Applying Hakomi Principles and Techniques to Mainstream Psychodynamic, Behavioral and Systemic Couples Psychotherapy

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This article appeared in Hakomi Forum, Volume 13, 1999, pages 18 - 26

Introduction

Hakomi Therapy has been influenced by many therapeutic approaches. Adding mindfulness and a body-centered focus to the more traditional approaches, Hakomi Body Centered Psychotherapy (originated by Ron Kurtz) has attempted to "humanize" what has become a pathologizing and disengaged practice of psychotherapy. However, there are current theoretical orientations from the psychotherapeutic mainstream that can be integrated into Hakomi knowledge and practice, which can actually increase the depth and wisdom of assessment as well as the effectiveness of interventions. This is particularly true in couples and family therapy where the therapist must be more influential with the system rather than solely with the individual. At the same time, we believe these other therapies have much to benefit from the Hakomi Method in applying their theories to actual therapeutic interactions. The beauty of Hakomi is its ability to enliven and deepen therapy by working with present experience.

In this article we will: 1) describe in English (as opposed to "psychologese") important concepts from a number of traditional psychotherapeutic approaches, such as Psychoanalytic, Bowenian, Structural, Strategic, Behavioral, Cognitive Behavioral and Narrative therapy, 2) provide vignettes of what these concepts look like in an actual session, and 3) demonstrate how they can be used experientially by Hakomi therapists who are working with couples. Our descriptions of each theory do not attempt to be comprehensive. They are intended only as an encouragement to the therapist to explore the effectiveness of taking traditional theory into present experience.

Psychoanalytic Theory

Some important concepts from the object relations school of psychoanalytic theory that are particularly useful in couples therapy include: object representations, transference, projective identification, projection, defenses, splitting, repetition compulsion, and counter-transference.

Object Representations: An object representation is an emotionally laden internal image of another person that functions as a map from which the individual predicts and expects what will happen interpersonally. People organize their character around these images. For instance, if you had an absent father, you will tend to see intimate partners in this light, and organize characterologically around this expectation, for instance, by defending yourself with anger or exaggerated self-reliance.

Character strategies develop as a result of the way in which the individual organizes him or herself in relation to their early experiences. For example, if you were beaten whenever you were loud, you would eventually develop an internal map of human relations that predicts the worst if you speak up. You would start to contain your energy, your voice and your power in order to be safe. Eventually you would generalize this view of the world from your original family of five to the world of five billion. The strategy of containment would then become automatic, somatic and unconscious. The strategy is founded on the image of another as unsafe and intolerant of power or expansiveness.

In couples therapy the therapist attends to the images each partner holds of the other and how each person organizes around the image. In one couple I (RF) see, Helen sees Jack as rejecting and unavailable. She feels hurt and then flies into a rage which alienates him further. From my position as a therapist it appeared that Jack really was interested in her, but struggled with his own issues of autonomy and independence causing him to distance from her. I asked her to allow the feeling of being rejected to be present in her body and notice what else came up. She had a memory or not fitting in with the girls in the neighborhood which led to her core belief: "Why..."
would anyone be interested in me" that got triggered every time Jack distanced from her. Rather than discussing her belief in a mental fashion I asked her to listen to it as it occurred inside. I set up an experiment in which her husband opposed the belief, not to try to convince her out of it, but so that she could explore it more deeply. I asked him to say, "I'm happy to see you" so that she could notice how she processed it. She learned that she was in the grips of this belief and actively prevented it from changing by rejecting any information to the contrary.

Each character strategy is formed by internalizing particular images of the self and others in relationship. For instance, in the sensitive/analytic or schizoid strategy, the image of the self is fragile in relationship to an un-welcoming other. In the dependent/endearing or oral strategy, the self is seen as weak in relationship with a depriving other.

In couples therapy we are interested in discovering how the two character strategies in a relationship interact, based on their core organizing beliefs, and in helping those interactions become more flexible and conscious to the couple. We set up opportunities in the session to explore in mindfulness and in the present how the character strategies and defensive systems interact.

Object relations theory focuses on internalized images while Hakomi character theory focuses on missing nourishment and core beliefs. Using object relations we can name the internal images, core beliefs and strategies. Using missing nourishment, we can provide the healing experience as well as explore how it is resisted.

**Transference:** Transference is the inclination that we all have to superimpose emotionally laden images from the past unto present people, in particular, those with whom we are most intimate. In individual psychoanalytic therapy, the transference towards the therapist is used experientially as a way of uncovering and exploring unconscious material. In couple's therapy, the focus of the transference is sideways, between the partners.

A client of mine, (RF) Maddy, was crying when suddenly she opened her eyes and found that Jon, her partner, was not looking at her, which she interpreted according to her past relationships as "he isn't listening and doesn't care". She felt about him the way she felt in her family who always discounted her feelings. This was a superimposition of an emotional relationship from the past unto the present as well as a major injury from her childhood which was being reenacted. As she became increasingly angry with him he withdrew further. **It is important to remember that the present time characterological organization often helps sustain the old beliefs and feelings in the present.** To counteract this I asked her to study the image of him turning away from her (since this is what was being enacted between them). She was immediately transported back to the feelings of her childhood. He was much more sympathetic once out from under her attack and reached out to her emotionally.

**Projective Identification:** Projective identification is the process in which you project the image of a person from your past onto a person in the present, and then, as if that weren't enough, you try to get them to identify with it and act it out with you. Inevitably it is your partner who does this and not you, however!

For instance, a client of mine (RF) tended to see her husband as unusually cruel, just like her stepfather. I asked her to see him this way on purpose and study it internally. I asked him if he would be willing to see him this way on purpose and study it internally. I had simply asked them to perform in mindfulness what they were already doing unconsciously.

**Projection:** Projection is the tendency to assign behaviors, feelings, cognitions and intentions to others which we don't allow in ourselves. (Of course this only applies to clients and not to therapists who never project!) If, for instance, you don't want to think of yourself as an angry person, you will tend to project the feeling of anger onto the screen of your partner and then accuse them of being angry.
This principle can be used in therapy by saying, "You are seeing her as angry right now and condemning her for it. Why don't you take a moment inside to notice what happens if I say to you, 'It's O.K. for you to be angry".

Projections are often maintained by the belief that the part of the individual that is projected is unacceptable. Therefore, challenging the belief in a way that pulls for integration of the disowned part will help undo the projection. By saying this to the client, they will either begin the integration or become conscious of the process of projection and the exportation of their anger.

I (JH) often become suspicious that projective identification is taking place when I hear one partner say to the other something like "I bet you hate me" or "You just wanted to get away from me, didn't you?"

Counter-transference: Counter-transference has two definitions: 1) The personal, unresolved material that comes up for the therapist in response to their client's characterological organization, feelings, beliefs and behavior, and 2) the natural response that anyone would have to a client with a particular characterological organization. If you are experiencing the first type, it is important to receive consultation or therapy on the issue. This is not a black mark against your professional skill, but an inevitable and ongoing process. In the second type, your response is diagnostic and can be used to great benefit. Often both types of counter-transference occur simultaneously.

For instance you may feel paternal when interacting with a dependent strategy, impatient with a masochistic one, overwhelmed with histrionics and exhausted in the presence of a manic rush into action. These internal, experiential responses provide you with a clue as to what strategies you are encountering.

In individual therapy counter-transference happens directly between you and the client. In couples therapy it is still happening between you and each client, but it is also happening between them. You can use your personal reactions to each partner as a possible indication as to what one partner is experiencing with the other. Your counter-transference points you in the direction of working with each person's character strategy as well as exploring how the two interact.

For instance: I (JH) worked with a couple where the husband draws largely from a sensitive/analytic strategy and the wife draws largely from an expressive/clinging strategy. My counter-transference with her informs me that she feels ignored by his silence. My counter-transference with him informs me that he feels frightened and overwhelmed by her impassioned expression.

Defenses: Defenses are the ways in which individuals consciously or unconsciously protect themselves from any kind of damage or threat to the self, both real and perceived. Defenses can be witnessed not only in what the individual says but also in how he or she holds tensions in his or her body. Sam might say in a session that he doesn't care what happens in the relationship while he closes his shoulders in and around his chest. His words indicate that he can't be hurt by the outcome while his body indicates a need to protect his heart.

The way in which people defend themselves often proves to be a major factor in triggering their partner in attacking them. In the case mentioned above, Sam's tough exterior left his wife feeling left out, angry with him and more likely to attack him.

In working experientially, one can study defenses in mindfulness. The therapist may even take over the defense while the spouse offers nourishment. It is critical that the therapist not oppose the defense, or he will lose the client's cooperation.

For instance, Tom reported feeling "a wall or armor" around himself in relationship with Kitty. I (RF) asked him if it was keeping something in or out. He studied it in mindfulness (a state of self-observation) and said it protected others from his anger and protected his spirit, but also kept it from soaring. I asked what his spirit had to say about that. It said, "I want to be free". Then I asked what his wall wanted to say,
and it said, "No way, it's too dangerous for you." I then took over the defense (the voice of the wall), whispering to him "No way, it's too dangerous for you." while Kitty cheerleded for his spirit. He finally said, "I don't want to fight with the wall anymore" and established, at least for the moment, a deeper and more vulnerable level of contact with her.

**Splitting**: Splitting is the tendency to see yourself, life and others in black or white terms. In other words, during a conflict a man may think of his wife as "the hysterical bitch" and forget the times when he loves her and thinks she is the most wise, compassionate and sexy saint around. When someone is splitting, they cannot keep both the positive and negative images in mind simultaneously. This is often present in couples' arguments where each partner regards the other as the demon from hell who was sent to personally torture them with their meanness and insanity. Splitting is not just the province of borderlines and narcissists. The more threatened one feels, the more likely one is to split.

*In working with couples the therapist might contact this phenomenon by saying, "Right now you are seeing her as irrational and purposely trying to misunderstanding you. Can you remember a time when you felt like she was on your side? What happens inside as you switch back and forth between these images?" The purpose of this exercise is to begin to build an integrated image of the partner that includes the positive as well as the shadow, and, most importantly, to explore any disinclination to integrate them.*

**Repetition Compulsion**: Freud postulated that people are compelled to reenact patterns of relationships and emotional wounding in an effort to master them. I (RF) would add to this that people organize themselves characterologically in ways to which others will respond predictably, and the response is often a repetition of the original wounding relationship. Paul Watzlowick, a strategic therapist, believes that the way in which people attempt to solve their problems often creates and maintains them.

*For instance Brad favored a masochistic strategy, in which he would resist Kathy whenever she would want to do something new. His characterological resistance tended to engender her pushing, which was the very thing he was organized to avoid (an incursion into his sense of autonomy). I encouraged him to actively resist and study the internal feelings and memories surrounding this action, as well as the systemic effect it had on Kathy. - thus, "riding the horse in the direction it was going". I also had him experiment to see what happened if he resisted a tiny bit less. In this way he would have a visceral experience of the phenomenon, rather than a concept such as "It's probably because my mother pushed me, so I hate it when my wife does." He would have an experience of how he evokes pressure form Kathy.*

**Bowen Theory**

Two of Bowen’s important contributions, which we would like to include here, are genograms and the concept of differentiation.

**Genograms**: A genogram is a diagram of a family tree that records information about family members and their relationships over a number of generations. Made up of connecting lines and descriptive symbols, genograms provide the therapist with a quick gestalt of a family's history and how the two histories of a couple's family intersect. It allows the therapist to keep in mind certain interactional and intergenerational patterns as well events that may have recurring influence on the individual, couple or family. It also helps the therapist detoxify, normalize and reframe current emotionally laden issues for the client(s).

Devi Records, a Hakomi senior trainer, believed that individuals carry an internalized experience of their family’s history in their bodies and psyche, and that that experience can be accessed in mindfulness. Instead of, or along with, a regular genogram, she would ask her client(s) to create a genogram "from the right side of the brain". She would ask them to go into a state of mindfulness, imagine being with their family and then produce a picture of their family history.
using colors, images, movements, human sculptures, symbols, photos, collage, words, etc. that they feel would depict the emotional, relational and eventful quality of their lineage tracing beliefs, characterological organization and patterns across the generations. Again, this process allows the couple to get more of a somatic feel for the kinds of issues and unfolding legacies, both obvious and hidden, which they are trying to resolve with their partners.

I (JH) find genograms particularly helpful when working with issues such as affairs, addiction and emotional cutoff. Often, we can look back and see how these behaviors have been repeating themselves throughout the generations as the result of modeling, loyalty and characterological training. Clients experience some relief when they see that they are acting out behaviors that have become deeply embedded in the family psyche. Consequently, they often are more willing to move in a new direction.

**Differentiation:** Differentiation is the ability to separate what is you from what is not you. It is your psychological immune system: It is the ability to notice and act on your own values, desires, impulses, thoughts, feelings and sensations while maintaining contact with others. It is the ability and willingness to declare oneself even if that means loss of contact. It is the ability to tolerate the anxiety of fully being oneself, being truly intimate, as well as the risk of aloneness that goes with this territory.

> Jim would tend to hold back his anger in his relationship with Mary because Mary would escalate so quickly into anger herself. He would be reluctant to state his needs because they met with such intense negative responses. This pattern of relating can be tracked and then contacted in couples therapy: The therapist might say: "Jim, I notice you started to say something and then stopped yourself. Would it be O.K. if we take a look at how you do that". The therapist may then look for ways to take over Jim’s tendency to give himself up in favor of Mary. This would assist him in becoming more in touch with his desire to differentiate.

**Structural Therapy**

Structural therapists believe that problems in families and couples are maintained by dysfunctional interactional structures. By structure we are referring to the way in which a family or couple organizes its boundaries, hierarchies and subsystems. With boundaries we are looking at how rigid or how loose are the interactional patterns between family members. In hierarchy we are looking at how the family determines what is important. In subsystems we are looking at the kinds of affiliations within the family context and how they affect family functioning.

For instance, in a relationship with overly permeable boundaries we might find instances where one partner answers for the other, or there is constant emotional crises (enmeshment). Conversely, in a relationship with overly rigid boundaries we might find a disengaged couple who avoids conflict by avoiding contact, living parallel lives. The therapist can assist the couple in exploring their boundaries and experimenting with adjusting their permeability to a level that both protects their autonomy as well as allows for real intimacy.

*In one disengaged couple, I (JH) experimentally changed the structure of their interaction by having them turn towards each other, hold one another hands tightly while one or both discussed what was problematic for them. The angriest or most emotional person could hold their partner’s hands as tight as their emotions were being felt. The tight hand holding allowed them to express their anger without hurting the other. They found this helpful as it allowed them to stay connected while dealing with difficult issues. Changing the structure of their boundaries helped them assume a more functional way of relating to them.*

What I’ve described above is a structural tool known as an *enactment*. *Enactments* are the reproduction in a session of behavioral sequences that occur in outside life. We recommend performing them in mindfulness so that something can be learned and options explored. Couples can enact negative behaviors as well as positive behaviors. This usually helps them make more informed choices about their interactions.
In another relationship, Jeff was having trouble staying physically and emotionally involved with his wife and four-year-old son. Thinking that this was at least a hierarchical problem, I (JH) asked him to go inside and imagine what his relationship with his son might be like in twelve or more years when his son would be getting ready to leave the family home. He suddenly realized that it was very important to him how his son felt about him and that he wanted to have a good relationship with him after he moved out. He didn’t want to repeat his relationship with his own father. He realized also that he had been relying much too much on his wife to carry the weight of the emotional tasks of family life. His appreciation for her was renewed and her resentment dissipated.

I (RF) saw a couple in which the man’s parents were interfering in the couple’s relationship to an extraordinary degree. The mother did not want to lose her son to this new woman. This is an example of an unclear demarcation between the parental and couple’s subsystem. I had the couple draw a circle around them that excluded the parent and for the man to explore inside how this felt. He was subsequently able to refuse to answer questions his mother asked about his relationship and to ask her not to give him advice anymore that was adversarial to his relationship with his fiancee.

In Hakomi, we ask family members to study the structure of their relationship in mindfulness. They can shuttle back and forth from functional structures to dysfunctional structures to get a good bodily felt sense of both, identify any other experiences that went with each and then make their own choice about what felt best.

**General Systems Theory**

Circular self-reinforcing patterns: A concept that appears in much of systemic thought under different names is "mutually self-reinforcing interactive sensitivities". In other words, each partner comes to the relationship with sensitivities developed from experiences in their past. These sensitivities tend to become triggered by their partner’s behavior, which was in turn triggered, by the first person’s sensitivity.

For instance, Ellen had a rageful father and cannot tolerate any kind of anger in her partner. Harry had a withdrawn mother and it is hard for him to tolerate Ellen’s need for space. These are their sensitivities based on past injuries. They interact in such a way as to exacerbate each other. The angrier Harry becomes, the more withdrawn Ellen becomes thereby inviting more anger from him, which invites more withdrawal from her. The pattern is circular with roots in each person’s individual psychology.

In Hakomi, this can be studied through the use of couple’s sculptures in which the partners physicalize this interaction. They make a real life sculpture of their stances in relation to each other and then explore how these interact as well as the personal history encoded in the postures. They can also amplify or decrease their part in the interaction and study what happens to their partner as they do this. For instance, Harry could soften and see what gets elicited from Ellen and she could come forward more and see what gets elicited from Harry.

The Function of the Symptom: Peggy Papp saw symptoms as an attempt by the couple or family to maintain a certain regulation in their interactions. If the symptom is removed, then the interaction will become unregulated causing increased anxiety. In a systemic approach one recognizes that to solve one problem may create another problem in "the larger ecology". Many times parents have returned to therapy after a symptom in their child has disappeared and report that their marriage is now in jeopardy. In treating a symptom, the therapeutic question is "What will happen if this symptom is eliminated?" How will this couple function without it? Is it worth it to change? Will the price of change be too high? The job of the therapist is not to solve the problem presented by the client(s) but to set up experiments through which the dilemma can be explored and the deeper meaning of its presence discovered.
One couple complained that their sex life lacked passion and intimacy. They both wanted more and blamed the other for the lack. I (RF) gave them the probe: "It's O.K. to be vulnerable" brought up for her the decision to never allow herself to be vulnerable again in the way she was with her humiliating, critical father, and his fear of appearing weak. Becoming more vulnerable, even though it sounded attractive, was what they each resisted most. Curing the problem would put them face to face with their fears of intimacy.

As another example, one couple presented with an affair. As the crisis was reduced and the underlying issues began to emerge, it became apparent to me (JH) that this couple had little experience and/or comfort with intimacy. Their awkwardness, defensive joking and subtle blaming and even the affair were all in service of keeping them from entering territory for which they had little skill or modeling. The affairs (the symptom) served the function of protecting them from their fears of intimacy. The focus of the therapy therefore, was to help the couple learn to tolerate intimacy by exploring expressions of kindness, support, touch, listening, holding and other aspects of intimacy that had been so foreign to them in the past.

**Narrative Therapy**

One important concept in narrative therapy is "unique outcomes".

**Unique Outcomes:** A unique outcome is the exception to the rule. In couples' interactions, this means the time when they do not fall into the same self-reinforcing pattern that they habitually recreate. In narrative language, this is the time when they do not come under its influence, or they do not accept its invitation.

For example, generally Martha complains about Don who defends himself. This tends to escalate reciprocally with Martha feeling unheard, and Don feeling under attack. One time, however, stepping out of the pattern Don said, "Oh that must make you feel really bad." Martha was surprised at this break in the pattern, but felt relieved and heard for once, so she let it drop. This is a unique outcome, and the therapist should, according to this theory, pay great attention to exploring it.

A Hakomi approach to this style would be to ask the couple to create the unique outcome in front of you: "Lets say you go home and you have this same fight, except, this once it turns out well, what would each of you do differently to arrive at a more satisfactory conclusion. Why don't you act it out right now and let's explore how it feels to each of you." This gives the couple an opportunity to experientially expand their repertoire and to explore any resistances that might come up to discourage them. Each person can direct the play as they see fit providing new roles for both of them and then acting them out in mindfulness.

In Narrative Therapy one attributes negative intentions to the pattern, not the individual. A therapist might say, "Tell me about a time when you did not come under the influence of the pursuer/distancer pattern and did not accept its invitation to pursue him (or distance from her)."

I (JH) tried another approach to access unique outcomes recently: I asked a burdened couple to teach each other their dance of joy. They were mired in lifelessness together mostly because they were embarrassed about showing their happiness to each other. I wanted to provide an opportunity for them to experience something other than their usual weightiness. Performing this exercise helped them connect with each other in an uncharacteristic way that immediately bright more aliveness to their relationship and enabled to explore their predisposition to stickness as well as a pathway to more aliveness.

A simple technique that provides an opportunity for a unique outcome is to ask an adversarial couple to look at each other experimentally through kind eyes and see what comes up.

It is important in creating opportunities for unique outcomes that one is not doing violence to the
current form of organization. It is best framed as an opportunity to try something different, like trying on a new coat to see if it fits, as well as a time to explore their reluctance to the new organization rather than a "better way of doing it".

**Strategic Therapy**

**Problem Maintaining Solutions:** Strategic therapy postulates that people maintain their problems by their methods for solving them. As Geneen Roth says, "For every diet there is an equal and opposite binge". The attempt at losing weight (the solution) actually maintains the problem (being overweight) by resetting the metabolism and leaving a person with so much deprivation that the body compensates by binging.

*Taken in the context of couples interactions, Jill tends to feel lonely, and feeling lonely tries to solve the problem logically by reaching out to her husband Alan, who tends to feel suffocated and pulls back to solve his problem (Jill's pursuit). Jill's attempt to solve her loneliness fails, and actually exacerbates her problem, because it elicits withdrawal from her husband. In the same fashion, Alan's attempt to solve the problem of intrusion results in more intrusion on an ongoing basis.*

In Hakomi, this perspective could be used by asking Jill to engage in her usual problem-solving behavior (pursuit), and notice what happens to Alan when she does it. She can then also explore in mindfulness how she is organized around maintaining contact and the feelings and beliefs that arise when she is more alone. The therapist might ask Alan to move his head a bit to the side while Jill studies the effect internally. She could then also explore what would happen if she tries other approaches to Alan. Jill's reach can also be used as a probe for Alan who can study internally what happens when she reaches towards him, and how he organizes around intimacy.

**Cognitive Behavioral Therapy**

**ABC Formula:** One useful concept from the Cognitive/Behavioral world is the ABC Formula. This formula views couples interactions in the following manner: An action ("A") takes place which is interpreted ("B") along the lines of a person's core beliefs. Their interpretation then generates a reaction ("C") such as a feeling or a behavior. The interpretation is the critical factor in this formula. Reactions do not simply follow actions, but are oriented in certain directions by the interpretations, which are in turn based on core beliefs (a concept familiar to Hakomi).

*When Sam comes home from work he is tired and does not say hello to his partner Roger ("A"- the action). Roger interprets ("B"- the interpretation) this as meaning that Sam is not interested in him and then acts accordingly, by closing down and pouting for the evening ("C" - the reaction).*

This can be used in Hakomi couple therapy in a number of ways. Looking for these interpretations provides the therapist with information about core beliefs. These can be explored with probes and taking over. The partner can offer the potentially nourishing experience that is the opposite of the core belief. In the example above, Roger has a core belief that people don't really care about him. Sam could say as a probe, "I care about you." As the resistances to this come up in Roger, the therapist can take them over. For instance, Roger may hear a voice inside saying, "Don't trust him." The therapist can then take this over while Sam continues to say, "I care about you." The therapist can also look for what happens once the interpretation is made. Does the interpreter get angry, withdraw, collapse, dig in, move into action, etc.? How are they organized around the interpretation? This organization can be studied in mindfulness.

**Behavioral Theory**

Some useful concepts in a behavioral approach to couples therapy are 1) the overuse of aversive conditioning, 2) communication training, and 3) care days.

**Aversive Conditioning:** Aversive conditioning is a method for shaping behavior through the use of unpleasant consequences for undesirable behavior.

*A typical way in which this is commonly used with couples is as follows: When Dawn is not*
interested in Jack, he calls her "frigid". However, rather than decreasing the unwanted behavior (rejection of his sexual advances), it tends to produce more of the same since Dawn does not like her sexuality criticized, and the reason she is not interested is not being discussed (his affair with Sylvia).

One of the problems in couple’s interactions, according to behaviorists is the overuse of aversive conditioning.

When a member of a couple uses aversive conditioning, instead of rebuking them for their bad form, a therapist might have them study in mindfulness what the effect is on the partner and where the aversive approach originates in the one who is using it. It may come, for instance, from a sense of frustration about the communication, or perhaps it can be an attempt to voice a need without being vulnerable, or an attempt to keep the level of intimacy at as low level.

I (JH) will often use the metaphor of the "relationship bank account " to illustrate the value of positive reinforcement in a relationship. Each member must remember to make regular deposits of affection, kindness, favors etc. to tide them over during times of stress or solitude when they might not feel as generous.

**Communication Training:** Training people in communication methods has been popular for some time, although it is somewhat ineffective. We believe this is largely because intentions must first be embodied to become automatic. Training includes teaching couples such techniques as making "I" statements, not using "always" and "never", speaking about one's feelings rather than the character flaws of the partner, referring to distinct, observable events as opposed to evaluations or judgments, reflective listening without interrupting, checking out assumptions with their partner, etc. Unfortunately when people are angry and don’t feel understood, their first tendency is to violate all these rules.

**Applying Hakomi to this,** a therapist might suggest the couple try a communication first according to their impulses, and then according to the "rules" while tracking their internal responses as well as their partners' to each method. They can study what comes up internally that pushes them to violate the "rules"

**Care Days:** Care days is a behavioral homework assignment in which the partners in a couple write out lists of what would make them feel cared about. This is followed by an exchange of some of these caring behaviors.

In suggesting an assignment like this, it is helpful to have the clients track internally what in them objects and what supports providing these caring behaviors to their partner as well as what happens inside when they are the recipient of nourishment by their partner. Exchanging these behaviors tends to begin a self-reinforcing cycle of good will.

**Conclusion**

We have selected concepts from a number of important schools of couple’s psychotherapy to demonstrate how they can be used and integrated into Couples Psychotherapy using Hakomi principles. Many of these techniques also apply to individual therapy as well. Our contention is that these interventions and assessment procedures can be used experientially in mindfulness while providing helpful maps of the territory of couple's interactions. There are of course, many other such concepts as well as other important theoretical orientations. We hope that you will drink deeply from their wisdom and integrate them with the power of experience that is the hallmark of Hakomi.

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