



Reflections on and discussions about 'Luminous Life: A New Model of Humanistic Psychotherapy'

Abstract

This paper is an attempt to introduce a new approach in Humanistic Psychotherapy. It grew out of a psychiatry consultant's years of work in individual psychotherapy with the patients and got published in a self-help format. Later a clinical psychology consultant read the book and reflected in detail on it. Then the colleagues contacted each-other and had some discussions on the reflections. Few patients' feedback was also included. Initially there are two chapters of Introduction and Humanistic Approach to Mental Health Problems. The major modules in the book comprise Health, Forgiveness, Self, Connections, Will-Power, Relationships, and Living with the Family. The additional modules include Time, Negotiation, Creativity, and Celebrating the Common Person. Also there are two final modules, Orientation for a Possible Future Culture and Summing Up. The paper narrates the entire process of reflection and the related discussion and highlights the major points of this new model of therapy.

Keywords: Self-Help. Feedback. Culture.

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I

Dr. Hazarika: Dr. Choudhury was one of my teachers during my MPhil in the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India. I subsequently visited his workplace in Cumbria, UK a few years ago for a few days.

He gifted me a copy of his then newly published book, "Luminous Life: A New Model of Humanistic Psychotherapy".[1] The book has remained with me ever since. I read it quickly as a cursory read and also slowly chapter-wise.

The book is written in the self-help format; Dr. Choudhury addresses the reader as 'you'; the feminine gender is used as the common gender throughout the book. I found myself reflecting on the contents as soon as I started reading. These reflections have continued on-and-off over the intervening years. This article is a compilation of many of my thoughts, while and after reading Luminous Life.

Later, when we had a chance, I and Dr. Choudhury discussed some of the contents and my reflections upon them. Much of the discussions happened over telephone and through electronic communications. Dr. Choudhury also added the comments of some of his patients, who were originally involved in building up this therapy. These comments were solicited (via emails); therefore, are not free from bias.

The book is based on humanistic principles (as the name suggests) and Maslow, Rogers, Frankl, and Surya are mentioned as inspirations. Dr. Choudhury has outlined the development of this model of therapy in the introductory chapter. He mentions how, through hundreds of hours of individual therapy, the foundations of the therapy started forming and how he, in active collaboration with his patients, then developed the final structure.

I found it interesting how it started eclectically, without 'a priori' assumptions what might work and what might not. I wondered how the modules got developed.

Dr. Choudhury: So, I was doing my 'here-and-now', 'common-sense', 'non-psychodynamic', 'non-cognitive-behavioural', 'humanistic' therapy. I indeed started eclectically and was using examples from my readings and reflections in literature and culture. Later I found I was using some words, some expressions, indeed some ideas more often than not. Gradually, these ideas coalesced with one-another, giving rise to clearer and better articulated ideas. Still later, the ideas merged and led to the beginnings of the modules.

I later realised this had been a process akin to 'Grounded theory'. Wikipedia describes Grounded theory as "A study using grounded theory is likely to begin with a question, or even just with the collection of qualitative data. As researchers review the data collected, repeated ideas, concepts or elements become apparent, and are tagged with codes, which have been extracted

from the data. As more data is collected, and reviewed, codes can be grouped into concepts, and then into categories. These categories may become the basis for new theory.”[2]

Dr. Hazarika: ‘Luminous Life’ has the following chapters: Introduction; Humanistic approach to mental health problems; Major modules comprising Health, Forgiveness, Self, Connections, Will-Power, Relationships and Living with the family; Additional modules comprise Time, Negotiation, Creativity and Celebrating the common person; Final modules, Orientation for a future culture; Summing up, and a short Bibliography.

In the module of ‘Health’, Dr. Choudhury extends the model of the World Health Organization (WHO) comprising the physical, the mental, and the social aspects of the holistic health and makes it a ‘Six-sided model of health’.

This is the first major module and, in many ways, sets the tone of the book. I noticed Dr. Choudhury has talked about the basic ‘dos and don’ts’ in physical health, has cleverly avoided detailing about mental health (since the entire book is on mental health) and has laid down the basic suggestions about social health.

Then I realised, much to my pleasant surprise, Dr. Choudhury was speaking of other closely-linked aspects of health that I too would have thought of as important, namely the Spiritual and Philosophical aspects. He provided a glimpse of his own understandings in these areas.

I reflected on the four separate aspects of receiving help and nurturance; providing, protecting, problem solving, and personal teaching and agreed with Dr. Choudhury, these areas can be seen as the aspects of Divine help as well as of everyday parenting.

Dr. Choudhury: You know I was quite tempted to include the names of the ‘Great Saints and Traditions’ while talking about ‘Providing’, ‘Protecting’, etc. While reflecting on the life of Shirdi Sai Baba, I realised the preeminent aspect of Him being the Great Giver. While thinking of how Baba Lokenath Brahmachari was known to physically appear and rescue people from mortal danger, I understood His position as the Protector Par Excellence.

Then I shied away from adding these details. Because ‘Luminous Life’ is this first and introductory book of this approach, I did not wish to share too much of my own journey.

Dr. Hazarika: I also felt the section on Philosophical health was rather brief and could have been elaborated upon.

Dr. Choudhury: You are right, it is too brief. I might try to develop on this in my further work, if and when I get a chance.

II

Dr. Hazarika: What struck me as the really useful additions, were the sections on Material and Cultural health. I too thought these were aspects of everyday health that were not often touched upon.

I reflected that Material health has the subsections on ‘sharing’ and ‘caring’, which are useful constructs not only

applicable to material things but to other areas as well. I thought this attitude of ‘sharing and caring’ can really have wider implications towards making a person more self-reliant as well as socially responsive.

I liked the concept of Cultural health even more, possibly because I have always been a multicultural person. I hail from one corner of India, did my studies in completely different parts of India, came back to work in my home state, and have been travelling over the Globe ever since. I speak several languages and have been learning from and contributing to all cultures I have come into contact with.

All this has been happening all along, and now I come across a psychotherapeutic construct that, in a manner, speaks of my mode of relating to the World.

I realised Cultural health’s understanding and its application could be used effectively in the ‘here and now’ therapy sessions.

For example, the therapist might choose to discuss her favourite fabrics and other dress materials, their colours and textures, and try to link them to the particular cultures these choices refer to. She might invite similar discussions from the person in therapy. Then both can talk about their fabric preferences and where did they think those preferences came from.

Or the therapist might pick a proverb from her cultural repertoire and bring it to the discussion at hand to illuminate a particular issue. The person in therapy might do something similar and a lively interaction may then happen.

Dr. Choudhury: I think you have got the essence of the section on Material health. Often my patients’ with serious lack of awareness in this important area compelled me to work on it.

I am glad you have mentioned the many possibilities that discussions in the cultural sphere can lead to.

If needed, I would introduce the person participating in therapy to the inspirational writers such as Antoine de Saint-Exupery; the creator of ‘The Little Prince’, whose astute reflections on life and the poignant writing stays with one for long afterwards one has read him.

Or think what rich and varied discussions could be had on Hindi film music, lyrics, composition, singing, etc. These discussions can serve as ice-breakers or as facilitators for further engagement in therapy.

III

Dr. Hazarika: If I have to choose only one module from the book I would choose ‘Forgiveness’. It is a small one, though included among the Major modules. In this Dr. Choudhury encourages the person in therapy to acknowledge the hidden reservoirs of ‘anger’ and ‘guilt’ and offers forgiving as a method of slowly getting rid of those negative emotions. He points out as it has to be a deliberate and focused process, also unconditional forgiving, for it to succeed. For the believers the entire exercise is presented as a ‘prayer’; for the non-believers as a ‘declaration’. Dr. Choudhury suggests reading the actual text on a regular basis and in a repetitive

manner, for it to have a cleansing effect on the person in therapy.

Dr. Choudhury: Yes, it had been the mainstay of all my therapeutic work. As the therapy progresses, the person in therapy brings in the personal, and often painful, details of her anger and guilt, and a higher level of forgiving happens.

Another patient said, "Similarly the people around me have their own weak points. If we can forgive them we shall get mental peace. To do that you taught me forgiveness prayer....if we can forget and forgive others' fault it will be easier for us to accept them. The whole process of counselling went on for almost two months. Gradually all bitterness was purged away from my mind. I was able to forgive myself and others for all the faults and it gave me enormous serenity of mind. I got a new life and new strength to fight against all my oncoming difficulties."

IV

Dr. Hazarika: 'Self' is the next major module. I noticed this was placed in the middle of the book, as if linking the various modules. Since the scope of this module is fairly big, I agreed with the plan of breaking it into three sub-modules.

'Self and Others' is the first one. In the Humanistic tradition it is essential that the person in therapy takes the centre stage and tries to make responsible choices. In order to do this she would need to be clear which are her choices and which merely appear to be hers.

The second one, 'Loving self and loving others' includes a detailed discussion on, how it is not only possible, but indeed desirable, to have a friendly and loving stance not only towards others but towards own self as well. Dr. Choudhury suggests some simple methods for this to happen.

The third sub-module, 'Pro-self and anti-self' is, as I see it, a discussion on the pervasive presence of greed in human life. Dr. Choudhury draws a parallel between the 'Six enemies in spiritual path' in Indian system and the 'Seven deadly sins' described in Christian thoughts. He also suggests some possible methods of controlling greed.

Dr. Choudhury: I too had realised, early in the development of Luminous Life, that understanding about one's self was the central theme in this therapy. This helped me to build on the sub-modules and eventually suggest the ambitious project of controlling greed.

V

Dr. Hazarika: As I understand it, in the module of 'Connections,' Dr. Choudhury encourages the reader to consider the connections one already has, or can potentially have, with oneself and with others. It is all about discovering and often re-discovering these connections, in order to feel less lonely and more joined-up.

As in the other modules, there are graded exercises towards becoming more connected. They range from making a list of your favourite books and other possessions to trying

to connect with the five elements of the Universe through a few simple rituals.

Dr. Choudhury: I have nothing more to add or alter; you have summarised it so well!

VI

Dr. Hazarika: I found the module on 'Will-power' quite interesting. Dr. Choudhury seems to have utilised the concept of gradual and controlled deprivation of everyday facilities, in order to enhance the power of one's will. This is suggested through a series of simple exercises; some of them are fairly innovative. The enhanced will-power can then be used for larger life-changes, for example, towards controlling a substance misuse.

Dr. Choudhury: How right you are! I had initially named this chapter 'Deprivation' as it is essentially this. Later I thought deprivation may be taken as a harsh word, so I tried to re-phrase it as Will-Power. I would like to re-emphasise here that safety and sensibility should be the guiding principles, even if someone tries to use the simplest of the deprivation exercises.

VII

Dr. Hazarika: Since it is one of the difficult areas for the modern person, 'Relationship' as a module needs a special mention. I think the 'Hierarchy of relationships' is a useful way of understanding how a person's existing relationships are working. Dr. Choudhury argues that most if not all relationships can potentially ascend from the lowest level of Tolerance in this hierarchy.

He provides a rationale for understanding which level a particular relationship is at and what are the ways through which it can be taken upwards. The upper levels include Acceptance leading to Respect leading to Friendship. In an ideal world, it is proposed, that many people will attain a relationship of Friendship with one-another.

Dr. Choudhury: Yes, this hierarchy can be used for assessing the existing relationships as well as for modifying them for the better. It is also useful for forging new relationships. Actually, this is a module I like especially.

VIII

Dr. Hazarika: In my understanding, in the module of 'Living With the Family' there is an emphasis on identifying unhelpful family interactions, alongside suggesting 'the dos and the don'ts' for a more harmonious family living.

Dr. Choudhury: I used to come across much vicarious living on the part of the family of the person in therapy. It was not easy getting to see them the ways through which the expectations could be toned down and a friendlier stance could be encouraged.

IX

Dr. Hazarika: All Additional modules can be very useful for a person's day-to-day functioning. No major change is required anywhere, just a few adjustments here and there!

Dr. Choudhury: You know what; earlier I used to call them the 'Minor modules', in contrast with the Major modules. Then, at the level of the manuscript, another clinical psychologist friend had said, 'don't call them Minor, for they can become the main source of understanding for someone'. I realised it could really be like that, hence renamed them.

X

Dr. Hazarika: I have been considering the final big module of 'Orientation for a Possible Future Culture', and I think Dr. Choudhury has tried to provide a framework of what to look forward to. Obviously, encouraging people to be even more self-centered and consumeristic than what we perhaps already are, is not going to be helpful. But, what might be the alternative?

I think through this module we can project our positivistic aspirations into the future and try to instill some hope in ourselves. This is like a conjoint dream of the therapist and the person in therapy.

Dr. Choudhury: Very well observed; it is nothing but a dream at present and might remain a dream for a long while. But without hope and dream it is difficult to sustain the tempo of the therapy, which can be fairly intense at times, as we can surmise.

XI

Dr. Hazarika: Well, in the last chapter of 'Summing up', I can see an extension of the same mood as in the module of Future orientation. The therapist here is trying to get the person in therapy enthused to 'think big' and 'feel deep' about her as well as about her World.

Dr. Choudhury: Thank you, I could not have summarised it better.

Another patient said, "One key learning that I utilise to this day is to think about things from a different perspective....

One of the examples that you shared with me was to draw strength from a higher power running through everything in the universe and consider that since the whole world is drawing strength from this power that I am indeed connected with the rest of the world...I also am very grateful for the hours you spent probing and listening to my thoughts in a non-judgemental fashion. It was very empowering to have someone listen without criticism and I was most appreciative of the methods you used in reasoning with me....I want you to know that even though I may not recollect very much of the specifics after the years in between I have definitely been benefited by this therapy and I hope it helps many more."

XII

This concludes our reflections and discussions on Luminous Life. We are sure there would be some comments and queries. Reading the book will be our earnest and humble suggestion.

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