



Other-centred therapy:

a spiritual approach

Caroline Brazier shares her experience of both practising, and training psychotherapists, founded on a system of thought which is grounded in the spiritual

People sometimes get the jitters when they hear that a therapy is based on a religious tradition. These days, perhaps, people have got more used to the idea of spirituality as part of the therapeutic domain, and mindfulness-based approaches have become increasingly popular in mainstream settings, but practitioners drawing on such approaches are often at pains to emphasise their secular nature. Those with an active religious or spiritual practice are often slightly apologetic for the fact, frequently refraining from mentioning it in professional situations and sometimes deliberately hiding it. Yet to separate spiritually based therapies from other therapies may be a misunderstanding of the nature of both therapy and spirituality, and to think that the religious dimension can be removed from the psychological may be a naive interpretation of the true situation.

Humans are religious animals. We may not frame our religion in conventional terms, and indeed in the modern, melting pot world, religion is in a state of flux, so individual beliefs vary hugely, but concern with the meaning of life, and with things which cannot be understood in simple material terms, is as much a part of modern life as it has ever been. The sense which we make of life and death, and the meaning we find in relationship to others and to our planet are the foundations of our psychological make-up. Our everyday hopes and fears, dreams, and aspirations, are grounded in our beliefs about the nature of life, and our ethical behaviour is grounded in the values that such beliefs provide. Whether or not such beliefs give us a metaphysic, they give us the faith by which to relate, take risks and enjoy life. Our ordinary problems and neuroses carry with them crises of spirit and lapses of faith.



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As a Buddhist therapist, I am perhaps lucky in having a religion which is both light on metaphysical dogma and intentional in its study of mental process¹. The mind, according to Buddhism, is seen to be caught in the grip of unsatisfactory habits of behaviour and attention which compound life's difficulties and make us miserable. Yet it is easy for Westerners to focus on the secular aspects of Buddhist thought and fail to acknowledge their inseparability from the spiritual questions, on which the Buddha's insight was founded.

The Buddha, founder of the faith, who lived 500 years or so before Jesus, brought to the religion his own life struggle. His spiritual journey grew out of an encounter with life questions, sparked by the sights of a sick person, an old person and a corpse. We might say that it came out of a psychological crisis, brought about by realisation of his own mortality. This crisis started him on a search which took him to various religious teachers until he finally reached his own independent breakthrough.

The understanding which the Buddha reached was basically about the way in which people cause themselves endless cycles of unhappiness and psychological 'deadness'. This deadness is personified in Mara, the figure who represents death or delusion. This delusion is also referred to as 'avidya', which literally means not seeing or ignorance.

Our patterns of avoidance are the product of our tendency to use sensory cravings to distract us from the things which frighten us. Commonly we react to threat by using sense-based experiences to take our minds off the things we fear. This pattern of distraction becomes entrenched, because each repetition lays down more karmic seeds, the residues of intentional action in the mentality.

Karmic seeds tend to ripen when circumstances repeat, leading us to react with similar actions. If we have done it once, we do it again. Similar sensory distractions are likely to be chosen each time a difficulty is encountered. These may be as gross as excessive drinking or the compulsive sexual encounter, but they may also be subtle variations of perception. They often involve seeing the world through our own frame of reference and in turn reinforcing our personal viewpoint and prejudices.

All in all, the actions of the senses create the sense of identity, which is built upon a worldview and a collection

of habitual reactions to it. We are what we see. In Buddhist thought the identity is constructed, based upon a cycle of perception, reaction and intentionality. It is our defence against knowing that we really are mortal and impermanent. It is also a limitation of view (avidya) and a clinging to the familiar.

The ordinary person is thus seen as living in a limited way. For the most part we find 'good-enough' ways to carry on at a day-to-day level, which avoid the real life questions and which anaesthetise us against too much stress and anguish. This sub-optimal functioning works well enough until we hit some sort of crisis. Crises tend to be of two kinds. Either they are primary: based on encounters with afflictions of one kind or another; or they are secondary: based on problems created by the process of craving, the mind's attempt to self-medicate on sensory experience.

Both these types of suffering are described as 'dukkha', a key teaching of the Buddha. His formulation of 'The First Noble Truth' recognised the reality of affliction: sickness, old age, death and disappointments, as well as the compounded suffering of craving and clinging to identity. In short, one could say that Buddhism sees psychological problems as basically falling into two related categories: either existential, involving coming to terms with fear, loss and change; or else addictive, involving the problems created by our attempts to escape the former through compulsive clinging and attachment to identity. These difficulties vary in severity from the normal range of psychological states to psychosis, depending on the level of delusion and of detachment from reality.

Buddhist mind models propose a view of the person in which development and change can always be directed towards a higher ideal-type. The idea of acting without attachment is for many Buddhists both an aspirational focus for their practice and a reality which is always well beyond reach. We can observe and find amusement in our fallibility and our habitual tendencies to retreat into deluded thoughts and behaviours.

Mindfulness can give us more awareness of such patterns but it does not remove our unenlightened minds. At the same time, recognising our own tendencies to repeat all these delusional patterns can give us more understanding of others and, ideally, make us more humble when we accompany those with larger psychological problems in therapy or other settings. Fellow feeling is an important



attribute of the Buddhist therapist. This term is particularly used in our own approach, which places importance on recognising our unenlightened nature.

The model of therapy in which I work and which I teach on Tariki Trust's psychotherapy training programme² is called Other-Centred Approach³. We coined the term other-centred because the approach is particularly concerned with those aspects of the Buddhist model which are to do with perception of the other. The Buddhist understanding is of a cycle of self-building which starts with the perceptual object and ends with the deluded mentality.

Mental states, according to this understanding, are conditioned by the object of attention, because it is to that object that the senses are attaching at a given time. The perceptual field thus conditions the mind, and the mind conditions how the field is perceived. Mind and worldview reflect one another and are mutually conditioning. Put in simple terms, if you have a bad day, the world looks bleak; fall in love and it looks rosy; but then, watch a horror film and your mind may become dark, listen to some gentle music and your mind may become calm. The mind and its object become as one.

By exploring the perceptual object, we understand the mind, and by changing how the object is perceived, we change the mental state. As clients talk, they tell us stories about their world. Listening empathically, as an 'other-centred therapist', I tune in to that world and stand alongside them 'as if' in their shoes, to draw on Rogers' concept of empathic engagement. My primary aim is to see the client's world as closely as I can to the way they see it.

Unlike many person-centred counsellors, however, this means that my overt focus of enquiry is not primarily the client himself, but the 'others' to whom he introduces me. It creates a relationship which is basically triangular, not unlike a supervision relationship in some ways, in which we stand beside one another, looking at the world and trying to discern its true nature. Indeed I am interested in helping the client to gain empathy for his others, and by doing so I gain empathy for him, but more through a felt sense of being in his shoes rather than through direct questioning.

In other-centred work, we are particularly interested in this other-view. We can come to understand ways in which that view is conditioned – the shadows of past experiences and perceptions which cycle round even though now out of date. We can also try to get beyond the conditioned view, asking, 'what is true?' and investigating what lies beyond habit. In this way we can unsettle the foundations of delusion a little and open up possibilities for different perspectives and different mentalities to emerge. These are two distinct directions of enquiry – towards the conditioned view or beyond it towards the real world which is beyond perception.

Such work with the mechanics of perception is in one sense like any other therapeutic methodology, a collection of techniques and biases of interest which will bring about

change, hopefully for the better. At the same time, it is founded on a system of thought which is grounded in the spiritual. Just as Rogers' theory was grounded in a belief in the self-actualising tendency and his inspirational image of the stunted potatoes growing towards the light, so too, the Buddhist model is grounded in a belief that facing impermanence and death and unhooking ourselves from the sort of mental stagnation which the compulsive mind implies, is the route to spiritual fulfilment.

The Buddhist model, though it may seem pessimistic, in fact offers liberation, as the fear and dread which accompany thoughts of death and loss become the fuel for growth and change when faced and worked with in this way. Readers may be interested in noting that there is a significant Buddhist text called the '*Sutta on fear and dread*' (Majjhima Nikaya⁴) that I have written about in chapter 12 of *Acorns Among the Grass*⁵, which makes just this point.

Such spiritual questions underpin our psychology, and unless our answers to them are also founded in a willingness to embrace the spiritual, in whatever frame we find helpful, we will sell our clients short. Our work will remain a matter of patching up coping mechanisms and avoiding the rich seam of spiritual strength which underpins human life. Faith is the requisite to stand firm in the current of such deep waters, and whether religious or unaligned, it is the lifeblood of therapy.

Biography

Caroline Brazier is course leader of the psychotherapy training programme in other-centred approach run by the Tariki Trust. She is author of six books on Buddhism and psychotherapy, including *Buddhist Psychology*, published in 2003 by Constable Robinson, and *Other-Centred Therapy*, published in 2009 by O-Books. More details of her work can be found at www.buddhistpsychology.info and www.tarikitrust.org



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