

Creating Space: The Future of Humanistic Psychology

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SYNOPSIS

The development of counselling and psychotherapy practice in the last 50 years has had substantial effect not only within the field of mental health provision, but also far more broadly in fields such as education, social provision, business and politics. With such wide-ranging impact, it is the duty of those engaged in the psychological professions to reflect on this influence, and on the implicit and explicit value systems which are being communicated. This article addresses the questions raised by this expansion of interest, and in particular reflects on the impact of Buddhist models and the Other-Centred Approach in this context.

Psychology has, arguably, been one of the major influences upon society in the twentieth century and beyond.¹ Its reach has gone far beyond the consulting room and the treatment of mental and psychosomatic illness with which it started, and has impacted upon the fabric of modern life in all manner of ways, far divorced from its origins. Whether in the growing subtlety of advertising and propaganda, which we are exposed to through the plethora of media available today, or in the concern for the emotional and physical well-being of children growing up in our education and welfare systems, psychology has influenced us for better or worse. In the extreme it has, on the one hand, enabled the calculation of methods of torture and population management engaged in by various regimes to be maximally efficacious, supporting

such regimes in the maintenance of their values and power bases. On the other, it has been employed in the development of a sporting elite, not only coached in body but also sharply honed in their mind states.

The use of psychology in social understanding takes different forms. These can aid social cohesion or create division. Psychological theory may, for example, be used to solve crimes and understand causes of such events in the psyche of the perpetrators, but it may also result in creating labels which separate the bad from the rest of the population, insulating us from knowledge of our own capacity to harm. It can be used to protect the vulnerable and avoid some of the crass treatment of children in earlier ages, but it can also create a culture so anxious about repressing the young or exposing them to possible dangers that it fails to set boundaries, overlooks common sense responses, and effectively imprisons young people in their own homes in front of computers or televisions, rather than allowing them the freedom previously associated with childhood.

The impact of psychology, though, has infiltrated our lives in both public and private spheres to an extent that we have ceased to even question. From birth, to marriage and parenting, through to bereavement, people's experience is interpreted through the medium of therapeutic ethos. Numerous studies of this subject have noted that conventional moral meanings attached to concepts such as guilt and responsibility lose their salience in circumstances where the therapeutic ethos gains influence.²

The trend towards the psychologisation of society has been amplified by the tendency over the second half of the twentieth century towards increasing dependence on the expert. In the past, in contrast, people trusted their judgement, based on behaviour learned from parents, grandparents and peers, as well as from direct personal observation. Just as twenty-first century young people trust sell-by dates on food products more than their own ability to distinguish what is safe to eat and what is not, so too, they resort to the self-help manual and to the therapist for advice

on how to live their lives, and manage the lives of those for whom they have responsibility. This phenomenon is not new, for self-help manuals have been in circulation for centuries, but as Furedi points out,³ it has escalated substantially.

In a climate where the role of the expert as advisor and guru has grown, as it has in recent years, the potential for social manipulation through the provision of advice and information increases. Just as in the past compliant groups have succumbed to the propaganda of governments and religious leaders (one only has to think of the way that women's working habits changed before, during and after the Second World War),⁴ so too the potential influences of therapy culture are a factor for concern, both to the profession and to society at large. We need to ask ourselves, if therapy is influential, how is it influential? What effect is its influence having? What sort of therapy is being promoted by mainstream services, and how are its philosophy and values representative of the corporate or governmental values of its providers?

It seems to me that there are two levels of influence actually taking place. First, there is a level of influence which comes simply from the fact that therapy itself has become an important factor in the creation of social process. This seems to be observable in trends such as, for example, a tendency toward fragmentation in society. The growth of individualism is evidenced in an increase of single-person households, changes in patterns of family life and marriage, and more emphasis on personal fulfilment in the rhetoric of popular media. Whilst causality for such big-scale trends must remain a matter of speculation, it seems reasonable to imagine a link between these changes and the rise of personal growth movements through the 1960s and 1970s, and beyond.

A second level of influence may be seen in the preferred type of therapy on offer. In particular, in the UK over the last couple of decades in mainstream services, we have seen a move away from the predominance of humanistic counselling models, and towards a growth in the use of CBT. An interest in 'happiness' in recent times, and the use of mindfulness methods, both seem to suggest a re-framing of the understanding of psychological health, away from the exploration of problems and unconscious process, and towards a more functional view in which mental process is adjusted through active intervention.

Highlighting the fact that such trends occur, whether or not one accepts the specifics of my broad-brush interpretations of their nature, poses questions for those of us engaged in the practice of therapy and the training of therapists. What influences do and could our methods have on society? How can we evaluate and improve what we offer? And do different humanistic therapies create

different conditions for change?

Of course, much is unpredictable. The same psychological theory can, in different cultures, be used or subverted in different ways to support positive or harmful positions. Often a meta-level of values and assumptions within which the therapy is operating is even more influential on such processes than the therapy itself. Methods can be divorced from their roots, as we see with mindfulness practices, which often go to some lengths to remove themselves from their Buddhist origins, for example.

I would like to take this opportunity, then, to reflect on the potential impact at a social level of the therapy which I am involved in teaching. It does itself come from Buddhist roots and, having its origins in the values and culture of that faith, presents a somewhat different worldview to that of many Western humanistic therapies, whilst at the same time upholding other values which I see as very compatible with that movement.

This approach is Other-Centred Therapy.⁵ This model is based in a Buddhist understanding of mind, and in particular to the notion of the conditioned self. It sees identity as contingent upon perceived objects, which are viewed in such a way as to confirm the sense of self. Thus, each person surrounds themselves with a protective world of relationships; of 'others', human and non-human, all of which support the identity. This is like a protective bubble made up of distortion and delusion, and it forms a defence structure, created to ward off anxiety about the uncertainty of life and our existential position as mortal beings.

The view of the self as a defence structure is not new to Western thought, but the other-centred model does create a challenge to those therapies which regard the strengthening of the sense of identity and self-esteem as paramount. It takes the focus of the client's attention away from the self towards investigating the objects of perception. The client is more likely to be asked 'how did your friend feel?' than 'how do you feel?'

Buddhist psychology views perception of, and attachment to, significant objects as the basis by which, on the one hand, people feel safe enough to function, but on the other hand, are psychologically restricted. Objects are the anchors on which we pin our sense of existence, mirrors of the self and supports to its continuity. They are more often perceived in self-confirming ways, not as existent in their own right. They form a world perceived as 'my world' rather than a world which is objectively present.

With its orientation towards perception and the relationship with an object world, other-centred methods tend to focus predominantly on an enquiry into how

the client perceives. The view of others conditions the mentality, so altering that view will bring about psychological change. The methodology is concerned with exploring the distortions which perception inevitably introduces, which reflect personal patterns of worldview, and also with facilitating a clearer view of others and real connection with them. The self, or identity, is reflected in the worldview which maintains it. In Buddhist theory, self-structures are associated with rigidity, and their relinquishment with increasing fluidity and clarity. Rather as with Carl Rogers' description of the fully functioning person,⁶ the person inhabits the flow of their experience.

Because other-centred therapy is concerned with relationship, in particular it helps the client to explore and develop empathy for the important others in their life. It encourages a shift from a self-orientated viewpoint to multiple perspectives through techniques which invite the client to step into the shoes of those people who are significant in their lives. Whether through empathic reflection or role reversal, the client attempts to see the world and even themselves through the eyes of the people they are closest to. Other other-centred methods derive from Japanese therapies such as Naikan,⁷ which offers a life review process in which contemplating one's early relationships typically results in an increasing sense of gratitude and appreciation rather than, as is common in many Western therapies, feelings of personal entitlement and a sense of things having been done wrong by others.

Other-centred methodologies break up the client's sense of being a special case and build the sense of relatedness. They question the self-story and push the client to investigate the truth of their history, their impact on others, and their current situation. They also tend to focus on relatedness and to value the person's connection with others, promoting values of social context and cohesion.

The other-centred approach also places the client in the context of an environment. The others which create supports for the identity may be environmental as well as human. In fact, this model lends itself particularly well to environmentally based work⁸ and eco-therapy. Whilst this sort of work can be done in a way that is human-centric and uses the environment as ground for personal projection, with an other-centred framework, the methodology is once again more concerned with direct encounter and relationship. Where methods are projective, they involve exploring the limits of perception, its embeddedness in conditioned views, or use of collective myth and story as a basis for creative work. Such work takes seriously the client's relationship to the planet, not just as a screen for

personal growth, but as the inhabitant of an eco-system for which they have a shared responsibility.

Therapies can shape the way that individuals and groups view the world. They can collude with prevailing trends both of popular culture and of government policy, or they can challenge them. They, themselves create cultures which may or may not be conducive to the good of individuals or society. The detailed argument of what benefits and insights particular therapies bring is something beyond the scope of a short article, but I have reviewed in brief the ethos and values of an other-centred approach in the hope that by doing so, I have offered some indication of the sort of issues which may be at stake, and of how these may vary greatly according to the therapeutic model adopted.

So this is a starting point. By flagging up the possibilities and also the pitfalls, I invite discussion of ways forward for the profession, not only in continuing its powerful influence into the twenty-first century, but also in responsibly and critically reviewing it. ⑤



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Notes and References

- 1 Furedi, F. (2004) *Therapy Culture*. London: Routledge
- 2 Ibid., p. 12.
- 3 Ibid.
- 4 The original film 'Rosie the Riveter' (Redd Evans and John Jacob Loeb, Paramount Music Corporation, 1942) led to many real-life stories of women who helped the war effort but later returned to domestic duties as the men came back from war.
- 5 Brazier, C. (2009) *Other Centred Therapy: Buddhist Psychology in Action*. O-Books
- 6 Rogers, C.R. (1961) 'A process conception of psychotherapy', in his *On Becoming a Person*. London: Constable, pp. 125–62
- 7 Krech, G. (2001) *Naikan: Gratitude, Grace and the Japanese Art of Self-Reflection*. Berkeley, CA: Stone Bridge Press
- 8 Brazier, C. (2011) *Acorns Among the Grass: Adventures in Eco-therapy*. O-Books
- 9 Ten Directions programme run by Tariki Trust: http://buddhistpsychology.typepad.com/buddhist_psychology/ten-directions-workshops-2013.html