
Manu Bazzano questions the current political and psychological privileging of resilience

Illustration by Elis Wilk

What sustains our clients at difficult times? What sustains us as practitioners? I find it useful in my work as a therapist to have this question in the back of my mind. It renews my trust in people's innate ability to ease pain, find a way through a crisis, and gain insight – a confirmation, perhaps, of the workings of the actualising tendency. This feels especially true when the difficulties in question are of the sort the Dalai Lama refers to as the 'suffering of suffering' – one of three categories of distress, alongside the suffering of change and all-pervasive suffering.¹ As I understand it, the suffering of suffering describes those seemingly objective forms of anguish that can be alleviated when the client finds within her the strength to meet them squarely.

It seems to me that a person needs first to recognise his own vulnerability and inescapable human fragility, before attending to the problem at hand, and subsequently moving forward. This intricate threefold movement – recognising, attending, and moving forward – is often described as resilience, from the Latin *resilire*, to rebound. Resilience may be useful shorthand but it only describes the third movement, the bouncing back and moving forward; there is no recognition or attending. But, having considered the ways in which resilience is currently being written about and understood in therapeutic literature, I began to wonder whether there might be more about this than semantic inaccuracy, and whether

what looks like shorthand may in fact be avoidance, plain and simple: avoidance of our inherent vulnerability as human beings (often revealed to us by a crisis), and of the need to attend compassionately to the difficulties we experience. I had been rather fond of the word 'resilience' but I now saw it hijacked, its meaning distorted by an altogether different worldview that regards vulnerability as weakness.

Something parallel may have happened with 'mindfulness': its anthropological Buddhist meaning (awareness of impermanence and finitude) has morphed into an everyday technique for mere stress reduction.^{2,3} The same also applies perhaps to 'diagnosis': from expedient description of areas of distress to medicalised labelling of difference.⁴ If these are, as I believe, misrepresentations, what is the ideology behind them? And what are its motifs and modalities?

Positive psychology

Positive psychology has been at the forefront of the popularisation of the concept of resilience. The mission of its founder and chief protagonist, US psychologist Martin Seligman, is to put an end to what he calls 'victimology' – the 'passive view of the human being' that has, he argues, contaminated the social sciences.⁵ Another of Positive Psychology's leitmotifs is 'learned helplessness'. This is based on Seligman's finding that dogs can be brought to a state of passivity when subjected to

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repeated, painful electric shocks. From this he deduced that humans, when faced with unmanageable situations, ‘experience disruptions in motivation, emotion, and learning that amount to a sense of helplessness’.⁶ He applied this theory to depression in relation to social problems, which he re-presented in terms of ‘helpless cognitions’ among ‘demoralized women on welfare’ and Asian-Americans, and as ‘defeatism’ among black Americans. It is a stance that disregards the socio-political context that discourages and humiliates those women, Asian-American and black Americans in the first place.

Positive Psychology has exerted some influence in the UK among some sections of humanistic psychology, who see a continuum between the ideas of Rogers, Maslow and Seligman, and aim to build bridges between the approaches.⁷ But the appreciation has not been mutual. Seligman has publicly ridiculed Rogers and Maslow for being ‘anti-empirical scientists’, and for instigating ‘the sanctification of the individual, narcissism and individual gratification’. Seligman’s theories were used by the CIA to devise its torture programme in the aftermath of 9/11⁶ – I’ll opt for Rogers and Maslow’s ‘narcissism’ any day.

The approach may be recognisable to therapists working in the UK who are familiar with the previous, as well as the current, Government’s policy of ‘austerity’ (we have still to see where the new Conservative Government takes this), and its accompanying message that poverty and deprivation are caused by the personal inadequacies of the disadvantaged individual. This can be seen playing out across the nation’s jobcentres, where people seeking work that is not available are being diagnosed as in need of psychological therapy, to improve their ‘job-readiness’.⁸

The psychological and counselling professions have, commendably, risen up against the actual placing of therapists in jobcentres.⁹

Neoliberalism and therapy

Arguably, such a view of humanity can only flourish in the fertile seedbed of neoliberal ideology. At times described as the most successful creed in world history, neoliberalism is both ubiquitous and invisible, everywhere and nowhere. It is the ideology of late capitalism, and came into existence in the 1980s, in the Thatcher/Reagan era. It has been variously characterised as the commodification of, and an intrusion into, our everyday life. The expression ‘24/7’ began to circulate around that time, glamorising productivity and conspicuous consumption for their own sake, and slowly redefining the individual as a ‘full-time economic agent’.¹⁰

The effect of neoliberalism on counselling and psychotherapy can be described as an effort to commodify human experience by a series of strategies introduced to the public sector, and specifically to the NHS. They include New Public Management (NPM), evidence-based practice, managed care, the ascendancy of the randomised controlled trial (RCT), and ‘managerialism’. All of these seek to turn healing of any kind – whether of broken bodies or minds; living practices dealing with living subjects – into a commodity. Neoliberalism regards individuals as isolated units whose feelings, thoughts and ways of being in the world it pathologises as dysfunctional if they are unproductive, undesirable or of no use to the needs of the market.

Resilience has, I would argue, been co-opted to serve the neoliberal agenda at a time of heightened national security and financial austerity across

the western world. A newly founded academic journal, *Resilience*, is entirely dedicated to the topic.¹¹ In turn, the social and political emphasis on resilience exacerbates the pressure on the individual to be resilient, forgetting the fundamental need to acknowledge and attend to the sense of vulnerability brought about by a crisis. With closer scrutiny, this aggressive marketing of resilience does not appear wholly dissimilar from the injunction to ‘toughen up’ heard from our fathers by sons of my generation. It is as if all the progress earned by 70 years of psychotherapy has been regressed to a single reductive formula.

What’s more, our very humanity is denied by neoliberal ideology. Low moods, fragility, sadness, vulnerability are disdained because they slow a person down, which means she is able to shop/consume less. To pause and reflect on one’s experience is seen as idleness. To quietly rejoice in the pleasure of living is to be unpractical.

In order to serve their purpose to make humans more pliable to the needs of the market, in the neoliberal world psychology and psychotherapy have to be stripped of their transformative faculties. Consequently, the ‘truth’ or ‘truth-value’ of a psychology and psychotherapy obedient to neoliberal ideology is no longer *organismic*; it is no longer interested in describing the fluctuations of an organism in search of actualisation, meaning and freedom. Instead, it is *factual*, relying on the quasi-scientific collection of quantifiable data. This is known as the McNamara fallacy.

Robert McNamara was the US Secretary of Defense during the Vietnam War. He advocated that decisions must be based exclusively on quantitative observations: 1) Measure what can be measured; 2) Ignore what can’t be

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measured; 3) Assume that what can't be measured is not important; 4) Assume that what can't be measured doesn't exist. Social scientist Daniel Yankelovich famously commented that the first point is OK as far as it goes; the second is misleading; the third is pure blindness, and the fourth suicidal.¹²

I was reminded of the McNamara fallacy not too long ago when discussing Rogers' notion of empathy with students in their first year of an integrative/humanistic counselling course. One student objected: empathy is not measurable, he said, so how can it be a foundational element for therapy? I have no doubt he was speaking in good faith. Maybe we will be able to measure the core conditions, and this will bring them to the attention of policy-makers and will, in turn, help make our work available to more people. At the same time, the fact that some of us have adopted this perspective without realising its incongruity with humanistic values is to me a sign of the ubiquity of neoliberal thought.

I understand, I think, the appeal of the McNamara perspective in relation to therapy. It has a feel of 'objectivity' in its pragmatic disregard for the messy aspects of being human – our feelings, emotions and unconscious motivations. But it relies heavily on a specific worldview that sees all these aspects of the human condition as a hindrance to productivity and efficiency. The neoliberal perspective sees the psyche as a territory to be scanned, mapped, colonised and harnessed to the productivity machine.

A broken cup

An important lesson on the value of human vulnerability comes from the Zen Buddhist tradition. This is illustrated by Pat Enkyo O'Hara, who, at some point

during her Zen Buddhist training with Taizan Maezumi Roshi at Zen Mountain Center in the San Francisco Jacinto Mountains, was in charge of the altars. One day, the ancient wooden cup she was carrying fell from her hands and cracked horribly. She was very upset: the cup was so beautiful, and she knew the Zen centre was far from rich. She went to her teacher and promised to replace the cup. Roshi's reply was: 'Look at the cup, Enkyo; it's more beautiful now than it was before.'¹³

Alongside Shunryu Suzuki, Taizan Maezumi Roshi (1931-1995) led the way in transmitting genuine Japanese Zen to the west. The episode took place at a time when Maezumi had been publicly humiliated and abandoned by many of his students, following scandals about his drinking and related indiscretions. And yet, O'Hara writes, 'here he [was] still teaching, still doing this work, and he [was] more valuable after all those scandals than he was before... I just saw the beauty of our humanness through him'.¹³

All this bears some similarities to the well-known concept of the wounded physician: one who is aware that her vulnerability (from the Latin *vulnus*, wound) and flaws are functional, even essential, in aiding the healing of self and others. In Greek mythology, Chiron, the centaur, is wounded by an arrow from Heracles' bow. The wound never entirely heals, causing agonising pain, and it is because of this that he becomes a healer. The wound for the physician is a mark of her humanity. At the heart of our ability to heal lie an awareness of finitude, an acquaintance with human fragility, and an intimate knowledge of the impermanence of all things. Awareness of the personal wound opens us to the suffering that is endemic to every living thing. It potentially opens us to wisdom

and compassion. More to the point, it opens us to genuine communication, essential in psychotherapy.

The above could be partly described as organismic awareness, the cultivation of which brings its own rewards but also its fair share of challenges – the fashioning of a fuller life 'not... for the faint-hearted'.¹⁴ This is, in turn, linked to the notion of presence, variously understood as one more characteristic of person-centred counselling: the bringing together of the core conditions of empathy, congruence, and unconditional positive regard.

When Maezumi Roshi referred to the cracked wooden cup as 'beautiful', this was not simply another nugget of Zen wisdom but a statement attuned to the Japanese aesthetic of *Wabi Sabi* – to a definition of beauty in art as something inherently imperfect, incomplete and impermanent. A weathered wooden table has incommensurable beauty, as does the wrinkled face of an old man or woman, and an autumn landscape. The Japanese have a tradition of mending broken cups using gold lacquer (a process known as *Kintsugi*, or golden joinery), which is thought to make the cup more beautiful than when it was whole.

In the words of the late Leonard Cohen: 'There is a crack, a crack in everything,/That's how the light gets in.' Or, you could say, without the wound and the recognition of the wound, there would be no meeting, no encounter in the first place. ■

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