

Neuromania and ‘idiot compassion’

Compassion without wisdom, argues *Manu Bazzano*, does not address the delusional nature of mental distress, and neuroscience risks explaining away the complexity of being human

Perhaps because of my previous training in philosophy, I am naturally sceptical of any theory that quickly gains universal consensus and remains unchallenged. That in itself – as Marxist philosopher and Lacanian psychoanalyst Slavoj Žižek says – is a sure sign of ideology at work.¹ An ideology which is even more powerful precisely because it is hidden. Being an apprentice of both the great masters of suspicion – Marx, Nietzsche, Freud – as well as of Zen Buddhism (a school renowned for encouraging deep existential doubt) has been a mixed blessing in my work as a therapist. This is because doubt encourages exploration and constructive enquiry yet doesn't allow me to join in the carefree jubilations of the latest panacea. And believe me, I'd rather be carefree and jubilant than forever gravely looking for the meaning of life.

It was therefore with mixed feelings that I read Julia Bueno's thought-provoking piece on compassion-focused therapy (CFT).² The central idea, that developing self-compassion 'can reduce shame and self-criticism' makes a lot of sense, and the article made me want to explore further the work of Paul Gilbert and his Compassionate Mind Foundation.³ I was also struck by the fact that CFT, as it was presented in the piece, appears to be a veritable compendium of universally accepted and unchallenged ideas. In the spirit of open discussion and exploration, I would therefore like to offer my comments on three crucial points Bueno's important article raised. These points are of course complex and I will only briefly outline them here.

Empathy is not sympathy

Rogers'⁴ core conditions have rightly become central in counselling and psychotherapy trainings all over the country. Yet in the simplified, pared-down form in which the person-centred approach is being taught in many integrative courses, it is dumbed down and misrepresented. The so-called 'core conditions' have little to do with sympathy for the suffering of the client, with being nice and friendly and wanting people not to have a hard time. This is of course a praiseworthy ethical stance, essential in the practice of benevolence, and desiring the welfare of others is central to our work as therapists, but it does not exhaust by a long stretch the meaning of the therapeutic conditions as highlighted by Rogers.⁵

Congruence is being in touch with one's own organismic experiencing, which in turn brings authenticity to the therapist's stance. Empathy is gaining a clear sense of how the client sees the world and her experience in it. Unconditional positive regard is another name for the difficult discipline of upholding a non-judgmental and supportive stance with a client, whether or not she is 'growing and developing' towards positive change or whether she is pursuing a destructive, 'not-for-growth' attitude. The person-centred approach is often misconstrued as being 'kind' and 'nice', but it is in fact one of the most difficult therapeutic practices.

Wise versus idiot compassion

CFT, Bueno's article says, draws on Buddhism. But what is Buddhism? This is so vast a term, it includes so

many schools, styles and methodologies that it is almost meaningless. For this lifelong Buddhist practitioner at least, the very word is an invention, another convenient 'ism', handy perhaps for the historian but useless in describing a practice that is very much alive and changing as we speak.

The name for the radical and existential teachings of the Buddha is Dharma, and at its core they represent an invitation to a courageous, active acceptance of the unpredictable and unsatisfactory nature of life, as well as the cultivation of a compassion born out of wisdom. And here is the crucial point: if not born out of discerning wisdom, compassion is merely sympathy of the tea-and-biscuits kind. The Zen tradition, as well as some branches of Vajrayana, call this wishy-washy, 'nice' compassion 'idiot compassion', to be distinguished from skilful or 'wise compassion'. Psychologically speaking, compassion without wisdom does not address the delusional nature of mental distress, what Rogers calls 'incongruence', ie when the self conceptualises and symbolises in ways which are out of step with organismic experiencing. Being impacted by the suffering of another is important. Wanting to alleviate suffering is an aspiration common to a therapist and to a Buddhist practitioner, for both are hosts at heart, making room for the presence of another. But if compassion does not arise out of wisdom, it will be ineffectual.

Wisdom is central in the practice of the Dharma (and, I would argue, in the practice of counselling and psychotherapy as well). In the Zen

tradition, Manjushri, a Buddha holding a sword, symbolises wisdom. The sword cuts through delusion, soliciting the intervention of what Yalom calls 'love's executioner'. The sword of course cuts two ways: it brings about clarification and discernment in the client but also cuts through the narcissistic claim the therapist might have over the healing process. A compassion which bypasses this crucial element would be patronising; it would show lack of trust in the actualising tendency, in the client's ability for self-healing and lack of respect for the client's autonomy.

Neuroscience versus neuromania

Another universally accepted view CFT also seems to draw on, according to the article, is neuroscience, a discipline for which I have great respect. Much of my own thinking and practice is inspired by the work of pioneering neurologist Kurt Goldstein,⁷ a physician/philosopher and a great influence on Gestalt and on Rogers. I believe Rogers would have been unable to develop the core of his innovative ideas without Goldstein's central notion of the 'organism'. Unlike the more popular trends in neuroscience today, Goldstein's approach to the brain was holistic, ie connected to the totality of the organism. This is different from biologism, the belief dominant today, and gaining increasingly more influence in psychotherapy, according to which humans can be understood in biological terms. A recent book by Raymond Tallis, *Aping Mankind*⁸ warns of the dangers of such rampant reductionism.

Continuing and expanding in the

tradition of Goldstein, one that reconciles science to the humanities rather than giving in to scientism, Tallis criticises neuroscience and evolutionary theory for making the exaggerated claim of explaining away the complexity of being human. When neuroscience is accepted uncritically it becomes its own dark shadow, ie 'neuromania'. Tallis argues that the rise of this way of thinking is a matter of profound concern. Denying human uniqueness and minimising the differences between humans and their nearest animal kin is a gross misrepresentation of what we are.

I believe it is crucial to have an open and unbiased dialogue with neuroscience. Discussing post-traumatic stress disorder (PTSD), Allan Schore⁹ has highlighted studies showing how there can be interdisciplinary agreement and mutual enrichment. In this particular case, the concept of affect regulation in relation to trauma is shared by the attachment, neuroscience and psychiatric literatures and may well be a bridging concept for expanding a biopsychosocial model of psychiatry. But such creative dialogue can take place only if we as counsellors and psychotherapists investigate more critically the findings of neuroscience and do not accept them dogmatically because they are 'scientific'. As author and journalist Mark Vernon put it in a recent article in *The Guardian*,¹⁰ neuroscience will provide us with more precise correlations to play with, yet people will still experience pain and say 'Ouch!', rather than 'Oh, no worries: it's just neuron cluster 148 lighting up.'

To use the findings of neuroscience alongside the humanities and the humanistic view of human psychology can be creative and beneficial. On the other hand, to accept blindly a reductionist view of human being is potentially catastrophic. We need a brain to be alive but to be human is not reducible to having a brain. ■

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