

**THE HAKOMI METHOD OF PSYCHOTHERAPY: AN EXPLORATION
OF HEALING**

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Abstract

This project is an exploration of the core theoretical principles of the Hakomi method of psychotherapy. These principles are explored and illustrated via my personal narrative account of being a client of a skilled Hakomi therapist. This narrative provides a unique and descriptive account of Hakomi psychotherapy in action. Founded by Ron Kurtz in the 1970s, Hakomi therapy is an experiential, body-focused method of therapy (Johanson, 2006a, 2009b). The main principles—organicity, unity, mind-body holism, nonviolence, and mindfulness—comprise the framework of this powerful and highly impactful psychotherapeutic method, and are the basis upon which Hakomi practitioners work. An applied resource for practitioners and graduate students is provided in both the personal narrative and in the appendix item of chosen Hakomi resources that are available for those in the counselling and helping profession.

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I recommend your beautiful gift of doing good therapy to anyone who desires to begin such a journey.

Copyright Statement

The material included in this project is subject to copyright. Permission of the author or the author's co-supervisor (Professor Dawn McBride) should be sought prior to implementation of any of the material. For permission please email the author's supervisor at dawn.mcbride@uleth.ca. The reader may use ideas from the project providing they are referenced in text as: (Marco, 2012).

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Chapter 1: Introduction to the Project

This project provides counsellors and graduate-level counselling students with an increased understanding of the Hakomi method of body-centred psychotherapy, including some of the history of Hakomi and the principles that accompany it. An in-depth exploration of Hakomi therapy, using a personal narrative approach, illustrates the values and principles in an applied manner. In addition, I provide a compilation of what I, as the author, deem as useful Hakomi readings and websites (Appendix A). This chapter presents a brief introduction to Hakomi therapy, identifies the rationale and significance of the final project, and expresses my reasons for choosing the project topic. Furthermore, this chapter summarizes the organization and layout of the project. A glossary of key terms utilized can be found in Appendix B.

The Hakomi method of psychotherapy is a mindfulness-centred, body-focused psychotherapeutic approach founded by Ron Kurtz in the 1970s (Weiss, 2009), drawing influence from both Eastern and Western philosophy (Johanson, 2006a). The word Hakomi is a Hopi Indian word that means, “How do you stand in relation to these many realms?” (Barstow, 1985, p. 8). This question was an ancient way of asking, “Who are you?” (Kurtz, 2008, p. 14).

Various authors as well as the originators of the Hakomi method classify this method as a body-inclusive approach and include it in their discussions of other body therapies (Barstow, 1985; Kurtz, 1990; Mehling et al., 2011). Hakomi uses mindfulness to study the bodily experiences of the client moment to moment, viewing the body as a picture of a person’s mental life (Johanson, 2006a; Kurtz, 1985a). Hakomi uses the body as a central tool to access information for focus in therapy sessions (Johanson, 2006a).

Practitioners study and focus the way that people organize their experience and help clients to become mindful and observe their own organization (Kurtz, 1985b). Hakomi practitioners believe this approach is useful because when a client is able to observe his or her own experience through mindfulness, the core beliefs surface and the client is then in a better position to make choices about beliefs, perceptions, and actions (Kurtz, 1990). When this experiential content (i.e., core belief) is accessed, the practitioner provides a missing experience and creates a different way for the client to organize themselves (Eisman, 2006). Hakomi promotes self-regulation, personal power, and conscious awareness in one's life, leaving the decision and power to change in the hands of the client (Kurtz, 1985a).

The concepts of mind-body interaction as well as the foundational principles of Hakomi have been influenced by multiple sources, which Kurtz (1990) identified in his writings. For example, Kurtz (1985a) drew influence from body-centred therapies (Gestalt, Bioenergetics, Reichian, Rolfing, Feldenkrais, Lowen), Eastern philosophy (Taoism, Buddhism, Yoga), and general systems theory (Kurtz, 1985a; Myllerup-Brookhuis, 2008). From this integrative approach leading to the development of Hakomi therapy, Kurtz and his colleagues formed a set of guiding principles to inform the work of Hakomi practitioners (Barstow, 1985). The guiding principles behind the Hakomi method are mindfulness, nonviolence, unity, organicity, and mind-body interaction (Kurtz, 1995). These terms will be explained and elaborated upon in Chapter 2. The principles integrate concepts such as loving kindness and truthfulness, viewing therapy comprised of a nonviolent loving presence who promotes and embodies mindful

awareness, support, containment, and specific body-mind facilitation (Benz, 1995; Myllerup-Brookhuis, 2008).

Using the principles and methods of Hakomi, internal states and reactions are accessed and worked with in a conscious and direct manner, bringing unconsciously-held core beliefs to awareness (Kurtz, 1985b). The environment created between the client and the practitioner is one of safety and acceptance, allowing mindfulness, inner experience, and mind-body interaction; this environment emerges in a gentle way that does not force or push the client (Barstow, 1985; Eisman, 2006). The integrative nature of Hakomi, including its methods and principles, are what first piqued my curiosity. The next section of this chapter elaborates why I have chosen the topic and the nature of its value to the community.

Project Rationale and Statement of Personal Interest

This project derived from my interest in Hakomi, stemming from the first Lethbridge introductory course on the topic (in March 2010). I was surprised to discover Hakomi has not entered the mainstream academic world. (Hakomi search terms in academic databases consistently fail to produce peer-reviewed articles or books on the topic.) Thus, I was motivated to provide an introductory, condensed version of Hakomi therapy to my peers and future colleagues in the counselling profession. My interest deepened after I decided to enhance professional and personal development by entering therapy with a Hakomi practitioner. I have benefited greatly from a body-focused therapeutic approach that has provided me with tools surpassing the cognitive domain to approach both my personal and professional lives. Due in part to the profoundness I have

experienced, I decided to study Hakomi at a very in-depth level using a narrative account, in order to convey the essence of it.

The use of a personal narrative to illustrate the principles of Hakomi demonstrates a powerful psychotherapeutic approach in action, providing concrete application of philosophical notions. The use of personal narratives, case studies, and research on a counsellor's own therapy experiences has been well established in the academic literature (Deacon, Kirkpatrick, Welcher, & Niedner, 1999; Dougherty, 2010; Duthiers, 2005; Evans, 2008; Gold-Steinberg & Bottenheim, 1993; Heaton & Black, 2009; Hill et al., 2008; Johanson, 2009a; Kasper, Hill, & Kivlighan, 2008; Landenburger, 1989; MacDevitt, 1987; Perrault, 2008). This project provides a useful and applied resource for practitioners and graduate students seeking illustration of Hakomi principles and techniques. Recent interest in the Lethbridge counselling community in Hakomi therapy warrants this project's undertaking (D. McBride, personal communication, March 1, 2010). There is also a lack of academic literature available on the Hakomi method, evidenced by a preliminary search of five databases as well as a more in-depth search of additional databases such as PsychINFO, MEDLINE, Academic Search Complete, PsycARTICLES, and ScienceDirect.

I believe, much like the work and research of Mowrer (2008), body therapies, in general, are often very effective due to their ability to bypass cognitive processes; bodily experiences are also shown to be involved in both implicit and explicit emotional and cognitive developments. My involvement with Hakomi therapy has shown me that this method has the ability to access deep implicit material (i.e., somatic sensory memory) and change the internalized narrative or schema (Mowrer, 2008). The collaborative

nature of this mode of therapy, in conjunction with the influence of various Eastern philosophical values and other body-centred methods, intrigues me as being a respectful, creative way to help people.

Exploring Hakomi principles via my own personal narrative was of interest to me due in part to not being able to find many applied resources on this subject area, in addition to my belief that those in the counselling profession should engage in their own personal growth work to promote ethical practice. Illustrating Hakomi principles through my personal experience working with a Hakomi practitioner provides an applied resource for those in the counselling field, and it may serve as a catalyst for other people to engage in self-growth to maintain an ethical practice.

Project Structure

This chapter provides an overview of the project. The methodology associated with this project is outlined in Chapter 2. A review of the available literature on Hakomi principles is provided in Chapter 3, including the history and development of the Hakomi method. Chapter 4, the most intensive, discusses the principles of Hakomi therapy in an in-depth manner, utilizing a narrative approach to illustrate each principle as well as some Hakomi techniques. The final chapter summarizes the project and considers strengths and limitations. Appendix A provides a comprehensive list of available Hakomi and related resources for practitioners (i.e., key readings and web sites). A valuable resource of key terms used throughout this project is provided in Appendix B.

Chapter 2: Methods

This chapter discusses the research processes that were used to complete this project. The research reviewed is outlined as well as the search terms and databases used to collect information for this project. Research centred on Hakomi therapy in general and on principle of the Hakomi method specifically. This chapter finishes with a discussion of my ethical position on writing this project as the author.

Research Focus

Research for this project was gathered from a variety of sources including books, journals, workshops, and informal verbal communication with professionals in the field. As the author I was open to all avenues available for gathering research. Articles and books used ranged in publication year from 1978 to 2011, since Ron Kurtz, the founder of Hakomi, published articles as early as 1978. Inclusion of more recent articles and book chapters has to do with their modern nature as well as relevance. Since 2010, I have attended a number of professional development workshops on the Hakomi method with certified trainers in the field, giving me the opportunity to engage in conversations and learning. Additionally, this project has been co-supervised by an expert trainer and writer in the field of Hakomi therapy, ensuring its theoretical soundness.

Research Process

The literature review utilized the following databases: PsychInfo, PsychArticles, Academic Search Complete, Science Direct, and Medline Plus. Google Scholar was also utilized for additional research, and was the source for finding and exploring the primary journal from which the majority of the literature came: The Hakomi Forum Professional Journal (n.d.). The following search terms were used: Hakomi, Hakomi body-centred

therapy, body psychotherapy, and mind-body therapies. Combinations of these search terms were used to attempt to access literature. All articles in the Hakomi Forum Professional Journal (n.d.) were examined from 1984 to 2009. Unpublished articles and manuscripts used in the literature review were acquired directly from the author who is a co-supervisor on this project.

Ethical Stance

This project did not involve data collection or human subjects. For this reason, approval from the University of Lethbridge regarding human subjects research was not required. I adhered to the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000) at all times during the research and writing of this project. For the narrative chapter, creative freedom was expressed to some degree, but ethical standards remained in effect. Additionally, there are limitations to the narrative chapter, as it is from my perspective and I hold my therapist and our work together in high regard. These perspectives may cloud my perceptions of how I applied Hakomi in Chapter 4. However, my work was carefully reviewed by my committee and two people on my committee are well versed in Hakomi: Dr. Johanson is an expert on the Hakomi method, editor of The Hakomi Forum Professional Journal (n.d.) and a trainer for the Hakomi Institute, and Dr. Borbridge, a psychologist, is a graduate of the 3-year Hakomi training program.

I have obtained Anna Asgill Winter's permission to use her full name in this project. She granted me permission on September 14, 2011, and I will keep her written consent for seven years. She was briefed as to the risks and benefits of her name being

used in this project. Further, Anna was not involved in the construction of the narrative chapter in any way, as this would have required ethical consent.

I am aware of the pros and cons of using self-reflection in this project. As my project will be in the public domain, I have had ample discussions with my committee about the risks and benefits of this analysis being made public. I have made an informed choice to share my story to better convey the elements of Hakomi discussed in this report. My decision to make my healing journey public is in hopes that it may help healers realize the power and benefit of Hakomi more so than if they read solely an academic presentation. However, although the self-reflection model used in this project is very powerful and provides a great avenue for teaching Hakomi, there are shortcomings to this process, which will be more extensively examined in the final chapter.

Summary

This chapter outlined the research procedures used in this project. A description of search terms and databases as well as other means of gathering research was included. My ethical position and stance was also discussed. The next chapter details the strengths and limitations of this project, as well as future areas for research consideration.

Chapter 3: Overview of Core Hakomi Principles and Philosophy

There are many components to the Hakomi method, from foundational principles and techniques to various maps of personality and process. It could be written about, analyzed, and dissected in an endless manner with each page contributing to the rich philosophy and theory that makes Hakomi what it is. This literature review will not touch on and explain every aspect of the Hakomi method; it is only meant to be a slice of the very abundant pie. Instead, this chapter seeks to give the reader an idea of what Hakomi is comprised of and how it came to be what it is today.

This chapter discusses the literature on some of the fundamental pieces of Hakomi therapy (not all, as that is beyond the scope of this project). The majority of the chapter reviews each of the operating principles of Hakomi according to what literature has to say, beginning first with a discussion of the background and history of Hakomi, including its development. Key terms and phrases will appear in italics throughout and are defined in the glossary in Appendix B.

History of Hakomi

The Hakomi Institute (n.d.), located in Boulder, Colorado, was established by Ron Kurtz and a group of trainers in 1981. The Hakomi Institute has served since that time as a teaching institute for counsellor education, providing workshops and trainings around the world (Johanson & Weiss, 2011). Established training currently exists in the United States, Canada, Argentina, Japan, Korea, New Zealand, Germany, Switzerland, England, Ireland, and Australia, and a professional code of ethics has been in effect since 1993 (Hakomi Institute, 1993; Johanson & Weiss, 2011). The *Hakomi Institute Code of Professional Conduct and Ethics* (Hakomi Institute, 1993) can be found in the resource

section of the Hakomi Institute web page

(www.hakomiinstitute.com/Resources/resources.html).

Current writings about the Hakomi method describe its development as an eclectic and integrative approach, combining Western psychotherapeutic ideas with Eastern philosophy (Johanson & Weiss, 2011). Kurtz (2008) discussed the formation of Hakomi in much the same manner. Eastern philosophical influence as well as systems theory and sciences of complexity created a foundation upon which the theory and practice of body-focused therapies were applied (Kurtz, 1985a). In this integration, a kind of equilibrium was given to the directive, problem-solving focus of Western psychology (Johanson & Weiss, 2011).

The contribution of body-centred methods to Hakomi derives from early practitioners such as Reich, Rolf, Lowen, Feldenkrais, and Perls (as cited in Barstow, 1985; see also Myllerup-Brookheis, 2008). Kurtz (1987) described learning about the body in therapy as a process of moving from methods focused on physical parts and structures, to methods involving the body on an intuitive level. The work of John Pierrakos influenced the idea that body-centred therapies go beyond a person's physical parts, "which allowed him to see deeply and directly into people" (Kurtz, 1987, p. 5). Psychological theories such as psychodynamic, cognitive, humanistic, transpersonal, and psychoanalytic are all found within the model of Hakomi therapy (Johanson & Weiss, 2011). These theories are evident in such things as working with long-standing patterns of thinking and behaving, *core beliefs* and notions about oneself and the world, working with relational material, *witnessing* states of consciousness, and the embrace of human potential for growth and healing (Johanson & Weiss, 2011).

Together, Western psychology, Eastern philosophy, and systems theory create a respectful, sensitive, and compassionate mode of therapy (Kurtz, 1985a, 2008). Eastern influences such as Buddhism and Taoism are seen in the underlying principles of Hakomi (Myllerup-Brookhuis, 2008). These philosophies involve values like mindfulness, nonviolence (Kurtz, 1985a), respect, sensitivity, presence, and compassion (Kurtz, 2008). Systems theory postulates the idea of a specific flow to living organisms (Johanson, 1988), and the notion of each individual aspect of a living organism as part of a larger system (Kurtz, 1985a). All techniques and methods in Hakomi are used with the mindset of these overarching beliefs, which provide structure (Kurtz, 1985a).

The Therapeutic Relationship and the Unconscious

In the counselling profession it is commonly believed that the relationship between the therapist and client (therapeutic alliance) is causal in the change process (Startford, Lal, & Meara, 2009). Kurtz (1990) discussed the same concept in reference to Hakomi, stating, “The method is embedded within the context of the therapist–client relationship. It is this relationship that determines when methods work and when they don’t” (pp. 54–55). Attention is given in Hakomi writing and training to the therapeutic relationship and the development of therapists towards becoming full human beings (J. Hull, personal communication, December 4, 2011). This refers in part to therapist emotional maturity and level or depth of understanding, as well as qualities such as an attitude of acceptance or nonjudgment, letting go of the need to control, the ability to step back and be patient with the process (Kurtz, 1990), and being trustworthy, compassionate, present, and attentive (Kurtz, 2008). Adopting this emotional attitude on the part of the therapist contributes in large part to the establishment of successful

relationship with clients, which in turn sets the groundwork for the next critical factor in Hakomi therapy: the cooperation of the client's unconscious.

Gaining the cooperation of the client's unconscious is discussed by Kurtz (1990) as being essential to *the process* of doing therapy. For the method of Hakomi to work, the client's unconscious must be open, or else there will be resistance and the process will either move very slowly or not at all (Kurtz, 1990). Cooperation of the unconscious leads to spontaneity, interest, curiosity, feeling, discoveries, and insight; both therapist and client participate equally in the therapy process, and ultimately there is nothing in the therapist for the client to resist—reiterating the importance of the therapeutic relationship and emotional attitude of the therapist (Kurtz, 1990).

Core beliefs and the Organization of Experience

Uncovering core beliefs (bringing them to conscious awareness), is one of the Hakomi practitioner's goals (Kurtz, 2008). This happens partly through studying how people are organized: how and why people do what they do and the deeply held beliefs that influence their existence (Barstow, 1985; Kurtz, 2008). The *organization of experience* also refers to the way in which a living entity or system processes information: brings in, codes, and filters information, and then creates both the experience that the information (stimuli) induces and their response to it (Johanson, 2006b). The result of this process is longer-standing organization in the mind (Horner, as cited in Johanson, 2006b) and is referred to by Hakomi therapists as core beliefs (Johanson, 2006b).

Alternative phrases by which core beliefs are known among different therapeutic modalities include schema, self-representation, script, filter, mindset, self-narrative, and

map (Johanson, 2006b). Essentially, all these terms refer to the ideas about oneself and the world that shape personality, behaviours, thoughts, and feelings (Kurtz, 1985b). Exploring these ideas is a commonality between many forms of therapy and is not exclusive to the Hakomi method (Johanson, 2006b). What Hakomi brings to this process that differs from other methods of psychotherapy is that all work is done within the framework of the principles, discussed later in this chapter (Kurtz, 1985b).

Our experiences during our developing years leave behind emotional and mental interpretations of such events, as well as learning and behaviours; these experiences are called core organizing experiences because they impact how we exist and behave as adults (Myllerup-Brookhuis, 2008). Psychological patterns of thinking, feeling, and behaving as well as the core beliefs accompanying them result in holding patterns in the body and determine, according to the practice of Hakomi, how the body, mind, and spirit function (Myllerup-Brookhuis, 2008). Examples of core organizers include memories, images, and decisions about who we are and our place in the world (Kurtz, 1985b). Hakomi therapy helps clients explore the ways in which they are organized (how they exist in the world) and works to reorganize core beliefs (Kurtz, 1985b). These core beliefs most often serve as *barriers* to the normal process of taking in new information and updating our belief systems as needed (Barstow, 1985).

Hakomi practitioners believe core beliefs and organizing material are most commonly accessed through nonverbal indicators such as gestures, voice tone, and facial expressions, as well as thoughts, images, or memories (Myllerup-Brookhuis, 2008). When a person pays close attention to and stays with thoughts, sensations, tensions, feelings, movements, images, impulses, or memories—the experience becomes

amplified, more vivid, and deepens (Barstow, 1985). At some point in this mindful place, it is believed information will be revealed about a core belief held by the person, most often stemming from childhood (Barstow, 1985). Another way to explain this process is that when paying attention to and exploring one's inner experience, core organizing beliefs become apparent—this is in opposition to giving advice or attempting to problem-solve (Johanson, 1988). Kurtz (1985b) postulated that because all parts of a living system are connected, one experience (i.e., a gesture, expression, movement, or thought) would lead to another experience (i.e., another gesture, expression, movement, or thought), revealing a deeply held belief. In this way, core beliefs are present all the time and are connected to one another (Kurtz, 1985b).

The end result is that a person's entire mind, body, and spirit are organized in a particular way, and their unique way of existing in the world can be accessed quickly through their voice, touch, thoughts, or gestures, using any of these things as a road to the unconscious (Johanson, 2006b). The process moves from becoming mindful of some act of a person's creation (a sensation, feeling, tension, thought, memory, etc.) and deepens to the level of the creator: the core organizing or narrative beliefs that brought the beginning aspect of creation into being (G. Johanson, personal communication, October 1, 2011).

Principles

Surrounding the Hakomi method of psychotherapy are the core or operating *principles* that make it what it is. Also referred to as values or guiding qualities (Benz, 1995), Kurtz (1985a) repeatedly reminded practitioners to come back to these principles when all else has failed, when they could not remember anything else. *Mindfulness*,

organicity, unity, nonviolence, and mind-body holism are the five concepts guiding Hakomi practitioners (Kurtz, 1990). To further assist in understanding what these notions mean to the work of Hakomi therapists, Kurtz (1990) described the principles as an emotional attitude, the most important aspect of the practitioner's knowledge. Techniques and interventions are done in an environment where mindfulness, nonviolence, unity, organicity, and mind-body holism are incorporated into the basic part of one's work as a practitioner (Kurtz, 1990). The next part of this section explores each of these principles in depth.

Mindfulness. Stemming from Buddhism, the practice of mindfulness is a core principle of Hakomi therapy (Johanson, 1988; Myllerup-Brookhuis, 2008) and a premiere tool for studying the organization of experience (G. Johanson, personal communication, October 1, 2011). Being mindful is described as awareness of inner experience in the present moment with an attitude of acceptance and nonjudgment (Myllerup-Brookhuis, 2008; Seigel, 2010). Kurtz (2008) also described mindfulness as self-observation without interference—turning inward and allowing things to emerge without any action. Work between therapists and clients takes place in a state of mindfulness, used to assist clients in exploring their experience (Barstow, 1985; Johanson, 1988). Kurtz considered being in mindfulness an altered state of consciousness, similar to meditation, that presents an opportunity to access emotions and unconscious material (Johanson, 1988; Myllerup-Brookhuis, 2008). Johanson and Weiss (2011) specified that when Kurtz incorporated mindfulness into the development of Hakomi, it became the first therapeutic method to use mindfulness of the mind as a primary therapeutic tool. It is important to note here that mindfulness of the mind—concentrating on sensations, thoughts and feelings—is

different than insight meditation (vipassana), in which one is mindful of what comes into awareness but then allows what arises to pass and returns to the primary focus, such as the breath (Vipassana Dhura Meditation Society, 2009). Hakomi mindfulness does not involve trying to make something happen, such as calmness, deeper breathing, or visualization; it is about simply noticing and trusting the information (sensations, thoughts, images, emotions) that is available (C. Borbridge, personal communication, January 25, 2012).

The question arises of why Kurtz thought it was so essential to observe one's experience through mindfulness. The answer is this: Kurtz observed that when people become mindful—aware of themselves in a quiet and compassionate manner—insight into the construction of their own experience emerges (Myllerup-Brookhuis, 2008). Otherwise, in *ordinary consciousness* experience is already organized, which means it is a product of unconscious organizers that remain in implicit memory outside of awareness, and thus limit the effectiveness of verbal therapy. Being mindful purposely brings a person into a receptive place, where they are vulnerable to feeling emotions and sensations that Kurtz (2008) indicated could be difficult to get to any other way. In this place, people can study how they exist in the world, as their experiences, insights, and memories are tapped into and then observed without judgment (Kurtz, 1987, 2008). In Hakomi therapy, mindfulness is the primary tool used for gaining access to and working with the experiences and memories people unconsciously base their lives and existence around, otherwise known as organizing experiences (Myllerup-Brookhuis, 2008).

This process of Hakomi therapy begins by establishing the therapeutic relationship, which is the necessary condition for mindful exploration (Johanson &

Weiss, 2011). The practitioner then encourages the client to relax, become mindful, or turn inwards and focus on their experience, and then stay mindful by remaining present and being open to self-study (Johanson & Weiss, 2011; Kurtz, 1987). Hakomi practitioners call this *the process*, comprised in part of *accessing*, inviting a client to become mindful, and *deepening*, inviting a client to stay in mindfulness (Johanson & Weiss, 2011).

In addition to the connection to Eastern philosophy, Hakomi also has a connection to certain Western therapies such as Gestalt and Feldenkrais (Kurtz, 2008). These therapies incorporate the process of focusing on present experience, postulating that when a person does this, outside distractions fade and the mind becomes calm, increasing an individual's capacity to notice feelings and sensations (Kurtz, 2008). In mindfulness, clients are taught to track their experiences and connect with any unconscious material that may arise, such as feelings, sensations, and so forth (Kurtz, 1987; Myllerup-Brookhuis, 2008). Any interventions or experiments that a Hakomi therapist employs are conducted while a client is in a mindful state, and together they process whatever the client notices happening as a result of the experiment (Myllerup-Brookhuis, 2008).

Nonviolence. Like mindfulness, nonviolence is a concept stemming from Eastern philosophy that Hakomi has borrowed from to promote wellness and create a foundation for doing therapy (Kurtz, 2008). Nonviolence is relevant in multiple traditions such as Buddhism, Yoga, Taoism, as well as in biology and nature (Myllerup-Brookhuis, 2008). Essentially, this concept is about respecting a living entity's natural process and wisdom to know what it needs (Barstow, 1985). Therapy, using Hakomi principles, is gentle and is at the client's pace, following whatever occurs for the client;

therapists are mindfully present to assist the client in exploring anything that emerges (Barstow, 1985) in a welcoming manner (Kurtz, 1987). This nonviolence principle aligns with the system's theory belief that people, as living organisms, will naturally move towards healing and wholeness (Johanson, 1986).

Nonviolence is demonstrated in Hakomi therapy when practitioners adopt an attitude and belief system of honouring and supporting a person's experience (Johanson, 1988). Hakomi practitioners often refer to this as going in the direction of a client's experience, which means that therapists do not try to break down a person's defences, push or demand a client to do anything, or ask clients to behave a certain way (Barstow, 1985; Johanson, 1988). Instead, Hakomi practitioners support a person's defence system, which is an important aspect of Hakomi therapy in general and of nonviolence specifically (Barstow, 1985; Johanson, 1988). Support of management behaviours rather than pushing against them, honours the notion that there is a natural way life wants to unfold, and aligns the therapist with that unfolding (Myllerup-Brookhuis, 2008). In order for the human system to be open and willing to be mindful (turning inward and listening to oneself), nonviolence is essential (Myllerup-Brookhuis, 2008).

Hakomi techniques were developed with the intention of nonviolence, to enable therapy to be done in an atmosphere of safety (Barstow, 1985). All organisms have an inner threat detector, and safety is required to access any psychological material held in the unconscious (Kurtz, 2008; Myllerup-Brookhuis, 2008). Deep respect and compassion for all beings conveyed by the therapist is where the creation of safety begins, followed by allowing whatever process happens, to happen (Kurtz, 1987). These aspects demonstrate nonviolence (Kurtz, 1987), incorporating the work of Carl Rogers by staying

with people and their experience, and not taking an expert stance via giving advice (Kurtz, 1985a). Living systems not only need safety in therapy, but also the acknowledgement by therapists that they are self-directing, known as organicity (Myllerup-Brookhuis, 2008).

Organicity. This Hakomi principle explains that people, as living systems, are not single entities but are comprised of multiple parts, elements of a larger whole (Myllerup-Brookhuis, 2008), innately moving and thriving towards wholeness and healing (Johanson & Weiss, 2011). Hakomi practitioners believe people (as living systems) are self-directing, self-organizing, and communicate within themselves (Myllerup-Brookhuis, 2008), essentially in charge of their own evolution (Kurtz, 1990).

Hakomi therapists rely upon organicity in that they trust a person's system to know what it needs for healing when that system is unobstructed (Myllerup-Brookhuis, 2008). The purpose of Hakomi based therapy is to reestablish the natural rhythms of a person's system, following wherever the system leads with no hindrance from the therapist, trusting that the living system is moving toward wholeness (Myllerup-Brookhuis, 2008). Attending to organicity means paying attention to behavioural, emotional, or psychological information (Myllerup-Brookhuis, 2008). Indicators of how people are organized most frequently show up as nonverbal communication, such as gestures and facial expressions, as well as other indicators like memories, images, and affect (Myllerup-Brookhuis, 2008).

Hakomi subscription to organicity means practitioners do not impose a direction or an agenda, but instead search for a person's natural processes and follow these—such things as allowing time in therapy for them to make the next move or head in a direction

that interests them (Kurtz, 1990). The client and therapist coming together to work towards health and growth paints an appropriate picture of the notion that living systems are, by nature, interactive and participatory (Kurtz, 1990), incorporating both organicity and another idea of living systems existing not in isolation but in connection and unification with other living things. Essentially, in Hakomi, the client and the client–therapist relationship is where the locus on control lies for healing and growth within a living systems model where everything is perceived to be connected (Kurtz, 1990).

Unity. Unity is about being a part of something and having a sense of belonging and connectedness (Kurtz, 1990). Johanson (1986) suggested that unity might be the Hakomi principle that all other principles stem from. This concept holds that all things are connected, interdependent (Kurtz, as cited in Myllerup-Brookhuis, 2008), and affect one another—when a change occurs in one thing, it causes change in other things (Johanson, 1986). Unity exists in both Eastern and Western traditions, cultures, and spiritual practices (Myllerup-Brookhuis, 2008). All of these speak of unity via what has been referred to as the soul in Christian traditions, and dharma or Tao in some Eastern practices (Myllerup-Brookhuis, 2008), as well as in words such as harmony or integration (Kurtz, 1990). In Chinese philosophy, Tao refers to interconnectedness and natural unfolding of the human process, which nicely captures this principle (Myllerup-Brookhuis, 2008).

In Hakomi therapy, unity is best expressed when the therapist feels what the client is feeling, and helps to contain and manage the process through their own state of mind (Kurtz, as cited in Myllerup-Brookhuis, 2008). Unity is also expressed in working in an interdisciplinary way with all the levels of the system from the metabolic to the

intrapersonal, interpersonal, family, or group (G. Johanson, personal communication, October 1, 2011). Encouraging and bringing about communication between aspects of ourselves that are not experiencing unity is one of the goals in Hakomi practice, which is aligned with the belief that living things have an inner driving force to be unified, to unite the disconnected parts within us (Kurtz, 1990). These parts to be united include mind–mind, mind–body, and self–universe (Kurtz, 1990). The connection between the body and the mind brings us to exploration of the last principle.

Mind–body holism. Hakomi practitioners subscribe to the belief that the physical body is a reflection of the mind (Johanson, 1988). Our bodies are expressions of our mental lives and a path to the unconscious (Johanson, 1988; Kurtz, 1985a). Holism reflects unity in that it recognizes the influence each part of a living thing has on other parts—the mind influences the body and the body affects mental experience (Kurtz, 1990). The mind and body are partners, each affecting one another and having equal part in healing process (C. Borbridge, personal communication, January 25, 2012). These concepts come from early theorists and methods of working with people that made links between the body and the mind, such as Reichian therapy and Bioenergetics (Kurtz, 1985a). Hakomi practitioners are interested in the effect that deeply held beliefs, early memories, and other psychological material have on the body in terms of posture, body structure, and other aspects of physiology (Kurtz, 1990). Part of Hakomi therapy involves paying particular attention to the body and focusing on bodily experience as meaning or beliefs are sought (Kurtz, 1990). Chapter 4 will provide examples of how Hakomi practitioners might demonstrate mind-body holism and where the mind and body interact (Kurtz, 1990).

Summary

The five principles of Hakomi therapy are derived from a number of theoretical orientations and philosophical understandings. They provide a framework by which Hakomi practitioners work to uncover and resolve core beliefs and processes that cause pain. Organicity, unity, mindfulness, mind-body holism, and nonviolence create an emotional attitude adopted by Hakomi practitioners, who can then employ techniques and interventions using the spirit of the principles as a guiding force. To better understand how these principles look in action, in the next chapter I use a personal narrative to illustrate Hakomi therapy.

Chapter 4: Narrative of Hakomi Principles in Practice

This chapter will introduce readers to Hakomi in an alternative manner. Rather than present an overview of the interventions associated with the principles, I will provide a personal narrative illustrating how the principles are demonstrated and the effects of this implementation on the counselling process. To begin, this chapter will provide a context of my therapy experience by introducing my therapist and my reason for seeking Hakomi therapy. Thereafter, I will discuss each principle with reference to my own therapy experiences of it, and link to the therapeutic alliance throughout. Finally, I will reflect on the experience of writing this narrative and provide a summary of applied Hakomi principles.

Context

When I attended Hakomi workshops prior to starting therapy, something intrigued me about the method of work I saw and experienced the trainer doing. Hakomi tapped into a part of me that I could not explain or figure out and triggered a level of emotion new to me. Out of curiosity (and what I now know is a tapped inner drive towards healing) I began attending individual sessions with a highly recommended Hakomi therapist, whose name is Anna. When I first went to see her, I was unsure what to expect. I had previously tried many cognitive and behavioural methods to heal myself, but something was still missing.

The following is an experiential narrative description of the principles of Hakomi in terms of how they showed up in my therapy. Each principle will be reviewed in the order they were presented in the previous chapter. I will briefly remind the reader of the

intent of the principle, but the overall arching emphasis will be on the description of how each principle was experienced.

Mindfulness

Kurtz (2008) observed through his work that when people are in mindfulness (self-observing and aware of the present moment without judgment) they gain insight into their own experience (see also Myllerup-Brookhuis, 2008). Hakomi therapy holds mindfulness of the mind as the primary tool for accessing and working with the unconscious, that is, the experiences and memories people unconsciously base their lives around (Myllerup-Brookhuis, 2008).

For me, Hakomi mindfulness was not a simple skill. There were times when it perhaps came easier, but often it was challenging. Sitting and paying attention to a body sensation or an emotional experience was hard, as my typical way of managing had been the exact opposite: distracting or denying its existence. Anna worked within the same framework as other Hakomi practitioners, using mindfulness in various stages. This involved first establishing *contact* with me in ordinary consciousness (not in mindfulness), then inviting me to become mindful (accessing), encouraging me to maintain mindfulness (deepening), experimenting with new beliefs and the barriers to them (processing), and then moving back into ordinary consciousness (integration or completion). These stages: contact, accessing, deepening, processing, and completion, are used by Hakomi practitioners as a general format for a typical Hakomi session (J. Hull, personal communication, December 4, 2011). The relationship between Anna and me was crucial in order for her to establish contact with me in the first place and then carry on to the subsequent stages of the process. I had to know Anna empathized with

me and trust her before being willing to be contacted and go into mindfulness. This concept of the therapeutic alliance and its necessity for the counselling process is discussed in the literature over the past two decades (Horvath, 2006).

There are moments of mindfulness in my therapist's therapy room that stand out as entirely new experiences in my life. In some of those times of sitting with the experience happening in my body and emotions, I had the chance to be in a place I had rarely been before. I had never really experienced myself or paid attention to what was happening inside me. This reflects the aspects of mindfulness that encourage leaving judgments and theories behind, slowing down, and moving into a place of not knowing and acceptance. Allowing myself to be mindful meant suspending the judgmental commentary in my head, taking the locus on control away from both my ego and the ego of my therapist (as Kurtz wrote about in 1987), and following Anna's soft cues to notice anything that happened inside me.

Anna would frequently ask what was coming up for me, what I was experiencing in my body, and what was arising as I spoke to her. Asking me to focus my attention in a receptive and curious way abruptly stopped the endless stream of cognitive analysis in my head, and snapped me from intellectual never-never land into the here-and-now present moment, with her, in that room, with my body and my emotions. It is like this: I would tell Anna about an event and how I was feeling because of it. While I talked, she looked right at me, her hand under her chin and two fingers resting on her cheek. This is the familiar look I have come to know, the way she always listens to me—inquisitively, interested, with a focused expression that tells me she is hearing between the details and paying intuitive attention to how I am holding myself, what is happening around the

words. She became my guide to look at my own inner world and helped create a space where we together explored anything that spontaneously arose. Barstow (1985) wrote about this in reflecting upon Hakomi practice. In particular Barstow mentioned the creation by the therapist of an environment of curiosity, so that spontaneous material is free to come forth and be discovered. The environment and Anna's attunement to me fostered a special relationship between us, another example of the therapeutic alliance.

Anna would ask me what I noticed in my body as I spoke (an example of accessing). This invitation made me pause and stop talking long enough to notice I have a body to focus on. This practice would take me a while, to actually notice what was occurring inside me. I often experienced sensations in my chest and stomach, and so I told her that I feel something there. Anna would ask me what the quality of that sensation is: is it heavy, is it tight? These were questions directed at the right-brain—it tapped into my experience in that moment, and the answer I came up with was not really important, because the answer was not the focus. This question simply served to keep me in my own experience as long as possible, and help me move deeper into it. This was mindful deepening, in which Anna asked me to focus first on the general or surface structure (e.g., I feel mad), then moved toward the specific structure (e.g., heaviness, tightness, or whatever the sensation is), and ultimately to the deep structure of the core organizing belief that brought the anger into existence. There were no left-brained inquiries here. Anna did not want a theory about my experience—me explaining why I thought there was a sensation in my chest. If I began to go down this path (which distanced me from my immediate experience) she graciously brought me back by gently encouraging me to notice what was happening as I spoke.

I went back inside to discover the quality of the sensation in my body—I had to go inside to feel it again, and then I sometimes told her what it was like for me. Anna asked me if I could sit with it, if I could stay with it. I usually said that I could, because at first it seemed like I should be able to. I should be able to sit with a body sensation; this sounds so simple and so it should not take effort—and yet it often did. This was mindfulness. This was paying attention in a purposeful way, and it was not what I was used to. Notable here is what Kurtz (1987) said about courage on the part of the practitioner: they need courage to truly see whatever arises for a client—pain, fear, joy, love, or hate—and to do this, a practitioner first must be open to the same things in themselves. I raise this as notable because it took courage for me to agree to look inside myself, likely because I was afraid of what would arise. However, as I reflected on what it was like to go into and stay in mindfulness in my sessions with Anna, I recognized that my courage was in part facilitated by her own willingness to have first been mindful and present with me, showing me that she had done this before—been open, and had courage in that openness.

As I sat with the sensations, the heaviness or the tight pressure, things happened that I did not anticipate when I first began mindfulness practice in therapy. Emotions arose. I could start out thinking I was angry, mad, or annoyed, but when I focused in on the pressure in my chest I suddenly felt sadness or grief arising. I was surprised about this at first, and as I grew more accustomed to what mindfulness is, I became anticipatory and nervous because I know where mindfulness takes me—to my own experience void of denial or rationalizations, or projection onto someone else. Mindfulness had to be owned because it came up from inside me, and no one else.

Early on in my therapy I began to experience emotions I had rarely felt. Many instances from those early months stand out in my mind as introductions into mindfulness and the power behind it in drawing out inner experience, and how one is organized. I recall I did not want to be mindful then—I did not want to focus on the sensations. I wanted to talk, and in that talking stay mostly in my head, because that is what I knew how to do. I knew how to explain and describe from an emotionally detached place, but that is not what Anna focused on—that is not what Hakomi therapy had taught her to do.

Her words directed me inward, not outward. The words were simple, asking me to notice my breath quicken, saying out loud what I had difficulty paying attention to—my increased breathing. This is again an example of accessing. Anna invited me to become mindful by noticing my breath. I remember suddenly it was as if the world had slowed down around me. I saw and felt my breath come in, and leave. She was right—it was fast. I saw my chest rise and fall with each breath, and suddenly I also noticed my heart beating faster than usual. It scared me a little. The sensations reminded me of feeling anxious, but the sound of Anna's voice calmed me, as she reminded me she was still there.

As though she knew what was happening inside me—that I was feeling scared—she would pull her chair closer to where I sat, offering comfort by her presence, and ask what I was noticing. This helped me to stay in mindfulness, to stay with what was happening in my body, although it was not comfortable. Seconds passed, and then minutes. I remember drifting in and out of a mindful state of consciousness—I could not stay focused so intently on my body and on the sensations for more than a few seconds at a time. Anna sat patiently, not drifting away either. This is a practitioner engaging in

mindfulness as the premiere tool for helping the client study the organization of his or her experience. Anna stayed present in those moments with me. Her eyes did not shift from my face and body; her energy did not feel farther than my own. She stayed with me as I tried to stay with myself. Hakomi emphasizes empowering the client's own self-discovery (rather than the therapist simply achieving insight for its own sake), inviting a client to be curious about themselves (G. Johanson, personal communication, November 20, 2011).

The emotions, sensations, images and memories that often emerge in mindfulness, (practiced in a Hakomi way) are congruent with the notion that mindfulness accesses unconscious and emotional material (Johanson, 1988; Myllerup-Brookhuis, 2008). In session it was as if I sat and focused inward, what was already there would come forth. The emotions and self-knowledge lived inside me, I simply had to sit and give them time to show up. I often did not know at first the relevance of the images or memories that came up. Another common occurrence for me in sessions was to place judgment and nonacceptance onto my experience when I did not understand the significance of what arose, or felt ashamed of having intensity around it. Anna constantly encouraged me to leave the judgment behind, to be curious about what emerged from inside me, and suspend the thoughts that would tell me my emotions were unjustified, or the images were strange and made no sense.

At some point I followed her lead down the path of being mindful about the creations inside of me, the sensations, thoughts, memories, and feelings that come from the creative act of living, making meaning from every event and message I received. That meaning shows up now each time I am mindful and material emerges. Through

processing Anna would eventually move towards finding the creator—the core belief that brought me, the being, into creation. Mindfulness was used as a primary tool for accessing the things that needed to be processed—the beliefs (shaped by the events and messages in my life) that I used to organize how I existed in the world. My goal when I entered therapy was to have a new way of existing. Though I did not anticipate that mindfulness would bring so many things to the surface, it did. Memories, images, emotions, words, and gestures, all reflective of the organization of my experience: how I carried out relationships and pursuits, and how I interacted with people and the world around me. Hakomi did not take intense assessment, analysis, or rehashing of every possible influencing factor in my life to this point, but instead a simple observation of what was already present right in front of my therapist, with me sitting in the chair across from her.

Nonviolence

The greatest proof of nonviolence in my therapy sessions with Anna was the very fact that I continued to show up. Had forcefulness been used in any way or had there been any attempts to direct me to where she thought was best, I likely would not have returned. Nonviolence is described as the “practical recognition of organicity” (Kurtz, 1990, p. 29). Nonviolence was the meeting of my defences as they appeared and flowing with them, not against them. Going against my defences—asking or telling me to stop being stubborn or stop being closed off emotionally—would have been considered violent, and for good reasons, as it only would have served to make me feel more defensive, perhaps with added shame and frustration. The therapist as nonjudgmental is discussed as a condition for fostering a positive therapeutic alliance (Startford et al.,

2009). Anna's gentle approach was devoid of judgment or presumptions, allowing me to be open as I did not fear criticism or negative assessment.

Kurtz (1990) considered violence in therapy to be the nonacceptance of who the client is, in terms of the client's needs, pace, images and ideas, and capacities. This is talking about essentially the same constructs discussed by other schools of thought (Horvath & Bedi, as cited in Horvath, 2006), that deem important is the development of a positive therapeutic relationship. To me, nonacceptance meant being judged and shamed for the things that I was feeling and dealing with that brought me to therapy in the first place. Out in the world (like many people), I had this experience of being unaccepted. In that therapy room, things were different, and it was safe. Even in the hardest moments in which excruciating emotions and memories overtook me, I was still safe, and in Anna's eyes, I felt I was still okay, still acceptable. That came through in her actions and words, and most of all in her presence. Her presence was nonviolent, in that I, the client, could find nothing in it to resist, leaving me the freedom to look within. This sense of acceptance that I felt speaks again to the therapeutic relationship, specifically to how I, as a client, perceived our relationship to be positive. According to some, client perception of the therapeutic alliance as positive is what is most closely linked to therapy effectiveness (Mitchell, Bozart, & Krauft, as cited in Horvath, 2006).

One area in particular that paints a picture of nonviolence is the simple and soothing manner in which Anna met my attempts to manage my experience, and contact me in that experience. Management of experience is the way in which Hakomi frames resistance on the part of clients. This management behaviour is a reflection of how experience is organized, and a direct path to it. Everything that a client presents is a

potential source for self-reflection. Anna noted and encouraged self-reflection of my management (resistant) behaviours: disconnecting from my body, talking around an issue, and talking cognitively about an event while refusing to feel anything about it. For me, the encouragement to self-reflect on my management behaviours (rather than pointing out that they were not useful), felt gentle and created a safe space for me to be curious and nonjudgmental about my experience.

Something that stands out in my mind as one of the most powerful ways Anna acted nonviolently was by simply sliding her chair forward and making physical contact. She did not try to convince me to do something different than what I was doing. Her reaching out to me in a small, nonthreatening way as well as accepting the place I was in, portrayed nonviolence to me—to all states of my consciousness. There were many directions she could have taken with what I was presenting to her, but moving in the direction of my defences quieted them (Kurtz, 1988), and left room for me to go deeper into myself and experience whatever came up. This reflects the Taoist influence on Hakomi—the idea of mutual arising; for every force there are counterforces, and the Hakomi therapist opposing a defence may result in the client opposing the therapist (G. Johanson, personal communication, November 20, 2011).

Another way nonviolence showed up in my therapy sessions was in the emphasis Anna placed on being curious about my experience, rather than on analyzing things and giving me advice on what I should work on. Being curious and present with one's experience (emotions, body, cognitions, etc.) allows deeper exploration of the organization of that experience. Each time I struggled with wondering why things were a certain way for me, why I felt the way I did, or how to find my way out, Anna came back

to my experience of that frustration, steering away from wondering why I felt frustrated, and focusing on self-reflection and being present with the experience itself. We did not spend a lot of time analyzing why I had barriers and blocks, only that those things were there, and what the experience was like of being frustrated, being stuck, and whatever else came up in the process of being mindful.

At times, nonviolence meant more than Anna's actions and the way she thought about me as a living system. There were times where abiding by nonviolence meant she slowed down my rapid descent into a memory or story—helped me contain my emotions rather than allow them to spiral out of control. Nonviolence meant stopping my own violence against myself, figuratively speaking. I could push myself too far into the past, hoping that I would find some resolution by divulging all the painful details from a cognitive place. Anna could put the *brakes* on—a term referring to slowing down in therapy work, used extensively by Rothschild (2000)—by providing a nonviolent blanket, so to speak, as I metaphorically rushed out the door into the cold, without taking precautions to keep myself safe.

Organicity

The premise of this principle is the belief that living systems move towards wholeness and healing when they are unobstructed (Johnason & Weiss, 2011; Myllerup-Brookhuis, 2008). People then, as living systems, innately know which direction to move in order to heal, and practitioners follow these directions rather than have their own agenda to implement (Kurtz, 1990). Additionally, Kurtz (1990) wrote about the idea that living systems are interactive and participatory. This reflects the client–therapist relationship, which the Hakomi organicity principle states is the foundation and locus of

control for healing and growth (Kurtz, 1990). This is not unlike that of Gestalt therapy, which holds the therapeutic relationship as the medium for healing and client development of a sense of self (Hycner & Jacobs, as cited in Startford et al., 2009). It was in the relationship between Anna and me that I was given the opportunity to experiment with and experience new beliefs and new ways of interacting, and challenge the old and familiar patterns.

Finding my way first to Hakomi workshops and then to therapy was an act of organicity in and of itself. It was my system moving toward healing. That in mind, when I first learned what organicity meant, I wondered if it was true that I could find my way to healing. This was the question in my mind, and if I am honest, it is still the question I ask from time to time. The idea of being in charge of my own evolution scares me even still because it does not imply control of my destiny, as one might expect it to mean. Organicity does not mean control, but instead is a level of trust in living system's innate ability to move toward wholeness. In a way, for me, trusting my system is a giving up of control—cognitive control. Trusting my system is not anticognitive, but instead I go to therapy and am not expected to be solely cognitive, rational, and left-brained, trying to figure things out in an analytical manner while leaving out other parts of myself. Anna and I had touched on the idea more than once during our work together that insight was not enough for me to get to a place of healing and integration.

One of the most common things Anna said to me in our sessions was, “It’s okay not to know.” This referred to multiple times when I would move into right-brain (via mindfulness) and suddenly not be able to give an explanation as to why I felt a certain way, why an image or memory suddenly appeared in my head, or why I was experiencing

an intense emotion. I would say over and over again, “I don’t know,” and she would say, “It’s okay not to know.” I see this as an example of organicity because it relies on a trust that my system, my being, will know and I do not have to rely only cognitive or rational knowing. What Anna referred to when telling me it was ok that I did not know, was cognitive knowing—it was okay that I did not cognitively know. She seemed to believe that my system knew what it needed to do to move toward healing and growth. I do not think I had this same level of trust when I first began therapy. However, as time progressed, I developed a kind of quiet acceptance of my own cognitive not-knowing, which drew me closer to organicity and my belief in my living self to get where I needed to go.

Another way organicity was present in our sessions is when Anna seemed to focus on the way my system organized itself. She paid keen attention to emotional, behavioural, and psychological clues about how I existed in the world, bringing these things to my attention as they arose. One clue that came up in therapy derived from noticing the way in which I sit. During a session I experienced feelings of frustration and being stuck, not moving forward in therapy, and not knowing what to do to get past a particular area of difficulty and pain. We sat there across from one another, me frustrated and her present with me, noticing what my system showed her next. I shifted from sitting cross-legged to pulling my knees up in front of me, arms crossed over them. I felt stuck and immobilized—and my body suddenly showed it. Anna noticed it happen and we then noticed it together. In mindfulness we explored the body position. That particular session the exploration and staying with the body position did not lead to a specific outcome. However, later on it became evident that this body position was one I use to

take as child—I used to sit like this all the time. This gave good information to me, as it was a realization that this body position (as well as words and emotions of these particular sessions) were a display of the *child* state of consciousness. This was a place I needed to go in order to process and move further toward healing.

One technique that supports the organicity principle is *taking over*. Kurtz (1990) discussed taking over as a technique that follows the organicity of a client's system and in doing so, supports the therapeutic relationship and creates safety. As being mindful of body sensations often resulted in an emotional expression, it became apparent that a lot of my emotion was stored in certain areas of my body, and I was using a lot of energy to keep the emotion stored. In keeping with the organicity principle, Anna seemed or appeared to look for and followed my natural processes, such as the tendency to place my hand over the area of tightness in my body. For example, I reflected that I felt pressure and tension in my chest. Supporting this process, Anna took over the pressure and tension by placing her hand over the area and matching it in intensity as I directed her. A frequent result of this was an emotional release—a release of an emotion I may not have been able to get at before. Other examples of things Anna took over for me included thoughts or beliefs I was repeating internally to myself, gestures or body movements I made, and efforts to support or soothe myself.

Both Anna and I were mutually participatory in sessions, which made it safe for me to explore myself, enabling organicity to reveal itself. Without her equal participation in my organization and exploration, I may not have participated as fully. I saw her interest in me, and her allowing me an important place in my work in therapy—removing her own agenda much of the time and leaving space for my system to provide the

direction we went. This reflects what is written about the instrumental role of the therapeutic alliance in the client change process, described as an active relational element between therapist and client (Bordin, as cited in Startford et al., 2009).

I believe Anna gained the cooperation of my unconscious by fostering a positive therapeutic relationship between us that was special and took the highest priority. When something was off between us we attended to it, often with Anna taking the initiative to regain organicity by ensuring there was nothing between us acting as an obstruction. If I felt like I was not getting something I needed, there was permission for me to say that. Essentially, as I have heard Hakomi trainers talk about when they discuss the cooperation of the unconscious (J. Hull, personal communication, December 3, 2011), this happens when there is nothing in the therapist to resist. My system would not have opened and displayed its organizing patterns had I felt something to resist in Anna. My unconscious did not find anything to resist in her, and my experience became much more about feeling her embrace my spirit and how I had organized myself through my years of becoming an adult.

Even when mistakes were made in therapy or we became stuck, these moments in themselves were reflections of organicity. My living system moved towards a greater state of wholeness and health, finding not only nurturing in a participatory, therapeutic relationship but also imperfection and humanness that could still protect my emotional experience and inspire healing. Johanson and Weiss (2011) wrote about growth happening in therapy despite fumbling, stumbling, and ignorance on the parts of both client and therapist. This is true in my experience, because the work Anna and I did involved all that—stumbling, getting stuck, and pushing limits of what I believed I could

emotionally handle. This speaks to organicity in that growth happens all the time despite obstacles due to what has been called a “life force,” an “organic impulse,” “transformance,” and a “life-forward direction”—all referring to living things moving towards growth and, and towards wholeness (Johanson & Weiss, 2011).

Unity

Movement towards greater wholeness and unification is, for me, where all the other Hakomi principles stemmed from. The healing of splits and disconnections was the goal, met via increased communication between various parts of oneself (Kurtz, 1990). This is in line with the belief that unity is the principle from which all the others stem (Johanson, 1986). Connection and interdependence are present among all things, holding true that alterations in one aspect of a living thing affect other parts of it (Myllerup-Brookhuis, 2008). It is the connection and communication of all the parts within the whole that allows the system to be organic in terms of being self-organizing, self-directing, and self-correcting.

A disconnection between certain parts felt true for me, fueling my desire to go to therapy. An increase in unity was the goal I was after, although in the beginning of therapy I did not know this and could not name it that way. In my life I felt a sense of separation between my emotional, mental, and physical parts, explained by Hakomi theory in part as some sort of experience as missing during development (Hakomi might use language such as organized out to describe a missing experience). Increasing unity meant that the missing experiences had to be added (organized in), promoting communication between split off areas. As organization of experience refers to how a person processes information—brings it in, codes it, filters it (Johanson, 2006b)—

organizing in new information is the point of providing a missing experience. A person can then take this new information (new experience) and integrate it into their life.

My therapy promoted the organization in of new information by fostering communication and contact between my mind, body, and spirit by attending to all these elements and the role they played or how they arose in session. Anna and I worked with any material that came up from the physical, emotional, or cognitive realm and noticed how a change in one of these areas caused changes in others, never only working with one part. Therapy happened when one part of me, like my mind, had an experience of anger and was not communicating with another part of me, such as my body. A split between the two parts was occurring, and I would work, with Anna guiding me, to foster communication between those parts and work towards integration. Hakomi therapists promote unity and integration between all parts of a living system, holding to the belief that interconnectedness takes place among the aspects of oneself with an inner intelligence that living beings possess to unite themselves (Kurtz, 1990). Integration of all parts of me was the goal. Anna spoke of integration as being naturally what we as living systems wanted to do—become whole, all puzzle pieces connecting together to form the picture.

An example of integration beginning to take place was my transformation from numbed emotions to big emotions, and then from big, uncontained emotions to contained emotions that flowed and regulated with better ease. This shift from numb to experiencing feelings demonstrates integration of my emotional, cognitive, and spiritual parts, as I had only before been able to cognitively acknowledge certain things, never feeling or experiencing them. Integration happened, I think, from being mindful and

learning to acknowledge the existence of these parts of myself. Paying attention to them through mindfulness and reflecting on anything that came up promoted unity because the physical, emotional, spiritual, and mental aspects of me that began to appear were given space within the whole.

Kurtz (1990) discussed unity in its best expression as being a therapist feeling what a client is feeling, and a sense of connection between them both. Looking at my therapist and seeing that she felt what I felt was powerful. She displayed this through her words, body language, emotional expression, and presence. I felt connected and linked to her, letting go of part of my own sense of being isolated and separate from other humans. This was the beginning of unity and of feeling whole inside myself. This sense of empathy conveyed from Anna to me is another example of how the therapeutic alliance is described: as the ability of the therapist to genuinely relate to the client in a caring way (Mitchell, Bozart, & Krauft, as cited by Startford et al., 2009).

Another way that unity shows up is when the therapist helps the client be in connection with themselves and self-regulate (Kurtz, as cited in Myllerup-Brookhuis, 2008). In turn the client is in connection with the therapist, an example of dyadic regulation. Anna used her own state of mind to help me manage and regulate my emotions by breathing with me and modelling calmness. Using this stability and acceptance, Anna taught me some strategies to regulate and contain difficult emotions. In this union of both of our living systems I could feel her calmness and acceptance, and take cues to then do more specific actions to manage and contain.

This above description is not unlike a child regulating themselves with cues from their caregiver and speaks to the unification and interconnectedness of living things,

including what can happen between therapist and client. It illustrates what Lewis et al. (as cited in Myllerup-Brookhuis, 2008) termed “limbic resonance” (p. 74), the attunement of two mammals to one another’s emotional states via mutual adaptation and exchange. As well, part of the definition of the therapeutic alliance is a critical state of attunement, in which the therapist’s affective state resonates with their client’s (Schore, as cited in Startford et al., 2009). In part, I could adapt to Anna’s internal state after she first became attuned to mine, demonstrating to me that she felt what I felt. Limbic resonance and mutual attunement were apparent during sessions in other ways as well, such as mirroring one another’s physical posture or experiencing a mutual physical sensation (like coughing or vocal hoarseness).

The connections that were made between the various parts of me were in the service of unity and wholeness, as I worked toward integrating what I experienced in therapy sessions into my outside world. These connections were in large part made possible by the grace, acceptance, and presence of my therapist, which assisted her in gaining the cooperation of my unconscious. As discussed previously, a client’s unconscious self being on board and willing to emerge is essential if therapy is to be successful (Kurtz, 1990). Additionally, Anna’s attitude toward my disconnected parts fostered respect, honour, and the coming forth of my own loving presence, further serving unity and wholeness.

Mind-Body Holism

As evident from the discussion previous in this chapter on mindfulness, as well as by the inclusion of Hakomi as a body-centred therapy, there is a clear connection in Hakomi between the mind and the body. This second to last section of illustrating

Hakomi principles will dive further into this connection by addressing how Hakomi works at the mind-body interface—the place where mind and body meet (Kurtz, 1990). This section, although interdependent with mindfulness (as it is the premiere tool in Hakomi for working with clients), is distinct because it places specific emphasis on the great role of the body in holding and displaying unconscious material. It is the intention to convey to the reader the mutual importance of the roles of both the body and the mind, and demonstrate how a Hakomi practitioner worked at the mind-body interface.

I do not recall a session when we did not notice my body and what was happening for it in conjunction with my mind. There was constant interplay between body and mind—between physical and cognitive. Hakomi therapists give attention and focus to both (a) bodily experiences and the beliefs stemming from those experiences, and (b) specific beliefs and cognitions and their subsequent bodily experiences (Kurtz, 1990).

As described previously, my body was a reflection of my mind, and became a frequent object of study and self-reflection. I learned to be curious in mindfulness about what my body showed me, following Anna's lead. I started to see that my body could at times express things I could not say, and show Anna what I needed her to know. At times, I felt my left brain shut off, go blank, and render me unable to verbally express emotions or sensations. Anna would continue coming back to my body, asking me to come with her and use what my body was telling us to understand what was happening in my mind. This process repeats aspects of working in other Hakomi principles, since they are all related.

My body stored and expressed deep core beliefs, the things I held as true about myself and the world around me. Previous to this work I had only ever known these

beliefs intellectually. Focusing on a bodily sensation such as quickened breathing or tense shoulders, could lead us to finding feelings such as fear and then to connected thoughts. Other times we started with a belief or an experience and worked toward noticing the effect it had on my body—how the storage of the belief impacted my posture, stance, expressions, or sensations. The relationship between mind and body surprised me. I had not expected body and mind to be so interrelational, like watercolour paint streams running together, one colour altering the other, reflecting in the end product a new vibrancy and shade. A belief about safety was seen in my shoulders, hugging in tightly as if in self-protection. Exploration of my arms crossed over my torso found us at images of vulnerability and pain. Our work was constantly in the mind-body realm. Anna *tracked* my gestures, posture, and facial expressions, assisting me in being curious about them. Sometimes she would ask me to focus inside and be curious about what movement my body wanted to make. This demonstrates placing the locus of control on my inner sense of knowing and whatever spontaneously arises—things that are important in working at the mind-body interface (Kurtz, 1987).

A particularly powerful instance of working at the mind-body interface came through exploring what my body wanted to do when I was recalling a painful memory. I remember at first I did not know what my body wanted to do. I knew what I felt and what I thought, but I did not know what my body wanted to do or what this even meant. Anna encouraged me to be in mindfulness and follow whatever came. I sat there, sat with the feelings, and began to be curious about what my body felt and if there was a movement my body wanted to make. I worked hard to suspend judgments about looking strange or appropriate. In mindfulness a body position suddenly appeared in my mind,

something I wanted to do. I suddenly wanted to lie down. I noticed my body had sunk in the chair, slid downward, and almost felt like it was pulling toward the floor.

Anna facilitated me lying on the floor on some large cushions, with a blanket and pillows around me. As much as I tried to leave judgments behind I felt like I did not know why I wanted to do this—lie on the floors—and I felt strange doing it. I lay there, Anna sitting beside me on the floor. The memories and images from earlier in the session continued, emotions with them. Her voice was soothing, encouraging me to stay with whatever came up. Lying on the floor in this safe, protected, and restful position facilitated an emotional release and then a period of rest that my body seemed to intuitively know I needed, as I had never had the opportunity to do this in the memories I was processing. My body often felt tight, and I typically had trouble relaxing. This experience and the processing around it brought me to a place where I drew a connection between how tired I really was and how I had never really had the chance to rest or recover after some of the experiences I had endured. As a result I walked around in the world very tight, tense, and literally showing in my body my constant need to be on guard and not appear exhausted.

Hakomi practitioners are interested in all the above examples, in the impact of early beliefs on body structure and physiology (Kurtz, 1990). Other body-centred therapies have attended to this issue and shed significant light on the ways the mental and emotional issues are revealed through the body (Johanson, 2006b). Previous research in the area of body therapies has, therefore, contributed to the belief in mind-body holism and Hakomi practitioner's subsequent interest in it.

Reflections and Summary

The principles of Hakomi therapy created the foundation and framework for my therapy with Anna. The principles made room for exploration of my entire experience and fostered a special relationship between my therapist and me. Though Hakomi is one of many methods of psychotherapy, the principles seem to attract practitioners who are interested in learning more than just a linear, manualized method. My experience of the Hakomi principles embodied in therapy and in my therapist showed me, as a novice counsellor, that practitioners of the Hakomi method must have a principled presence that inspires healing, and the corresponding qualities required to support the emotional healing of another human being (Kurtz, 2008). I had this in Anna. Though our process was not perfect (there are instances of difficulty I have not discussed), coming back to the principles seemed to put us back on track and repair any ruptures.

I understand Hakomi principles as working together with the therapeutic relationship to promote a gentle and connected relationship between Anna and me. I felt like I was on the bank of a rushing river that I wanted to cross (the river a metaphor for the issues I wanted to resolve). Anna did not stand on the other side of the river, trying to convince me to cross or give advice on how to navigate the waters. She did not try to push or drag me in or force me to swim. Instead, she stood with me and carefully aligned herself with my natural process of wading through, trusting that my living system would know what I needed in order to get to the other side.

The generalized impact of this Hakomi work on my life has been profound. Learning mindfulness in the way Hakomi practices it—noticing and observing myself—has given me a much needed skill of experiencing my world without fighting against that

experience. Entering into mindfulness helped me to experience myself without fighting. I could become aware of my body through mindfulness practice, and then notice how it facilitated and held information about my experiences. For instance, after an emotional release I observed an urge to lie down, and felt great relief when I was able to, with Anna's prompting, follow that bodily urge.

This action of resting after experiencing intense emotions challenged a belief and old pattern of not giving myself permission to rest. As a result, I began to feel more inclined towards rest and self-care in my day-to-day life, outside of therapy. In the past I had attempted to convince myself that I could take time to rest, but this intellectual process did not result in the same felt experience I received in Hakomi therapy. I needed to experience what it felt like to rest, and the subsequent relief and peace that followed. It was important for me to follow a body urge, noticed in mindfulness, because doing so proved the concept of organicity to me in a way that cognitive therapy did not. It showed me experientially that my body knew what it needed for healing. The challenge of old beliefs resulted in new insights and clarity around missing experiences in my life, such as rest and self-care.

Mindfulness practice in and of itself also helped me achieve some clarity and insight around my ability to handle intense and difficult emotions. Previous to this therapy work I tried to challenge thoughts and use logic to change emotional experience. Hakomi took a different approach for me—not needing to change any of the experiences I was having, but instead accept them and observe how they appeared in my life through mindfulness. Truthfully, this rejuvenated me because my energy was no longer spent trying to change emotions or anticipate an inability to handle difficult experiences

without collapsing or numbing. Overall, Hakomi eased a certain tension in my life—a tension that came through fighting against living.

Table 1 summarizes Hakomi principles. Examples are given for each principle along with definitions. Following the summary table is the final chapter of this project, which reviews the research methods as well as the ethical process I have adhered to.

Table 1

Summary Table of the Principles with Examples

Principle	Definition/Description	Core Example of the Principle in Action	Sample Sentence Stem from A Hakomi Therapist
Mindfulness	Awareness of one's inner experience in the present moment with an attitude of acceptance and nonjudgment (Myllerup-Brookhuis, 2008; Seigel, 2010).	I noticed, with Anna's direction, tension in my chest as I was talking. I stopped talking and continued to pay attention to the sensation. It was heavy and tight.	"Just notice your breath and anything that is happening as you talk about this."

Principle	Definition/ Description	Core Example of the Principle in Action	Sample Sentence Stem from A Hakomi Therapist
Nonviolence	Stemming from Eastern philosophies such as Buddhism and Taoism, a living entity has a natural process and wisdom to know what it needs, which should be respected (Barstow, 1985; Myllerup-Brookhuis, 2008).	Anna refrained from going against my management behaviours and instead flowed with them, inviting me to notice how I felt disconnected while talking, as well as making contact with me in my disconnected state.	“What would it be like for me to just move my chair forward so you feel less alone, and we’ll be curious together about this disconnected feeling you’re having?”
Organicity	Living systems naturally move towards health and wholeness, and are made up of multiple parts within the whole (Johnason & Weiss, 2011; Myllerup-Brookhuis, 2008).	Anna employed the technique of taking over tension in my chest, following my system’s natural process. Applying pressure to the right area of my chest lead to a release of emotion and dissipation of the tension.	“What comes up as I take over this tension? A memory?”

Principle	Definition/ Description	Core Example of the Principle in Action	Sample Sentence Stem from A Hakomi Therapist
Unity	All living things are connected and interdependent (Kurtz, as cited in Myllerup-Brookhuis, 2008). Changes in one aspect of a living thing affect other parts of it (Johanson, 1986).	Dyadic emotional regulation, in which Anna breathed deeply and calmly, in turn helping me to breathe deeply and calmly. An experience of the connection between us.	“I’m here, breathing with you. Notice what happens as we breathe together.”
Mind-body Holism	The mind and body influence one another, with the body being an expression of mental life and a path to the unconscious (Johanson, 1988; Kurtz, 1985a, 1990).	Cognitions about being afraid showed up in my body as increased breathing rate and tense shoulders. In turn, a body posture such as sitting with my legs up and arms wrapped around them revealed thoughts about feeling stuck and immobilized.	“What does your body want to do as you think about that fear?”

Chapter 5: Synopsis and Future Research

This chapter discusses what this project has covered and provides a synopsis of the project as a whole. Additionally, the limitations of this project are explored with explanation of how I attempted to compensate for these. Areas for future research are presented and considered.

The intention of this project was to explore the principles of Hakomi body-centred therapy and provide an illustration of these principles in action. Interest in Hakomi has increased in the Lethbridge counselling community, prompting me to consider how understanding of this method might be increased. In providing a narrative account of my own experience of Hakomi therapy, the hope was to show its principles in an applied manner, giving life to theory.

Project Summary

Founded in the 1970s by Ron Kurtz, the Hakomi method is a mindful, experiential, body-centred, psychotherapeutic approach (Weiss, 2009). Hakomi is comprised of both Eastern philosophy and Western psychology influence, with the purpose of studying the organization of a person's experience through mindfulness (Johanson, 2006a; Kurtz, 1985b). In addition to mindfulness, the Hakomi method is grounded in four other principles: organicity, nonviolence, unity, and mind-body holism (Kurtz, 1995). These principles are used to create an environment of safety and acceptance, where unconsciously held core beliefs are made conscious (Barstow, 1985; Eisman, 2006; Kurtz, 1985b).

A number of sources were used to gather research for the literature review in this project. Five reputable databases as well as Google Scholar were searched for articles

and books on Hakomi. Additionally, unpublished literature was acquired via the author of such work, who is one of the cosupervisors for this project. Search terms centred on Hakomi, Hakomi principles, and body-centred psychotherapy. As part of the research focus, I attended a number of Hakomi professional development workshops and also had discussions with Hakomi trainers.

The principles of the Hakomi method are derived from multiple influences. Mindfulness, the notion of being aware of one's inner experience, and nonviolence, respect for a living being's natural wisdom to know what it needs, come from Eastern philosophies such as Buddhism and Taoism (Myllerup-Brookhuis, 2008). Mindfulness is the primary tool used in Hakomi for studying one's experience, as Kurtz observed that when a person becomes mindful, insight into their own experiences emerges (Myllerup-Brookhuis, 2008). Organicity and unity are concepts stemming in part from systems theory, in which each aspect of a living organism is part of a larger system, and all living things are connected (Kurtz, 1985a). These two principles direct practitioners to maintain trust in the living system of a human being to move in the direction of growth and healing, as well as work to make unification of all aspects of oneself the overarching goal of therapy (Johanson & Weiss, 2011; Kurtz, 1990). Mind-body holism comes from theories of psychology that believe there is a link between body and mind, such as Reichian therapy and bioenergetics (Kurtz, 1985a). This principle holds that our bodies are an expression of our mental life and that working at the mind-body interface will reveal beliefs expressed in gestures, body stances, postures, and other aspects of physiology (Kurtz, 1990).

In my therapy experience, the principles of Hakomi created the environment for core beliefs in my unconscious to begin to arise. Anna, the therapist working with me, facilitated this in her own embodiment of the principles. Her faith in my system's wisdom and knowledge of what it needed to heal, as well as the connection between all parts of me and between her and me, truly brought organicity and unity to life. Anna demonstrated nonviolence by being gentle and accepting of my defences and management behaviours. She made contact with me regardless of the resistant behaviour I might have been displaying and in that way flowed with me, not against me, leaving me nothing to resist in her. Mindfulness was a constant direction we took in sessions. Anna invited me to become mindful of emotions, sensations, gestures and body positions, and stay mindful of them, noticing whatever emerged. Through this accessing and deepening Anna and I were able to experiment with new beliefs and any barriers I had to these beliefs. In mindfulness, Anna often paid attention to and encouraged my focus on the connection between my mind and body, and how beliefs I had showed up in body positions, sensations, and gestures. Through paying attention to this mind-body connection much organizing material surfaced. All these principles combined with Anna's presence were the foundation of much of my healing work.

Project Considerations

The personal narrative used in this project brings an element of uniqueness to describing theoretical principles. Case study, self-reflective, and narrative approaches have been used by other authors as a method of describing and teaching theory (Deacon et al., 1999; Dougherty, 2010; Duthiers, 2005; Evans, 2008; Gold-Steinberg & Bутtenheim, 1993; Heaton & Black, 2009; Hill et al., 2008; Johanson, 2009a; Kasper et

al., 2008; Landenburger, 1989; MacDevitt, 1987; Perrault, 2008), giving this project's approach merit. The narrative design I have used to write about Hakomi principles puts them into language that non-Hakomi practitioners and students can understand and integrate into their framework of counselling with other human beings. As well, this project is written by a counsellor who entered counselling thus making it valuable and unique, as the professional literature is lacking of such contributions (C. Borbridge, personal communication, January 25, 2012).

Though this project is valuable and makes a unique contribution, it is limited in a number of ways. As the author, I have no formal training in Hakomi therapy. This lack of training limits my project in that I am unable to illustrate and describe Hakomi principles in action to the extent that a trained professional might be able to. My understanding of the theory and practice of Hakomi is not on the same level as those who have undergone formal training. To compensate for this limitation, I have a cosupervisor who is an internationally known expert and trainer in the Hakomi method, as well as a second reader who has been through a 3-year formal Hakomi training program; they have been able to assist in the explanation and fleshing out of my writing.

A second area of limitation to this project centres on the manner in which I wrote my narrative illustration of Hakomi principles. The examples I chose were based on subjective recall and have not been verified by Anna. As well, my affinity for my therapist may contribute to recall bias, causing my examples to be less accurate than those of an objective researcher. For these reasons my narrative could be seen as unreliable and vulnerable to criticism regarding its validity. Additionally, my interpretation of Anna's actions in therapy may not be representative of her intent. Along

this same line, Anna's performance as a therapist is based on her interpretation of the Hakomi method, which may not be representative of how Hakomi is practiced by others. I took precautions not to speak for her in the writing of this project; however, my description of therapy sessions paints a picture of Anna as a therapist, and so should be read with these limitations in mind.

Finally, the Hakomi method has had little empirical validation (Koemeda-Lutz et al., 2008). Research has not yet verified or disconfirmed the efficacy of using Hakomi principles to ground therapeutic practice. This lack of empirical studies leaves room for criticism regarding whether Hakomi principles and techniques were actually responsible for positive changes in therapy. Hakomi itself may not be responsible for the changes I personally underwent, with credit instead being due to a strong therapeutic alliance and common factors across therapies. However, there are now over 2,500 studies confirming the effectiveness of mindfulness in various clinical situations, as well as research on the value of experiential therapy and other aspects of therapy incorporated in Hakomi therapy.

Future Research

One of the limitations discussed in this project is the lack of empirically validated studies of the Hakomi method. This is an area for future consideration. Possible research questions might centre on how efficacious Hakomi therapy is as compared with other methods of counselling practice. Although Hakomi principles have been written about in regards to various psychological conditions such as eating disorders (Moyer, 1986), personality disorders (Baird, 2008), psychosis (Whitehead, 1992), trauma (Fluhart-Negrete, 2007), and adolescent disturbance (Taylor, 1985), examination of the literature

did not reveal any efficacy studies. Hakomi does not appear to have been researched in regards to its efficacy with any particular diagnosis or psychological ailment. In examining efficacy, comparisons of Hakomi across various treatment groups may reveal specific conditions that respond well to this form of therapy. This information would be useful in Hakomi gaining ground as an established body-centred therapeutic method on par with other more mainstream therapies, as body therapy in general has yet to catch up to mainstream treatment approaches (Rohricht, 2009).

Research designs similar to the narrative format of this project could be used in further Hakomi inquiry. Video analysis may be helpful in the change process occurring in Hakomi-centred therapy, in order to determine what contributes to change. This stems from the notion discussed earlier regarding whether it is Hakomi principles that foster change, or simply a strong therapeutic alliance. Video analysis would also lend itself well to analysis by multiple researchers, providing more reliable and valid results and reducing the type of subjective interpretation and author bias mentioned regarding this project's limitations. Ron Kurtz alone left over 400 video tapes of therapy sessions currently being archived to be made available to the public (G. Johanson, personal communication, December 5, 2011).

Rohricht (2009) touched upon some areas of future consideration in body-centred psychotherapy research. One of these is the dynamics of touch in body therapy (Smith, Clance, & Imes, as cited in Rohricht, 2009). This may be of particular interest for Hakomi therapy, as it uses specific interventions involving the use of touch. Research could examine how touch is used in Hakomi therapy as compared with other forms of body-centred therapy, and whether touch assists in the counselling process. Qualitative

studies could look at client perspectives on therapist touch, what the process of being touching and being touched looks like, as well as whether clients find taking over to be an effective touch-related intervention.

Turning to the subject of practitioners of the Hakomi method, future research might examine the therapists who are attracted to this form of therapy. It would be useful to know what type of professionals find Hakomi useful and whether practitioners had prior counselling background and training in more mainstream methods when obtaining their Hakomi training. If practitioners find the Hakomi method of psychotherapy more useful as an adjunct to mainstream counselling approaches as opposed to a core counselling approach, this could inform training and practice. Research questions like these may point towards specific counselling methods that compliment Hakomi therapy and those that are not as compatible. Additionally, obtaining mainstream counselling education might be either a help or a hindrance to those learning the principles and practice of Hakomi. Examining current practitioners could point to these answers.

Closing Remarks

The principles of Hakomi therapy have had a great impact on my healing and growth in personal therapy, and subsequently on my development as a counsellor. In writing this project and disclosing some of my own experiences in therapy I hope to contribute to awareness and education of the Hakomi method. Through doing this work I have learned that putting the therapeutic process into words is a difficult task. Many times I struggled to convey what I have experienced and the profoundness of Hakomi body-centred therapy, realizing in the end that this project is only once small piece of a bigger experience, one that must be lived to be fully understood.

Perhaps the biggest piece of learning I have achieved is that Hakomi therapy is comprised of many great theoretical and philosophical ideas about healing and growth already present in the work of many helpers I see working around me, schooled in different modalities of healing. In reading the work of Hakomi practitioners I see between their lines of writing a common element of loving kindness and presence, that I hope came through in my narrative examples of my own therapist. It was a risk to be honest about my therapy experience; however, it is a journey of discovering that lives Hakomi.

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Appendix A: Hakomi Resource

Hakomi Institute International Website <http://www.hakomiinstitute.com/>

This website provides a variety of information pertaining to the Hakomi method of psychotherapy. The website focuses mainly on Hakomi training opportunities and educational resources. General information about the Hakomi method and the founding of the Hakomi Institute is given under the links *About the Hakomi Institute*, *Ron Kurtz*, and, *Home*. Descriptions of training sessions are introduced under the link *About the Hakomi Institute*, and are explained in more detail under the link *Workshops/Trainings*. This section gives extensive information about training opportunities around the world and regulatory bodies in the United States that provide continuing education credit for Hakomi training. As well, the link *Graduate/Ph.D. Credit* provides information about American postsecondary institutions that will give credit for Hakomi training.

This website provides a link to *The Hakomi Forum*, which is the professional journal of the Hakomi Institute. Information for people associated with the Hakomi Institute and/or are certified to practice Hakomi therapy is given under *Faculty* and *Directory of Practitioners* regarding. The directory provides contact information for practitioners in the United States, Canada, Peru, Australia, Japan, New Zealand, Thailand, England, Ireland, Germany, and Israel. The section on Hakomi faculty is in much the same format and gives descriptions of the core faculty and available Hakomi trainers around the world.

Finally, there are sections entitled *Resources* and *Links* that lead to additional resources pertaining to the Hakomi method. Contact information for the Hakomi Institute is also provided.

Ron Kurtz Hakomi Educational Materials <http://hakomi.com/>

This website's purpose is to make the teachings of Ron Kurtz, founder of the Hakomi method, available for anyone to access. It is managed and kept up by Terry Toth. The site has Kurtz's videos and writing available for purchase as well as a few free resources. Videos available for purchase are entitled *Annotations*, and are session clips showing various Hakomi techniques and applied theory.

Ron Kurtz's biography, a history of the Hakomi method, and a description of Hakomi are all available to read on this website. When browsing the site, there is an interview with Ron Kurtz that can be viewed as well.

United States Association for Body Psychotherapy <http://www.usabp.org/index.cfm>

This website gives information about body psychotherapy, of which Hakomi is included. The section link *About Body Psychotherapy*, is a good place to start for those new to the subject, as it has a number of sub-sections that describe body therapy, practitioners of body psychotherapy and what they do, the history of body psychotherapy, and the research aims of this association. A link is included that provides background and a description of what this association is about, stands for, and how they operate. It is entitled *About USABP*, and includes links to the mission statement and goals, ethical guidelines, official academic journal, and awards and news events.

A number of links take you to information about finding a body therapist, and becoming a body therapist. The link *Find a Body Psychotherapist* gives new comers information about what to expect from body therapy and will help you locate someone in your area. *Becoming a Body Psychotherapist* gives multiple educational institution options and training options for programs in body psychotherapy.

The link *USABP Journal* brings you to some brief information about the new peer reviewed academic journal, beginning publication in 2012. This journal is a combination both this association and the European sister association. This new journal is a continuation of an older version, of which there are abstracts available to read. Additionally, in this section you can find a brief online continuing education option.

There are a few final links to additional information about the association, including its leaders, conferences, and information for becoming a member.

Sensorimotor Psychotherapy Institute
<http://www.sensorimotorpsychotherapy.org/home/index.html>

Developed by Pat Ogden, a founding trainer of the Hakomi Institute, Sensorimotor Psychotherapy branched off of the Hakomi Institute in the 1980s as it applied Hakomi mindfulness to bottom-up processing, especially necessary in working with trauma issues. This website provides information on sensorimotor therapy, including training, education, and a general description of the therapy. The link *About Sensorimotor Psychotherapy Institute* gives the history and development of this association. The main text associated with sensorimotor psychotherapy is displayed under the link *Home*. Details and reviews of the book are discussed in this section. As well, this area of the webpage provides links to trainings and conferences. The links *Professional Training for Psychotherapists* or *Professional Training for Body Therapists* describe training this institute offers. Either of the two links for trainings gives detailed information as to when and where one can do this work. There are links for continuing education options and to the Santa Barbara Graduate Institute, which has graduate education options in this area.

The website has a therapist finder for those looking to see a therapist trained in this method. The finder has information for world-wide locations and provides information about the specific training of each of referral. Links are provided to information about faculty members and the board of advisors. A section is also available on additional resources.

The Hakomi Forum

<http://www.hakomiinstitute.com/Forum/TOC.htm>

Edited by Dr. Greg Johanson, The *Hakomi Forum* is the professional journal of the Hakomi Institute. Published since 1984, this journal publishes writing on Hakomi therapy, including its uses and applications, as well as cognate articles that are compatible with Hakomi principles. Currently, issues from 1984 to 2009 are free online, and the 2011 issue is available for purchase. There are a variety of paper topics published in this journal, including but not limited to: couples therapy, family systems, basic Hakomi theory and foundations, psychodrama, biofeedback, adolescents, spirituality, eating disorders, cancer, the elderly, depression, yoga, supervision and training, trauma, touch, transference and countertransference, inmates, ethics, dissociative identity disorder, neuroscience, mindfulness, Buddhism, Taoism, systems theory, transpersonal psychology, and other body therapies. Most papers are available in Microsoft Word or pdf document formats.

Hakomi Institute Code of Professional Conduct and Ethics

<http://www.hakomiinstitute.com/Resources/Ethics.pdf>

This code of conduct and ethics applies to all who hold membership in the Hakomi Therapists Association, are certified as Hakomi therapists, or are teachers, students, trainers or organizers of the Hakomi method under the auspices of the Hakomi Institute. This code applies to all work activities, including individual or group therapy, teaching, training, assisting, scheduling, consulting, and organizing.

This document begins by explaining all the above mentioned applicable instances, as well as its relationship with the law. The preamble describes the foundation of the Hakomi method and the code of ethics in Hakomi principles. The intention and goals of the code of conduct and ethics is given. A statement requiring commitment to this code by Hakomi therapists is outlined.

This code describes duties and obligations to: clients, preservation of confidentiality, the profession, and to colleagues. Each one of these has specific points and criteria that are explained in detail. Such topics are covered as dual or multiple relationships, sexual contact, informed consent, touch, competence, supervision, termination, legal, confidentiality, and documentation.

Somatic Psychotherapy Today
<http://www.usabp.org/displaycommon.cfm?an=1&subarticlenbr=199>

Somatic Psychotherapy Today is the magazine of the United States Association for Body Psychotherapy (USABP). It is a recently launched magazine available free online. The magazine publishes articles primarily about body psychotherapy, specifically pertaining to clinical practice, research, resources, policy, and professional activities. It caters to students, teachers, trainers, researchers, and laypeople.

Some of the topics in the first two published issues include: spirituality, the self, and the soul, somatic psychology, energy psychology, self-care, education in body psychology, psychopathology, research and diagnoses, trauma, and military psychology.

Body-Centered Counseling and Psychotherapy
Book Chapter, authored by Donna Roy

This chapter, found in Capuzzi and Gross's book titled *Counseling and Psychotherapy*, provides a comprehensive and detailed review of body-focused therapies with a special focus on the Hakomi method. Roy described body therapy in general and reviews different types. She also described therapies that have evolved out of Hakomi.

The Hakomi portion of this chapter is very thorough, beginning with the history and development of the Hakomi method. A real asset of this chapter is Roy's discussion of human nature and development. Roy linked Hakomi fundamentals to human suffering, developmental issues, and made reference to other theorists in these areas that Hakomi draws from.

Roy then described the main ideas of the Hakomi method, including the principles, the organization of experience, and the healing relationship. There are sections in this chapter related to the counselling process and goals of therapy, how change happens, all of the interventions and processes Hakomi practitioners utilize, and the role of the practitioner in the therapy process. Roy included information on mental pathology and cultural considerations.

A description is given of how Hakomi has contributed to the field and all the research that validates and backs-up this form of therapy. Finally, limitations of Hakomi are discussed. A summary of the entire chapter wraps it up, making a very valuable chapter and resource for practitioners and students in the field.

Reference: Roy, D. (2006). Body-centered counseling and psychotherapy. In D. Capuzzi & D. R. Gross (Eds.), *Counseling and psychotherapy: Theories and interventions* (pp. 359-389). Upper Saddle River, NJ: Prentice Hall.

Body-Centered Psychotherapy: The Hakomi Method
Main Hakomi text, authored by Ron Kurtz

This book is considered the primary Hakomi text, published by Kurtz in 1990. Kurtz's book covered all aspects of the Hakomi method. Much of the book was originally authored as separate papers in earlier years. Many of these papers are published in the *Hakomi Forum*. Kurtz divided this book into three sections: context, process, and method. Section one (context) discusses and describes the foundational aspects of the Hakomi method: the organization of experience, Hakomi principles, the healing relationship, and aspects of development and personality that Hakomi refers to as *character strategy*.

In section two (process) Kurtz taught and talked about what is involved in doing Hakomi therapy at a basic level. Kurtz described the sequence that practitioners follow, how the principles are used as the foundation for this work, and the ways in which Hakomi therapists behave and interact with those they work with (i.e., clients). Some of these include: making contact, using mindfulness to access core material, tracking a client, giving probes or nourishing statements, using interventions called experiments, processing what comes up, how to work with intense emotions that prohibit mindfulness, various states of consciousness that may emerge, and how to complete or integrate the work that has been done with a client.

In section three (method) Kurtz provided a guiding map that Hakomi uses to guide the work: the sensitivity cycle. Kurtz discussed the stages of this cycle and the barriers to each aspect that prevent people from moving through the cycle. This section describes how to work with each barrier and how character strategies come into play. Kurtz also described how to move out of getting stuck with a client in their way of managing the dealing with the world.

This book is read by Hakomi students in training as the primary text, and is a useful resource for understanding Hakomi and learning more about what is involved with it.

Reference: Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi method*. Mendocino, CA: Life Rhythm.

Grace Unfolding: Psychotherapy in the Spirit of the Tao-te ching
Book, authored by Greg Johanson and Ron Kurtz

Hakomi principles are in part derived from Eastern philosophy, Taoism being one primary area. This book is meant to relate modern psychotherapy practice to the principles of the Tao-Te Ching—the writings of Lao Tzu. This book follows the traditionally set out chapters of the Tao-Te Ching, and thus is not written in a linear fashion as many other Western books are. Each chapter of this book can be read separately, and the authors suggest reading it in a meditative manner. Concepts and Hakomi principles such as nonviolence and mindfulness are evident and discussed in the introduction to this book as well as woven throughout. This work takes the perspective of

the client, though it is relevant to all who are involved in helping of some sort. It was published in 1991 and makes a great contribution to understanding the spiritual aspects of the Hakomi method. While Kurtz' *Body-Centered Psychotherapy* offered the nuts and bolts of Hakomi methods and techniques, *Grace Unfolding* provides a nontechnical presentation of the style and feel of Hakomi therapy with numerous clinical examples.

Reference: Johanson, G., & Kurtz, R. (1991). *Grace unfolding: Psychotherapy in the spirit of the Tao-Te Ching*. New York, NY: Bell Tower.

**Experiential Psychotherapy with Couples: A Guide for the Creative Pragmatist
Book, authored by Rob Fisher**

This three-part text was written specifically for couples therapy work, using the principles and many of the techniques of the Hakomi method. Fisher's book is perhaps the most skill-centred Hakomi text.

Part one of Fisher's book begins by giving an overview of Hakomi principles in relation to couples work and relationships. Fisher reviewed some basic therapy concepts such as safety, goals of therapy, role of the therapist, and nature of relationship problems. Then concepts from Hakomi therapy such as establishing contact and tracking the client are discussed in relation to couples work. Fisher provided many practical examples and opportunities to try what is being taught.

In the next few chapters, Fisher taught (using a couple as an example) how to evoke mindfulness and follow the method that Hakomi practitioners use. Fisher provided examples of accessing, deepening, relational patterns, and character that will emerge and how to note these things. Following these sections are chapters on a Hakomi interventions called experiments. There is a lot written here about how to use things like touch and the voice within experiments, as well as experiential experiments to try.

Specific chapters on emotions, meaning, resistance, and regressed states of consciousness are included in this text. Fisher includes vignettes, practice examples, conversation samples, and practical suggestions throughout. They are all linked to Hakomi theory, which is nicely woven in throughout. Two chapters on integration and transformation provide some useful information on how to help couples move from the therapy session back into their day-to-day lives.

Part two of this book contains chapters all dedicated to working with character strategies. The chapters give theory on character, and then teach how the different character strategies show up between couples and interventions to work with each strategy in couple therapy.

Part three of the text integrates this method of couple therapy with other methods such as psychoanalytic, Bowen, systems, narrative, strategic, cognitive behavioural, and behavioural therapy.

Reference: Fisher, R. (2002). *Experiential Psychotherapy with Couples: A Guide for the Creative Pragmatist*. Phoenix, AZ: Zeig, Tucker & Theisen.

**Hakomi Therapy with Seriously Emotionally Disturbed Adolescents
Book chapter, authored by Greg Johanson and Carol Taylor**

Although the clinical thread of this piece is emotionally disturbed adolescents that every reader might not deal with, it is the best book chapter length overview of Hakomi therapy in the mainline psychological literature outside of the *Hakomi Forum*.

Reference: Johanson, G., & Taylor, C. R. (1988). Hakomi therapy with seriously emotionally disturbed adolescents. In C. E. Schaefer (Ed.), *Innovative interventions in child and adolescent therapy* (pp. 232–265). New York, NY: John Wiley & Sons.

**Psychotherapy, Science & Spirit: Nonlinear Systems, Hakomi Therapy,
and the Tao.
Article, authored by Greg Johanson**

This article is the most extensive explication of Hakomi therapy principles in relation to their basis in the sciences of complexity in a peer-reviewed journal outside the *Hakomi Forum*.

Reference: Johanson, G. (2009). Psychotherapy, science and spirit: Nonlinear systems, Hakomi therapy, and the Tao. *The Journal of Spirituality in Mental Health*, 11, 172–212.

Appendix B: Glossary of Hakomi Therapy Terms

Note: Terms are from *Glossary of Hakomi Therapy Terms* by C. Barstow & G. Johanson, 2006. Retrieved from http://www.hakomiinstitute.com/Forum/Issue16-17/c_Glossary.pdf. Copyright 2006 by the Hakomi Institute. Reprinted with permission.

ACCESSING: The process of turning a person's awareness inward toward present experience in a mindful or witnessing state of consciousness.

BARRIERS: Beliefs which block the normal organic process of attaining sensitivity and satisfaction. *Insight* barriers block *clarity* about what is needed. *Response* barriers block *effective* action to attain what is needed. *Nourishment* barriers block the experience of *satisfaction* when something is attained. *Completion* barriers block the *relaxation* which functions to savor the need attained, release tensions, and to give further clarity about what other need the organism is now ready to reorient around.

CHARACTER STRATEGY: The patterns, habits, approaches to the world a person has developed to achieve pleasure and satisfaction, given the nature of their particular core organizing beliefs about the world.

THE CHILD: A state of consciousness in which a person is aware of their current adult status and at the same time is experiencing the memories, feelings, thought modes, and speech patterns of childhood.

CONTACT: The first stage of the general therapeutic process in which the therapist is in touch with the immediate experience of the client and able to communicate it to the client in a way they affirm. T: "A little sad, huh?" C: "Yah."

CORE BELIEFS: The level of consciousness, normally influenced by early childhood beliefs and decisions, that organizes and mobilizes experience and response *before* experience and response happen; the program that is running the computer: the level of creative imagination or filtering that makes reality available to consciousness.

DEEPENING: The process of helping a person stay with present experience in a mindful or witnessing state of consciousness long enough for it to lead to information about core organizing beliefs; how reality is being structured or limited.

THE METHOD: Refers to Hakomi Therapy as a specific form of psychotherapy with accompanying notions about character, therapeutic approaches, techniques, etc.

MIND-BODY HOLISM: One of the Principles which maintains that mind and body interact and influence each other. Beliefs originating in the cortex influence posture, body structure, gesture, facial expression, emotions, etc. through the voluntary musculature, hormone system, etc. Feedback from chronic bodily mobilizations confirm and reinforce belief systems. Hakomi Therapy constantly explores the mind-body interface.

MINDFULNESS: A witnessing state of consciousness characterized by awareness turned inward toward live present experience with an exploratory, open focus that allows one to

observe the reality of inner processes without being automatically mobilized by them. Also, a principle of the work that maintains the value of being able to step out of the habits and routines that normally control consciousness and observe the reality and organization of experience without being caught up in it, so that choices and change become possibilities.

NONVIOLENCE: One of the principles of the work that respects the wisdom of living organic systems to know what is needful for themselves. A way of working that favors going with the flow, accepting what is, paying attention to the way things “want” to go, supporting rather than confronting defenses, and providing a safe setting in which clients will feel free to explore what is most urgent from their own perspective.

ORDINARY CONSCIOUSNESS: Normal, everyday, outwardly oriented, goal directed, narrowly focused awareness ruled by habits and routines in space and time.

ORGANICITY: One of the principles: the perception that organic systems have a “mind” of their own and have the capacity to be self-directing and self-correcting when all the parts are communicating within the whole. Hakomi Therapy assumes and nurtures these capacities as central to the healing process.

ORGANIZATION OF EXPERIENCE: The creative way in which the mind or imagination filters, structures, or transforms the givens of reality to control conscious and unconscious experience and expression in the individual.

THE PRINCIPLES: The basic, foundational assumptions of Hakomi Therapy concerning living systems in general and therapy in particular, taken from contemporary philosophy of science and ancient religious traditions. They are mindfulness, non-violence, organicity, mind-body holism, and unity.

PROBE: A Hakomi technique in which a verbal and/or non-verbal experiment is undertaken with the client invited to witness in mindfulness whatever spontaneous responses they become aware of. The usual form for a probe is, “What do you experience when I say...” or “What do you become aware of when I do...”

THE PROCESS: Refers to the general stages Hakomi Therapy sessions normally progress through: making contact, accessing, processing, transforming around new beliefs, integrating, and completing.

TAKING OVER: A Hakomi technique in which the therapist takes over or does something as precisely as possible (that the client is already doing for themselves). Taking over can be physical (taking over the holding in of shoulders), verbal (taking over a voice a client hears inside themselves, “Don’t let others get close”), active (taking over the holding back of an angry punch), or passive (taking over a reaching movement with the arms). The technique is normally an experiment done while inviting mindfulness in the client except during riding the rapids when it is simply used to support spontaneous behaviour.

TRACKING: The therapist paying close attention to spontaneous or habitual physical

signs and changes that may reflect present feeling or meaning in the client at each stage of the process.

UNITY: The most inclusive of all the principles that maintains everything exists within a complex web of interdependent relationships with everything else and that there is a force in life often called “negentropy” which strives to bring about greater wholeness and harmony from component parts and disorganization.

THE WITNESS: That part of mindful consciousness that can simply stand back and observe inner experience without being caught up in it.