



A Zen Response

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Psychospiritual psychotherapy (PP), as I understand it, is intended to be a broad category encompassing a group of approaches to therapy which share a belief in the primacy of the spiritual dimension of life. I am a psychotherapist who bases his practice upon Zen. As my contribution to a clearer definition of PP I will therefore write a little about my own orientation as one which should find a place within the broad category of PP. However, Zen has always been difficult to categorise. This may mean that the bounds of PP need to expand a little. My task also includes distinguishing the Zen approach from transpersonal psychology (TP), which I will attempt to do, but with a note of caution, since although there is a great

deal in TP that I fully endorse, all of that part will be omitted here, my job being simply to show where the distinction lies, rather than to account for the considerable similarities.

Zen is a form of Buddhism and its practitioners regard it as the epitome of Buddhist practice. The aim of all Buddhism is the transcendence of human suffering and this means that Buddhism is, in some sense, a psychotherapy. Nonetheless, it is a very different tradition from those which we generally call psychotherapies. The Zen practitioner, for instance, spends a great deal of time on a practice called 'just sitting' (*shikantaza*). In this practice, the mind is allowed to find its natural state. Many people think that

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this means that Zen is supremely introspective, but this is not really true. The person doing shikantaza is not searching his or her soul. They are just sitting. Indeed, a great deal of the thrust of Zen teaching is simply a pointing out of reality.

The great Zen teacher Dogen wrote at length and his writings are generally regarded as some of the most definitive material on Zen. Again and again he points out the existence of both a subjective and an objective approach to life and how people attempt a reconciliation or synthesis of these two seemingly contradictory ways. Then he says that neither of these nor their synthesis will do, since reality is not entered by such mental struggling but by engaging with it directly.

My concern as a therapist, therefore, is with the ways in which people do or do not engage with their reality. By saying 'their' reality, I do not mean to imply that their reality is something created by their own mind. That would be the subjective approach. On the other hand, the reality of their life is not something that anyone other than the unique individual can ever experience, so we cannot affirm the objective approach either. Reality does make demands upon us. The client whom I saw the other day who had a broken neck cannot make his world back the way it was before he was struck down, however hard he tries. On the other hand, no-one can presume to understand precisely how his world actually is. Nonetheless, he gets up each morning and gets dressed. He eats and talks. He sits in his wheelchair. He drinks tea. He gardens, with some difficulty. Inside his head he struggles to make his life meaningful. He searches for a synthesis. The reality, however, lies beyond

any particular synthesis he may come up with.

Some of the primary characteristics of Zen therapy which distinguish it from most western therapies are its grounding in Buddhist psychology and karmic causality: not placing the 'self' at the centre of the universe; its valuing of the therapeutic power of aesthetics and of contact with nature; the importance it attaches to aloneness, silence and stillness; its advancement of mindfulness and awareness as the way to transcend the expression-repression dichotomy; its willingness to use responses which jolt the client's established assumptions and habits; its acceptance that shame has a therapeutic value; the importance it attaches to role reversal and service to others; its emphasis upon simplicity and non-accumulation; and, last but by no means least, its totally different assessment of the role of childhood experience in the development of the personality and its non-blaming attitude toward parents. Zen has a 'no victim, no blame' approach to interpersonal relations that emphasizes both interdependence and individual resourcefulness.

Now, whether Zen therapy will fit into a definition of PP is an open question. That rather complex title contains the term 'psyche' twice, which suggests that PP might be a particularly soul-searching activity. The stark immediacy of Zen is not easy to define at the best of times. Nonetheless, if PP is to mean anything, it must, I suggest, be able to accommodate a wide variety of approaches which would readily occur to the common person as falling within its reach, and Zen must surely be one of those.

I have been working for some years now on the task of integrating eastern and western approaches to psychotherapy, in particular with introducing the Zen approach into western therapy work and introducing some western therapy methods into Zen practice. This is an exciting and intriguing activity, bringing together two contrasting traditions, each of which, I believe, has a good deal to learn from the other.

Let me turn to the definition of TP in the *Encyclopaedic Dictionary of Psychology* and see where Zen resembles and where it differs from TP. TP looks for 'optimal psychological health and well-being'. Zen doesn't. Zen accepts that the mind flows and undulates, and does not look for the attainment of a state of health or well-being, but for an acceptance of whatever the reality is. Zen is not aiming to manufacture particular states of mind. Zen is famous, of course, for the experience of *satori*, but Zen does not pursue such experiences. *Satori* is simply what happens when a person gets a first glimpse of reality. The fact that it is an experience is incidental. TP recognizes states of consciousness beyond the ego. Zen does not recognize the ego in the first place. In reality, a person flows from one action to another. They live their karma. Zen does not worship the mind.

From a Zen perspective, TP seems to be working in the right general area but is still hanging on to the western pursuit of experiences. Zen is about giving up pursuit. TP is based on the fact that some people, like Maslow, recognised that there are those who live their lives in a very alive way and he wanted to be able to be like that and to find a way for other people

to be able to be like that. The TP theorists also discovered that people who live, as Zen would say, the reality of their lives, have generally had some kind of 'peak experience' after which things have been different for them. These theorists therefore reasoned that if other people could obtain such experiences they would also thereby transform their lives. It was logical. The problem is that it does not work like that.

Van Gogh probably had some remarkable experiences when he was painting. These experiences, however, were side effects of being a painter who dedicated himself for many years to doing the only thing that seemed to him to matter. The 'altered states of consciousness' experienced by Zen practitioners are, similarly, by-products. They are not sought. Those who seek them are barking up the wrong tree. So Zen is not about seeking altered states of consciousness. It is simply about living the reality of one's life. Or, we could say, doing the only thing that really matters to you right now and carrying on that way. 'TP is distinguished . . . by its emphasis on studying the experiences people actually have.' The Zen approach is not to pay too much attention to experiences, but to return attention to reality. TP is centrally concerned with 'meta-needs, ultimate values, unitive consciousness, peak experience, being values, ecstasy, mystical experience' and so on. Zen actualises many of these things without being centrally concerned about them. Zen is not trying to construct such things.

If we consider the case illustration of a person suffering strong feelings of non-acceptance and meaninglessness, psychoanalysis would look for childhood curses,

behaviourists for situational contingencies, humanists would stress the importance of communication and human potential and TP therapists would work toward 'disidentification' and the achievement of 'an intense experiential foundation for a sense of meaning in life'. A Zen therapist might spend time helping this person to act purposefully in each moment, to notice what is around them, and to find ways to be useful. The Zen therapist would probably help the person to distinguish between feelings and actions and concentrate on the latter. For much of the time the focus would be on detail. The person who suffers as a result of being mentally immersed in global feelings is missing most of their life. Zen draws our attention back to what we are missing. Consequently Zen is often both shocking and immediate. It is possible to talk about this in high-flown language as the divine experience of the here-and-now moment, or as everyday satori, but Zen prefers to be down to earth most of the time. Sublime experiences come, but are not sought.

An Attempt at a Definition

My attempted definition of Psychospiritual Psychotherapy, therefore, is as follows. PP is a broad category of methods of psychotherapy which includes all those approaches which give primacy to the spiritual dimension of life. It includes both those approaches which see spirituality as the highest development of the individual and those which see it as the transcendence of individuality. It includes methods which lead the person toward transpersonal experience and also those ap-

proaches in which engagement with the reality of life may give rise to such experiences incidentally.

PP includes therapies which are based in a number of different psychologies, but particularly those which draw some or all of their inspiration from pre-modern views of the human mind developed in the more spiritually-oriented cultures of both east and west. These include the psychologies of the Buddhist Abhidhamma, of Taoism, of Hinduism, of the Jewish Kabbalah, of the Sufis, of the mystical traditions within Christianity and those of the indigenous tribal cultures of North America, Africa, Asia and Australasia.

PP therapies are concerned with self-transcendence rather than self-actualisation. They value those activities and pathways of thought, feeling and action which bring people into direct contact with and appreciation of the natural world and the simpler realities of life beyond the compass of social convention. They are likely to be approaches which help a person to achieve a spirited existence, full of immediate purpose and presence, rather than ones which seek symptom reduction or normalization as prime goals.

PP approaches are likely to include a wide variety of methods, including many which extend beyond the consulting room dialogic mode. PP aims to extend the person by exposing them to new experiences and creative possibilities, including some which may present a jolt to the client's expectations. PP would help a person to discover how to engage with the reality of their life in ways which reveal its inherent numinous quality and which take them out of circling preoccupation with self.