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Addressing materialism and illusionism in anthroposophic psychotherapy

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ABSTRACT
This article looks at work conditions in our current age brought about by materialism. In particular, it looks at the damaging effects of materialistic scientific management principles and the allied condition of illusionism. It shows how the policies of society based on neoliberal managed care principles are not only inadequate for addressing the problem but actually exacerbate it since they adopt the self-same materialistic principles. In contrast, it argues for a psychotherapeutic response based on the principles of anthroposophic psychotherapy and other similarly socially and politically aware therapies such as intersubjectivity and relational psychoanalysis.

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Introduction

This article looks at materialism and its effect on human beings. It aims to develop a psychotherapeutic methodology for addressing the problems created by materialism based particularly on the bio-psycho-social-spiritual principles of anthroposophic psychotherapy inspired by the work of Rudolf Steiner (Dekkers, 2015; Lees, 2011, 2013, 2016b). Anthroposophic psychotherapy is suitable for this task since it is a holistic body, soul, spirit therapy and has a high level of awareness of the social causes of psychological problems (Dekkers-Appel, 2015). As one anthroposophic psychotherapist put it: 'the psychotherapist is therefore an observer of that darker side of history' (Dekkers, 2015, p. 192).

The aspect of materialism that will be examined in this article is known as scientific management. The inquiry will describe the phenomenon, look at the anthroposophical view about it, and examine the allied phenomenon of illusionism and the way in which anthroposophic psychotherapy addresses the problems created by materialism and illusionism.

Scientific management

Scientific management originated about 100 years ago and in various forms has spread throughout the world. It was first outlined in the book *The Principles of Scientific*

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Management (Taylor, 1911), which developed the idea of training workers in efficiency and productivity. As a result of observing and monitoring manual tasks in detail, Taylor objectified labour and, as a result of this, proposed various means for reducing labour costs, increasing output and increasing profits. Scientific management influenced the development of techniques of productivity and spread across Europe and the USSR. It involved the *enforced* standardization of methods, the *enforced* adoption of the most efficient working conditions, and the *enforced* cooperation of the workers. The enforcement of the methods rests with *management* alone. In a chilling statement, Taylor stated that whereas in the past the human being has been first, in the future the system must be first. The moral consequences of this on the human being are far-reaching: Taylor 'helped lay the groundwork for the Eugenics movement, which specifically did put the "system" first, and the individual last, with horrific results' (Salil, 2016). In recent years, scientific management has developed various methods for measuring productivity, has stimulated the mechanization of labour in industries and factories and has computerized processes and programmes.

The response of anthroposophy

There are three points that Steiner makes which are relevant to understanding scientific management.

First, Steiner's view about atomism (Steiner, 1890) is relevant. As a result of scientific management, we become economic cells in a production system and, as such, our humanity is not recognized. We are cogs in a machine and this makes us mechanistic, replaceable, omissible and extinguishable.

Second, by equating the worker's value with productivity, cost-saving, profit increase, s/he is forced into a life of survival, in alignment with materialistic facts, without the possibility of considering life's values, important social issues, let alone spiritual ideas about life and death.

Third, Steiner's approach to scientific management affects our thinking, feeling and willing and this affects the approach of anthroposophy to therapy and education (Steiner, 1919/1966) in a way that is damaging for our health, as we will discuss in this article.

Illusionism

The observations that led to scientific management have been developed further into abstract systems. These systems fail to link our thinking and feeling with our conscience and our will power with our morality. Scientific management thus fails to connect our thinking, feeling and will to the spiritual qualities and realities open to us.

Illusionism goes hand in hand with scientific management. In the face of an inhuman system, it gives us an escape from the materialistic nightmare. It results in stimulating us to create fantasies about reality. It affects all aspects of life, even psychotherapy and healthcare policy. We become seduced by illusions so that we no longer bother about earthly issues, obligations, responsibilities, endurance, real love for the other person and the future direction of humanity. Therapy can fall into these seductions with its emphasis on self-development by indulging clients in an inner self-search without connection to

physical reality, leading clients into the heavenly spheres and freeing them from earth-bound tasks.

Scientific management and the mechanization of labour, along with the allied state of illusionism, is irreversible. It is connected with the modern tendency to bind our actions and will forces to mechanical, electrical and electronic devices (Steiner, 1916/1944) in a way that stimulates instinct while illusionism stimulates egoism. Instinct and egoism then become the driving forces behind our actions and undermine our potential to become the creators of the future based on a healthy balance between thinking, feeling and willing. Our capacity for self-knowledge, selflessness and socio-spiritual commitment remains undeveloped. Consequently, our labour becomes loosened from vocational professionalism, and the world which we then create bears the stamp of a machine-induced creation. This is evident in computerized psychological tests, industry, business and protocolized research methods and clinical practices. The development of these mechanized distortions of our will replaces our natural human capacity to grasp, judge and deliberately weigh.

Illness, materialism and illusionism

The influence of scientific management and illusionism on our threefold soul capacities of thinking, feeling-judging and willing damages our health and requires new ways of understanding our work as therapists. In this section, we will look at this – in particular its connection with depression, chronic trauma and psychosomatic disorders – and in the next section we will look at the therapeutic response.

Depression

Depression is the largest global burden of disease which, by 2016, included 350 million people (World Health Organization, 2016). It is the primary cause of incapacity in the labour force. It is linked with the lack of any existential value for the human being perpetuated by scientific management as well as other social precipitating factors such as unemployment and social isolation. The lack of existential value paralyses our thinking, the enforced nature of scientific management atrophies our capacity for making independent judgements and scientific management mechanizes our will and the way in which we act in the world.

Chronic trauma

Materialism, scientific management and illusionism result in a range of traumatic reactions. Illusionism ensures that our thinking bears little relationship to reality, atomization brought about by scientific management and its enforcement of soul and spirit deadens our feeling life and creates death anxiety, while, as discussed, it also mechanizes our will. As a result of these factors, we lose control of our lives as in any trauma (Herman, 1992). But the chronic nature of these materialistic working conditions today also does long-lasting damage. If these conditions are prolonged for years, as they are in the contemporary labour market, the central nervous system and the endocrine system become damaged. Indeed, the damage to these systems as a result of deleterious

socio-economic conditions has even been established by scientific research (McEwen, 2000). The damage to the central nervous system results in deficits in attention and memory, emotional irritability and excitability, precocious and generalized panic reactions and hypochondriac perceptions in body sensations. The damage to the endocrine system causes chronic activation of the hypothalamic–pituitary–adrenal (HPA) stress axis; that is to say it creates abnormal levels of cortisol and blocking glucocorticoids (Rothschild, 2000). It also damages the immune system, organ building and warmth, bringing about death-orientated, or catabolic, forces, as opposed to life-giving, anabolic, forces as a result of preventing sleep from bringing its health and life-restoring activity.

Psychosomatic disorders

The pervasiveness of the mechanization of labour also results in such psychosomatic disorders as burnout, chronic fatigue and diseases of the immune system. This comes about for three reasons. Firstly, as a result of illusionism and egoism, we lose the capacity of our I (ego or self) to organize our physical body. Secondly, if our intelligence fails to connect with our conscience, we are unable to transfer ideals into deeds. Thirdly, as a result of materialism and mechanization, our will power fails to connect with our morality but, instead, stimulates our instinct.

The failure to organize our physical body, manifest our ideals and connect with our morality, along with the stimulation of instinct, undermines the holistic harmony of our being of body, soul and spirit. So psychosomatic disorders ensue. In the face of this problem, it is insufficient to repair the damaged body and send clients back to work and the situation that caused the problems in the first place, as espoused by the UK Improved Access to Psychological Therapies (IAPT) scheme, which promises much but delivers little (Lees, 2016a; Watts, 2016). Instead, it is necessary to integrate two principles into the therapy. First, to stimulate understanding and awareness of the root causes of the problems – the realities of the imbalances in the client's previous circumstances. Second, it is important to enable the client to develop new lifestyles.

Responding to the problem

Society's response

Society is aware of the need to address the growing mental health crisis. There is now a national strategy in the UK, published in February 2016, which 'signifies [for] the first time … a strategic approach to improving mental health outcomes across the health and care system' (National Health Service, 2016), and counselling and psychotherapy are part of this strategy. In 2006, the National Health Service (NHS) introduced measures to address absences from work due to depression and anxiety: the IAPT scheme, which we have already referred to. This scheme has the express purpose of enabling workers on disability benefit to get back into work. Yet the system has now begun to experience problems both in regard to dealing with its client work and staff health and morale.

As regards clients, it has difficulty in addressing the increasingly complex problems we meet in our clients. Such clinical scenarios as the following – the case of a client who was

referred to the IAPT service by her doctor having experienced severe depression – are increasingly common. The client was raised in foster care, had been abused and had experienced, since leaving home, several emotionally and sexually abusive relationships with men. She was a single parent, was currently unemployed and was struggling to manage on government benefits, with little family or support networks. The doctor was concerned about her. She was discussed in a clinical meeting of the IAPT service and this led to 'a full-scale debate about the nature of the service, what it should be offering the community and the criteria for accepting patients into the service'. Eventually, one of therapists 'asked whether we thought the service was simply there to deal with "*shit life syndrome*"'. The discussion was then cut short by the clinical lead, who said that 'despite pressure from the doctor to accept this patient, the service could indeed not afford to take on everyone who suffered from "shit life syndrome", and took the decision to reject the referral' (Rizq, 2016).

As regards the staff, such cases as Rachel, a clinical psychologist, off sick with depression and anxiety from her NHS job, are also not unusual:

> One day she heard herself telling a distressed client that they only had four sessions left. Rachel vividly describes her anguish knowing that her client – who had been abused, and dropped from several services before – was about to experience the same thing again. Rachel now feels a failure because she had to put service targets above the needs of the client and above her own values … Rachel's case is far from unique, so we were shocked but not surprised by the latest survey from the British Psychological Society and the New Savoy Partnership. Nearly half of the NHS psychological therapists who took part said they felt depressed, with a similar number feeling like a failure. (Cooke & Watts, 2016)

We will now examine society's response from the therapist point of view.

The response of therapists to society's response

The problems are so palpable and obvious that it is difficult to avoid the conclusion that the neoliberal business policies which drive healthcare are having dire consequences for clients and therapists. This is because of their focus on marketization, 'producing figures that can win and keep contracts', sending 'huge numbers of clients, for ever shorter time periods' to therapists, a workload that is bedevilled by the fact that 'listening has to compete with a demand to get to the next person on the list, to fill in outcome measures and assign diagnoses for accounting purposes' and the pressure on managers 'to prioritise targets over the wellbeing of their staff' (Cooke & Watts, 2016).

Those therapists who support the IAPT scheme and commissioned the survey – the New Savoy Partnership and the British Psychological Society – have little to say about the failure of the scheme to address the increasingly complex problems presented by clients, but have much to say about the staff problems. Their survey looked into workforce wellbeing in psychological services and predicted that:

> the policy of improving the wellbeing of the nation itself will become unsustainable. To ensure the future is more optimistic we draw attention now to concerns about the impact of targets on the psychological services workforce and question whether the very thing we have to offer – a psychological understanding of wellbeing – is being intelligently applied within our own services. (The Wellbeing Project Working Group, 2016)

Similar concerns have been expressed by the British Association for Behavioural and Cognitive Psychotherapy, which also supports the scheme. It recently issued a statement deploring 'the bullying and coercive environment that our members are describing to us' (Cooke & Watts, 2016) as a result of the intolerable pressures that everyone is facing.

The view of many other therapists is different. The view of anthroposophic psychotherapy is underpinned by Steiner's comments about materialism made about 100 years ago. He spoke about an inability of governments to base policies on reality as a result of illusionism (Steiner, 1917/1992). He spoke about 'fabrications about reality … inattentiveness to truth' (p. 7), the danger of growing 'programmes made up of abstract ideas' (p. 26), untruthfulness that appears 'in the guise of truth' (p. 49) and so on. Many therapists today adopt a similar view in one form or another in regard to healthcare policies. The two case scenarios have both been documented by concerned therapists. These concerns, moreover, have been well documented in a recent book. The authors make a number of pertinent comments when they refer to 'the fantasy nature of the scheme' with its 'enduring efforts to impose symbolic order on an anxiety that can never be completely managed', the fact that 'IAPT operates in a virtuality focusing on performativity and surveillance rather than real encounters', the fact that 'evidence based research culture' is 'a series of dogmas which fuel a fantasy of discovering a "perfect" all-encompassing understanding of how we function together' (Lees, 2016a, 4). As one of the authors has said: 'The version of IAPT that was being storied was one glossier and more evangelical than the reality' in that there is a 'chasm between the image of IAPT and the actuality of IAPT' (Watts, 2016, 85). In other words, they are all saying in one form or another that the proposed solution to the mental health problems is in itself subject to illusionism.

Therapists are able to think in this way because they have been naturally trained to adopt a reflexive approach to their work in which they are able to think about such phenomena as IAPT by 'thinking about how you are thinking about practice in the political, social, ethical and historical context' (Freshwater, 2008, p. 216) in order to bring about transformation (Lees, 2001; Lees & Freshwater, 2008). As we think about the thinking underlying IAPT, it is not surprising that the system is seen as failing as it is not only a fantasy scheme but adopts the self-same scientific management principles that are increasingly creating illnesses. It is also not surprising that therapeutic staff develop the same problems we discussed earlier – depression in the case of Rachel – and we believe, anecdotally, that there are also trauma and psychosomatic reactions. Yet there is one further important aspect of all of this. The system is blind to the causes of the problems – namely, scientific management and illusionism – since the aim of the scheme is to get clients back into work and off unemployment benefits; that is to say, to help them to return to the environment which created the problems in the first place.

In a system driven by the same principles that underpin Taylorism – increasing productivity and using standardized methods – both clients and therapists will inevitably suffer. This requires a different response to the one already described – a truly psychotherapeutic response.

An alternative solution arising out of psychotherapy

Fundamentally we need to base our response on reality and not fantasy or illusionism. As discussed, we need a way of approaching clinical work which helps the client to

Figure 1. A copied drawing after Rudolf Steiner's indications to Edith Maryon: Michael receiving the harvest of human thoughts and deeds offering them to the spirit world.

understand the root causes of the problems that the client presents as opposed to perpetuating them, as in the case of IAPT with its aim of helping the client to return to work in the same damaging systems that caused the problem. We need to be socially and politically transformative in a way that supports the insights of living human beings – and the realities faced by clients and therapists – and not systems. This requires a particular approach to clinical research which needs to be added to the canon of dominant discourse research (which leads to such developments as IAPT), based on the insights of practitioner-researchers: 'In contradistinction to many academic researchers in healthcare, who tend to link healthcare research with positivistic psychology research or medical research or mathematics', we need to develop creative research methods based on methods that address 'human experience and which have been developed in sociology, anthropology, literary studies and the arts', such as autoethnography, narrative research and heuristic research, infused with the reflexive skills that therapists have developed over many years (Lees, 2008, p. 15). These methods promote health and harmony in that they engage the whole of the human being and not just the head; that is to say they engage his/her thinking, feeling and willing and are also based on living embodied reality and thereby do not fall into the seduction of illusionism.

The way in which we apply ourselves to our work as therapists is crucial. We need, to quote Steiner again, to wake up to what is happening in society, rather than sleepwalking through it (Steiner, 1917/1993). In so doing, we can then develop 'a certain intensity of spiritual life' (p. 23), make 'judgements about the tragic conflicts in the world' (p. 44), enter 'more deeply into the facts' (p. 49) based on 'the urge to truthfulness' (p. 87) as opposed to being taken in by the illusions surrounding us. Such an awakening requires an inquisitive stance on events. It calls upon us to study the events around us and reflect on all we have come to know in order to recognize and look

through the doors of deception of those events which create havoc in our body, soul and spirit.

The cases mentioned in this article demonstrate how prolonged exposure to the conditions created by materialism results in a number of damaging psychological and physiological reactions. The ensuing clinical problems are best addressed by treatment based on holistic approaches which cultivate health as well as address illness, such as anthroposophic complementary medicine teams, which involve the cooperation of a number of multi-dimensional professional therapies such as anthroposophic medicine, art therapy, eurythmy therapy and massage as well as psychotherapy in order to restore the rhythmical system, strengthen our auto-immunity and revive the anabolic activity of the metabolism. Such therapeutic centres have existed in the NHS for many years (Ritchie et al., 2001) and are much cheaper than expensive allopathic medications, but are now under threat in a system that promotes illness as opposed to the preventative principles of such medical centres that attempt to work with health, or salutogenesis, and strengthen the body's natural healing properties:

> Rather than focusing on prevention, fostering healthy lives … [t]he NHS is set up to deal with the symptoms of bad health. This is a profitable model for big pharmaceutical companies, of course, because treating ill health requires expensive procedures and drugs. (Jones, 2014, p. 201)

Whether it is possible to achieve this ideal or not, the efficacy of such an approach to therapy, anthroposophic or otherwise, will, in any case, be enhanced by the moral, spiritual and psychological development of the therapist. There are three aspects to this, which can be understood from the point of view of the anthroposophic psychotherapy principles of thinking, feeling and willing.

First, developing our thinking in a meditative way but which is reality based in that it struggles to keep in touch with the harsh realities facing us today. By introducing meditation into our therapeutic work, we can transform practice and research and develop a magnificent healing impulse for humanity out of psychotherapy in which even the smallest deed or healthy thought has value as a result of meditation. In the view of anthroposophic psychotherapy, and other spiritual outlooks, meditation connects us to the spiritual world. Yet anthroposophic psychotherapy also claims that such inner activity can become a force in the world as spiritual beings are waiting for us to respond to the challenges we face today as a result of the materialistic domination of the socio-economic-cultural-spiritual world. They are waiting to see whether we are overwhelmed by these events or whether we can respond creatively, as depicted imaginatively by Henriette in Figure 1.

Secondly, developing our feelings by balancing our professional work with the study of the human being from a spiritual, moral and aesthetic point of view by strengthening our work with the morality of art, music, compassion and conscience, thereby broadening the soul in all realms. Such activities help to address the speeded-up thought flashes, which are connected to mechanistic 'will' activity, and restore the rhythmical activity of weighing, judging and feeling.

Thirdly, developing our moral will to address the problems without egoism and the expectation of gain, arrogance and self or group interests.

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