LIBERATION BEYOND DISASTER: ZEN THERAPY & PTSD

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This paper was written for counsellors in Korea in 2014 shortly after a majopr disasdter in which an overcrowded ferry sank causing many deaths by drowning. The government had established a counselling servise for survivors and their relatives.

ZEN THERAPY

ZT is a Buddhist practice conducted dialogically between a client (or "protagonist") and a therapist (or "anagonist"), the therapist providing an ambiance of love, compassion and resilience. This practice is aimed toward liberation of the mind (or "heart") which we can specify as release from ignorance, from dispersion and from meanness. This release can be of varying degrees or apply to various domains of a life, but ultimately leads toward dissolution of the ego complex, or self-conceit, that is understood to be the root source of delusion. The practice is based upon discerning, from the evidence of inner and outer life, the spirit in which the client thinks, speaks and acts and the conflicts inherent therein. It is a path of subtle accompaniment. It may involve intensification of, moderation of, or challenge to the internal conflict of the client that is preventing them from moving on in life. It proceeds step by step following the living thread of subtle discernment, yet arrives at points of sudden crisis and transformation that release natural processes, sometimes painful, that then must be worked through. The work is object-related since mind states are always in relation to something in the object world. It typically addresses conflicts of will in relation to those objects. By bringing these to a head and passing through the resulting crisis it opens a pathway to faith, flow and wholeheartedness. Such conflicts have resonance in different depths of the personality forming complexes or koans where energy is trapped in static tension thus producing varying degrees of paralysis and compulsiveness in the personality as a whole.

The work of the protagonist and therapist is co-discovery in the sense that new meaning and direction not known before becomes apparent and in that neither could have proceeded to this new knowledge without the complementary work of the other. The way emerges spontaneously through an alternation of deepening and lateral leaps of intuition, of concentration and opening, contrition and letting go.

In the specific case of clients in a post-trauma situation the matter is not essentially different to any other kind of human situation. The therapist provides a holding frame of love, compassion and resilience, within which a co-operative exploration in search of deeper wisdom can occur. The protagonist presents whatever spontaneously arises, and from that beginning the thread of living words is followed until the matter of greatest importance comes into view, is brought to a head, transcended and worked through.

Zen Therapy is not concerned, except incidentally, with eliminating symptoms. It is concerned with helping a person to penetrate closer to the core meaning of his or her life and using whatever evidence, whether traumatic or not, may be to hand for the purpose. If the protagonist has survived

a tragic event, what have they learnt? How can their life now be deeper, richer, freer? To still be alive when one could so easily have been dead must surely be a basis for re-evaluating the precious quality of human rebirth.

POST-TRAUMATIC STRESS DISORDER

PTSD is a well established term, but perhaps not such an apt one from a ZT point of view. From this perspective there are really no “disorders”, simply human situations and varieties of response. When something tragic and frightening happens there are spiritual and psychological consequences and there are some typical ways in which human beings respond. Some of these endure a long time and some of them are distressing. Post-tragedy distress is not a disorder, it is an orderly phenomenon about which a good deal is known and understood. Nor is it really stress. Stress refers to on-going pressure from current events and circumstances. The older term repetition compulsion is more accurate in many cases. People who have experienced something powerful, whether good or bad, have a tendency to return to that experience, in actuality or in fantasy. When the experience is painful or life threatening the pain or threat is re-experienced again and again and this can interfere with the demands of normal life. However, nature always has a purpose and those who return again and again to the scene of disaster are not simply deranged. They are in search of a liberation that ultimately is no different from the liberation that all beings are searching for, though commonly with less fervour. The work of the therapist is to acknowledge and harness that fervour in the service of liberation.

PATACARA

The classic case of post tragedy transformation in Buddhism is the story of Patacara. Patacara experienced the deaths of her husband, two children and both parents in seperate but related incidents which she herself barely survived, all in the course of a single week. She then went mad. Subsequently she met the Buddha. He told her that the pain she had suffered was only a tiny portion of the tears cried in many lifetimes. In other words, he acknowledged her condition but took away her assumption that it was unfair, unnatural, or in any way made her a special case. Unlike most modern psychotherapies, his method was to reduce the ego while affirming the reality of the existential situation. That is Zen Therapy. Patacara stopped being mad and started to grieve. She returned from a self-generated mad world to a pain-filled real one. However, when her grieving was complete she was a mature and liberated person capable of great compassion and possessed of a wisdom that served many others. She becamse a spiritual guide of great accomplishment and a devoted follower of the Buddha who had freed her from the great darkness of the conceit of self.

FOUR AFFECTED GROUPS

When there is a tragedy with large numbers of dead there are four groups of people to consider: firstly those who died, secondly the bereaved friends and relatives of those who died, thirdly those who survived, and finally those who live with those who survived. These are the four groups affected.

THE DEAD

As regards those who died, their old life is ended. It is important that we honour them and allow them to move on in their journey. We should not think that they have died at the wrong time. Everybody has a time. None of us knows the means by, or the circumstances in which a lifetime

will end. We are mortal. Life is always contingent. When the conditions that keep us alive change, our lifetime is over. This is the reality. It is important, therefore, for us to respect the fundamental truth. They had their perfect lifetime and it is now complete. They have gone on. We hold their memory reverently, but we should not try to hold them back, nor hold ourselves in a state of rebellion against the fundamental laws of the universe. To honour them and wish them well on their way is the right course.

THE BEREAVED

Among the bereaved there are those who grieve naturally, those who do not grieve and those whose grief is arrested.

As regards the first group, their sense of loss is not a disorder, it is natural. To grieve is an entirely natural process. Grief should be experienced deeply and fully. It too has its time. It is painful but the pain is necessary. Eventually it passes. After its passing it may occasionally recur, perhaps on the anniversaries of the loss, perhaps when circumstances evoke a particular memory. This too is entirely natural and we should not reproach ourselves for having such feelings. They are compulsive, coming in waves, and can be deep and distressing, but this does not, in itself, make them a disease or an error. Some things in life are painful. Affliction is a trial and it is a spiritual gateway. Those who go through it emerge stronger and cleaner in spirit. The only therapy that such people need is acknowledgement and affirmation that what is happening is natural and valuable. Their memories of the dead person should be evoked and listened to, their actions of respect and commemoration dignified, and, as each stage of grieving unfolds, the therapist should approve and support.

As regards the second group, those who do not grieve, this is generally because of a denial of the loss. Grieving begins with acknowledgement of the reality. If a person does not accept that their relative is dead, grieving may never get properly started. Such non-acceptance may be due to internal or external factors. Regarding external factors, this is particularly a hazard in those cases where a body is never recovered so the evidence of death is not produced. Help directed to such people must be concerned with bringing them to unequivocally face the fact of death. It is not sensible for the authorities to hold out any hope in such cases. They need to say, "Although we have not recovered the body, there is no likelihood whatsoever of survival. We are very sorry. Your relative is dead." This may seem harsh, but it is the most therapeutic course.

Regarding internal factors, grieving may be prevented by a conflict of will, such as a sense of responsibility for the death that a person does not want to face. This need not be rational. For instance, a person who persuaded their relative to go to an event in which the relative then died may blame herself for having sent him there, but may be unable to face this sense of guilt. Such a person may accept at an intellectual level that the death has occurred, but not accept it in their heart. Such people need to be helped to confront the conflict of will and its rootedness in reluctance to accept their own sense of self-blame. At the deepest level this blame is a conceit because it assumes that the person could have known and controlled much more than is actually possible. These are the cases where grieving does not start and therapy must be directed to the matter of acceptance of loss and the factors impeding it.

In the third group, grieving that has commenced may get stuck or arrested so that the process never comes to a proper conclusion. There can be a number of reasons for this and each case has to be responded to on its merits. Some people get caught in shock, some in anger, some in depression.

Counselling in each case may take a different form and have a different focus. In all cases, however, just as in the case of those who do not begin to grieve properly, the impeding factor will be some form of denial of the reality of the situation and this will be due to a conflict of will grounded in attachment to an image of self.

Zen Therapy is concerned with Dharma. Dharma is the fundamental reality. Fundamental reality manifests in the phenomena of real life. Often enough we reject real life and prefer to live in some degree of fantasy or denial. We might do so because of a prospect of gain, if, for instance, claims for compensation are pending. We might do so because we believe that getting vengeance will somehow correct the situation, or that life is now meaningless, or that we do not have within us the strength to endure the feelings that arise. None of these is true, but if we cling to them that clinging will hold back the natural flow of our life. In these cases counselling can often be a great help, bringing into focus the underlying conflict that is demanding resolution. Going through the grief process is a road along which courage and endurance are called for and having a companion along the way can give one such strength.

SURVIVORS

Then we have the survivors. These include those to whom the term PTSD is usually most specifically applied. It was a puzzle to Sigmund Freud who, having hypothesised, with good reason, that the mind tends to seek pleasure, wondered why some people who have had extremely unpleasant experiences compulsively relive them in imagination over and over again, thus re-inflicting upon themselves a measure of the misery that they suffered involuntarily in the original situation. He concluded that this was the organism's way of trying to arrive at a confidence that if it ever encountered the like situation again it could handle it, a confidence that it needed if it was ever again to feel secure in this world. This conclusion has stood the test of time. In the same way, it is a common adage that if you have a fall from a horse, you should immediately get back on the horse so as to demonstrate to yourself that you still can, otherwise you will live with troubling uncertainty and perhaps never regain the courage to mount another beast. The organism needs a certain confidence in its own ability in order to function.

Does ZT add anything to this understanding? Firstly, it discerns that it is not confidence in oneself that really matters. Confidence that one could vanquish all conceivable future occurrences is madness. Sooner or later every one of us is going to encounter something we cannot survive and at that time we shall die. Spiritual training is not focussed on physical immortality so much as on preparedness for death and willingness to die when the time comes.

Psychological studies, especially of soldiers in battle situations, have revealed a further compounding factor. This is called survivor guilt. The person who survives is faced with the existential question, "Why me?" Perhaps some of those who died were wiser, kinder, more useful, more accomplished, more loveable people than oneself. Why was I the one who was spared? This can seem an injustice or folly that undermines the implicit sense that the person had of the meaning of life and order in the universe. In a variant on this condition the person can start to believe in their own immunity to death and so start to live recklessly. Such recklessness satisfies the logically incompatible sentiments warring within the person that are, on the one side, the sense of immunity and, on the other, the wish to be dead. The death wish arises from the sense that the person has that he should have been one of those who died, not the one who survived.

All these locuras are, from a Buddhist perspective, seen to be functions of the deep belief in one's own ego and its importance. The basic "Why me?" question implies a special importance attaching to oneself when, in reality, there is none. There is no special characteristic of oneself that accounts for one's survival. One is not so important. Unlike therapies that focus on building self-esteem, ZT is concerned with reducing self-conceit. The therapist needs a down to earth manner that takes reality in its stride. This may involve humour and irony. Therapy does not have to be endless earnestness. It should undermine rather than reinforce self-obsession.

From the ZT perspective, the task is not one of rebuilding self-esteem, which is only a form of conceit, but of finding faith and acceptance, of being willing to take one's place in a scheme of things in which we are each very small items. Meaning lies in a scheme much vaster than ourselves. Modern society has compounded problems of this kind by emphasising the supposed supremacy of self in the scheme of values. Our ancestors, who had to cope with major tragedies with greater frequency, were less self-preoccupied and so fared better in these situations.

It is an aspect of the fundamental reality of our situation that whether we have come close to one or not, there are in this world many physical phenomena which, were we to encounter them, we could not survive. That is how it is. PTSD becomes a never-ending cycle because the person is trying to achieve the impossible or has come to believe the unreal. To try to arrive at a confidence that, were the situation to repeat, they would survive again is unachievable. This is something one can never know. To think that this tragic sequence of events proves that one is a special case, not subject to the same universal laws of mortality as everybody else is to believe in the unreal. Both are fundamentally forms of self-conceit.

Nonetheless, we should not pass a harsh judgement on such a pattern because we are all vulnerable in the same way. Those who have deeply freed themselves from the dynamics of conceit are extremely few. This is one of the basic insights of Buddhist psychology: we are all intoxicated with the habit of self-clinging. The counsellor can, therefore, empathise in the mode of fellow-feeling. Were any of us to have had a similar experience, there is a high likelihood that we would go on to suffer a similar consequence.

This matter of fellow-feeling is an important foundation of the ZT approach. This is not a therapy in which the therapist is considered to be free from difficulties in comparison with the poor client who is lost in a sea of problems. You and I and therapists in general are not Buddha. We too are deluded beings. It is an advantage to have some awareness of this fact. Seeing our limitations we can readily share those of the client. Indeed, the client informs us. The therapist is learning about life and reality and the teacher is the client who kindly shares his or her experience. Thus, therapy is a kind of research, or, in Buddhist terminology, an investigation of Dharma, through which both parties are learning and growing, both are, in small ways and large, awakening to a greater reality together. The feeling tone of this work is the sense of walking side by side, two foolish beings together, humbly seeking for the light, willing to weep together at times and, at others, to laugh at their own all-too-human conceit and folly.

The Buddhist is a refugee. Cast out from the land of bliss we seek to return to the nurturing power and grace of the Buddha. We trust that all of life can be an offering and that whatever it may be in human terms - honourable or shameful, happy or sad, success or failure - it will all be acceptable in the eyes of the all-accepting Buddha who loves everyone just as they are. In that wisdom that is greater than our own, even the deepest shadows are found to contain a precious lining.

RELATIVES OF SURVIVORS

The impact upon the relative is twofold, at least. There may be specific aspects of care. If the survivor is suffering nightmares, sudden panic, psycho-somatic symptoms and so on, then it may often fall to the relative to administer the soothing remedy, whether that be chemical, physical or psychological. Yet, perhaps of even greater impact, they have had a severe shock and anxiety and their dear one has changed. The relationship that they had before and were used to will now be different. This is a challenge and a loss. It too is something to grieve, but the relative is not in a good position to grieve because the needs of the survivor take precedence. Relatives may thus apply themselves and put their own grief aside. Later, the grief may return, demanding its time, but when that time comes, its source may no longer be apparent or recognised.

The relative is expecting and expected to care for the survivor, yet the relative is also in shock at what has happened and having come so close to losing their near one may well have experienced a psychological crisis in which their values and priorities were challenged. They may now be motivated to be doubly caring of the one whose life has been demonstrated to be so fragile or, on the other hand, they may be so much in shock that they do not have the energy available to take on an extra burden of care. The therapy of these people needs to be primarily one of acceptance that gives space for them to experience the feelings that are otherwise suppressed and to work through the re-evaluation of life that may have been precipitated by their proximity to tragedy.

Relatives have themselves experienced a trauma in having come so close to losing a dear one and this too can have a direct effect. For instance, a person who nearly lost one child in a tragic event might become overly diligent in care and protection of that child, or of all their children, or of all children, or, alternatively, might adopt a distance from the child or children due to an inability to face the possibility of loss in the future. Therapy in such cases may well involve role reversal so that the client is taken out of the ego perspective and into that of the other, in the example given, for instance, that of the child.

BLAME & COMPENSATION

The urge to find culprits and punish them and, on the other hand, to seek compensation for the pain and loss suffered is readily understandable. Some who have been through a traumatic experience may go on to become campaigners in the cause of ensuring that such tragedy never recur. Some may take upon themselves the task of seeking redress from those who were to blame. In this way, some individuals find new meaning in their lives.

However, there is a shadow side to such activities which is that it carries the risk of keeping a person locked into the past. However much compensation is forthcoming it will not undo the past. While such activities may sometimes be useful and appropriate, the more important psychological task is that of moving on.

NO SIMPLE PROGRESSION

While it is obviously convenient from a social administration point of view to have a service, such as counselling, to provide to victims of traumatic events and even more convenient to have predictable outcomes from the provision of such services, the nature of therapeutic help is such that

only in the broadest of terms can outcomes be predicted. Therapy is concerned with human meaning and human will and these cannot be reduced to mechanisms, even metaphorically.

While we can make broad generalisations about the typical human reaction to involvement in tragic events, the meaning to each individual is unique. The internal conflicts that result, which ultimately reflect the will to live and the will to die, will take different colouring in each case. The therapist needs powers of concentration and discernment to penetrate into the personal meaning for each individual, to see how it relates to deeper conflicts. From the ZT perspective what is happening is not so much that the trauma creates a pathological condition as that it brings into sharp, even unbearable, focus contradictions that were already incipient in the person through their earlier life.

ZT is not primarily concerned with relieving symptoms and making people feel better. They might do so, but that is not the object of the exercise. To pass through a tragic event is to come face to face with some of the fundamental existential realities of mortal life and this is inevitably a challenge to the ordinary conceit in which the vast majority of us pass our days, living and acting as though "I" am a special case, higher in priority than any other being on the planet. Escaping from this position is, in the short run at least, often a painful experience both in terms of grief and regret. Ultimately liberation brings satisfaction beyond the ordinary and a state of grace, but such nobility is not easily won. The actual form of this conceit, however, differs from case to case and the impact of exposure to tragic events is correspondingly varied. While social administrators want to tidy the situation and eliminate deleterious effects, the work of the therapist is more subtle, individual and long term, dealing with the koan of life and death as it uniquely manifests in each instance.

An experience that impresses itself powerfully upon the mind brings earlier life dilemmas into a sharper relief, exposing them to a harsher light. When people come close to death they are much more likely to see clearly what really does matter to them. When they later reflect on these things they may find that the less pressing aspects of life now arrange themselves in a different pattern than before they were so tested. All testing experiences precipitate a crisis, which means a situation in which things can go one way or another. Such are make or break situations. Facing our mortality so directly can be a short-cut to spiritual liberation or to a ward in a mental hospital. The work of the therapist is to penetrate to that very point of crisis and provide the accompaniment that gives the courage to choose freedom, with all its concomittant grief and contrition, rather than retreat into a search for the impossible, which in such extreme cases may lead to mental paralysis or madness.

GENERAL CONCLUSIONS

ZT is rooted in Buddhist psychology or Dharma. Dharma is the harmony of mind and reality. When mind rejects reality there is ignorance or denial (*avidya*). Such denial is the common lot. Extreme experiences throw such common denial into crisis. Such crises are points where a person may fall into paralysis or break through to liberation. The task of therapy is to maximise the conditions conducive to the latter and minimise those tending to the former.

The path of liberation is not necessarily comfortable or easy. It may pass through the pain of grief, the anguish of contrition, the desolation of aloneness, and the struggle of adjustment that comes when old certainties are abandoned. Therapy must not only precipitate the crisis that plunges a person into such transformation, but also support them through the resulting travail. This requires a resilience grounded in faith and humility on the part of the therapist.

Rather than treatment of a condition called post-traumatic stress and disorder, ZT is concerned with growth and liberation beyond tragedy, taking the dire occurrence as a spring-board, not a disease. Life is full of challenges and the Buddha has declared that dukkha is a truth for noble ones. In the aftermath of extreme distress the Zen therapist is concerned to help the client emerge as a noble being, filled with new wisdom and compassion such as could not have been gained by any other route.