

## The Process as Three Phases and Six Skill Sets

### Three Phases

1. Preparation
2. Assisted Self-Study
3. Mental-Emotional Healing

All three phases operate within a context characterized by an embodiment within a set of well- defined *Principles*.<sup>1</sup>

### Phase One: Preparation Phase

1. loving presence
  - a. this phase is highly dependent on your own state of mind skills.
  - b. search for inspiration (for compassion, appreciation, love)
  - c. search for *signs* of the person's present experience
  - d. make initial observations of the person's "qualities".
2. develop a healing relationship
  - a. this phase requires good relational skills.
  - b. this phase requires relating to the adaptive unconscious
  - c. look for signs of cooperation and non-cooperation
  - d. make adjustments to the person's unconscious needs
  - e. make contact statements about present experience
3. When the person seems ready for it, proceed to the...

### Phase Two: Assisted Self-Study Phase

1. Search for *non-verbal indicators* as expressed by:
  - a. posture
  - b. facial expressions
  - c. pace
  - d. gestures
  - e. qualities that describe the person
  - f. tone of voice
2. if possible, develop an *hypothesis* about the person's *models of self and world*, based on the indicators you've observed.
3. develop and do an *experiment* with the indicator you've chosen to work with.
  - a. these experiments are done with the person in a state of *mindfulness*<sup>2</sup> in order to bring the actions of the *adaptive unconscious* into awareness
  - b. the goals of such experiments are two-fold:
    - i. bringing the person's unconscious models into consciousness
    - ii. initiating phase three: mental-emotional healing

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<sup>1</sup> The Principles are described in detail on page ???.

<sup>2</sup> Mindfulness is described in detail starting on page 20.

- c. experiments can be attempts to offer a kind of mental-emotional nourishment that your hypothesis predicts the person will either have difficulty accepting or will experience as very nourishing, or...
  - d. the experiment can be a way of working with an indicator for which you have no hypothesis.
  - e. there is a form for doing experiments that is also described in detail starting on page 45.
  - f. get information about the outcome of your experiment
    - i. either by observing it, or...
    - ii. by getting a verbal report from the person
4. given the outcome of the experiment:
- a. refine or reject your original hypothesis about the person's models
  - b. do another experiment based on the outcome of the previous one.
  - c. follow up each time with the getting information about the outcome
  - d. keep refining your hypotheses, until...
5. the person's models of self and world become conscious and clear to him or her, or...
6. the process moves spontaneously into the mental-emotional healing phase.

### Phase The Healing Phase<sup>3</sup>

- 1. this phase requires support for healing skills
- 2. this phase is marked by emotional expression, strong beliefs, early memories and...
- 3. behavior controlled by the adaptive unconscious
  - a. such behavior is sometimes described as "being hijacked". it is:
    - i. "non-conscious, fast, unintentional, uncontrollable, and effortless."<sup>4</sup>
    - ii. adaptive and usually learned early or under extreme conditions
- 4. during this phase, the primary tasks for the practitioner are:
  - a. support the person's *spontaneous management behaviors*, such as:
    - i. changes in posture, such as closing up and/or dropping the head, spontaneous "protective" thoughts
    - ii. tightening certain muscles, such as the shoulders, chest and stomach
    - iii. holding the breath

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<sup>3</sup> Please refer to the paper entitled *To Heal Is To Be Whole Again* which follows *The Six Skill Sets*. It discusses the spontaneous re-adaptation towards wholeness and integrity.

<sup>4</sup> "...we can define automaticity as thinking that satisfies all or most of these criteria." Wilson, Timothy D. (2004). *Strangers to Ourselves: Discovering the Adaptive Unconscious*. Cambridge, MA: Belknap, Harvard University Press. (pg. 53)

- b. provide signals of safety and caring, such as:
    - i. gentle touch
    - ii. being calm, softening the voice and having a natural sympathetic facial expression
    - iii. supplying Kleenex for tears
    - iv. providing physical support where needed and accepted
  - c. contain the unfolding process by taking charge and directing the person's behavior where necessary
  - d. follow up on the person's spontaneous images, memories, impulses, and ideas as if these were signals from the person's adaptive unconscious as to where the process "wants to go".
  - e. recognize periods when the person needs you to be silent, by...
    - i. watching for signs in the face that the person is doing internal work
    - ii. waiting while the person has his or her eyes closed
    - iii. when the person does open his or her eyes, wait until he or she looks directly at you and speaks, before you speak<sup>5</sup>
    - iv. listening to the person's report about his or her insights, feelings and memories.
  - f. avoid interrupting the process by encouraging conversation
- 4. provide physical and verbal comforting and nourishment
  - 5. provide the "missing experience", that is the experience that was blocked by the person's adaptations and distorted and/or unrealistic models of self and world.
  - 6. allow the session to come to completion in a natural way when it feels right and/or the person signals that he or she feels complete, perhaps by saying "thank you" or by a few nods of the head or something similar.

## The Six Skill Sets

I asked him, *Do you know what gyroscopic precession is?*

He replied, *No!*

So I said, *But you can ride a bicycle, right?*

He said, *Yes, of course!*

*Well, I told him, That's my point.*

*Riding a bicycle is a skill. One theory that explains certain behaviors of a bicycle in motion is the theory of gyroscopic precession. It tells you about the behavior of gyroscopes and why the wheels of moving bicycles are similar. It explains why a moving bicycle turns when you lean. But, you don't need to know the theory at all in order to ride well. You only have to know how bikes act, which is very easy to learn from experience. With experience, you build a model that predicts how the world acts. Habits are expressions of these models and they are functions of procedural memory and the adaptive unconscious. To ride you need skills, not theory.*

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<sup>5</sup> In some cases, the person will not spontaneously respond. If that happens, help them to recover.

*I've summarized the skills needed for the Hakomi Method and organized them into six basic skill sets. If you learn and practice these, you have a very good chance of becoming competent in the method. Although each skill is unique and can be learned and practiced separately, they function within a session as an integrated whole. Here are the six sets in outline:*

## The Six Skill Sets

- a. I have begun to see learning skills as much more important than learning theory. I see the process as requiring six sets of skills, as follows:
  - i. State of Mind
  - ii. Relational
  - iii. Observational
  - iv. Modeling
  - v. Experimental
  - vi. Support for Healing
- b. These skill sets are described in more detail below.

### 1. State of Mind Skills

The main skill in this first set is a combination of two very important habits which set one's state of mind. The state of mind is called *loving presence* and it is an integrated combination of attitude, emotional state and focus of attention. These skills help a practitioner develop a state of mind and being that is expressed effortlessly through one's demeanor and actions. This state of mind has a profound effect on the development of relationships.

- a. of all six sets, this is the most important. Reaching and maintaining a present-centered, loving state is the first task of the therapist. Learning to do this is an essential part of the trainings. Some people are already good at this and are naturally drawn to the work. Learning how to look and listen to someone with the intention to find something that inspires and maintains compassion, as well as the habit of staying completely focused on what's happening in the present, are the basic skills.
- b. *Being present* means keeping your mind focused on what is going on for you and the client *right now*, moment to moment. To train your mind to be present like that, you have to train it away from one of our strongest, most common habits, the habit of gathering information through asking questions and conducting ordinary conversations. Those are bad habits, if you're trying to be present.<sup>6</sup> So, you have to train your mind not to get drawn away from present experience by getting overly focused on ideas, stories and conversation.

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<sup>6</sup> See the paper, *Habits as Causes of Failure* on page 55.

c. Other skills in this set are:

- i. *being patient*
- ii. *being and staying calm*

Without these habits of state of being, not much in the way of a connection to a client and his or her adaptive unconscious will be possible. Without that connection, the process goes very slowly, if it moves at all.

## 2. Relational Skills

These are skills that build and maintain a strong connection with people. The principle ones are all about demonstrating these qualities and attributes:

- a. through your behavior and a few short, accurate, non-disruptive *contact statements*, you show that you are aware of what the other person is presently experiencing. Getting and staying in contact is the primary skill for connecting and staying connected. It creates the sense in others that you are *with them*, aware of their feelings and present experiences. It makes you able to anticipate their needs and work to provide help.
- b. through your tone of voice, pace, posture and gestures, you show that you are patient, sympathetic and non-judgmental.
- c. your facial expressions, head movements and gestures show that you understand what the person is saying, thinking and feeling
- d. you work to gain a general understanding of the person's present situation and history. You build a model in your mind that makes sense of the way they feel, think and organize their life
- e. you make a habit of keeping silent when the client needs time to think and remember
- f. ways to intervene to move the process forward are part of this skill set. They are discussed later in a section entitled, *When and How to Intervene to Move the Process Forward* on page 57.

## 3. Observational Skills

What's needed most is *a good set of attentional and recognition skills*.

Here's a few of each:

- a. Attentional Skills:
  - i. keeping your attention focused on present behaviors
  - ii. regularly scanning the face and body for signs of present experience
  - iii. regularly scanning the other's behavior for possible indicators of unconscious material (Note: A list of indicators appears in this document as Appendix 1.)
- b. Emotion and Attitude Recognition Skills:

- i. recognizing emotions quickly by subtle changes in tone of voice and/or facial expression
- ii. recognizing statements implied through tone of voice and gestures.
- iii. being able to guess at the meaning of postures, gestures, etc.
- iv. “feeling” the emotions in others, through limbic resonance and mirroring
- v. recognizing the client’s need for silence
- vi. recognizing the signs of integration and memory processes

#### 4. Modeling Skills

The bridge between observation and experiment is the ability to create models of the laws governing the behavior you’re observing. We could call these skills, modeling skills.

- a. This is the method of science. Richard Feynman, the Nobel physicist, tells us the three steps of science are: make a guess; calculate the implications of your guess; and test your guess on the basis of your calculations.<sup>7</sup> “If my guess is true, then if I do this, this will happen.” That’s the gist of it.
- b. we use our ability to observe behavior, especially indicators and our knowledge of indicators, to make guesses about the person’s beliefs and models of self and world.
- c. then we test our guesses by doing experiments. The outcomes of our experiments allow us to evaluate and refine our guesses.
- d. There is a mathematical theorem that describes how perceptions (sensory models of the world) are continuously updated in the nervous system. It’s called, Bayes Theorem, after the mathematician who discovered it.<sup>8</sup> It describes mathematically how models and beliefs are changed in the face of new evidence. It helps us understand how some models can be believed so strongly. It suggests to me how models (beliefs, e.g.) can become so strong in the face of contradictory evidence or no evidence at all.
- e. The general idea of modeling this:
  - i. we need to make guesses about what beliefs (models) are organizing the client’s behavior and we need to do that by observing that behavior. This is a “reverse engineering” problem.<sup>9</sup>

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<sup>7</sup> The book is: *Five Easy Pieces*.

<sup>8</sup> A paper entitled, *How Bayesian math can help us understand the brain* on this can be found at: <http://www.scientificblogging.com/profile/news> It is written about in *Making Up the Mind: How the Brain Creates Our Mental World*.

<sup>9</sup> Note. Forward and reverse engineering and the method. E.g., forward engineering:  $2 + 2 = ?$  This one is easy.  $2 + 2 = 4$ . Reverse engineering:  $a + b = 15$ . This one is harder. There are many possible answers.  $5 + 10$ ,  $4 + 11$ , etc. Guessing what beliefs and models are shaping a person’s behavior is a reverse engineering problem. It could be any one of many possible beliefs. Why is he crying? Could be sad. Could be cutting

- ii. we need to be able to sense some general qualities of the client, to get a feel for who the person is and how he or she learned to be in the world. And we need to constantly refine our models by continuing to make new observations and to do new experiments.
- iii. modeling and experimenting is how we do it.

## 5. Experimental Skills

These are the skills you will need to create and execute good experiments.

- a. creating hypotheses about core material from your observations of the client
- b. helping the client become mindful when doing experiments
- c. creating and executing experiments, using this form: describe how you'd like client to participate, get permission, ask for mindfulness and wait for signs or a signal that mindfulness is occurring, do the experiment, and observe its outcome or ask about that
- d. follow the spontaneous reactions to an experiment and use them to support the unfolding healing process (not as easy as it sounds)
- e. be able to follow up with another experiment, if that seems useful
- f. use the outcomes of experiments to think about missing experiences

## 6. Support for Healing Skills.

- a. supporting spontaneous management behaviors
- b. allowing time for the other's internal processing (silence)
- c. *following* the spontaneous behaviors that arise in the person
- d. providing comfort and holding when needed and you have permission
- e. create and offer missing experiences
- f. insight, discovery and change

## Loving Presence: The Therapist's State of Mind

*In this model, what is seen as primary in shaping experience is not external reality—not what is cognized, not the object of awareness—but rather the properties of that moment of mind itself.*

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onions. Could be something in his eye. We observe behavior and have to guess about the beliefs and models. That's a reverse engineering problem. Guesses are required. Hopefully, educated guesses.

The phrase *state of mind* has much more precise meaning nowadays than it had just a few decades ago. Neurological research has revealed much about exactly what states the brain can be in when people interact.<sup>11</sup> Many books have been written on the interaction of caregivers and the infants in their care.<sup>12</sup> Adults in relationship also affect each others' states of mind. For the very intimate relationship between a therapist and client, the therapist's conscious awareness and deliberate control of his or her state of mind is essential. The effect of the therapist's state of mind on the process of this method is without doubt the single most important factor in it's success.

To best serve others in their self-study, the therapist must be able to sustain both presence and compassion. The therapist has to maintain a constant focus on present activity and present experience, both her own and that of the client. That kind of presence is needed. A feeling of compassion is also essential. When presence and compassion are combined and constant, the therapist's state of mind can be called, loving presence. In training people in this method, the development and practice of this state of mind are primary goals.<sup>13</sup>

In a very short time, loving presence can establish in the client, a sense of being safe, cared for, heard and understood. Self-exploration, especially when using mindfulness, places clients in extremely vulnerable positions. A therapist in loving presence helps clients to allow this vulnerability and provides best context for assisted self-study to happen. Here's a quote:

“Loving presence is easy to recognize. Imagine a happy and contented mother looking at the sweet face of her peaceful newborn. She is calm, loving and attentive. Unhurried and undistracted, the two of them seem to be outside of time... simply being. Gently held within a field of love and life's wisdom, they are as present with each other as any two could be.”<sup>14</sup>

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<sup>10</sup> Writing on the Tibetan model of what shapes experience; Goleman, Daniel.

*Tibetan and Western Models of Mental Health*, In: H.H. Dali Lama. (1991) *MindScience—An East-West Dialogue*, Boston: Wisdom Publications. (pg. 92)

<sup>11</sup> A good example would be the research on limbic resonance. For more about that, see: Lewis, Thomas (Author), Amini, Fari (Author), Lannon, Richard (Author), (2001). *A General Theory of Love*. New York: Vintage Books. For more about social engagement, see the paper: *Neuroception: A Subconscious System for Detecting Threats and Safety*, at this web page: <http://bbc.psych.uic.edu/pdf/Neuroception.pdf>

<sup>12</sup> Schore, Allan N., (1994) *Affect Regulation and the Origin of the Self (The Neurobiology of Emotional Development)*, Lawrence Erlbaum Associates, Publishers, Gerhardt, Sue (2004). *Why Love Matters: How Affection Shapes a Baby's Brain*, New York: Brunner-Routledge, and Cassidy, Jude (Ed.) and Shaver, Phillip R. (1999). *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: The Guilford Press

<sup>13</sup> It should be noted that, in this aspect, the method is solidly aligned with the most universal spiritual teachings: agape in Christianity, compassion and mindfulness in Buddhism, nonviolence and non-separation in both.

<sup>14</sup> From a forthcoming book on Loving Presence, by Donna Martin and myself.

For the therapist to develop this state of mind, he or she must first of all look at others as living beings and sources of inspiration. As one therapist put it:

*If you cannot see anything lovable in this person that you can respond to in a genuine way, then you are not the right person to help this person.*<sup>15</sup>

It is this intention and habit of seeing something lovable in the other that creates the feeling state necessary for loving presence. The first thing I instruct students to do: create this habit as the primary thing in any interaction! Create it and sustain it throughout your sessions!

*I want to start with the most importing thing I have to say: The essence of working with another person is to be present as a living being. And this is lucky, because if we had to be smart, or good, or mature, or wise, then we would probably be in trouble. But, what matters is not that. What matters is to be a human being with another human being, to recognize the other person as another being in there. Even if it is a cat or a bird, if you are trying to help a wounded bird, the first thing you have to know is that there is somebody in there, and that you have to wait for that “person”, that being in there, to be in contact with you. That seems to me to be the most important thing.*<sup>16</sup>

There are any number of things that will support this intention. The first goal is to establish a relationship that will support self-study; the habit of gathering information by asking questions and considering answers is not the way to do it. First, one must avoid being drawn into a conversation about abstractions—ideas, explanations, the meaning of the past and such. The therapist’s words and actions must demonstrate that he or she is paying attention to what the client is experiencing right now, cares about what the client is feeling, and understands what that means for the client. This connection through present experience is the key to limbic resonance. So, the therapist searches for what there is about the client that is emotionally nourishing or inspiring of appreciation and connection. Another thing that helps build the right relationship is realizing the process as a collaborative enterprise where feelings of partnership, teamwork and mutual respect are basic. The idea that we are not separate, that we are inescapably parts of a whole greater than each of us alone, is the root of loving presence.

## Nonverbal Indicators and Formative Experiences

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<sup>15</sup> Margaret Brenman-Gibson, (1992) in *Worlds in Harmony: Dialogs on Compassionate Action*, H. H. H. Dalai Lama, Berkeley, CA: Parallax Press

<sup>16</sup> Gendlin, E. T. *The Primacy of Human Presence: Small Steps of the Therapy Process: How They Come and How to Help Them Come*, In G. Lietaer, J. Rombants and R. Van Balen eds. (1990) *Client-Centered and Experiential Psychotherapy in the Nineties*, Leuven/Louvain, Belgium: Leuven University Press,

Accessing the kinds of beliefs that pervasively and unconsciously influence experience requires that the therapist get ideas about what the client's formative early experiences were or what implicit beliefs the client's behaviors are expressing. To gather this information, the therapist focuses attention on the qualities of the client's habitual posture, tone of voice, facial expressions, gestures, eye contact, speech patterns and such.<sup>17</sup> Many of these qualities are habitual nonverbal expressions of implicit beliefs. We call them indicators. (In the vernacular: "clues.")

As you may imagine, there are many such indicators. Some can be completely obvious as to what they say about the client. Others require that the therapist learn them over time. In Bioenergetics, for example, the indicators are often postural. A sunken chest and locked knees for a Bioenergetic therapist would be indicators of "an oral pattern".<sup>18</sup> Given that pattern, the therapist has both a diagnosis and a way to proceed with treatment. Almost all methods of psychotherapy use particular sets of indicators this way and usually refer to them "symptoms". In this method, we use indicators differently. We use them to get ideas for experiments.

As we interact and relate to others, we don't normally focus on their little, seemingly insignificant habits. In an ordinary interaction, conversation is most important; we might not consciously think about a person's subtle nonverbal behaviors. We might ignore a slight feeling of discomfort (about not being believed) which results from the way the other person is looking at us with her head always turned to one side. Odds are she won't be consciously aware of either the angle of her head or the skepticism it indicates. This level of interaction is usually handled by the adaptive unconscious. In Hakomi, we consciously search for indicators and the turning of the head is a common one. Through experimenting with it many times, I have come to expect that it can indicate formative experiences of not being told the truth or not being understood. The emotion associated with it is usually hurt. Though the hurt is not being felt at the moment, it is an expression of the implicit belief: "I must be careful about what people are telling me! I could get hurt again." Though not conscious, this belief is controlling present behavior and experience. Indicators are the external expressions of this process.

In Hakomi, we use indicators to create experiments, experiments designed to trigger reactions. This is a vital piece of the method. It is our clear intention to study a client's behavior not for symptoms of disease but for sources of experiments. We anticipate that the experiments we carry out will bring the unconscious, adaptive processes driving that behavior into the client's awareness. A therapist using this approach is thought of as having an experimental attitude. We are evidence seekers, evidence which is gathered on the spot, evidence that clients can use to understand themselves. The

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<sup>17</sup> A few examples would be: ending verbal statements with the inflection of a question or an habitually sad looking face or tilt of the head.

<sup>18</sup> One book precisely about this is: *Depression and the Body: The Biological Basis of Faith and Reality* by Alexander Lowen.

basic idea is this: (1) indicators suggest experiments; (2) experiments create reactions; (3) reactions are evidence of implicit beliefs. Gathering evidence is what experiments are all about and that's exactly why we do them.

For instance, if the client's habit is to hold her head a little bit off center and turned slightly away, we might do an experiment where the client, while in a mindful state, slowly turns her head back towards center. Most such clients, when doing this movement deliberately and carefully will react with fear. This fear is about being emotionally hurt and it is associated with memories of that happening and beliefs about how to avoid it. The habitual turning of the head is only one indicator and the experiment only one that could be done. There are endless numbers of possible indicators and the experiments that can be done. Finding indicators and devising suitable experiments is one of the things that makes this work so interesting. It is a combination of searching for clues like a detective and testing them like a scientist. It is a long way from "the talking cure".

### Experiments<sup>19</sup>

*The test of a good theory is what you can do with it.*

The method is designed to lead clients towards greater consciousness of the implicit beliefs that organize their reactions and experiences. That kind of information is not readily available to consciousness. So, we don't just ask for the information. Questioning doesn't usually yield the kind of information we're after. What we do is: we create experiments using our guesses about what the unconscious material might be. We get our guesses from behaviors that the surface expressions of those deep structures. We call them *indicators*. Good experiments almost always evoke the memories, images and beliefs that exist at the deeper levels. In order to make conscious what was unconscious (and to satisfy our curiosity by being detectives and scientists), we think, guess and we experiment. All our techniques serve that end.

The discoveries that clients make are the outcomes of experiments. It's what this method does that other methods don't do. This is the only method I know of that does experiments in mindfulness. These experiments create moments of insight, you could say, *assisted insight*. Here's the sequence: (1) once our relationship with the client is in place and the client understands what we're doing, we study the client for indicators and make our guesses about what they might mean and/or what experiment we might do to both test our guesses and possibly bring unconscious material into the client's consciousness. (2) We set the experiment up carefully: we prepare the client; we help the client become mindful; we explain what we're going to do. (3) We wait for the exactly right moment and when everything's ready, we carefully do the experiment. (4) Then we watch for and/or ask for the outcome: the client's immediate reaction.

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<sup>19</sup> Talk given in class, August 2003

The process starts with loving presence and loving presence is maintained throughout. Still, you have to switch gears at some point so that you're doing two things at once. You're in loving presence which should be an habitual state of mind that shapes all your behavior (your pace, your tone of voice, the way you look at people). At the same time, another habitual part of you is looking for indicators. You're also listening for key words and phrases. You're thinking about the client's belief system and childhood. All this is going on in the early phases of a session. Loving presence, however is the priority. Some part of you has to maintain loving presence even while you're doing all this gathering of information. You need information... *so you can experiment!*

Given that loving presence has been established, you search for indicators. When you find one, you create an experiment using it. You have to have the idea that the indicator is one that will probably lead to deeper material. You have to imagine what kind of experiments you could do with that indicator and maybe even what reactions they might lead to. Your experience with the method over time will help you do that. You do all this in your mind because you have to know what you're going to do. Since therapy is a real time process, you want to do this part rather quickly. Don't start to set up an experiment before you know what you're going to do. Then, set it up. Experiments have to be set up in certain precise ways.

Here's what I mean: There are three essential parts of the set-up. The first is: you describe the experiment to the client. You give clear instructions. You say something like, "I would like to do an experiment where you go into mindfulness and I will...blah, blah, blah. If it's going to be a probe, you might say something like, "In this experiment, you'll become mindful and when you're ready, you give me a signal and I'll make a statement and we'll notice what happens. Okay?" It helps clients relax a little when they have an idea about what the experiment is going to be like. You don't tell them what your statement is going to be—though you could do that and I have done it, without losing the power of the experiment. So, you give them a clear idea of what's expected of them and what you're going to do.

After describing what you're going to do, you get permission to do it. "Is that okay with you?" Track for whether it really does seem okay. A client may say okay when they're really afraid or want to do something else. If you get clear, sincere permission, then you ask for and *wait* for mindfulness. You say, "Please become mindful and give me a signal when you're ready!" You track for signs that the client actually went into a mindful state. Watch for the signs of mindfulness and wait for the signal. The signs are: (1) the client becomes very still and (2) his or her eyelids flutter up and down over closed eyes. This movement of the eyelids is almost always an accurate sign that the client is in mindfulness. I use it all the time.

Of course, mindfulness is a radical shift in the way we pay attention. If you're working with a new client, you may have to teach him or her about what mindfulness is and you may have to help them get into it the first time.

Then, you do the experiment.

If it's an effective experiment, you're going to get results. You're going to get useful outcomes. There are two kinds of useful outcomes: (1) there are emotional outcomes and there are (2) insight outcomes. Sometimes these are combined. If the emotions are intense, your path is to offer and provide comfort, if it's accepted. Maybe you take over some of the spontaneous management behaviors, if they allow that. You offer to support the client's spontaneous changes in posture and tensions. These are ways in which the adaptive unconscious attempts to manage strong emotional experiences. Whatever the client is doing to manage his or her emotions, you support that. For instance, if the client covers her face with her hands, you can have an assistant put her hands over the client's. That's if the emotion is intense.

If it's a mild emotion, you can still get reports about the experience or set up a second experiment based on the emotional reaction that occurred. When a client becomes sad after an experiment, or anytime during a session, I offer to have an assistant sit by the client or put an arm around her or a hand on her. If that is accepted, I sit silently and give the client time to feel the emotion and allow associations to arise. This very often leads to memories and/or insights. If it's an insight, if the client is quiet and you can see from her facial expressions that she is having thoughts and realizations, then *just be silent and watch*. I learned to do that late in my career. When the client is having insights, the best thing to do is to do nothing. Don't interfere! There's nothing you have to do. Insight is a very legitimate outcome of a good experiment. Just wait! You'll notice when the client is ready to interact again; he or she will come back into contact with you. Then you can say something like, "Had some insights, huh." Or, just look quietly at the client and she will probably tell you all about it.

We provide comfort and we provide silence in support of emotional reactions and insights.

Now, it doesn't always go that smoothly. Sometimes there's no reaction to an experiment. Sometimes, the client has an immediate thought or an image or a memory. You have to know what to do with those things. With a thought, you might have an assistant take it over. That kind of taking over is a follow up experiment. Set it up the same way. There are experiments you can do with images and memories, also. Sometimes an experiment will evoke a child state of consciousness. Sometimes strong memories. There are ways to work with all of these. I won't go into the details on that now.

*I want to emphasize two things about experiments. One is that they're central to the process and they require a certain precise care when you do them.*

You can create experiments not only from physical indicators but from deductions about what the client is saying or doing. For example, a client may have insights and not share them with you. That's a kind of indicator. You can think about things like that by asking yourself, "When does someone create a habit of not sharing?" "What kind of childhood did the person have?" "Why not share?" "What kind of belief system is behind that

kind of behavior?” You do some of that kind of thinking. We can speculate that the person who doesn’t share probably doesn’t expect any help from others. It’s one hypothesis we could have. So, we can then test that idea. Experiments are first of all tests of ideas. That they’re evocative is part of it for our kind of work, but basically they are ways to testing your ideas about the client.

*The test of all knowledge is experiment. Experiment is the sole judge of scientific "truth."* —Richard Feynman

You set up experiments to test your ideas about the client. And the experiments you set up are also designed to evoke something. The reactions evoked give you answers to your questions and, if the experiments are good ones, they move the process towards insight and change. If you think not sharing is the result of a core belief that says, “don’t expect help”, then you do a probe like, “I’ll help you.” Or, you ask the client to fall backwards without looking back and you catch them. If falling back is difficult for the client or if saying “I’ll help you” triggers crying and sadness, then you’ve tested your idea and you’ve moved the process.

I have one more very important thing to say about experiments. When you do an experiment, be sure to get the data. *Get the data!* Get the results! Your asking the client to, “Please notice your immediate reaction when....” You want to know what happened. If you can’t see and hear what happened, get a report! That’s one reason you did the experiment. To find out what would happen. You’re not just curious, you also need that information to move the process. Of course, many times you will have noticed what happened. In that case, you don’t have to ask for the data; you’ve already got it. Make a contact statement or something!

Well, what if they don’t tell you their immediate reaction? What if they get dreamy and start saying something like, “You know, my mother used to make these cookies.” Do you want to hear about cookies or do you want to know what the client experienced when you did the experiment? You’re not there to listen to stories. An experiment can lead to diversions. If it seems to doing that, interrupt. When you get a chance say, “So, you’re remembering those great cookies, eh. I get that they tasted really good. But, you didn’t tell me what happened with the experiment. Can you tell me that.” *Get the data!*

To summarize: by noticing indicators and making deductions, you get ideas about the client. Then, you test those ideas by doing experiments. So, it’s get ideas and test. Get ideas and test. That’s the information gathering operation within the therapy process. Experiments often evoke strong emotions and insights. That’s another good thing that can happen. When it does happen, you follow through by working with the management of the emotion. All of this leads to discoveries. The process works when the client discovers something about his or her deepest convictions and models of the world. Because we’re looking for that same information, we’re leading the client to exactly what they need to get for themselves.

So, do experiments and get the data. The data can lead you to the next step in the process. What you do next depends on what was evoked. That's also going to tell you whether your ideas are right or not. If you really wanted to practice the one thing that will give you the hang of the method, it's this: get ideas and test them. You'll not only be doing therapy, you'll be doing science. It's also fun. It's why people go hiking in the woods. It's why people read detective stories. It's why scientists stay up at night.

## Healing

*Here are your waters and your watering place.  
Drink and be whole again, beyond confusion.*

— from *Directive* by Robert Frost

*To heal is to be whole again.*—RK

### 1. Wholeness is there from the beginning.

*Because humans arise from a single fertilized cell, our body is never composed of separate systems, but rather of wholeness which is our underlying origin and maintaining force. Dr. Blechschmidt understood the embryo as perfect, whole and fully functioning within its environment at every moment of its development. Each tissue is a participating and integral part of the whole. Rather than a possibility of becoming something significant, it is always significant.<sup>20</sup>*

### 2. How wholeness is damaged

- a. the vulnerability of complex systems
- b. parts opposing other parts
- c. automaticity
- d. string

### 3. Mental-emotional healing

- a. adaptations, habits and implicit beliefs
- b. m-e healing processes
- c. initiating, supporting, completing
- d. changing beliefs
- e. the role of consciousness, choice, Ramachandran
- f. grief, sadness, anger, frustration, fear and terror: the emotions of healing
- g. sharing, being known, trusting, belonging

### 4. Supporting the process

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<sup>20</sup> Blurb, on the back cover of: *The Ontogenetic Basis of Human Anatomy: A Biodynamic Approach to Development from Conception to Birth* by Erich Blechschmidt. 2004, North Atlantic Books, Berkeley, CA.

- a. demonstrating: awareness, wakefulness, warmth (Trungpa), intelligence and nurturing (said of Feldenkrais), loving presence (Kurtz), trustworthiness
  - b. initiating (evoking) an e-m process
  - c. touch, holding, comforting, nourishment (see Feldenkrais story about baby crying)
  - d. peace, patience, calm and silence
5. Healing is a spontaneous, organic process, it takes its own time. And, it's important to understand how to support it without interfering.<sup>21</sup>

*“The impulse to heal is real and powerful and lies within the client. Our job is to evoke that healing power, to meet its tests and needs and to support it in its expression and development. We are not the healers. We are the context in which healing is inspired.”<sup>22</sup>*

Lines from the poem *What I Learned from My Mother* by Julia Kasdorf<sup>23</sup>

*Like a doctor, I learned to create  
from another's suffering my own usefulness, and once  
you know how to do this, you can never refuse.*

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<sup>21</sup> See the section on *Following*, page .....

<sup>22</sup> Quote from the *2006 Update Handbook*.

<sup>23</sup> In *Good Poems*, selected and Introduced by Garrison Keillor (pg156)