

A Comparative Study Of Constructivist Approach In Buddhist And Western Psychotheraphy

Wickrama Kankanamge Don Keerthirathne

Senior Lecturer in Education, Faculty of Social Sciences and Humanities, Department of Humanities,
Rajarata University of Sri Lanka, Mihintale, Sri Lanka
Email: wkdk1974@yahoo .com

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Abstract: Client centered psychotherapy is not a newly introduced approach by western psychologists. It can be seen in Asian psychology too; vastly in Buddhist psychology. Both Buddhist and western psychology tend to practice the client centered therapeutic approach. In this paper it was aimed to conduct a comparative study of constructivist approach in Buddhist and western psychotherapy. When reaching this aim, *Sutta Pitaka* has been used as the primary source while research works of modern scholars have been used as secondary sources. According to research findings it was shown that client centered psychotherapeutic process in Buddhist psychology is remarkable and Buddhist and western psychology can facilitate each other and mutually enrich each other's insights for a better and vital therapeutic approach that can be accepted by both eastern and western clients alike.

Keywords: Buddhist psychotherapy, client, client centered psychotherapy, constructivist approach, psychotherapy in western psychology

Aim

The main of this paper was to conduct a study on constructivist approach in Buddhist and western psychotherapy.

Method

The comparative historical method has been used as the research method of this paper. *Sutta Pitaka*, and relevant Buddhist books have been used as primary sources to collect information. Research papers, articles and books written later periods regarding the constructivist approach in Buddhist and western psychotherapy.as the secondary sources to elaborate and analyze research findings.

Literature Review

Client centered psychotherapy in which client is considered as the active participant in the therapeutic process can be found both in Asian and western Psychology (Michel & Donald, 2005). To Arjun (n.d.), Gautama Buddha from the east and John dewy from the west are the foremost constructivist thinkers with regard to knowledge construction. In client centered psychotherapy the client is often active in the process of finding solution to his/her problem by him/herself under the guidance of a skillful therapist (Kerthirathne, 2016). Client-centered Buddhist psychotherapy provides great solutions to burning mental diseases that people suffer due to existing political, social, economic and cultural issues. The final goal of psychotherapeutic process in Buddhist psychology is to direct the client towards *Nibbana* (Galmangoda, 2017).

INTRODUCTION

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To Buddhism, diseases are of two types: physical and mental. Here, the researcher's aim is to find only about mental diseases since it relates the topic under discussion. The Buddha was a physician as well as surgeon according to his teachings (SNI: 134). He was an expert in doing surgeries to remove *Laba, Dosa and Moha* from the lives of ordinary people. Client-centered Buddhist psychotherapy provides great solutions to burning mental diseases that people suffer. To the Buddha, every person suffers from mental disease except those who have reached the ultimate goal; *Nibbana*. As *Roga Sutta* illustrates, it is difficult to find a person who is healthy both physically and mentally for even one moment. "Monks, there are to be seen these who can admit freedom from suffering for one year...hundred years. But monks, therefore beings are hard to find in the world who can admit freedom from mental illness even for a moment. In one sense everyone is subjected to mental diseases except the enlighten ones who have destroyed the *Asavas*" (ANIV: 157). *Dhamma* is the best medicine for any disease he prescribed. No medicine similar to *Dhamma* can be found. Therefore, the Buddha asked his disciples to take *Dhamma* as the best medicine for any disease. The person who takes *Dhamma* as a medicine stops the cycle of rebirths forever (ANV: 87). In *Sallekha Sutta*, the Buddha discusses 44 behaviors that are exhibited by men due to mental diseases they suffer. In addition, the Buddha has suggested constructive procedures that can be followed by clients to prevent mental diseases as well (MNI: 40).

DISCUSSION

In client centered Buddhist therapeutic approach, the Buddha has admired the cognitive ability and freedom of the client in the process of knowledge construction when finding solution to his/ her burning issues. To the Buddha, the client is active in the therapeutic process. The client is viewed as an agent of knowledge construction but not a passive object. This view is accepted in western psychotherapy too. In client centered therapeutic process, the Buddha performed his role in numerous ways. Since he believed that psychotherapy is not something administered to client but achieved by the client himself. To implement a successful client-centered therapeutic environment, the Buddha suggests five qualities to develop in a therapist.

1. Gradual talk (*Anupubbikatam*)

The therapist should consider the level of defilements of the client before starting the therapeutic process. If the defilement level is high, the process should start from simple to complex. Here the intended meaning is that the therapeutic movement should be started from simple concepts: generosity, compassion, eight worldly condition, morality etc. Such background knowledge helps the client to understand deep concepts: four noble truth, eight fold path etc. For Kalupahana (2010), when the gradual talk is used by the therapist, he/she maintains the mental balance of the client. The story of *Suppabuddha* is an example of gradual talk.

2. Talk in sequence (*pariyadassni katam*)

Here, the therapist supports the client in whatever is good and shows the course.

3. Compassionate talk (*Anandayattam paticca katam*)

The successful therapist displays compassion towards the client and helps him/her in a cooperative way.

4. Talk without material expectation (*Naamisantaro*)

The therapist acts towards the client without expecting any material.

5. Non-judgment (*attanca paranca anupaca katam*) (ANIV: 124)

A successful therapist does not compare his/ her client with others.

There is a list of qualities that should be developed by a therapist as a skillful communicator in client-centered therapy to be effective in the therapeutic process.

1. The therapist should listen to the client (*Sota*).

2. Having listened to the client, he gets client's attention (*Saveta*).

3. Therapist learns more about the process of therapy (*Uggheta*).
4. Therapist helps the client to remember what client has learned (*Dhareta*)
5. Therapist knows a lot (*Vinnata*)
6. Therapist presents what he/she says descriptively (*Vinnapeta*)
7. Therapist is capable of suitable and unsuitable things (*Kusalosahitasahitassa*)
8. Therapist is not aggressive (*na ca kalahakari*) (NVIV: 186).

The Buddha dedicated all his day by dividing it into five parts for helping clients to find solutions their mental issues in constructive manner: *Perabathkisa* (morning time), *Pasubathkisa* (evening time), *Perayamkisa* (first half of the night), *Madiyamkisa* (Midnight), *Pasuluyamkisa* (*Last half of the night*) (DN I: 45).

In Buddhist constructive therapeutic process, the structure of Four Noble Truth: the noble truth of the suffering, the noble truth of the cause of suffering, the noble truth of the end of suffering and the noble truth of the path that leads to the end of suffering was used by the Buddha in significant way to help his clients to overcome the problems they suffer. Here, the client understands suffering; organizes the origin of his/her ill-being; recognizes that there is a way of overcoming ill-being; acts in order to overcome the ill-being; follows required norms for living; follows required norms to change his/her practice of life.

The Buddha gave priority to his "clients" to think more about their mental problems in a constructive way and to express their condition freely. Here, the Buddha was an active listener in the therapeutic process. For example, on the Buddha's way to visit relatives (*Kimbulvathpura*), he met his lay life wife *Yasodhara*. Before going to *Yasodhara*, the Buddha asked Rev, *Sariputta*, *Maha Moggallana* and father, *Suddhodana* those who accompanied him not to disturb *Yasodhara* to explain what in her mind was. He wanted to make an opportunity for *Yasodhara* to express what she needs freely and to help her to have the suitable mentality to understand reality (Ja: 90). This is called free association in Freud's theory (Freud, S 1989 & Freud, A (1937).

In interpretation of resistance, the next method of the Freudian psychoanalytic therapy, it is argued that there may be any form of opposition from the patient to the process of psychoanalysis. In Gestalt therapy too, if a statement made by the clients does not reflect their true feelings, it would be challenged. *Alavaka Sutta* in *Samyutta Nikaya* gives an example of challenging the client's statement in Buddhist therapeutic process. When the Buddha went to *Alavaka's* place to guide him to solve the questions he had, the latter opposed the Buddha. *Alavaka* asked four times the Buddha to go out from his place and come in. Here, in the first three occasions the Buddha surrendered *Alavaka* and did what he asked, but in the fourth occasion the Buddha did not do what *Alavaka* said. The Buddha challenged *Alavaka* "No, O friend, I will not get out. Do what you will (SNI: 213)."

In the therapeutic process the Buddha talked less and motivated his "clients" to explore solutions by themselves. The way the Buddha tackled the cases of *Kisagotami* and *Angulimala* illustrates the client-centered therapeutic principles followed by him. The Buddha allowed both *Kisagotami* and *Angulimala* to find solutions to their burning problems by themselves (DhpA: 270).

Princes *Bhadda Vaggiyas* were searching for a woman in the jungle. The Buddha motivated them to direct their search towards themselves rather than looking for someone else. Since the princes agreed to be vigilant about them by themselves, the Buddha preached them doctrine. Finally, they understood the reality like absorbing colours by a pure cloth (Vis: 23).

It is obvious that the mentality of persons who are in trouble is weak. Therefore, the task of the therapist should be to help the clients with compassion to build up their self-confidence. This principle was illustrated by the Buddha in the case of *Patacara*. She had gone mad because of the unexpected death of her loving two children, husband and parents. When she was treated sarcastically by others, the Buddha helped her to recover her self-confidence. Firstly, the Buddha asked her to have concentration. She who regained self-confidence, listened to the Buddha's preaching and understood the truth behind the life because of the ingenuity of the Buddha's therapeutic process (DhpA: 260).

In therapeutic process, the Buddha admired the ability and freedom of the client, so, the Buddha did not try to inculcate what he wanted in client. In *Kalama Sutta*, the *Kalamas* were encouraged to realize what is wholesome (*kusala*) and unwholesome (*akusala*) by themselves. The task of the Buddha was to provide them with criteria for deciding difference between wholesome and unwholesome thoughts (ANI: 188).

The therapist must understand and respect human differences and not try to sway clients away from their own beliefs. *Upali Sutta* in *Majjima Nikaya* illustrates how the Buddha exhibited his flexibility in front of the "client" and how the former were allowed to take decisions without applying any force to accept his teachings. As *Upali Sutta* mentions, *Upali* wanted to be a follower of the Buddha, *Dhamma* and *Sangha*. At that occasion, the Buddha told him not to follow the Buddha, *Dhamma* and *Sangha* without having a proper understanding of them. The Buddha also preached him to have a reflection on his decision which was to embrace Buddhism. The most important thing behind this was the Buddha's further admonishing of *Upali* to treat *Niganthanatha Putta* as he treated *Nighanthanatha Putta* early though he embraced Buddha, *Dhamma* and *Sangha* (MNI: 371). Furthermore, the Buddha asked *Upali* to offer alms and open the door for alms to *Nighanthanathaputta* without ignoring him.

Carl Roger's therapeutic approach is called client centered or person centered because of the focus on the person's subjective view of the world. In Roger's explanations on constructive psychotherapy the client was encouraged to look for solutions to his/ her mental problem by him/ herself (Roger, 1951). As he explained further, the individual has with himself vast resources for self-understanding; for altering his/her concept, attitudes and self-directed behavior. These resources can be tapped if only a definable climate of facilitating psychological attitudes can be provided (Roger, 1980). In this type of therapy the client discovers feelings of which they are unaware (Lahey, 2009). Roger (1961) rejected both psychoanalysis and behaviorism because of their deterministic nature. When examining the incidents of the *Kisagotami* and *Bhaddavaggiya* princes, it is clear that these two incidents provide much more insights that could develop Roger's theory further.

The Buddha's views were the same as Roger's views. For Roger, the job of the therapist in client-centered therapy is not to employ specific therapy techniques or to interpret the client's behavior, but to create an atmosphere that is emotionally safe for the clients so they can feel free to express their feelings to the therapist. Furthermore, Roger believes that the awareness to solve the problem comes from the client not from the interpretations. This was the basic view of the Buddha according to *Kalama* and *Veemansaka Sutta*.

As Roger argues if the therapist solves the clients' problems, the client would remain dependent on the therapist. In the Buddhist therapeutic process the Buddha reflected the client's emotions remarkably. Even in client-centered Buddhist therapy, it is accepted that the therapist says relatively little in the therapeutic process. In Roger's client-centered therapy, giving instructions to the client in order to motivate him/ her to find solutions to his/her problem is strongly advised against, but in the Buddhist therapeutic process, if the client is unable find solution to the problem by him/herself, instructions are given until he/she reaches real understanding. This is a characteristic that distinguishes the Buddhist method from that of Roger's. Having helped the client by providing necessary instructions, the Buddha let the client be independent on his/her way to find solutions.

Although the client centered therapeutic approach in western psychology is somewhat similar to its Buddhist counterpart, it can be argued that there are some lessons that can be taken from Buddhist psychotherapy to direct therapeutic process in western psychology towards a more fruitful approach. Client centered therapeutic strategies used in western psychology can be identified in Buddhist constructive psychotherapy too. Therefore, it is noticeable that some client centered therapeutic strategies in western psychology have not newly been introduced by western psychologists. Constructive therapeutic strategies in Buddhist psychology are innovative. Moreover, it is possible to explore ways in which client centered psychotherapy in Buddhist and western psychology can

facilitate each other and mutually enrich each other's insights for a better and vital therapeutic approach that can be accepted by both eastern and western clients alike.

CONCLUSION

Client centered psychotherapy in Buddhist psychology is much older than client centered psychotherapy in western psychology. Both traditions keep the client in the centre of therapeutic process in order to provide productive service to the client. Though Buddhist and western psychotherapy have commonalities, still there are some lessons that can be taken from Buddhist psychology to expand western psychotherapy towards a more vital approach. Though psychotherapy in western psychology aims to solve problems or issues that clients face in problematic situations, the Buddhist psychotherapy applies its methodologies to solve the problems of clients those who suffer from mental diseases as well as to improve the quality of day-to-day life of common people. Therefore, the Buddhist psychotherapy provides insights for western psychology to expand and improve its present form. In the therapeutic process the Buddha paid attention to accurate information coming from the client and to construct solid communication and a sound social relationship with the client.

References

Primary Sources

Anguttara Nikaya. (1890) Pali Text Society, London

Dhamma Sanghni Attakata (Atthasalini). (Ed). (1897). Muller

Deegha Nikaya. (1890). Pali Text society. London

Majjima Nikaya. (1890). Pali Text Society. London

Samyutta Nikaya. (1890). Pali Text Society, London

Visuddhi Maggha. (Ed). (1966). Rev. Matara Dhammavansa Nahimi

Secondary Sources

Arjun, BB (n.d.) Constructivism in Buddhist Education: Learning for Teacher Education, Available from: nepaknol.org.np/cdc/dl/pages/view.php?ref=360&search...by...

Freud, A. (1937). The Ego and the Mechanisms of Defense. London: Hogarth Press and Institute of Psycho-Analysis.

Freud.S. (1989). An Outline of Psychoanalysis. New York

Kalupahana, D. J. (2010). Miracles: An Early Buddhist View. New Horizons in Buddhist Psychology: Relational Buddhism for Collaborative Practitioners, 173–184.

Keerthirathne, W.K.D. (2016). A Comparative Study of Constructivist Approach in Buddhist and Western Psychotherapy, Paper presented on 12th National Conference on Pali and Buddhist Studies, Department of Pali and Buddhist Studies, University of Sri Jayawardanepura, 23rd December

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Lahey, B. B. (2009). *Psychology: An Introduction*. McGraw Hill.

Michel, J.M & Donald, G. (2005). Constructivism and Psychotherapy, *World Psychiatry* 4(2), 74-79, Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414735/>

Roger, C. (1951). *Person Centered Counseling in Action*. London: Sage Publication Ltd

Roger, C. (1961). *On Becoming a Person: A Psychotherapist View of Psychotherapy*. Houghton Mifflin

Roger, C. (1980). *Way of Being*. Boston. Houghton Mifflin

Galmangoda, Sumanapala. (2017). An Analytical and Creative Study of the Buddhist Theory and Practice of Psychotherapy. *Journal of International Association of Buddhist Universities (JIABU)*. 7 (1)