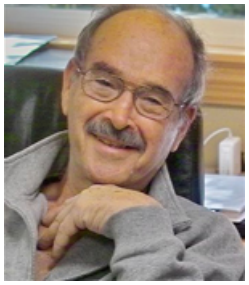
Ron Kurtz: Hakomi

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Ron Kurtz is the originator of the Hakomi Method of Body-Centered Psychotherapy and the method of Mindfulness Based, Assisted Self Study. He is a preeminent influence in progressive psychotherapy. Author or co-author of influential books, published in several Western languages (*Body-Centered Psychotherapy*, *The Body Reveals*, and *Grace Unfolding*) and three books in Japanese. Ron has led hundreds of trainings and workshops around the world over the last quarter of a century. At present he is leading trainings and workshops in Ashland, OR, Olympia, WA, and Bozeman, MT. He does workshops in several countries around the world. Ron is the recipient of the USABP's 2008 Lifetime Achievement Award.

Serge Prengel, LMHC is the editor the *Proactive Mindfulness* project.

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: A lot of people in our audience obviously know Hakomi and many have been trained in it but some people may not know, would you maybe define what Hakomi is?

Ron Kurtz: Well, Hakomi uses several particular or unique approaches to helping people study themselves. We believe, or I believe anyway, that self study, as it's practiced even in the East, is really about reducing the unnecessary suffering that comes from not knowing who you really are. In fact Hakomi means, "who are you?", that's what the word means. So, the way we do it is to establish a kind of safe relationship, a bubble sometimes we call it, within which the therapist helps the client feel comfortable, safe, and cared for. That's done by training therapists to be in the right state of mind when they work. And that state of mind is very similar to what Buddhists might call compassion, or we call it a loving presence: to have a loving feeling about the person which you actually practice developing and to be totally present. And to be totally present is to be aware of the fact of the moment, to be aware of what's happening; actions, physicality. That relates us to body psychotherapy, we're constantly aware of the bodily signs of the client's present experience, we're interested in accessing the client's implicit beliefs, the beliefs that are operative through the client's habits. And we see the signs of those behaviors; we see the signs of even some of those beliefs, in the person's present behavior. We don't generally think about taking a history, we don't listen very much to what people try to explain to us about themselves, we just use this method to help the person realize who they are, how they organize their experience.

S P: So it's really, as you said, "who are you?" And "who are you" in the sense of how you organize your experience.

R K: Yes. And how you do it unconsciously, automatically—things that go on, as John Lennon would say, while you're doing something else. There are wonderful new books about the adaptive unconscious and that's an essential part of my thinking.

S P: That most of the processes happen unconsciously and there's a reason behind that?

R K: Yes. There's usually a habit that was learned as an adaptation to a situation. Or habits that were learned, and they're not necessarily verbalized or even aware, we have to bring them into consciousness, or sometimes they come in as a memory or an emotional reaction. And then we have to spend a little time getting the verbal descriptions of it. A child will learn the grammar of its native tongue by the time it's 18 months old. It could not tell you about nouns and verbs, but it uses them perfectly. That's the kind of adaptations I'm talking about. And we work with the surface indications of those adaptations. I'll give you a very simple example: there are people who interrupt themselves when they're speaking, as if they had an editor who was watching what they said and would stop them and make them change their words. Well, that's an indicator, that's immediate behavior that happens with this person all the time. And it's an indicator of something like, trying to avoid making a mistake because they were punished for making mistakes. So we can go right to that, if I can just listen to a person for a minute or two, I can see that behavior.

S P: So really what's happening is you're not paying a lot of attention to the story of people's lives, but focusing on how they are and tracking what you call "indicators."

R K: Indicators, exactly. You know Reich said that the client's history walks in with him, it's the way he shakes your hand and holds his body. The adaptations are written in the posture, they're written in the muscle tension, and the kind of posture where a person looks at you with a slight angle of their head, they don't look directly at you, that's an indicator, a postural indicator. So, as in Bioenergetics and Reichian work, locked knees are an indicator of orality, or a puffed up chest is an indicator of a psychopathic personality. So all the character patterns, to me, are a subset of indicators. And these indicators are indicators of implicit beliefs, like the puffed up chest: "I have to be tough, I can't let people in, I can't be honest with people." All those things are written in the posture, you just have to know how to read it.

S P: So what the posture tells you, it's an embodiment of the belief.

R K: Yes, but the belief doesn't come first. The adaptation comes first. The belief may not even be conscious. It may never have been verbalized. I had that happen in Australia a couple of weeks ago. I give feedback. They're shocked that these beliefs are there, but they recognize it.

S P: So this unconscious belief is a result of this unconscious adaptation, it takes a special kind of attitude on the part of the therapist to notice it.

R K: And the client. The client has to be devoted to this idea of self study. They have to be willing to allow the therapist to experiment, which will evoke some of these early, painful situations. They will just come up as emotions first, where the person will get very emotional and not know why, and then a little while later they start to have a memory that fits that emotion. It takes courage to be a client.

S P: It takes courage, yes. You used the word "experiment," do you want to talk a little bit about this concept of "experiment"?

R K: Absolutely, yes. For example, I was giving a talk at the psychology conference in Vienna one year, and I had maybe two or three hundred Germans and Austrians there mostly. I asked them to become mindful, I gave them some time, and I helped them work themselves into mindfulness, and first I told them that I was going to give them a statement, while they're in mindfulness, and I told them what the statement would be. I was going to tell them that each was a good person, in German, "a Mensch". And I asked them to "tell your neighbor what you think your reaction will be when I say that to you when you're in mindfulness." So they talked about that, then they got mindful, and then out of two hundred people, 80% or more had mis-predicted, they didn't know what their reaction would be. About 60% of them got suddenly sad, some got teary-eyed, some felt relief, and of course it's because there's an implicit belief around those cultures that "We're not good people." So that's an experiment. I studied a person, I studied their indicators, made a guess about what their beliefs are, and from that guess I create a test, I create an experiment which I hope will evoke a reaction that has significant information for that person about who they are.

S P: So that's very, very much related to that notion that Hakomi is about "who are you" and by creating the experiment you give a chance to the person to actually realize the belief that they carry inside.

R K: Sometimes they call it "self-discovery." Assisted self-discovery, that's how I like to think of it.

S P: Yes, so that's a very different approach from the more medical-oriented model of pathology.

R K: Yes, it's totally not a pathological model. It's a model of, "you want to study yourself? I'll help you."

S P: And you mentioned several times the word mindfulness and that it's very much a part of the experiment function, could you talk a little bit more about mindfulness?

R K: Yes. Traditionally, mindfulness is the method for self-study and meditative practices. Mindfulness is a state where you're focused and concentrated on the flow of your experience moment-to-moment and as much as possible, without interfering with it. For example, it takes years of practice, but some people can watch their breathing without interfering. That's mindfulness. And the smart way they train mindfulness is to pay attention to your breathing. So the idea that there's no organization around controlling it, you're not controlling it, so if I say something while you're in that state, it directly evokes a reaction. You're not protecting yourself against it, you're allowing these things to happen. And that's one of the reasons that there has to be this connection with the client where the client understands and feels the compassion of the therapist.

S P: So in the example you were giving earlier, of this talk where you had asked a question to the audience, and their inability, in most cases, to predict how they would feel, the reason is that they had not been connected to themselves, and in mindfulness, they suddenly had the raw experience.

R K: Yes, you could say that. That's true. And the reason I chose that sentence, that statement, "You're a good person," is I understand that culture doesn't promote that. The culture promotes original sin, and you're the bad guy, so I just guessed that that would work.

S P: Yes, and obviously as you said when you're dealing with the client you pay attention to who the client is through these indicators.

R K: Absolutely, and then the statements I offer to clients, or other kinds of physical experiments I do too, are designed particularly for that client at that moment.

S P: So in order to reach that moment where the client is able to be in a mindful state, you mentioned that the attitude of the therapist includes compassion, a loving presence. How is it that you help somebody who is not especially prepared, trained, in mindfulness to become mindful for these experiments?

R K: Well, almost everybody can do it for a moment or two. Almost everybody. You'd have to be quite wired up and nervous not to notice something and so most people can do it. And of course clients, once they have practiced a little bit, it gets easier and easier. The key to it, is what you might call "limbic resonance." By any Hakomi practitioner, timing, my pacing, by being silent when the client needs you to be silent, by noticing things, simply, what I train my students to do is when you sit down with somebody, study them for what you like about them, for what makes you feel good, and that will be reflected in everything you do. So they're trained to do that, to look at somebody and know to just start liking this person, how beautiful they are. They're all beautiful, somehow, everybody was somebody's baby.

S P: So what I'm hearing is that if we are making mindfulness something that's intimidating, it's going to be difficult but if we focus on the fact that most of us can access mindfulness for a few seconds, then it's much easier, and that what happens is that the therapist actually helps the client, eases the client, into that mode by limbic resonance, by focusing on what they like about the client.

R K: Yes, that's true. And I may not even mention mindfulness to the client. I may just say in a very soft voice, something like, "Well, why don't you just get as calm as you can get, and I'll say something and you notice what happens when I say it." Just as simple as that, and that works. They don't have to know about mindfulness, they just have to get calm and study their experience.

S P: So very much that sense of just being in the moment and creating the present experience.

R K: Yes, exactly, studying reactions for information. What it tells you about who you are. And there are people who are too nervous, they had too much coffee, or something like that, and they can't get into mindfulness right away. So they have to get a massage, take a hot tub, something like that. But I've only run into maybe two or three people in a career, a thirty-year career, who couldn't. That's how easy it is.

S P: And maybe it's a testament to how wired we are to resonate with other people, that the therapists themselves are able to create some of that.

R K: Absolutely. Sometimes we'll trigger a traumatic memory, and in times like that (because you have no idea what's going to pop up when you do an experiment, you've got an idea about an indicator, and the person can go right into a traumatic memory), in those cases I talk very softly and gently and calmly to the person, I have them look right in my eyes, I hold them with my vision and my softness and I talk to them, this human hijacked by a memory, and I say, "You know you're really safe right here, right?" It's an appeal to the rational mind. And that seems to help them come around, quite a bit.

S P: So very much instead of talking about relationships, you are in a relationship at a very basic, limbic level.

R K: That's true.

S P: And what is it that helps therapists practice being able to offer this kind of loving presence?

R K: Well, that's a good question. Well, for me, it popped up many years ago when I was working in Germany. And I had done nine straight days of therapy sessions in a group, over and over, and I was exhausted. And I was so tired I couldn't think very well. And I just stopped thinking for a while, even though I couldn't tell the client, I didn't interrupt the client, they were just talking and I sort of went blank. And in this blank state, looking at this person, I saw a certain kind of beauty in them. And I realized, if that person knew that I was seeing this, they would feel it. And I realized it shows, I'm looking like I'm feeling this, and I had the person look at me (he had his eyes closed), he looked at me and immediately his process changed into something deeper and something emotional, and that's when I realized, Oh, yeah, that's the basic engine of the relationship. It's just appreciating this person to the point where you feel compassion and you feel loving towards them. And that will move the process by itself. I get plenty of that for myself too, I have a wonderful family that supports and sustains me.

S P: Yes, so in other words it would be very difficult to offer this sustaining sort of presence to clients if you didn't experience it yourself in your own life.

R K: Yes, you have to find a source for all that. You have to find a beauty in everything. You have to be really careful about getting hung up on what's wrong with the world, because there's a lot.

S P: So maybe that's also related to mindfulness in the sense that it's about the ability to focus or not focus on some things.

R K: Yes, right. Sometimes it's called concentration training. It's the ability to focus in the present.

S P: So, you as a therapist have this sense of loving kindness, you are tracking the client's reactions, discovering indicators, conducting experiments…what is it like for the client to go through that? You mentioned earlier there is a certain sense of courage, and it must take a certain kind of client to take this, or is it something that's applicable to everybody?

R K: I think almost everybody. But there has to be a willingness in self study. There has to be a willingness to take an honest look at yourself. The experience for clients, we think of it this way, if they adapted to a situation that is still painful to them in some way, or still running them in some way, defensively, compensating, they didn't get the kind of emotional nourishment that they needed. There was something missing, we talk about the missing experience. And missing because either they don't believe it's possible or feel like they have to defend against it, like for example, we can do an experiment where I ask a person to be mindful and to watch me and I'm going to start moving my hand very slowly towards them and just touch them and they should notice their reaction. Well, that will trigger a memory, if they have been abused, this typically will trigger that. And what's missing for them is this perfectly gentle, sweet touch. And so when they realize that, they become emotional, and then they can allow the hand to touch them and they can feel the sweetness, they can feel what's been missing for years and years. And that missing experience is so

delicious, and so healing, that once you experience that or even if you just see that happening with somebody else, like when I do therapy intensives, very often, and there's 20, 25 people out there watching me, five of them are going to be crying in somebody's arms when I'm done. The people watching get moved because they have similar issues; these issues are very general. The nourishment that was missing is just like the Germans, you know.

S P: So maybe that's something that I want to make explicit, is that we're talking about something like an experiment and using an analogy with a scientific process, but at the end of it, the moment of change, the moment of healing is the emotional healing that happens when people connect to that missing experience.

R K: Exactly.

S P: So this emotional healing, you just described something that happened in a workshop, could you give some experiences and other recent examples of an experiment and the kind of missing experience that it revealed?

R K: Very often, I'll tell somebody, there's a little bit of technique involved here, to invoke these memories and to invoke these emotions. I remember working with somebody, a psychiatrist, or I think she was just a doctor, a medical doctor, who had been severely abused. And we worked several sessions until she reached a point where she was containing her rage and couldn't release it. It would just choke her up in her throat. And I said, okay, why don't you come back tomorrow, and I'll have people here to assist me, and we'll contain you. So we did that, she came back, we brought her right to the same edge, and they were holding her very tightly, because she would contain herself if she was alone. But when she reaches a point the second day, I have people hold her very tightly so that she could feel safe enough to compress herself. Well she goes into this rage and I don't know how long it lasted, I have a tape of it, it probably lasted at least five or ten minutes. No more then ten but at least five. And afterwards, after this explosion, she lay down with her head on one of my assistant's laps, and she was feeling really great, she had released that and went into kind of a sweet melancholy about it all, and she looked at me and she said "I never did this before." She never let herself be comforted, she never rested her head in somebody's lap before. That's delicious, it's wondrous. I forgot the question, but that was the answer.

S P: Yes. I was asking you to relate an example of that and what's become very apparent in this example is the role of containment and support, including physical support.

R K: Exactly. It's still part of the body-centered aspect of it.

S P: So, where other people see things in terms of resistance, you actually support people.

R K: Yes, I see it as emotional management behavior, experiential management behavior. So, I'm going to help them manage it. I'm going to support their behavior so that they can relax a little bit, let me help them, and then what they're managing has a better chance of coming through as expression.

S P: So in other words you don't go into a battle with the clients describing a behavior as dysfunctional, but you see it as a way they are managing their behavior, and as you help them, something else happens.

R K: Absolutely. It's amazing. We call that technique "taking over." We take over a person's defensive or his management behavior. For example, if I give somebody a probe that says "You're a good person," and they hear a voice that says "No I'm not," I mean they have a thought, we'll have somebody take that over because that's a management behavior. They're managing their fear of thinking of themselves as a good person, that's not a good idea, no. I have somebody take that over, so I say it again, a few times, "You're a good person" and an assistant of mine says "No I'm not." And the person is again in mindfulness. And as we do this two or three times there's a memory; a memory comes up about where they learned this adaptation. And once you've got it in memory, it's changeable. Once they see why they did it, they have some more control, they can change it, they can change that behavior. But they have to understand it first. You can't force it to change. It changes through insight, and practice.

S P: So the words "insight" and "practice" are very evocative also of Buddhist practice.

R K: Absolutely, yes, that's right.

S P: And I assume that is an area where some of that wisdom, some of that approach, has permeated your approach and your methods.

R K: It was there from the beginning. I was enamored and studied Buddhism and Taoism long before I started doing Hakomi. It's part of the inspiration for the method.

S P: So, I would like to use the word inspiration to say that this has been an inspiration. Unfortunately we're coming to the end of the interview but I would like to suggest to people that are hearing this to carry with them some of this compassionate and experimental attitude in their work.

R K: A loving presence.

S P: Thank you Ron, for your loving presence.

This conversation was transcribed by Margaret Moore.

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