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Somatic Psychotherapy And The Ambiguous Face Of Researchⁱ Gregory J. Johanson, PhD

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Abstract

The relationship between somatic psychotherapy, science, and research are explored, especially as they relate to Hakomi Therapy as one modality within the body-inclusive therapeutic community. It outlines how a training institute, as a provider of psycho-somatic therapy trainings, functions as both a consumer and generator of research. Issues explored include how somatic therapists have pioneered aspects of psychotherapy in advance of corroborating research findings; how findings are engaged critically in light of clinical experience; and how findings beyond psychotherapy in cognate fields such as neuroscience, developmental studies, multicultural, and spiritual arenas are necessarily integrated into an adequate research agenda. “Science” in this context refers to principles from the sciences of complex adaptive systems (CAS) and the philosophy of science of what it means to be human. “Research” refers to experimental methods for confirming or questioning scientific/clinical assertions

Keywords: psychotherapy research, somatic psychotherapy, Hakomi Therapy, AQAL Integral Theory

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Introduction

Somatic psychotherapy today encounters issues of widespread applicability due to the current emphasis on evidence-based practice and research. Some practitioners and some agencies simply will not consider using or training in body-inclusive methods unless “you show me the research.” And by research they mean double-blind studies such as those used with pharmaceuticals. In this article a number of research issues are referenced and woven into a position that questions the unquestionable authority of facile remarks about research that serve to denigrate somatic psychotherapy methodologies. This denigration is hurtful not only to the somatic field, but also to those who could benefit from it. For instance, the author’s personal experience with the Veteran’s Administration in the United States revealed that it has not yet incorporated the crucial somatic elements of working with trauma that have been pioneered by Van der Kolk (1994, 2003), Ogden (Ogden, Minton, & Pain, 2006), Rothschild (2000), and others. Deeming these methods not yet empirically validated is a serious detriment for veterans experiencing PTSD who often feel forced to seek effective help outside the VA system, which means paying out of pocket for services. Offering a hopefully more nuanced account of research issues does not mean to call into question the overall

importance of research in the somatic field or the field's willingness to engage in research projects when the necessary conditions are present.

While this article addresses somatic psychotherapy, science, and research in general, I am most familiar with Hakomi Therapy, and therefore use it as a particular example of a body-inclusive modality. Hakomi has integrated much from gestalt, psychomotor movement, bioenergetics, focusing, psychodrama, and more, plus more recent integrations from internal family systems, accelerated experiential dynamic psychotherapy, recent attachment theory, interpersonal neurobiology, and more. Parallel thinking and articles might be done, focusing on many other modalities.

Science and Research

Historical Discontent

Hakomi, along with many other somatic modalities, was born in the 1970s in a period of relative discontent and dissatisfaction with the psychological theory and research of the time (Johanson, 2012). The efficacy of psychotherapy was still debatable. Ron Kurtz, the founder of Hakomi Therapy, generated excitement in those who gathered around him in the 1970s by approaching psychotherapy through theories and methods other than those used by the standard, well-known schools of psychology. Rather, he evaluated and incorporated various therapeutic modalities and sub-processes through the lens of his background in the sciences of complexity and non-linear organic systems, as these informed what it meant to be human. Thus, those involved with Hakomi have had a long-standing, continuous interest in science and the philosophy of science, broadly conceived (Johanson, 2009b, 2009c).

This unique background foundation in non-linear systems has served the Hakomi Institute well in its primary functioning as a training institute as opposed to a research institute. Hakomi of Europe, headquartered in Germany, led the way in getting Hakomi approved as a scientifically validated modality within the European Association for Psychotherapy in the European Union. As such, the Hakomi Institute is an approved psychotherapy-training provider in the European Union. Credits in doctoral programs for studying Hakomi have been obtained through a number of educational institutions worldwide. Likewise, the Hakomi curriculum was approved as an official national training for psychotherapists in New Zealand through the Eastern Institute of Technology in Napier. Subsequently, chapters on Hakomi Therapy have been included in standard textbooks on theories of counseling and psychotherapy (Roy, 2007), as well as investigated in various theses and dissertations (Benz, 1981; Kaplan, 2005; Myllerup, 2000; Rosen, 1983; Schanzer, 1990; Smith, 1996), and other books (Caldwell, 1997; Johanson & Taylor, 1988; Staunton, 2002), and articles.

Critical Consumers of Research: The Standard of a Respectable Minority

Research in general is a broad topic with numerous aspects. Somatic psychotherapy modalities that sponsor training institutes are consumers of research that have striven for an engaged and constructive, yet critical, relationship with psychotherapeutic and other research that remains in tension with its clinical experience. As an example, Hakomi faculty and practitioners have not been willing to wait for positivistic scientific approval of what seemed clearly therapeutically helpful, though they do track a wide range of scientific studies for confirmation or disconfirmation as they arise. For instance, Kurtz realized in the early 1970s the potency of mindfulness in helping clients become aware of and transform the way they organized their experiences, something central to depth-psychotherapies (Shedler,

2010, p. 100; Stolorow, Brandchaft, & Atwood, 1987). The effectiveness of this discovery has been explored and deepened ever since. Most other therapists who were interested in the mindfulness-therapy interface would not allow themselves to speak of it in professional settings until the early 1990s (Siegel, R., 2010). Kabat-Zinn began publishing about the use of mindfulness for working with pain in the mid-1980s (Kabat-Zinn, Lipworth, & Burney, 1985). Linehan (1993) published on the use of mindfulness in treating borderline personality disorders in the early 1990s. Varela et al. (1991) used mindfulness to begin moving cognitive science into the realm of embodied neurophenomenology (Colombetti, 2013; Thompson, 2007). Today, there is an ever-growing wealth of studies related to mindfulness and psychotherapy (Johanson, 2006a, 2009a). There is now much emerging knowledge from interpersonal neurobiology about the underlying mechanisms of mindfulness (Hanson, 2009; Siegel, D., 2007, 2010; Simpkins & Simpkins, 2010). Pessó (1973) notes that somatic psychotherapy, especially psychomotor, has always had an element of mindfulness. The example of mindfulness illustrates that experimental psychotherapy research does not generally produce new knowledge so much as evaluate hypotheses generated in clinical practice (Gendlin, 1986; Goldfried, 2009). It is also an example of when the somatic community and Hakomi have maintained “the standard of a respectable minority . . . out of concern that the standard of common practice was insensitive to emerging but not yet popular treatments”, a standard that “recognized that the healthcare fields do not always have a consensual view of what is effective” (Beutler, 2009, p. 308).

The Personhood of the Therapist

This stance of a respectable minority has also played out in the caution of the somatic psychology field toward the supposed gold standard of randomized clinical trials (RCTs), which separate “the person of the therapist from the acts of psychotherapy” (Beutler, 2009, p. 311). Somatic psychotherapy trainings routinely balance concentration on the being or personhood of the therapist with the doing aspects of method and technique, as it has always been obvious to training faculty and supervisors that it is the characterological limitations of therapists that restrict their effectiveness in utilizing the processes being taught. This position is congruent with much research that has built on the investigation of common factors and underlined the importance of the therapeutic relationship (Ablon & Jones, 2002; Beutler, et al., 2003; Beutler et al., 2004; Castonguay & Beutler, 2006; Duncan & Miller, 2000; Horvath & Bedi, 2002; Horvath & Symonds, 1991; Mahoney, 1991; Norcross, 2002, 2005; Orlinsky, Ronnestad, & Willutzki, 2004; Safran & Muran, 2000; Sexton & Whiston, 1991; Shedler, 2010; Tombs, 2001; Vocisano et al., 2004; Wampold, 2001; Whiston & Coker, 2000).

Factors that Comprise Psychotherapy

Along this line, somatic psychotherapy that deals with characterological change agrees with those who argue the need to “revise our definition of ‘research-informed psychotherapy practice’ (RIP) so that it addresses those factors that actually comprise psychotherapy” (Beutler, 2009, p. 302). For instance, the Hakomi unity principle agrees that variables relating to “therapist and patient personalities, interpersonal values, therapist and patient gender, social skills, and attachment levels and the like [that] are not always capable of being randomly assigned” must not be ruled out in RCTs (Beutler, 2009, p. 310). The same applies to cross-cultural issues (Johanson, 1992; Paniagua & Yamada, 2013). And, as Gendlin (1986) has pointed out, it is better not to isolate chemical from psychological from social factors, but to

control for all three and test them together. “They are already always together. . . . Everyone thinks, feels, dreams and imagines; has a body; has a family; acts in situations; and interacts with others” (Gendlin, 1986, p. 135). Likewise, “the practice of therapy often involves more complex clinical cases” with numerous co-morbid conditions than are dealt with in much of academic research (Goldfried, 2009, p. 26). Though the DSM is purposefully a-theoretical, somatic psychotherapy, along with others (Blatt & Zuroff, 2005), continues to see the connections in character issues related to Axis II that affect many Axis I conditions, and thus, the value of teaching characterology, though in a non-pathologizing way.

Beyond Acute Symptom Alleviation

As psychodynamic depth-psychotherapies, it is significant to somatic psychotherapy practitioners that “researchers . . . have yet to conduct compelling outcome studies that assess changes in inner capacities and resources” (Shedler, 2010, p. 105), because

the goals of psychodynamic therapy include, but extend beyond, alleviation of acute symptoms. Psychological health is not merely the absence of symptoms; it is the positive presence of inner capacities and resources that allow people to live life with a greater sense of freedom and possibility. Symptom-oriented outcome measures commonly used in outcome studies . . . do not attempt to assess such inner capacities (Shedler, 2010, p. 105).

The development of such tools as the Shedler-Westen Assessment Procedure (SWAP) (Shedler & Westen, 2007) that assesses “inner capacities and resources that psychotherapy may develop” (Shedler, 2010, p. 105) in support of healthy functioning, is important to Hakomi. A main goal of the method is to mobilize clients’ capacities to employ mindful or compassionate awareness (Eisman, 2006) with aspects of themselves that might be evoked throughout a lifetime, beyond formal therapy. This kind of research could help confirm that it is intra-psycho changes in the organization of a client’s experience, a central concern of Hakomi (Johanson, 2006a), that “account for long-term treatment benefits” (Shedler, 2010, p. 103). A change mediated through the neuroplasticity of the brain alters the flow of energy and information and “activates neuronal firing that is integrative and produces the conditions to promote the growth of integrative fibers in the nervous system” (Siegel, 2009, p. 166), the physiological mechanism of effective psychotherapy.

Clinician/Researcher Interface

Many people in the broader field of psychotherapy are aware of the “long standing strain in the alliance between clinicians and researchers” (Goldfried, 2009, p. 25). For one, evidence-based treatments don’t work as well in actual practice settings as they do in the lab partly because perfectly and narrowly diagnosed clients do not walk through the treatment door. Furthermore, it does matter who uses a treatment protocol and in what way. Others note “. . . the chasm that exists between science and practice . . . [along with] how weak the evidence is for certain widely held beliefs about the nature of empirically supported treatments (ESTs)” (Beutler, 2009, p. 301; Goldfried, 2009, p. 26). For instance, it is not true that “psychotherapy would be more effective if everyone practiced an ‘empirically supported treatment’ . . . [or that] cognitive and cognitive-behavioral therapies are more effective than relational and insight-oriented forms of psychotherapy” (Beutler, 2009, p. 303) (cf. also Duncan & Miller, 2006; Elkin et al., 1989; Kazdin, 2008; Schulte et al., 1992; Shedler, 2010; Wampold, 2001; Wampold et al., 1997).

Likewise, it is now clear that “most manual-driven therapies are equivalently effective

and not substantially different from most rationally derived therapies” (Beutler, 2009, p. 310). Actually, the effects of cognitive behavioral interventions tend to fade and require relapse prevention strategies (de Maat et al., 2006; Gloaguen et al., 1998; Westin, Novotny, & Thompson-Brenner, 2004).

Though it is not yet common knowledge in all academic or therapeutic quarters, empirical evidence plainly supports the efficacy of psychodynamic therapy, a characteristic of Hakomi, Bioenergetics (Lowen, 1975), Core Energetics (Pierrakos, 1987), and other somatic approaches to characterological transformation (Ablon & Jones, 1998; Bateman & Fonagy, 2008; Blatt & Auerbach, 2003; Bucci, 2001; Clarkin, Levy, Lenzenweger, & Kernberg, 2007; Fonagy et al., 2002; Jones & Pulos, 1993; Leichenring, 2005; Leichenring & Leibing, 2003; Leichenring & Rabung, 2008; Leichenring, Rabung, & Leibing, 2004; Milrod et al., 2007; Shedler, 2010; Szecsoedy, 2008; Westen, 1998).

Norcross, Beutler, & Levant (2005) note other unexamined assumptions and limitations of research. There is certainly a social construction aspect to validity studies (Kvale, 1995). Linford & Arden (2009) have called into question what they term the Pax Medica of the current three-part standard of therapeutic practice that is comprised of strict DSM categories, evidence-based treatments (Blatt & Zuroff, 2005; Duncan & Miller, 2006; Elkin et al., 1989; Kazdin, 2008), and the use of antidepressants (Greenberg, 2010; Kirsch, 2010; Meyer et al., 2001; Turner et al., 2008; Wakefield & Horwitz, 2007).

A Complimentary Model

Based on its defining principles (Johanson, 2009b; Kurtz, 1990), Hakomi practitioners recognize the interrelatedness of all things and generally think that psychological science would do well to conceptualize research subjects with a metaphor, something like the rhizome suggested by Deleuze and Guattari (1987): “A rhizome has no beginning or end; it is always in the middle between things, interbeing” (p. 25). It embodies an “acentred multiplicity” (p. 17) that is multiply derived or over-determined, which displays nonlinear emergent properties. Thus, there can be “no dictatorial conception of the unconscious” (p. 17). While hardly anyone will disagree that a human being is a non-linear system with the possibility of emergent properties that defy easy determinisms, almost all psychotherapy research defaults to a linear setting (Johanson, 2009b, 2009c; Marks-Tarlow, 2011; Thelen & Smith, 2002), which thus imposes constraints and limitations that tend to throw away unexpected results.

The rhizome metaphor would lend itself to adopting Kurtz’s preference for working with Popper and Eccles’ (1981) conception of unconscious behavioral determinants as “dispositions.” We are not absolutely determined, but rather disposed in various directions by many factors such as genes, biochemistry, interpersonal relationships, cultural, and social forces. Since everything is interconnected, each variable will produce a disposition in relation to the others so no one item can remain independent. This understanding fosters a healthy degree of humility in psychological research that allows for a pluralistic conception of psychology and a number of types of investigation, which contemporary theorists also call for (Held, Richardson, Slife, & Teo, 2010; Teo, 2009).

A Model Embracing Awareness and Complexity

Certainly, according to postmodern principles, there is no question that all psychological research and methodologies reflect underlying philosophies and values (Bishop, 2007; Johanson, 1979-80; Polkinghorne, 1983; Spackman & Williams, 2001) of which one should be as conscious and explicit as possible (Romanynshyn, 2007, 2010). For instance, the pre-

WWII period valued the importance of the Freudian differentiated autonomous self as opposed to the self-in-relation concept of post-war feminist therapists (Gilligan, 1982; Jordan, et al., 1991). Likewise, Ahammed and Cherian, (2013) and others criticize Western psychological research for not being in relation to expanded states of consciousness commonly valued in the East. Sundararajan, Misra, and Marsella (2013) contrast the Western grand atomic self that considers mental diseases as entities considering culture only an add-on to the self, with multicultural views of a relational or contextual self that affirms “all mental disorders are culture-bound disorders since no disorder can escape cultural encoding, shaping, and presentation” (p.75).

Translated into research methodology, the [Western] particle/atomic perspective favors a descriptive model that generates numerous objective lists in psychology--behaviors, personality traits, social cognitions, and so on. By contrast the [Multicultural] wave perspective favors the holistic, explanatory models that capitalize on hermeneutics--interpretations and narratives of emergent phenomena such as meaning and subjective experiences (p. 74).

An Integral Model

Hakomi's unity principle, for example, fits most closely with Wilber's (1995, 2000, 2006) AQAL (all quadrants, all levels, all lines) Integral Model of human functioning. Here, the quadrants are derived from acknowledging both the individual and communal aspects of being human, combined with both the objective-outer-monological and the subjective-inner-dialogical aspects. The resultant quadrants represent the inner aspects of individual consciousness and cultural values as well as the outer aspects of social structures and individual behavior and biochemistry, in a non-reductionistic mutual interplay where each quadrant has a science, methodology, and validity appropriate to its field. A danger of research from this integral perspective is of over-emphasizing variables from one quadrant while ignoring those from the others, constricting the contextual field and relevance of the research.

This integral, holonic (Koestler, 1967) conception of humanity certainly makes room for the use of qualitative research stemming from phenomenological, existential, hermeneutical perspectives (DeAngelis, 2010; Giorgi & Giorgi, 2003; Halling, & Nill, 1995; Michell, 2003; Moustakas, 1990; Packer & Addison, 1989; Wertz, 2005; Wiggins, 2009). It honors and requires quantitative studies as well. It celebrates developments in neurobiology that demonstrate that mind (inner aspect) and brain (outer aspect) inform each other (Kandal, 2007; Porges, 2011; Schacter, 1992, 1996; Siegel, 1999, 2006, 2007).

The somatic psychotherapy community generally supports the use of mixed methods research, which in its combination offers the broadest view of a subject (Creswell & Plano Clark, 2007). Wiggins (2011) writes, however, that there still exists a dilemma in the use of mixed methods in that every use of the mix tends to come from an underlying positivist or interpretivist worldview that evaluates or subsumes the methods in accord with its privileged viewpoint. Mruk (2010) offers a research approach to an integrated description that carefully conserves overall holistic humanistic concerns and principles, but incorporates traditional positivistic values related to validity, prediction, measurement, control, and real world utility. The APA Presidential Task Force on Evidence-Based Practice (2006), on the other hand, wanted to endorse “the evidentiary value of a diversity of research methods” (Wiggins, 2011, p. 55). However, in an unacknowledged way, “as Wendt and Slife (2007) observed, the task force proposal places qualitative methods on the bottom of a hierarchy of research methods, ranked according to their rigor and value within a positivistic worldview” (Wiggins, 2011, p. 55).

The research paradigm wars (Gage, 1989), and dilemmas (Wiggins, 2011) can be transcended by the adoption of Wilber's AQAL model, which not only honors but also invites the “otherness” of methods appropriate to each quadrant. A framework that accounts for, welcomes, and utilizes the most research from the most places is more inclusive than one that does so to a lesser degree. It is not an arbitrary power move to say this, any more than it is to assert that a molecule has a more inclusive embrace than an atom, or that this paragraph has more significance than a single letter, though atoms and letters are more foundational as building blocks (Ingersoll & Zeitler, 2010; Wilber, 1995). Those espousing the AQAL framework would, however, criticize approaches with a limited viewpoint and methodology such as that of Baker, McFall, and Shoham (2010), who are seen as imperialistic or reductionistic in making their partial perspective more than what it is.

Encouraging Developments

With all the above cautions noted, the overall thrust of psychotherapy research in the last thirty years, in conjunction with that of cognate disciplines such as interpersonal neurobiology, trauma, and developmental studies, has been quite substantial and encouraging. It is an exciting time in psychology and psychotherapy. Research now confirms that psychotherapy is actually effective (Seligman, 1995). The Dodo Bird conclusion from comparing therapies that “all have won and everyone must have prizes” has likewise induced some helpful humility in the field, motivating schools to learn from each other, including the delineation of common factors (Bateman & Fonagy, 2008; Beutler et al., 2003; Bohart, 2000; Bucci, 2001; Castonguay, 1993; Frank, 1986; Lambert & Ogles, 2004; Lipsey & Wilson, 1993; Luborsky, Singer, & Luborsky, 1975; Mahoney, 1991; Orlinsky, Ronnestad, & Willutzki, 2004; Sexton & Whiston, 1991; Smith & Glass, 1977; Smith, Glass, & Miller, 1980; Stevens, Hynan, & Allen, 2000; Stiles, Shapiro, & Elliot, 1986; VandenBos & Pino, 1980; Wampold et al., 2002; Wampold et al., 1997).

Cautions

At the same time, Lilienfeld (2007), and Cummings and Donohue (2008) have noted the problems of simply following charismatic leaders in the field who circumvent honest dialogue with the research tradition, as some in the somatic community have. As Neukrug argues, though it is necessarily true that “all research is biased . . . that does not mean that research is not important” (2007, p. 384). And, all research that results in actual data is good, even though the theory that drove the experiment might not hold up (Johanson, 1988). The postmodern quest to know everything contextually in relation to everything else remains, and requires that we honor all the pieces of the puzzle available to us (Wilber, 1995).

Levels of Experiencing and More

One of the common factors of therapeutic effectiveness delineated by Castonguay et al., (1996) relates to levels of experiencing. Of the seven levels the study explores, somatic modalities operate routinely and preferably at the highest levels of gaining “awareness of previously implicit feelings and meanings . . . [and] an ongoing process of in-depth self-understanding” (p. 499). It has been gratifying that many stock and trade elements of somatic psychotherapies from their post-1960s beginnings have found mainline psychological support through ongoing research. For instance, Hayes (2004) notes that the cognitive-behavioral therapy tradition

. . . has maintained its core commitments to science, theory, and good practice. In

the last 10 years, a set of new behavior therapies has emerged that emphasizes issues that were traditionally less emphasized or even off limits for behavioral and cognitive therapists, including mindfulness, acceptance, the therapeutic relationship, values, spirituality, meditation, focusing on the present moment, emotional deepening, and similar topics. (Hayes, Follette, & Linehan, 2004, p. xiii)

Compassion and the Positive

Another gratifying development in psychodynamic work, through the influence of attachment, developmental, and psychotherapy efficacy studies, is research supporting the use of compassion and positive affects in therapy (Baumeister & Leary, 1995; Beebe & Lachmann, 2002; Bridges, 2006; Davidson & Harrington, 2002; Decety & Jackson, 2004; Fehr, Sprecher, & Underwood, 2009; Fosha, 2000, 2004, 2009c; Fredrickson, 2001; Fredrickson & Losada, 2005; Germer, 2009; Gilbert, 2005, 2010; Greenberg & Paivio, 1997; Greenberg, Riche, & Elliott, 1993; Ji-Woong et al., 2009; Johnson, 2009; Keltner & Haidt, 1999; Laithwaite et al., 2009; Lamagna & Gleiser, 2007; Lewis, Amini, & Lannon, 2000; Panksepp, 2001; Paivio & Laurent, 2001; Prenn, 2009; Schore, 2001; Shiota et al., 2004; Trevarthen, 2001; Tronick, 1998; Tugade & Frederickson, 2004). This is something Kurtz (1990) affirmed from the beginning, though he knew it was not the mainline model of “professional demeanor” (Kurtz, 2008, p. 15) at the time. He was often heard in trainings to say, “Find something in the client you love.”

An Impulse Toward Growth

Something occurs in therapy that seems beyond the control of therapist and/or client. Growth can happen in the face of ignorance, stumbling, and fumbling by therapist and client alike. Growth may not happen despite the most highly trained clinician employing the most state of the art techniques. Peck (1978) was so impressed that growth happens at all — in the face of so many obstacles working against it — that he posited some spiritual force called grace to account for it in his best seller *The Road Less Traveled*. In Hakomi, Kurtz (1990) often referred to the concept of “negentropy” as expounded by Bateson (1979), Prigogine and Stengers (1984), and Wilber (1995), the notion that there is a force in life that moves to build wholes out of parts, as well as the more well-known second law of thermodynamics that posits the opposite. By any name (“transformance” for Fosha, 2000; “the life-forward direction” for Gendlin, 1996), there is an organic impulse to heal, which can be experienced phenomenologically, and that moves toward increased complexity and wholeness. Somatic therapists (Caldwell, 1996) always count on this organic impulse, which has received increasing research support in recent years (Eigen, 1996; Emde, 1988; Fosha, 2006, 2008, 2009a, b; Ghent, 1999, 2002).

Larger Self-States

There are also core aspects of mindfulness or consciousness — inclusive of passive awareness and active compassion — that somatic therapists working with awareness assume are essentially present in all clients. These potentials are there regardless of the person’s object-relations history as it shows up on the ego level of past conditioning. Some refer to these essential qualities as comprising the Self, core self, heart self, ontological self, and so on. The concept of a larger self, new to Western psychology (Ahammed & Cherian, 2013; Schmidt, 1994), has likewise received research support since the 1970s (Almaas, 1988; Fosha, 2005; Kershaw & Wade, 2011; Mones & Schwartz, 2007; Panksepp & Northoff, 2008; Russell &

Fosha, 2008; Schwartz, 1995). Within the Hakomi community, Eisman (2006) has led the way by developing a healing approach called the re-creation of the self (RCS) that centers on resourcing clients as fast as possible in the non-egocentric trans-historical aspects of this larger self state.

Resourcing

The emphasis on resourcing through larger self-states is congruent with the more general emphasis on resourcing in somatic modalities by helping clients be in touch with their strengths, bodily energies, hopes, positive images, memories, and so forth (Caldwell, 1996). Much recent research supports this emphasis (Gassman & Grawe, 2006). For trauma therapists who work with lower brain activation, multiple forms of resourcing are absolutely necessary (Ogden, Minton, & Pain, 2006). Somatic psychotherapies generally begin with fostering qualities of safety, curiosity, and present moment experiencing, which is a way of resourcing clients to successfully explore inner material (Fogel, 2009). Humor — with which Kurtz was so brilliant — can provide a hypnotic affirmation of faith communicating to clients that they have what it takes to deal with whatever is afflicting them (Sultanoff, 2013). Working through barriers to transformation and the introjection of positive “missing experiences” is a way of both unburdening hurtful experiences and expanding a client’s toleration of positive experiences (Robbins, 2008). Encouraging clients to move toward the future with hope by integrating more positive experiences into their lives while dealing mindfully with whatever barriers arise stimulates the immune system and a more grateful, energized way of meeting life (Johanson, 2010; LeShan, 1989).

Appropriate Trainees

Although most somatic trainings are marketed primarily to licensed mental health professionals as continuing education opportunities, the central importance of relationship, self-qualities, compassion, and awareness to the practice of psychotherapy has led many faculties to also accept others into the trainings who are assessed as able to benefit from the teaching. An array of body workers, naturopaths, lawyers, teachers, artists, nurses, medical doctors, and others have taken trainings, either to learn methods they can incorporate into their work, or as a way of tasting the field of psychotherapy before committing to various graduate programs. Setting aside the legal questions that are different in various countries, is it ethical to train people in therapeutic techniques who are not licensed? What does the research have to say about this?

As it turns out, research into commonly held assumptions about what makes better psychotherapists, enshrined in requirements for licensure and membership in clinical associations, are not faring well in recent research. Surely, getting advanced degrees and licensure enhances our effectiveness. No, not really. Nyman, Nafzier, & Smith (2010) established that there was no discernible difference in outcome if the therapy was done by a licensed doctoral level psychologist, a pre-doctoral intern, or a practicum student. How about professional training, discipline, and experience? They certainly sound logical, but no, they don’t hold up either (Beutler, et. al., 2004). Using the right method or the latest evidence-based treatment should help. While we continually keep trying to find the key, any single one has yet to be found, though many seem to work in their own way (Duncan, Wampold, & Hubble, 2010). Plus, no studies support increased effectiveness through continuing education, which may seem disappointing and hard to believe. What about therapists working on themselves as their own best instrument in therapy? There are wonderful subjective benefits reported

here, but they do not show up in terms of affecting effectiveness (Geller, Norcross, & Orlinsky, 2005). The upshot of this research does not support the necessity of state licensure boards so much as it does registries of psychotherapists that list training and ethical allegiances, and then respect a client's ability to search and find practitioners who provide the help they are seeking.

Collaboration

One bright spot in efficacy outcome studies is that soliciting and responding appropriately to client feedback does improve the outcome for the client and the development of the therapist (Anker, Duncan, & Sparks, 2009; Duncan, 2010; Duncan, Solovey, & Rusk, 1992). This research finding is fully congruent with training in numerous somatic methods. The organicity principle in Hakomi states that when all the parts are connected within the whole, the system is self-organizing, self-directing, and self-correcting. This translates into therapists tracking and contacting a client's felt present experience in such a way that the therapist helps the person safely mine the wisdom of his or her own experience in a continuously collaborative way. This fine-tuned collaboration in turn provides a profound safeguard against either licensed or un-licensed trainees unwittingly committing forms of violence on the client and/or inducing appropriate resistance. Other aspects of somatic psychology trainings could be elucidated that fit with research findings on how psychotherapists develop and grow (Orlinsky & Roennestad, 2005).

More Encouraging Developments

In contrast to the state of psychology in the 1960s, there is now serious and sustained research dedicated to cross cultural and social issues (Augsburger, 1986; Foster, Moskowitz, & Javier, 1996; Helms & Cook, 1999; Keita & Hurrell, 1994; Marsella, 1998; Marsella, 2009; Marsella et al., 1994; Marsella et al., 2008; McGoldrick, Giordano, & Pearce, 1996; Nadar, Dubrow, & Stamm, 1999; Paniagua & Yamada, 2013; Pinderhughes, 1989; Ponterotto et al., 2010; Sue & Sue, 2010; Vasquez, 2012; Wessells, 1999).

Likewise, numerous somatic schools have often been open to the spiritual dimension of clients as an important aspect of their being (despite not representing themselves as spiritual paths as such). This significant facet of many clients' lives (Eisner, 2009; Johanson, 1999; Mayo, 2009; Sperry, 2010; Torrance, 1994), routinely ignored or pathologized in the twentieth century (LeShan, 1990), is now being researched by such journals as the American Psychological Association's Division 36 *Psychology of Religion and Spirituality* and the *Journal of Spirituality in Mental Health* from Routledge Press, textbooks such as Miller (2003), numerous APA titles, and myriad contributions of others.

Somatic Sponsored Research

Somatic modalities, as opposed to academic schools with somatic psychotherapy programs, have encouraged and pursued research wherever possible within their context as training institutes. Through the leadership of the Hakomi Institute of Europe, the first major empirical research was done demonstrating the efficacy of body-psychotherapy methods in outpatient settings. This multi-year, multi-center investigation was done in Germany and Switzerland, and involved both clinical practitioners and university professors (Koemeda-Lutz et al., 2008). In the United States, Kaplan and Schwartz (2005) provided a methodologically rigorous study of the results of working with two clients within a twelve-session protocol.

Further research into body-inclusive psychotherapy was given a major impetus when

Halko Weiss, director of the Hakomi Institute of Europe, joined with his colleague Gustl Marlock to edit the *Handbuch der Koerperpsychotherapie*, a thousand-page handbook on body psychotherapy published by Schattauer, a highly respected medical publisher in Germany. This well-referenced and positively reviewed work has contributions from 82 international somatic psychotherapy experts. Translated into English, it will likewise further the field in many countries and give impetus to the growing literature that addresses somatic issues (Aron & Anderson, 1998; Boadella, 1997; Field, 1989; Griffith & Griffith, 1994; Halling & Goldfarb, 1991; Heller, 2012; Kepner, 1993; Leder, 1984, 1990; Matthew, 1998; Ogden, Minton, & Pain, 2006; Romanynshyn, 1992; Shaw, 2003, 2004; Stam, 1998; van der Kolk, 1994).

The majority of clinical research by body-inclusive therapists has been dedicated to what Gendlin (1986, p. 133) has termed "playing in the laboratory". This is part of the trend in psychotherapy research toward identifying and evaluating small sub-processes of therapeutic interactions, as opposed to evaluating entire therapies in relation to each other (Johanson, 1986). Playing in the lab involves creatively and curiously exploring a sub-process with the rapid feedback in a clinical encounter that can confirm or disconfirm a hunch, or open up new trailheads. It eventually leads to promising hypotheses that are worthy of the more extensive time, money, and energy that goes into formal research.

The main laboratory settings for somatic psychotherapists are private practice, public and private health services clinics, and comprehensive psycho-somatic therapy trainings. Here, Gendlin's (1986) suggestion is carried out, that there be a central databank of successful cases for examination. Ron Kurtz, Alexander Lowen, John Pierrakos and others have left hundreds of videotapes demonstrating their work. Some training institutes ask those who have successfully shown enough competency in the method to become certified to place copies of their certification tapes in a central office archive. These case examples are available for the psychotherapy process, Q-sort, PQS of Jones (2000), and other research uses outlined by Goldfried and Wolfe (1996), Jones and Pulos (1993), Kazdin (2007), Nathan and Gorman (2002), and others. There are a number of research studies the somatic community would like to engage with when possible in terms of time, energy, funding, and appropriate, resourced partners.

However, on behalf of the many right-brained practitioners drawn to the experiential power of somatic methods, it must be said there is much sympathy for Shedler, who asserts:

Many of the psychotherapy outcome studies . . . are clearly not written for practitioners . . . [but] for other psychotherapy researchers. . . . I am unsure how the average knowledgeable clinical practitioner could navigate the thicket of specialized statistical methods, clinically unrepresentative samples, investigator allegiance effects, inconsistent methods of reporting results, and inconsistent findings across multiple outcome variables of uncertain clinical relevance. . . . Psychotherapy research needs to be more consumer relevant (Westen, Novotny & Thompson-Brenner, 2005). (2010, p. 107)

Final Word

Today, as suggested above, psychology and psychotherapy comprise exciting and promising fields, which have grown considerably since somatic psychotherapy's beginnings in the 1960s (Heller, 2012). Part of the excitement is the responsibly eclectic expansion of concern to include contributions from developmental studies, interpersonal neurobiology,

trauma, and the body (Levine, 1997; Ogden, Minton, & Pain, 2006; Rothschild, 2000; van der Kolk, 1994, 2003), multi-cultural values, social structures, and more. All this is being done with a view to better integrate theory and clinical practice while making applications to coaching, teaching, human relationships, group, corporate situations, and more. Somatic psychotherapies have a specific and unique contribution to make to the training of healers in today's world. This contribution that discriminately integrates so many scientific findings in clinical practice and teaching should not be ignored because of a limited conception of research in relation to these integrations as a whole, nor should it hold back somatic approaches from seeking greater exploration through research where possible. For a longer view of the history, concepts, and methods of body-inclusive psychotherapy in general, see Barratt (2012) and Heller (2012).

With all that has been said here (and the more that could be said) about somatic psychotherapy engaging the ambiguity of the promises and perils of psychotherapy research and beyond, it must be noted that the governmental and corporate entities that control third-party payments still look with tunnel vision at hard experimental research yielding quantitative results. It has been hard for psychotherapy in general, let alone somatic psychotherapy (Barratt, 2012; May, 2005; Young, 2010), to meet such requirements in a manner similar to double-blind psychotropic drug research. Given the myriad issues suggested above, more philosophical perspectives that could be brought to bear (Fulford et al., 2013), political-economic interests, and the sometimes overwhelming monetary requirements involved, somatic psychotherapy schools and modality institutes will not likely be producing the requisite research soon, though the community remains open to finding university, government, or corporate partners who can facilitate such substantial research efforts.

Though we can point to over 2,500 research studies on the efficacy of mindfulness in therapy alone, plus so much other research we draw on from interpersonal neurobiology and developmental studies, people in power will still ask, "Where are the studies on Hakomi per se?" This means that prospective Hakomi, as well as other somatic psychotherapy, students will have to make considered choices about training in methods that are subjectively meaningful and effective for clients and therapists, but carry objective costs in terms of finances and official standing beyond private practice settings—another source of ambiguity.

BIOGRAPHIES

Gregory J. Johanson, Ph.D., is a founding trainer of the Hakomi Institute, who served on the Board of the USABP for a number of years. His background is in therapy as well as theology, and he is a member of the American Psychological Association as well as the American Association of Pastoral Counselors. He has been on the editorial board of six professional journals including editor of the Hakomi Forum, and taught adjunct at a number of graduate schools. Currently, he is Director of Grace Counseling Center in Stayton, OR USA, and of Hakomi Educational Resources.
Email: greg@gregjohanson.net.

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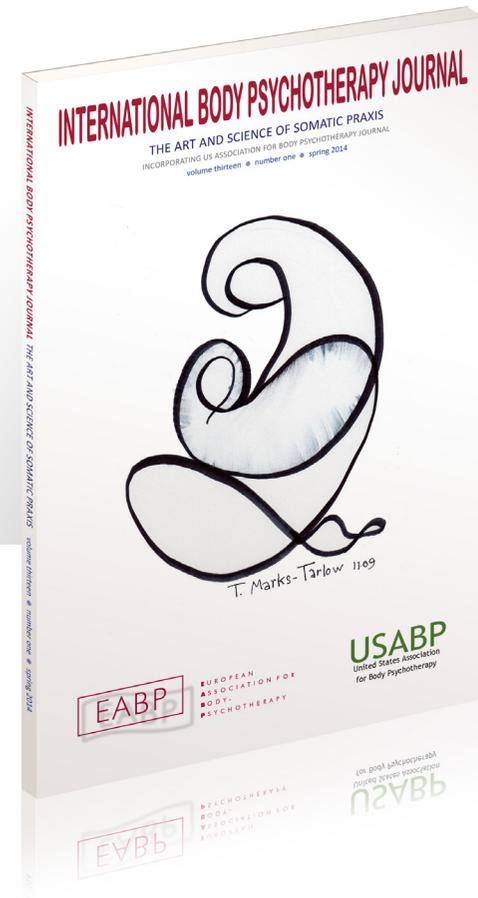
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ⁱ An earlier, more limited version of this article was published in the Hakomi Forum, 26, 11-26, 2013.



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