and less like she’s looking for trouble,” he

said. I asked him to tell this to her directly, which challenged his tendency to withdraw. But, inspired by her smile, he was able to tell her about his discomfort. As it was beyond the work of an adjunctive session, I suggested that it might be helpful for him to continue with this theme in individual therapy with someone else. As Jane became better able to hold a new model of support in her life and integrate it into her relationships, it was time to start thinking about bringing therapy to a close.

She'd arrived in therapy determined to feel less isolated. We saw how her implicit belief in the unreliability of support, and her tendency to look tough and pretend that she had no needs, pushed others away. This observation guided the interventions over the next few months. Rather than being remote and barely accessible, Jane's unconscious spoke of its implicit models of the world in many ways: in gestures, posture, her style of relating to me in the moment. Over time, we continued to explore the changes that eventually carried into her personal life.

At the heart of the process was Jane's growing ability to experience an attunement in the therapeutic relationship that slowly allowed her to feel safe and held, something that hadn't happened for her as a child. By learning to mindfully explore her organizing beliefs as they revealed themselves in the present, she accessed memories and resources that touched her deeply and allowed her to experiment with new ways of being, inside and outside of therapy.

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