

“Radar “

A Mindfulness-Based Exploration Through Unnamed Material

This case example illustrates a number of points in the process of deepening immediacy and intimacy in the therapeutic relationship through *incorporating the psychology of the body and the therapeutic use of mindfulness*. The following sequence illustrated below demonstrates the power of mindful exploration through unnamed material. In particular, one might note elements contained in this somatically and mindfulness-based therapeutic interaction that determine its particular success: 1) *Tracking* - paying special attention to how bodily manifestations seem to reveal core organizer; 2) *Intersubjectivity* - allowing the client's presentation or organization to deeply affect oneself, taking it on with as much somatic resonance as possible; 3) Through the therapeutic application of *mindfulness*, stepping outside normal conversational habits to bring awareness to what is noticed; 4) *Creating safety* – in this case by calling attention to somatic realities in a curious, non-judgmental way that suggests they should be honored for the wisdom they contain; 5) Proceeding in a *collaborative* way of mutual exploration that engages the creativity and knowledge of the client's reflective awareness, as well as their more immediate sensations, feelings and memories. 6) Maintaining an open, *experimental attitude* that allows present experience to deepen with the cooperation of the unconscious, and *prevents premature explanation and theorizing from foreclosing on new discoveries*. 7) Consistently honoring and respecting experiences as they arise, as opposed to pathologizing anything, even if they appear defensive or irrational. 8) Allowing connections between bodily experiencing and mental meaning to be made when there is a felt sense of rightness, as opposed to prematurely imposing interpretations. 9) Affirming the narrative meaning that makes sense of the deeper material that was controlling the presenting problem. 10) Assisting the client to experiment with consciously employing old means of self-protection, as well as discerning when new situations allow for broader possibilities. The end of the process is both client and therapist touched and energized through intimate contact with the truth of felt, present experience.

Case Illustration*Meeting, Assessing:*

It was unexpectedly bright and clear for April – the kind of weather that typically unnerves western Oregonians, evoking a free-floating anxiety that an early hiatus of winter rains would prolongue the precipitation throughout most of the summer, our respite and refuge.

I was working at a typically underfunded mental health center. The talented administrator was besieged with financial concerns, so the true daily administration of the center fell to Muriel, our tough, but ultimately big-hearted secretary. Curious to this center, it was Muriel who assigned clients to therapists most of the time, employing a native wisdom that seemed inscrutable to me.

That morning, Muriel had assigned to me a new client, Catherine, (*her name changed for this piece*), who was in her late 30s. Catherine arrived promptly, somewhat unusual in our rather laid-back community, and she greeted me cordially and formally. Smartly dressed in a beige and brown business suit, she conveyed an air of industry, competence, and confidence. Catherine worked in the corporate sector, and had, in the rather short time of a few years, moved from management to the executive level. This was a source of pride – she had worked hard, and had come from humble beginnings – but recently, it was the focus of her increasing anxiety.

A promotion now required her to travel more, meet many new people, and sometimes, make presentations to groups of thirty or more. Although no one aspect of this was disconcerting, as we sat down, she explained that together, they seemed to leave her unsettled and enervated by the time she returned home. She began to dread the trips and a despair about her career encamped within her. She described an attrition that was occurring below the level of her job performance - she felt she was exhausting her ability to rise to a challenge and eroding her capacity to remain even-keeled when encountering the inevitable surprises that life on the road offered. Something deep and disturbing was being stirred, she felt, and Catherine was at a loss how to respond.

I noticed a quickening within me as I listened to her. She was smart and articulate, and she was serious in her mission to quickly dispell her unease and return to her career. I imagined that she would need to quickly feel intrigued by our work just to stay with it. I knew that this first session would be crucial and that joining with her would require a connection beneath typical conversation.

As our first session continued, however, and as Catherine further described her situation, we settled into fairly traditional roles. As the client she would provide relevant information and as therapist, I would assemble and reorganize it in some alchemical fashion in order to promote healing. Truthfully, these roles were comforting. She could ease into this new relationship by offering probably well-rehearsed

personal material and I, within the privacy of my own thoughts, and risking little, could incubate a cogent response. Yet it was precisely this choreographed predictability that prompted me towards more innovative study – first, training in family therapy, and then, in a specific form of Somatic Psychotherapy, the Hakomi Method of Body-Centered Psychotherapy .

Somatic psychotherapies recognize that the body reflects psychological material with uncanny accuracy. Through gesture and movement, posture and voice, even in the way we breathe (or don't) the body more eloquently expresses our deepest beliefs, our most buried memories, hurts and fears, than our often well-worn verbal descriptions of who we are. Further, if a therapist truly learns the language of the body, and employs the creativity and courage to include the body within the field of exploration, deep and authentic work can result.

Therapists in somatic psychotherapy trainings spend a good deal of time observing the body – statically, in its posture, and then in movement as well. We learn to listen to the voice, its pace and tenor; to track for repetitive gestures, movements and the range of movement. We were taught to notice how in or out of alignment the body is with gravity – indications of extra effort needed to compensate for imbalances, both physical and emotional. Most important, one learns how to use this material phenomenologically – to help a client first become aware of “how” they are organized physically, and then use that awareness to explore the emotional substrate below. Moshe Feldenkrais, the famous and infamous innovator of the method that bares his name once declared: “You can't do what you want, until you know what you are doing”. The Hakomi Method taught that through the skillful use of *Mindfulness*, an inward turned attention to the body in the present moment, and through some of the more unique technical elements of this psychotherapeutic method, one could help a client become aware of and change patterns that although once functional, were now limiting, debilitating and anachronistic. Fresh from an advanced training, I was anxious to test the somatic approach with a wide range of clients. Catherine was one of the first opportunities.

Catherine continued to talk about her situation. Though compelling in its description, something else tugged at my awareness. It was her eyes. When I looked at her, Catherine held my gaze - poised, direct and forthright. But I when I looked away, (which I often do when thinking about what a client says) she would furtively scan the office, appearing nervous and almost afraid. A few times, she just barely returned to me before my gaze met hers. It seemed important to her that I didn't notice. “What was she searching for?”, I wondered. “What was she concerned about?”. Was this activity significant? And if so, How?” Further, although it may seem tangential to the rational mind, could it provide a window, entry point through which we could explore the more elusive layers of her experience?

Deepening Through Mindful Exploration:

A choice point had been reached. We could continue talking *about* her life, or we could explore, in the present moment, how she constructed it. I was reminded of a favorite couplet in *The Love Song of J. Alfred Prufrock* by T.S. Eliot: “Should I, after tea and cakes and ices, have the strength to force the moment to its crisis”.

With a bit of hesitation, not sure how it would be received, I mentioned my awareness. I described her behavior in mechanical terms, taking care to avoid judgement – what she did with her eyes; how she seemed to hold her breath –and then added what I imagined...that she seemed nervous.

To my surprise, she seemed to melt a bit. Exhaling, she said: “I always do this. Ever since I can remember...I look around...make sure the door is locked, windows are shut. I try to sit where I can see the whole room, and where my back is against a wall.” I asked if she would be willing to continue while at the same time, describing what else she was aware of. “ I hold my breath as long as I can so I can hear better”. “Hear what?”, I asked. “If anyone is coming unexpectedly. I don't want to be surprised. I also try to keep still.” For the next few minutes, she visually traveled the room, but with this extra awareness. To her list, she added that she sensed the skin on her arms, to notice if there was heat – the possibility of an unwanted approach. She listened to the conversation with as little attention as she could in order to follow it, but most of her awareness was devoted to detecting sudden movement, sound, or vibration. Finally, she tried to do all this (it was before the phrase ‘multi-tasking’ had been coined) in a manner that avoided someone noticing. At the end of her description, I asked her if she would give the entire complex of activity a name. Without hesitation, she said, “Radar”.

I noticed a curious mix of feelings within myself. I felt awe for this complex, enduring, even loyal amalgum of behaviors, created in fear decades ago and practiced and refined throughout this woman’s life. I felt humbled that we as a species are capable of such boundless creativity and intelligence, and we yet can also truncate that range as a desperate though subliminal response to threat. I also felt honored to have been ‘let in’. It seemed we could have talked for many sessions and not have arrived at this particular point.

Somatic Experimenting:

This sudden intimacy also gave rise to a deep compassion. In that moment, using the tools I had learned, my therapeutic strategy became clear. I asked Catherine if she would teach me how to perform the radar as well as she did. I asked her to teach me each part, and then check and refine my attempts while I tried to do what she was doing. She laughed, something between chuckle and rueful sigh. She seemed intrigued, albeit perplexed, but willing to go along, at least for a time. As Catherine described the radar, and critiqued my attempts at modeling, two significant things happened. First, she became a bit more playful. Sometimes feigning an imperious judge, she would critique, roll her eyes, bemoan my attempts, and then correct me. We had entered a realm of curious play – light and serious. Joined together in this queer project, we both grew animated, focused, collaborative. At the same time, more color came to her face. More emotion seemed apparent. Her sure and certain voice would sometimes quaver.

After 15 minutes or so... Catherine conceded that I accomplished a fair imitation. “Don’t let go of your day job”, was implied. Next, I asked her if she would let me do the ‘radar’ for her, so she wouldn’t have to. I told her it was entirely voluntary, but it seemed that only one of us really needed to do the work. She was surprised at such an odd request. I was surprised she actually agreed.

These were critical moments. I knew we were working with deeply buried, traumatic material. I knew we had to go slow, and I had to track for overload - dissociation, flooding, numbing - the entire collection of symptoms that could arise.

We made a plan. She could decide all the parameters – how long we would experiment; how much she would allow me to ‘take over’ the radar for her; how deeply she wanted to sense what happened inside her. To my memory, she said one minute. It may have been a bit more or less, but not by much. I told her we could begin when she wanted to, and when the second hand again reached the top of the clock, she said, “Start”.

Dissolving Roles – Exchanging Self for Other

Although she could never really know what I was truly doing inside during that time, I felt I must be absolutely true to my word. It was a promise; a kind of sacred vow. *Someone* in this room must be the radar. First, I made sure the doors and windows were closed and locked. Next, I looked around the room with quick glances. I tried to hear every sound and vibration, not only in this office, but the building as well. I slowed my breath and noticed my senses becoming more keen. I felt less visible; taking up less space and therefore less of a target. Finally, I felt the skin on my arms for the sudden, unexpected approach of a stranger. It was an odd state – steadying, but filled with fear; resourceful, but utterly lacking true creativity; enduring, but deeply fatiguing. Intellectually I was enormously intrigued. Emotionally, my heart hurt for the essential safety she had lost.

We never reached the time limit. About 30 seconds into the experiment, I heard a deep exhale, and then tears. I glanced at Catherine to see her place her head in her hands, and fold over in her chair. She began to sob. Her body began to shake. Not wanting to abandon my role just yet, I included Catherine in my scanning, and listened to the sounds coming from a deeper and deeper place within her.

Ocasionally, there are moments in clinical work where the process attains its most numinous and archetypal. Therapists live for these moments. Our roles dissolve, leaving just two people, humble and very human, deeply connected. The powerful silence is filled only with the most essential sounds, spare and true. These moments are both delicate and robust; inhabited by the ghosts of the past, and the seeds of authentic liberation and change.

Catherine and I were silent for a while. Her tears had built to a crescendo, and then ebbed. I continued my job a bit longer, but then let it dissolve as she seemed quieter and more collected. After what seemed many minutes, she raised her head and softly held my gaze. She began: “You know. I can’t ever remember not having to do that; that radar. I was molested as a child...family and friends of family, and I was beaten too. I don’t ever remember a time when I felt carefree and safe. These were the first minutes...this was the first time.”

This is a story about just one session. We had three or four more appointments before she had come to the closure she had sought. In each of those sessions, she recalled our first encounter. It had become a new reference point; for her, a very real experience that represented a sense of possibility. She ended our work elated, victorious in a gentle way, and for the first time, feeling free.

I don't believe all of her healing had been accomplished. In fact, the breakthrough she experienced would probably, finally allow her to re-enter her past, without re-traumatization, and truly heal and close that chapter of her life. Catherine chose to relocate for her job, and that was the last I saw her. However brief, this encounter remains a pivotal one for me. It deepened my respect for, and garnered a powerful appreciation for the true innovation that somatic psychotherapy and mindful inquiry represents.

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