



CHAPTER 4

The Central Role of the Body in Hakomi Psychotherapy

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Andrew sits back in the chair, his legs crossed, his arms behind his head. He oozes confidence. “I know I deserve the promotion,” he says, “and I just can’t understand why I haven’t asked for it.” His brow crinkles as he tries to work it out. I suggest that Andrew imagine asking for his promotion, and turn his attention mindfully to his inner responses as he does so. He takes a few moments, and then reports a tight, heavy sensation in his solar plexus. I say to him, “You deserve the promotion.” Andrew notices the sensation intensifying. He stays with the experience in his body, and fierce words come to him: “No you don’t! You are not worthy!” Tears sting at his eyes and he feels small and shamed. Focusing his attention on his body sensation has rapidly taken Andrew to a deeper awareness of parts of himself that hours of thinking and talking did not.

WE HAVE BECOME accustomed to dissociation from the body (Leder, 1990). Damasio calls it “the abyssal separation between body and mind” (1994, p. 249). This split was articulated clearly by the French philosopher René Descartes in 1637, and has since profoundly influenced Western thought, including Christian doctrine, psychoanalysis, science, and medicine. Cognitive functioning has been accorded a status separate from other dimensions of our being—those very dimensions that give our lives significance, pleasure,

and passion. The pulse, movement, and wildness tend to be stiffly constrained, and our bodies become foreign, even an embarrassment, a nuisance—alien objects to be tolerated at best, or abused and controlled at worst. This is like the Freudian concept of the rational ego trying to dominate the unruly id. So much in modern life supports this separation from embodiment—frantic busyness, the television and computer, emphasis on appearance, efficiency, and the intellect. Discomfort and dis-ease bring people to consult a therapist.

Hakomi is a body-inclusive therapy, giving a central place to somatic experience (Kurtz, 1990a, 2004; Kurtz & Minton, 1997). This position has been supported by clinical observations during therapy sessions, and is grounded in a lineage dating back to Reich, and influenced by Feldenkrais, Lowen (1958), Pierrakos (1990), and others (Boadella, 1987; Crisp, 1987; Greenberg & Rhonda, 1988). The role of the body in self-awareness, relationship, life satisfaction, and therapeutic change is now supported by a growing body of writing and research in neuroscience and attachment (Caldwell, 2011; Cozolino, 2006; Lewis et al., 2000; Porges, 2006; Rossi, 1986; Schore, 2003; Siegel, 1999, 2003). Trauma therapists affirm the importance of body experience in trauma recovery (Ogden, 1997; Rothschild, 2000; Scaer, 2001; Siegel, 1999, 2003; van der Kolk, 1994), and this perspective continues to scientifically inform and enrich Hakomi practice.

Staying in Contact With the Body Is Staying in Contact With a Deeper Knowing

It is not uncommon for people to believe that rationality and deciding what we want in any given moment are functions emanating from the head. However, our experience is located in the body, of which the head is only a part. As Kurtz says, “your mind is hooked up to your physiology” (2004, p. 78). Damasio describes how we use body sensations to assist us in decision making. In fact, he argues, reasoning and efficient decision making would otherwise be well-nigh impossible. Sensations generated by the emotional brain, based on prior experiences, give us immediate messages about the significance of options we are considering for the future. Damasio calls these sensations “somatic markers” (1994, p. 174). For example, when thinking of going to a social event, you might perceive a sinking in the stomach. It doesn’t feel right to accept the invitation, so you decline. It saves hours of weighing the pros and cons. The negative somatic marker has acted like an alarm bell, giving a warning. On another occasion, you think of going out with a friend and you feel a warm expansive feeling in the chest. After some thinking about practicalities, you decide to go. You have experienced a positive somatic marker, which acts as an incentive. Frequently, somatic markers influence our decisions, even when we are unconscious of their operation (Damasio, 1994).

The Body as a Royal Road to the Core Unconscious

To understand the role of somatic markers and the body in therapy, we need to know about memory. “The body is alive with meaning and memory” (Kurtz, 2004, p. 78).

Important remembered experiences are embedded in emotion, and emotion arises in the body. Damasio differentiates between emotion as bodily response, and feeling as conscious perception of the emotion: “Emotions play out in the theatre of the body. Feelings play out in the theatre of the mind” (2003, p. 28). A person can have a disconnection between the conscious experience of feeling and emotion. This can occur after head injury and in avoidant attachment experiences such as occur in sensitive/withdrawn, tough/generous, and charming/sexuctive character styles (see Chapter 8). Due to this disconnection, conscious memory of important events may be sparse, and it is possible these events have not been encoded into autobiographical memory (for a good discussion on this topic, see Siegel, 1999, p. 94; Caldwell, 2011). Clinical experience and some research suggest that unrecognized emotions are still occurring on a bodily level and can be accessed somatically (Lambert & Kinsley, 2005).

In Hakomi, the focus is on assisting the person to self-study and explore his own truth at all levels of organization. A person like Andrew, described earlier, can gain an understanding of himself that is not just conscious, intellectual knowledge, but is an awareness of the deeper, unconscious aspects of self. This includes core material, which is composed of beliefs, nervous system patterning, sensations, memories, images, emotions, and attitudes about the self and the world. Core material shapes our patterns of behavior, our bodily structure, and our experiences—and is mainly unconscious. In fact, it may be in complete contradiction to our conscious beliefs and aspirations, but tends to “run the show” (Blakeslee & Blakeslee, 2007).

Core material not only is about memory, behavior patterns, and beliefs, but also influences the ongoing experience and expression of self. Damasio says, “At each moment the state of self is constructed from the ground up” (1994, p. 240). Daniel Stern (1985) describes the core self, the foundation of which is formed in the first two years, as essentially somatic in nature. Kurtz comments, “[The] job of observing bodily expressions and inferring core beliefs from them is one of the more important tasks of the body psychotherapist” (2004, p. 62). He also says, “understanding the expressions of self through the body is one basic component of body psychotherapy” (Kurtz & Minton, 1997, p. 54).

The Body May Remember What the Mind Cannot

During infancy, and under conditions of threat, we may not make conscious memory, but experiences at these times can continue to influence us long after. The body and associated emotional circuits are imprinted. Implicit, intuitive knowledge is memory that is encoded functionally in the nerve circuits, and structurally in the brain and body. Implicit memory does not require attention for encoding and is not experienced as a remembering. Our unconscious can process information very rapidly, below the threshold of awareness, and this information is held in implicit memory. (For a discussion on rapid unconscious acquiring and utilizing of intuitive knowledge, read Malcolm Gladwell’s [2005] book, *Blink*.) The infant can make implicit procedural and emotional memories from birth. She can also start forming memories for features of things and snapshot images. The right hemisphere and amygdala, the brain areas most connected to implicit memory and the body, are “online” at birth. However, the hippocampus, which is necessary for encoding the sequence

and context of explicit memory, is not developed until about three years of age, hence the commonly observed infantile amnesia. The left hemisphere, necessary for verbal encoding and developing conscious narratives, is not functioning until around the same time (Badenoch, 2008).

In traumatic and very stressful situations, the amygdala increases its function and the hippocampus shuts down. The hippocampus is particularly sensitive to cortisol, secreted during stress, which causes damage to the neurons there. For a child enduring ongoing high stress, even one old enough to form narrative memories, this function could be suppressed. If explicit memory is not encoded in the first place, then it can never be retrieved. Many clients may never remember, in a conscious, narrative way, some of the traumatic events of childhood. As discussed above, some people also have difficulty being mindful or sensing the body. Effects on brain development for a neglected and traumatized child, such as fewer fibers connecting the corpus callosum and smaller frontal lobes, can make body awareness problematic later in life (Teicher, 2002). The therapist may need to work for some time with a client to allow for sufficient repair to occur before accessing core material is feasible (Schoore, 2003).

The Body Places Us in the Here and Now Where Change Happens

When the client focuses on the body in the present moment, unconscious material can surface into awareness. Implicit memory doesn't feel like memory—it is perceived in the present. Unconscious memory related to core material seems to come in packages, similar to the complexes described by Carl Jung and the COEX systems detailed by Stanislav Grof (1975). There will be images, memories, phrases, affect, behavior, impulses, and states of consciousness, all related to a theme. Each is tied in with particular somatic markers. As Kurtz says, "Finding the meanings [bodily sensations] embody is an important part of changing them" (2004, p. 63). Touch one aspect of the package—use mindful attention and stay with the experience—and the rest will emerge into awareness. Often it is experiencing the somatic marker that is the doorway opening to awareness and change. This is a difficult process for some who want to have meaning before experience. Tony Crisp says, "[People] want to know in advance what is going to emerge, so they can edit it, change it, or make it socially acceptable" (1987, p. 26).

The good news for psychotherapy is that memory and brain structure are much more plastic than previously thought (Fuchs, 2004). We are constantly storing, activating, and restoring memories. Lynn Nadel (1994), a researcher on the function of the hippocampus, found that when a memory trace is activated, it is vulnerable for a short time and can be changed before it is recoded. Further research is confirming this finding (McCrone, 2003). This would affirm the importance of working in the here and now. The hippocampus can make a new memory, based on a different experience, this time putting it in context and time sequence. Sleep and dreams, along with neural communication between the left and right cerebral hemispheres, are thought to help turn the new memory into a permanent one (Siegel, 2003).

Mindfulness and Body Awareness

Mindfulness is an essential foundation of Hakomi and necessary to utilize bodily wisdom (see Chapters 6 and 10 for a full discussion). The attention is taken inward, and time is spent in quieting internal noise. Scanning body sensations lowers arousal and allows more subtle signals to come to awareness. Body signals are usually missed when the attention is in outer, task-focused mode or sufficient time is not given. Signals may be changes in the felt sense of the body, impulses, small movements, and tension in the muscles. These can evoke words, images, memories, and so on. Candace Pert (1999) suggests that paying mindful attention to an aspect of body experience releases molecules in that area that are carriers of information upward to the brain.

Finishing Unfinished Business Held in the Body

Fritz Perls described unfinished business as unprocessed memory that pushes for attention through symptoms or unwanted impulses, thoughts, and behavior. Bringing unconscious material to consciousness begins a differentiating and integrating process (Wilber, 1977, 2000), where things settle and complexity grows. In narrative terms, this could be described as moving from a thin story to a rich story. Peter Levine and Pat Ogden have developed somatic sequencing, in which “frozen” experience is released and can be sequenced through the body (Ogden, Minton, & Pain, 2006). This method is useful for working with trauma, and can be helpful and safe for distressing, “undigested” emotional issues that clients bring to therapy.

As a child, Martha inhibited her impulses to ask for help or to reach out. She feels the block in her throat and tension in her arms. During her sessions, she reconnects with these bodily “stuck places” and moves with what her body wants her to do. She says what she wants to say, voicing requests to the mother of her childhood, then to her husband, represented by a chair. She feels the impulses within the tension in her shoulders and slowly reaches her arms out for touch and support. Later she feels anger impulses coursing down her arms. Her fists tighten, and she realizes how angry she is at being the one who had to do most of the work.

In the present moment, when the old circuits are active and the client is experiencing the memory and decisions that were made at an earlier time, a missing experience can transform the memory. This missing experience is frequently relational, involving limbic connection and revision (Lewis et al., 2000). As the new experience is deeply felt and embodied, it becomes nourishing and transformative. By keeping mindful attention on the somatic dimension, the experience feels real to the client, and is anchored in the body. The new experience can then become a positive somatic marker for the future. Change can occur very quickly, as Gay and Kathlyn Hendricks describe: “The great advantage of body-centered therapy is that it goes immediately to where people live: the reality of their somatic experience. People feel actual shifts in their inner experience as the work proceeds

from moment to moment. And it works with a speed that is often astonishing” (Henricks & Hendricks, 1993, pp. 4–5).

Supporting Bodily Defenses Allows for Deepening Awareness

Among many somatic interventions a Hakomi therapist might employ is physical taking over. When body sensations, impulses, or tensions become manifest, the therapist, with permission, can physically support them, allowing the client to pay attention to deeper layers of experience. This is a nonviolent approach, in contrast to the idea of “breaking down defenses,” which may lead to further resistance or to the client feeling overwhelmed. Taking over, in a variety of forms, can be very powerful, providing the support and safety to allow hidden parts to emerge (Kurtz, 1990a; Weiss & Benz, 1989). The following illustrates one style of taking over.

Martha was the eldest child of six, and now is a mother caring for her children and elderly parents. In her therapy session, she is holding her head with her hand. As she talks of stresses in her family, her head becomes lower, and her body droops to the left. I offer to support her head, and she accepts. Immediately after Martha allows me to take the weight of her head with my hands, she starts to sob. “I’m tired of being the strong one,” she says. “I want someone to care for me for a change!”

Bodily Expression as Information for Client and Therapist

Hakomi therapists give primacy to the body in every aspect of the therapeutic process. Contact between therapist and client, where the therapist is compassionate and attuned, leads to a limbic resonance (Lewis et al., 2000) that creates the “bubble” of connection within which the therapy proceeds. This allows for what we call the cooperation of the unconscious, where core material can start to emerge in an organic way. The therapist may feel in his own body particular sensations that mirror those of the client. Mindful, curious attention to these sensations, without identification, can provide valuable information, which assists the empathic contact. By carefully tracking body signals and bringing them to the client’s attention, the therapist can deepen the process. The body structure, posture, and movement of the client can indicate the characterological defenses that have been developed, opening a window to the vulnerabilities beneath (Caldwell, 1997, 2011). Kurtz says, “the body reveals psychological information” (2004, p. 78). This can serve as a guide for formulating sensitive ways of working with a particular client (Kurtz, 1990a; Morgan, 2004b; Weiss & Benz, 1989). Ken Dychtwald vividly described his experience of being deeply seen and understood by John Pierrakos:

I realized who and what my informer was. It was my body—the body I had taken with me to the workshop, the body that had been with me since birth, the body that I had trained and nurtured throughout my life. Somehow, this body, my body, was presenting information about me to John Pierrakos that he was noticing and reading back to me. (1987, p. 5)

Shaping the Bodymind: Child as Mapmaker

Ron Kurtz described the child as “the mapmaker” (1990a, p. 133). Neuroscience emphasizes that the connections formed within the brain depend on experience. The child is born with approximately 100 billion neurons. If these nerve cells were placed end to end, they would stretch 2 million miles. Many nerve connections are already in place at birth, the brain being hardwired to seek connection with caregivers, and to allow basic bodily functions. However, the major growth of neurons and the wiring of neuronal circuits are yet to take place, depending on the experiences to come. Eventually each nerve cell is likely to have up to 10,000 connections. Even if a child will never consciously remember his early childhood experiences, his brain and body are being shaped by them. Daniel Siegel (2003) describes the brain as an anticipatory machine. The child’s interactions with his world are imprinted in his brain circuitry, which is reflected in the body. He is “wired up,” and his body shaped to suit his particular situation. This bodily held “memory” will profoundly affect later emotions, behavior patterns, beliefs, and abilities to process information. In Hakomi, we recognize that this core material shapes character styles (see Chapter 8).

The Felt Shift: How Change Is Felt in the Body

Eugene Gendlin, who developed the focusing method, argues for the importance of the border zone between conscious and unconscious: “A direct sense of the border zone occurs *bodily*, as a physical, somatic sensation” (1996, p. 18). His process of focusing on what he terms the “felt sense” leads to awareness and therapeutic change. The client comes with an issue. She turns her attention to something she directly senses in the body, which initially may be murky and puzzling. She turns away from the known information and feelings toward the unclear, and waits. This may be uncomfortable, but the felt sense starts to constellate. It is physical, in the moment, and has a feeling of complexity and wholeness. Often an organic shift is felt from within the sensation, a kind of opening, which brings some relief. The client keeps a witness state present and does not identify with the felt sense. After the felt shift, it is likely that the client will have a new perspective on the original situation. She then can retrospectively think about what has emerged. Leslie Greenberg works with the felt sense in his process experiential psychotherapy, describing how in a safe, attuned setting, markers—experienced as an unclear felt sense—emerge. Emotions are seen as organizing bridges to core issues, as well as for reorganization (Greenberg & Goldman, 1988).

Being Embodied Is Being Alive, Able to Grow, and Be Intimate

The Hakomi principle of organicity is related to the natural growth processes innate within us as complex systems. Bruce Lipton (2005), a molecular biologist, has asserted that we cannot be in defense mode and growth mode at the same time. The impact of stress on the body is detailed in an excellent book by Gabor Mate (2003), *When the Body*

Says No: The Costs of Hidden Stress, which asserts that core beliefs, which can keep us defended, are imprinted at a cellular level.

A number of writers have commented on the importance of attuned relationship and safety in bodymind therapy involving accessing and transformation (Gendlin, 1996). Kurtz emphasized the therapeutic importance of loving presence. The social engagement system, as described by Stephen Porges, gives us useful information on the somatics involved in safety and relationship, and the ability to feel the sensations of the body. Porges emphasizes that the ability to relate is heavily dependent on physiological factors and is not a conscious process, although we can learn to apply consciousness to activating the relevant nervous system. The social engagement system allows us to sense our bodies, feel grounded, and be in contact with our self and others. This system can be “offline” but is able to be awakened with the right stimulation. It helps for the therapist to activate in herself the part of the nervous system that regulates social connection: a calm behavioral state. Body awareness is integral to this state. The therapist can then, through limbic mirroring processes, help the client who feels stressed or fearful move to a more grounded, contactful place, where therapy can constructively proceed (Lewis et al., 2000; Porges, 2006).

Increased body awareness enables access to our more essential self, and we can thus make life decisions in keeping with our deepest wants. We feel more, which gives life texture and meaning. We can bring core beliefs into awareness and change patterns that are now limiting us. Feeling our bodily sensations allows us to attune more intimately to others, and to give and receive satisfying nourishment. Deep down there is hunger for knowing our embodied selves, to reconnect with that wisdom—those quiet, wise rhythms of life that guide us and are the breath of our wholeness and growth. As Mary Sykes Wylie says, writing in *Psychotherapy Networker*, “it is through and in the language of the body that we most fully and completely express our human *being*” (2004, p. 33).

I will end with a quote from Paul Tillich:

We are in constant motion and never stop to plunge to the depth. We talk and talk and never listen to the voices speaking to our depth or from our depth. . . . Like hit and run drivers, we injure our souls by the speed with which we move on the surface. . . . We miss, therefore, our depth and our true life. (1948, pp. 55–56)