THE JEWEL IN THE HEART OF THE LOTUS:

BRINGING BUDDHIST WISDOM AND COMPASSION TO PSYCHOTHERAPY

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THESIS SUBMITTED IN FULFILMENT OF THE REQUIREMENTS

FOR THE DOCTOR OF PHILOSOPHY DEGREE

AUGUST 24, 2007

SCHOOL OF PSYCHOLOGY

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ABSTRACT

This thesis was designed to explore the experiences of psychologists in Australia who work as psychotherapists, and who have an interest in Buddhism. The core research question was: *What are the professional and personal experiences and perspectives of psychologists in Australia who are informed by Buddhism in the way they conceptualise, approach, and conduct psychotherapy?* Two related supporting questions were: *How do Buddhist principles inform different aspects of psychotherapy (e.g., therapist self-care, client interventions)?* and *In what ways do therapists incorporate Buddhist concepts (e.g., compassion) and techniques (e.g., mindfulness) into psychotherapy?*

In Study 1, the qualitative core of the research, I explored the experiences and impressions of psychologists interested in bringing a Buddhist perspective to psychotherapy. Initial and follow-up interviews were conducted with 14 participants. Buddhist understandings, including suffering, compassion, and mindfulness, were discussed in relation to psychotherapy. Participant psychologists revealed that certain Buddhist ideas and techniques contributed to their perceived efficacy and wellbeing as therapists, as well as to good therapeutic processes and outcomes for clients. Using an interpretative phenomenological analysis (IPA) approach, the two guiding principles of *compassion* and *wisdom* emerged from the interviews. Under the guiding principle of compassion, the two major themes that emerged were: *the truth of suffering* (sub-themes: *an acknowledgement of suffering*, *causes of suffering*, and *suffering as a path*), and *compassionate engagement* (sub-themes: *empathy*, *openness*, and *hopefulness*). The guiding principle of wisdom also incorporated two major themes: *mindful presence* (sub-themes: *a present orientation*, *the primacy of direct experience*, and *being with what is*), and *empowerment through understanding* (sub-themes: *responsibility*, *disclosure*, and *sustaining*).

The benefits participants perceived for themselves included being sustained by Buddhism, and having increased empathy and mindfulness during therapy. The Buddhist techniques and ideas that participants employed with clients were selected with discernment for their therapeutic benefits along with their compatibility with Western psychology. Participants also used their discretion to select those techniques and ideas that had wide applicability in that they were common to many philosophical and religious systems. Although some participants took an integrationist approach to drawing on Buddhism in psychotherapy, and others took an eclectic approach, all shared the concern
of remaining client-centred. Attributing Buddhist sources and labels to concepts and techniques was considered unnecessary in most cases.

Study 2 provided descriptive background information and gave support to the qualitative themes that emerged from Study 1. Members of the Buddhism and Psychology Interest Group, the Christianity and Psychology Interest Group, and the College of Counselling Psychologists of the Australian Psychological Society (APS) completed a personal details survey, the Spiritual Orientation Inventory (SOI; Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988), and the Marlowe-Crowne Social Desirability Scale – Short Form C (W. M. Reynolds, 1982), indicating their spiritual paths and religious affiliations, and the relative importance of different dimensions of spirituality. The main dimension on which the Buddhism and Psychology Interest Group scored higher than the other two groups was the *Awareness of the Tragic* dimension. The results are interpreted with reference to Buddhist, Christian, and secular understandings. The thesis concludes with a chapter on my personal reflections as researcher in the research process.

DECLARATION

I, Lisa E. Jones, declare that the PhD thesis entitled *The Jewel in the Heart of the Lotus: Bringing Buddhist Wisdom and Compassion to Psychotherapy* is no more than 100,000 words in length, exclusive of tables, figures, appendices, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signature Date

DEDICATION

In all temples and monasteries

May reading and recitation flourish and remain;

May the Sangha always be in harmony

And may their purposes be accomplished.

Shantideva, 8th century (S. Batchelor, Trans., 1988, p. 185).

ACKNOWLEDGEMENTS

Thank you.

First, and foremost, to my thesis co-supervisors Heather Gridley and Mark Andersen, who, like Buddhist deities, each embodied the peaceful and wrathful aspects of guidance that were both so necessary for my continued pursuit of excellence is this endeavour. I am very grateful, and indebted to them, for their help, support, patience, and persistence.

To the participants in the research, and a special thanks to those who kindly shared their wisdom and compassion at interview so that I could learn from their examples.

To the library and administrative staff at Victoria University: ever helpful, ever knowledgeable, ever friendly.

To Susan Moore who originally encouraged me to apply for candidature and a scholarship, and gave me the confidence to aim high.

To my Buddhist teachers, John D. Hughes (Spike) who sowed the seeds of scholarship within me, and Ajhan Viryandanda and Traleg Kyabgon Rinpoche IX, who recognised my potential and put me to work.

To "Linda" and Andrew Young, my Buddhist friends and fellow students who inspired me through their own dedication.

Last, but never least, to my family and friends, especially Kerry, Mum, Julie, Isabelle, Chris Leach, Jacki Turfrey, and Andrew Kennedy, who gave me love and support along the way.

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CHAPTER 1

INTRODUCTION

Some core concepts in various Western psychologies (e.g., William James' idea of self) appear, at least initially, to be radically different from core principles of Buddhist philosophy (e.g., egolessness). There is, however, a small and growing number of

therapists and researchers who are integrating Western and Eastern psychological systems into dynamic new models of service and understanding (e.g., M. Epstein, 1995). Techniques and concepts that were once generally considered alternative to Western notions of mental health care (e.g., meditation) are increasingly viewed as complementary.

Buddhism is a system of psychological, metaphysical, cosmological, and moral doctrines that Watts (1961/1975) described variously as a philosophy, a way of life, and a spiritual path or religion. Psychotherapy has emerged as a positive setting for synthesising Buddhist ideas with therapeutic work. The possibility of integrating Buddhist principles with Western psychology in the clinical context occurs through a basic unifying theme of reducing suffering.

Structure of the Research

The research for this thesis takes two paths, one qualitative and one quantitative. The primary qualitative study was designed to explore the experiences of psychologists in Australia who work as psychotherapists, and who have an interest in Buddhism. The core research question of the primary study was: *What are the professional and personal experiences and perspectives of psychologists in Australia who are informed by Buddhism in the way they conceptualise, approach, and conduct psychotherapy?* Within the broad core research question were two related supporting questions: (a) *How do Buddhist principles inform different aspects of psychotherapy (e.g., therapist self-care,*

client interventions)? and (b) *In what ways do therapists incorporate Buddhist concepts (e.g., compassion) and techniques (e.g., mindfulness) into psychotherapy?*

The research questions called for qualitative methods to be used. An individual, interview-based format enabled access to participating therapists' unique interpretations of Buddhism and psychotherapy. Interviews based on a semi-structured question schedule, including both broad and specific questions, ensured some focus of content while at the same time giving participants some freedom in guiding the content and direction of the discussions. Interpretative phenomenological analysis (IPA) was selected
as the preferred approach for exploring participants' stories. The Buddhism and Psychology Interest Group of the Australian Psychological Society (APS) was a convenient and suitable population from which to recruit participants.

The qualitative core of the research explored how Buddhist principles and techniques are integrated with psychologists' work. A complementary question to the qualitative study was: *What aspects of spirituality do psychologists experience as relevant?* A quantitative exploration of spirituality supplemented the participants' stories. Members of three groups within the APS: (a) the Buddhism and Psychology Interest
Group, (b) the Christianity and Psychology Interest Group, and (c) the College of Counselling Psychologists were surveyed regarding their spiritual orientations. It was possible to explore psychologists' perceptions of spirituality using the Spiritual Orientation Inventory (SOI; Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988). The SOI provides information regarding the relative emphases individuals place on different aspects of spirituality (as defined in the questionnaire). In addition, participants completed a personal details survey indicating their spiritual paths and religious affiliations.

Significance of the Research

The significance of this research is supported by the growing number of therapists in Australia, and beyond, who express interest in drawing on Buddhist philosophy in their work. For example, the use of the Buddhist technique of mindfulness is evident in the increasing number of training opportunities being made available for psychologists who wish to learn the skill for their own development and for use as a clinical tool for clients.

The findings of the primary study contribute to knowledge by revealing the experiences of psychologists in Australia who are currently drawing on Buddhist concepts and techniques for themselves as therapists, and for their clients. By sharing their perspectives, the participants' stories have increased understanding of how Buddhist ideas and techniques can contribute in positive ways to therapist well-being and efficacy, therapy processes, and interventions and outcomes for clients. Such information may be used in the development of future interventions for psychotherapy influenced by Buddhist philosophy. The findings of the primary study may also inform future work relating to therapist self-development.

The quantitative study within the research provided descriptive information regarding the spiritual paths and religious affiliations of a sample of psychologists in Australia, and also identified the relative importance they place on different aspects of spirituality as defined within the SOI. The profiling of psychologists in Australia as a group regarding their spiritual paths and religious affiliations is an area of emerging interest. A developing body of research on the spiritual paths and religious affiliations of psychologists may reveal opportunities for future professional development that acknowledge the interplay between spirituality and psychology. The idea of a referral service based upon clients selecting a psychologist with an understanding of a particular

spiritual path or religion also becomes a possibility, and might be of special interest to those settling in Australia from other cultures.

The objective of the primary study was to reveal the aspects of Buddhism most applicable to therapy from the participants' perspectives. In this research I did not aim to critically assess the clinical efficacy of interventions that have been informed by Buddhist ideas. Nevertheless, the application of particular techniques derived from, or influenced
by, Buddhist philosophy was of interest to the extent the psychologists interviewed consider them useful. Participants also discussed the influence of Buddhist concepts and ideas on how they view their professional roles, their clients, and their therapeutic relationships.

CHAPTER 2

REVIEW OF LITERATURE

This literature review is composed of two main parts. The first section outlines how the encounter between Buddhism, Western psychology, and in particular psychotherapy, has unfolded. The second part of the literature review examines some of the major principles of Buddhism, and explores how they have been understood and applied in the context of psychotherapy. Traditionally, when Buddhist ideas are presented in a concentrated way, it is often through one of the existing frameworks such as the four noble truths. That framework is applied to the second part of the literature review.

Some authors whose works are cited in this review of literature have similar names. To avoid confusion, the longer forms of the similar names Padmasiri de Silva and Padmal de Silva are maintained. Initials are provided for other authors with the same last names. For those Buddhist names that include a title, for example "Soma Thera," the longer forms of their names are used, for clarity and in recognition of their Buddhist positions.

Participants were divided in their preferences regarding the use of the terms *psychotherapy, therapy*, and *counselling*, or *psychotherapist, therapist, counsellor*, and *psychologist*. Many of them use the terms interchangeably themselves. I use the terms *psychotherapy, therapy, psychotherapist* and *therapist* on the basis that such terms are now the common terminology in the literature relating to this research, and some participants observed the term *counsellor* is used increasingly by non-psychologists.

Unless otherwise stated, I provide common usage Pali terms and translations for important Buddhist concepts. Some common Zen terms are also included, and they are evident from the context of the discussion. The difficulties of achieving precise

translations are described variously throughout the references. Where necessary, I highlight elusive concepts and offer more than one translation.

Part 1: The Encounter of Buddhism, Western Psychology, and Psychotherapy

Historical Overview of Buddhism

The term *Buddhism* emerged around 3 centuries ago as shorthand, first for that "said, done and held dear" by followers of the Buddha's teachings, and second to give order to the same (F. E. Reynolds & Hallisey, 1989, p. 3). According to Snodgrass (2003), the term was originally used by Christian scholars in imitation of the Christ-Christianity relationship. More precisely, Buddhism is a group of related spiritual traditions encompassing different schools, sects, and doctrinal emphases (Rubin, 1996). Buddhist philosophy incorporates metaphysics, cosmology, psychology, and moral doctrine (Watts, 1961/1975).

The exact birth date of the historical Buddha is unknown. Contemporary commentators in the book *The Date of the Historical Sakyamuni Buddha* agreed that he died in approximately 483 BCE (Narain, 2003). Siddhartha Gautama was born in the town of Lumbini near the current Nepalese-Indian border. At age 29 he relinquished his privileged life, possessions, and family, and became a wandering mendicant in search of truth and liberation. Siddhartha acquainted himself with the teachings of the time, including enduring extreme asceticism, before realising his *middle way* (*majjhimā-patipadā*) of contemplation supported by a moderate lifestyle. Having attained Buddhahood or enlightenment (nibbāna, in Sanskrit nirvāna) at age 35, the Buddha (one who has awoken) taught the dhamma (truth) until his death at age 80 (Skilton, 1997).

Following his enlightenment, the Buddha's first teaching was the *Dhammacakkappavattana Sutta* (*Setting in Motion the Wheel of Truth*) in which he outlined the four noble truths (cattāri ariyasaccāni). Sutta translates as discourse,

teaching, or text. The Buddha characterised the world as having three marks of existence: impermanence (anicca), unsatisfactoriness (dukkha), and egolessness (anattā). Arising out of this realisation came the four noble truths, one translation of which is provided by J. P. Miller (1994). The first noble truth (dukkha sacca) is that "suffering is inherent in existence." The second truth (samudaya sacca) asserts that "suffering and dissatisfaction arise from our grasping and our sense of separateness (created by the ego)." The third truth (nirodha sacca) states "we can let go of our grasping and sense of separation." Finally, the fourth noble truth (magga sacca) is that "the release from ego and greed can occur through the noble eightfold path" that sets out the applied teachings (p.89).

Fromm (1950) described Buddhism as a humanistic religion. Padmasiri de Silva (1992) asserted that Buddhism is "an ethico-psychology with a therapeutic basis" (p. 29). The similarity of the framework of the four noble truths to the medical model of disease, aetiology, prognosis, and remedy is noted repeatedly in Buddhist literature (e.g., D.
Brazier, 2001). The Buddha is referred to as the unsurpassable physician and surgeon (anuttaro bhisakko sallakatto) in traditional texts (Punnaji, 2000). The Buddha's collective teachings (dhamma) continue to be referred to as the great medicine for human beings (e.g., Chah, 1982).

The noble eightfold path, arising out of the fourth noble truths, is the most well known of the methods the Buddha taught leading to liberation (Skilton, 1997). All eight practices within the path reinforce each other. The path is traditionally grouped into the three divisions of ethics (sīla), meditation (bhāvanā), and wisdom (paññā). Ethics includes right speech (sammā-vācā), right action (sammā-kammanta), and right livelihood (sammā-ājīva). Meditation involves right effort (sammā-vāyāma), right mindfulness (sammā-sati), and right concentration (sammā-samādhi). Right view

(sammā-ditthi), and right thought (sammā-sankappa) are incorporated in wisdom (Saddhatissa, 1970).

The Buddha's disciples convened a council after his death. A schism occurred nearly 40 years later due to minor differences regarding rules of conduct. The division into the major schools of Theravada and Mahayana occurred at that time, with later divisions creating other philosophical schools (Skilton, 1997). See Conze (1959) for details on the evolution of the different lineages and schools. Buddhism spread beyond India to Sri Lanka, South-East Asia, and Central Asia, and later to the West. In this review, the West includes Europe, Great Britain, North America, and Australia. This review refers to Buddhism as encompassing all schools of Buddhism, and I emphasise particular schools where it is relevant to do so.

Theravada is the emergent Buddhism associated with India containing the earliest literature sources, the *Tipiṭaka* (*Three Baskets*). Many of the texts are now translated

into English from the original Pali, a dialect of classical Sanskrit. Within the Tipiṭaka, the *Vinaya Pitaka* texts concern monastic rules of conduct, the *Sutta Pitaka* are the discourses of the Buddha, and the *Abhidhamma Pitaka* is the Buddhist framework for investigation of the mind. In addition, there are around 600 Mahayana texts in Sanskrit (sutras), and in Tibetan and Chinese translations (Skilton, 1997). According to the 14th Dalai Lama, Tenzin Gyatso (2002), spiritual leader of the people of Tibet and political and spiritual leader of the Tibetan people in exile, the Mahayana texts can be considered commentaries and elaborations of the Tipiṭaka. This thesis is about the crossover between Buddhism and Western psychology, rather than just Buddhism. Although original texts may be the purest source, the emphasis within this review is on literature that has this crossover perspective in view.

The Emergence of Buddhism in the West

Conze (1980) characterised the emergence of Buddhism in the West as occurring on three levels: the philosophical, the scholarly, and the sectarian. According to Peiris (1973), Pali and Sanskrit scholars and translators, both Buddhist (e.g., T. W. Rhys Davids) and non-Buddhist (e.g., Robert Chalmers), and Buddhist-influenced philosophers, such as Schopenhauer, helped make Buddhism accessible to the West. Historians of religion, such as Heiler (1918/1997), also informed the West about Buddhist philosophy. A complete account of the emergence of Buddhism in the West will not be given here. See Eliade (1987), Snelling (1991), and Batchelor (1994) for details, and also Peiris (1973) for biographical sketches of Western contributors to Buddhism. A few significant moments in the history of Buddhism and Western culture can be highlighted. In 1784, the establishment of the Asiatic Society of Bengal facilitated the social and intellectual contact of those interested in studying and promoting Tibetan-Indo philosophies and languages (Snelling, 1991). Translations of Buddhist texts first appeared in the early 1800s. Western Europeans from Schopenhauer in 1819 onwards

are credited with the philosophical introduction of Buddhism to the West (Conze, 1980). Burnouf published a Pali grammar, translated the *Lotus Sutra* (in Sanskrit *Saddharma-pundarîka Sutra*), and in 1844 produced his *Introduction à l'Histoire du Bouddhisme Indien*. These authors' works, along with those of a few other translators, generated such interest that by the second half of the 19th century the foundation for the Western study of Buddhism was in place (Eliade, 1987).

The establishment of the Theosophical Society in New York in 1875 paved the way for communications between Buddhist practitioners and scholars (Eliade, 1987). Sir Edwin Arnold's poetic account of the life of the Buddha in *The Light of Asia*, published in 1879, was popular and suited the English attitudes of the time (Batchelor, 1994).

During the World's Parliament of Religions at the Chicago Exposition in 1893, Buddhist speakers and the free distribution of Buddhist texts also helped to raise the profile of Buddhism in the West (Fields, 1992). See, however, Snodgrass (2003) for an exploration of Christian politics, orientalism, and the sociology behind the Exposition. With the arrival of Zen Buddhism in America in 1897 under the influential Daisetz Suzuki, Buddhism had firmly entered the West (Dumoulin, 1992). More groups, such as the German Buddhist group in Leipzig and the Buddhist Society of Great Britain and Ireland, were established soon after the turn of the century (Eliade, 1987).

The Emergence of Buddhism in Western Psychology and Psychotherapy

It was perhaps inevitable that Western psychology would eventually intersect with the 2500 year history of Buddhist concerns with mental states. The interest of prominent theorists and intellectuals in Eastern ideas occurred at a time when people in the West were enjoying a fascination with all things oriental. It was in this climate, in the late 1920s, that influential theorists tapped into a few significant works, and the convergence of Western psychology and Eastern philosophies began.

Traditionally, religion was considered generally incompatible with science, and more specifically with psychology, except as an object of scientific scrutiny (S. L. Jones, 1994). The rationalist empiricist roots of Western psychology influenced the interest of many psychologists in systems perceived as religious or quasi-religious. Many Western psychologists and psychiatrists considered that religious and spiritual beliefs indicated personal shortcomings and over-reliance upon external support. Walters (1971) suggested that Freud's anti-religious stance, for example, had held back (psychoanalytic) psychotherapists from drawing upon religious wisdoms. A notable exception was William James (1911/1924), an advocate of Buddhist mind training, who noted "compared to what we ought to be we are only half awake" (p. 237).

Of all the early psychoanalytic theorists, Jung was probably the most religious, yet his commentary to Wilhelm's 1929 translation of the Chinese yoga text *The Secret of the Golden Flower* (Jung, 1978/1990) showed he also accepted the demands of Western empiricism. When Jung stated "I strip things of their metaphysical wrappings in order to make them objects of psychology" (p. 51) he made it clear that Buddhist concepts would need to stand up to scrutiny. Jung's critical approach toward the study of Eastern philosophies likely influenced how Buddhism was subsequently viewed by many others in Western psychological circles. Nevertheless, psychiatrist F. Alexander (1931) illustrated
the negative context within which Buddhism could be presented from a Western perspective. He titled his work, in which he discussed the similarities between psychoanalysis and Buddhism, *Buddhistic Training as an Artificial Catatonia*. In his article, F. Alexander likened Buddhist meditation to "a sort of artificial schizophrenia" (p. 130), at the same time noting "the striking similarity between the analytical method and the doctrine of Buddha" (p. 144). Earlier, analyst Joseph Thompson had also described similarities between Buddhist and psychoanalytic concepts, and went so far as to say:

> In perusing some of the primitive Buddhist texts the analyst cannot fail to be charmed at the sound psychological insight into human behavior that was achieved by Buddha and taught by him to his followers. (p. 39)

Yet, for some reason, perhaps caution, Thompson chose to publish under the pseudonym Joe Tom Sun (1924).

The prominence of the psychoanalytic approach ensured a degree of exposure for Eastern ideas. Zen Buddhism in particular attracted the interest of well-known psychoanalysts such as Fromm and Horney (Van Dusen, 1958), and journal articles and books, such as Benoit's (1955/1969) *The Supreme Doctrine*, explored Zen in relation to

psychoanalysis. The Zen emphasis on the present, or *nowness*, evident both within and beyond sitting meditation (in Zen, zazen), would have guided the focus away from Buddhism's metaphysical concerns, in keeping with Jung's stance.

Whether they were trained in psychology or psychiatry, it was clear to some psychotherapists of the psychoanalytic persuasion early on that Zen Buddhism and psychotherapy had parallels worth exploring. Sun (1924) found similarities in Freudian and Buddhist theories regarding, for example, determinism, uncontrolled desire, and illusory thinking. Stunkard (1951) noted several consistencies. Both endeavours demanded intellectual maturity as a prerequisite. Similarities also existed in the analyst-client and Zen master-student relationship, including the analyst and Zen master both requiring personal experience of their respective processes. A sympathetic interest in the student-client, as well as the ability to balance encouragement with student-client frustration, is also necessary in both systems. Stunkard also found a resonance between the transference that many psychotherapy clients experience, and the difficulties Zen students can experience in working towards understanding koans (paradoxical riddles) presented to them by their masters. Furthermore, certain psychoanalytic concerns might also be addressed by Zen, for example, the resolution of narcissism could be seen in the Buddhist notion of a thought and an act unmediated by a conscious ego.

Fromm (1959) likewise found parallels between psychoanalysis and Zen Buddhism: See also Fromm, Suzuki, and De Martino (1960/1974). Fromm suggested psychoanalysis might be useful for Zen practitioners in order to circumvent pretensions of a false enlightenment. See Goleman (1980a) for a description of the mind-state of meditation characterised by pseudo-enlightenment, and Chogyam Trungpa (1973/1987) for a discussion of how pseudo-enlightenment can be experienced in daily life. Lederer (1959) proclaimed Zen to be a method of psychotherapy in its own right. He viewed the

goal of Zen, one interpretation of which is “when you’re hungry eat, when you’re tired sleep” (p. 262), as harmonious with the psychotherapeutic aim of reducing neuroses and confusion in order for clients to live their chosen lives. Lederer also saw parallels in the close, long-term relationship between Zen master and student with all the familiar psychoanalytic elements of presenting tasks, resistances, transferences, insights and resolutions. Furthermore, he posited the existence of cultural mediators that set up expectations of success for Zen students and psychotherapy clients when they respectively undertake these pathways in their cultures of origin. This last proposition relates to a point of view initially attributed to Jung (1978/1990) which persisted until the 1960s. That is, that Westerners might be able to comprehend Eastern philosophies on an intellectual level, but would be unable to undertake the complete practices they involved. Nevertheless, Jung observed a similarity in psychoanalysis and Zen in their goal of
making whole (Fields, 1992). Goodpaster (1985), however, later concluded that differences in the approaches and ideals of Jungian psychology and Theravada Buddhism were sufficient to characterise the two systems as irreconcilable with each other.

According to Fields (1992), Zen had become a fad by the late 1950s. Even so, the 1957 Conference of Zen Buddhism and Psychoanalysis at Cuernavaca helped legitimise Zen in the scientific community.

In 1961, Watts published his book *Psychotherapy East & West* (1961/1975). Watts had already published numerous books and articles as early as the 1930s, and much of his work addressed the subject of Buddhism and Western psychology. Watts described *Psychotherapy East & West* as a provocative essay. He considered that social psychology was ready to take over from the focus on the unconscious. In Watts’ opinion, psychology and Buddhism shared a common interest in changing how people relate to their own lives, to others, and to the world. The difference, Watts said, was that

psychology was concerned with disturbed people and Buddhism with so-called normal people. The popularity of the book, supported by the author's lecturing to psychiatrists (Rubin, 1996), helped facilitate the exposure of Buddhist philosophy to the West.

The profound social changes that took place in the United States of America, and beyond, during the 1960s initiated a transformation in perceptions of how Buddhist ideas could inform psychology. Watts, like Fromm (1959), Humphreys (1962) and others, had already built a conceptual bridge between Buddhism and Western psychology.

Humanistic psychology, born in the 1950s, was flourishing (Moss, 1999). As Eastern mysticism became more popular, the possibility of applying Buddhist ideas in psychotherapy in a Western context emerged.

The 1960s were the beginning of an unprecedented exchange of Buddhists to the West, and Westerners to Asia (Batchelor, 1994). American troops were at war in Asia, and tourism was attracting Westerners to the East. At the same time, refugees from Vietnam, Cambodia, and Laos were resettling in North America and Europe. Prominent pop culture figures of the time (e.g., the Beatles) were talking extensively in the media about their positive contact with Eastern spiritual influences. The self-immolation of Buddhist monk Thich Quang Doc in Saigon to protest against Ngo Dinh Diem (the US-backed leader of Vietnam who was pursuing an anti-Buddhism campaign in South Vietnam) was news around the world in 1963 (Phuong, 2006).

Altered states of consciousness were increasingly studied in the 1960s (Murphy & Donovan, 1997). The beat generation of novelists and poets (e.g., Kerouac and Ginsberg) had given popularity to the psychedelic experience in the 1950s through their use of peyote, and later mushrooms containing the psychotropics psylocibin and psylocin (Paglia, 2003). Within Western psychology, some individuals considered that transcendental meditation and hallucinogenics such as LSD (lysergic acid diethylamide)

were pathways to higher mental planes. A few psychologists, such as Leary and Alpert (now known as Baba Ram Dass), were public in their support for both methods of expanding one's consciousness. Leary and Alpert were later discredited, and the use of LSD never gained acceptance within the mainstream scientific community. See, however, Grof (1980) for observations of transpersonal experiences in LSD research, Tart's
Altered States of Consciousness (1990) and *LSD Psychotherapy: The Healing Potential of Psychedelic Medicine* (Grof, 2001).

In contrast, meditation methods applied for relaxation and developing awareness did go on to achieve general acceptance. Because meditation was introduced to the broader community within the context of psychedelia, an artificial connection was created between the experience of meditation, drug-induced states of mind, and youth culture. For example, Buddhist references were present in beat works such as Kerouac's (1959) *The Dharma Bums*, and Leary, Metzner and Alpert's (Dass) *The Psychedelic Experience: A Manual Based on the Tibetan Book of the Dead* (1964). Watts (1962), already a commentator on Buddhism and Western psychology, also explored the psychedelic experience (including his own) in his book *The Joyous Cosmology* (which included a foreword by Leary and Alpert). The legacy of such connections can be found occasionally today in the misperceptions that you "tune out" in meditation, or that meditation will make you "high."

At the same time as social forces were giving Eastern philosophies such as Buddhism greater exposure in the West, developments within both the health care system and psychology were creating opportunities for different paradigms to be considered. Alternative and complementary forms of therapy emerged within the health care system during this time (Murphy & Donovan, 1997). Meditation, for instance, began to be

applied for holistic health enhancement rather than only for spiritual development

(Perez-

De-Albeniz & Holmes, 2000). In Australia, for example, psychiatrist Meares' exposure to meditation in Nepal during the 1950s led to him employ meditation strategies with clients, particularly for the treatment of cancer (Bower, 1987). Different aspects of Eastern thought were of increasing interest to many psychologists (Morgan, 2001). It was becoming more common for a psychologist to take an eclectic approach to psychotherapy rather than adhere strictly to one approach (Wildman & Wildman, 1967), and by the 1980s being eclectic was unremarkable (Jensen, Bergin, & Greaves, 1990).

Transpersonal psychology evolved in the 1960s out of the humanistic psychology movement concern with human potential (e.g., Chinen, 1996; Kasprow, 1999). See, however, Bynum (1992) who traces the history of transpersonal ideas back through
Freud, Jung, and James to 4000 BC. Because personal growth readily encompassed the notion of a spiritual search, meditation and the ideas of altered consciousness also came to be embraced. The emergence of transpersonal psychology was probably one of the major facilitating factors that presented therapists with the idea that Buddhism might inform therapy.

Existentialists and humanists, also, were attracted to the growth aspects emphasised within Buddhism (Kumar, 2002). The self-help movement was also developing at this time. Rogers' (1957) client-centred therapeutic perspectives of empathy, congruence, and unconditional positive regard, resonated with therapists during the 1960s. They are now a feature of most psychotherapies (Wickramasekera, 2004). As a consequence, the mental and emotional real-time responses of therapists during consultations gained greater focus. The understanding of the phenomena of transference and countertransference that had emerged from psychoanalysis had already been integrated into the approaches of many psychotherapists. The emphasis began to shift away from the importance of the content of thoughts to the importance of the

processes of therapy, including the relationship between therapist and client. The introduction of client-centred therapy resulted in the necessity for psychotherapists to become more self-reflective of their own responses. Buddhism was one of the many spiritual and secular pathways that could provide information and instruction for such contemplation on the part of therapists.

The importance of empathy in the Rogerian approach (Rogers, 1961; 1965) led researchers to seek ways of measuring and enhancing this interpersonal skill. Lesh (1970) undertook a study of masters level counselling students to assess whether Zen meditation could increase empathy. See also Lesh's dissertation (1969). Such studies continue
today: see, for example, Kristeller and Johnson (2005). The results of Lesh's study were equivocal, and the research had some design problems. The point of note is that the students originally invited to participate "expressed considerable fear and anxiety about being required to participate in the meditation experience" (p. 49). Although some students did go on to volunteer, the reservations of the majority of the group illustrate the cautiousness with which meditation was viewed by some people. Van Dusen (1958) had noted earlier "we fear meditation" (p. 229), and this view seemed to be held by some
of the participants in Lesh's study. Even though meditation had, in some instances, been recommended to therapy clients at least as early as the 1950s (Kondo, 1958), some Western social scientists viewed it with caution, if not scepticism. According to Walsh and Vaughan (1993), many adherents of the psychoanalytic school in particular viewed meditation as regressive. Nevertheless, during the 1960s the popularity and interest in meditation increased, and for many people their perceptions of meditation underwent a shift.

These developments in health care and psychology, together with the impact of the aforementioned social forces, helped bring Buddhist philosophy to the attention of

psychologists and psychotherapists. Previously, Buddhism was viewed as a system of knowledge worthy of appreciation for its sophistication. By the 1970s it seemed Buddhist insights had the potential to inform psychology beyond the work of a handful of theorists and psychoanalysts, and the methods might be applied in everyday therapeutic practices. As a consequence of this shift to include practice as well as theory, much of

the literature addressing psychology and Buddhism started to reflect a more applied approach.

Overview of the Literature Addressing Buddhism, Western Psychology, and Psychotherapy

Possibly the earliest publication addressing psychology and Buddhism was the article *Psychology of Zen Sect* published in Japanese (Inoue, 1893). Later, also in Japan, Iritani (1920) used questionnaires and interviews to explore the mental processes associated with the attainment of kensho (in Zen, the first experience of realisation and enlightenment). Having been published in Japanese, these early writings may not have come to the attention of Western psychologists. Subsequently, Sun (1924) suggested there were similarities between some of Freud's ideas and Buddhist concepts, including the Freudian pleasure-pain principle and the Buddhist nirvana. These early works explored Zen and psychoanalysis, and both aspects of the respective systems of Buddhism and psychotherapy remain popular topics today. By the 1930s, the other area of Buddhist philosophy of particular interest to psychologists became evident through the work of Miles and Behanan (1934) and Laubry (1936). Their research investigating yogic states paved the way for the ongoing interest in the effects of meditation. Explorations of Buddhism in relation to Zen and psychoanalysis continued into the 1940s (e.g., Thouless, 1940) but in total, little was written about the synthesis of Buddhism and psychotherapy up to this time.

The literature throughout the 1950s, less than two dozen articles and books, also emphasised Zen and psychoanalysis (e.g., Fromm, 1950; Stunkard, 1951; Van Dusen, 1958), although Bagchi and Wenger's (1957) work showed the interest in researching meditative states persisted. In total, perhaps a little less was written in the 1960s but the threads of interest in Zen (e.g., Maupin, 1962) and meditation (e.g., Kretschmer, 1962) remained, and comparisons of ideas within Buddhism and Western psychology continued (Johansson, 1969). Dissertations on aspects of Buddhism and psychotherapy emerged in this decade (e.g., E. Becker, 1960).

About twice as much literature was published on Buddhism and psychotherapy in the 1970s than the decade before, and the number of topics of interest was increasing. For example, mindfulness (e.g., Deatherage, 1975) and empathy (e.g., Schuster, 1979) were of particular interest. Considerations of Buddhist ideas in light of the work of different psychological theorists, such as Adler (e.g., Croake & Rusk, 1974) also became more common. The 1980s literature at least doubled that of the previous decade. The titles still reflected an interest in examining meditation, its effects, and how it might be applied in psychotherapy (e.g., Goleman, 1990) as well as Zen (e.g., S. K. Becker & Forman, 1989), and psychoanalysis also retained a following (e.g., Engler, 1993), but even more subjects were starting to appear. There was a strong interest in identifying aspects of Buddhist philosophy as it related to behaviour therapy (e.g., Padmal de Silva, 1984). By this time concepts of the self had also become important (e.g., S. C. Chang, 1988). Here, also, there was a strong discourse about the relevance of Buddhist ideas and techniques to the therapist as well as the client (e.g., Welwood, 1983b). Edited books that included different authors examining various aspects of Buddhism, Western psychology, and psychotherapy, became more common in this decade (e.g., N. Katz, 1983).

The volume of literature addressing Buddhism and psychotherapy in the 1990s continued to increase, and edited books remained popular (Pickering, 1997). Therapists' personal experiences of applying Buddhist ideas and techniques in therapy continued to be explored (e.g., Wegela, 1996), likewise Zen (e.g., D. Brazier, 2001), psychoanalysis (e.g., Engler, 1993), and other Western theories (e.g., Cleary & S. I. Shapiro, 1996). Buddhist concepts such as compassion and empathy (e.g., Braun, 1992) were still examined, and the idea of Buddhist acceptance (e.g., S. C. Hayes, Strosahl, & Wilson, 1999) was introduced.

Literature for the current decade is growing, with the topics building upon those of the 1990s and becoming increasingly specialised. For example, the interest in empathy has narrowed to exploring empathy specifically in relation to Tibetan Buddhism (Ladner, 2004). There is every reason to believe the volume of literature will at least double that
of the previous decade, as writers find new perspectives on bringing Buddhism into psychotherapy.

To date, North American-based authors have written a substantial proportion of the works published from a Western perspective (e.g., M. Epstein, 1995; Welwood, 2000). Parallel to the emergence of writers from a Western psychological perspective, many authoritative Buddhist scholars also contributed to the literature (e.g., Trungpa, 1983b). Such works clarified and extended the technical knowledge and practical application of Buddhist concepts as they relate to Western psychotherapies.

Literature Addressing Buddhism and Psychotherapy in Applied Settings

In a German journal, Pfister (1931) wrote about the progress of analysis with a client in relation to their Buddhist beliefs. Perhaps the first English article addressing the application of Buddhist principles in psychotherapy was in a special Zen edition of the *Chicago Review*, in which Japanese psychoanalyst and Zen student Kondo (1958) noted

the usefulness of meditation for clients. Benefits included increased stability and vitality, which could be positively channelled within therapy sessions. Kondo described what his clients said about their experiences, as well as how he and his clients explored together the outcomes of the clients' experiences. He also described his reactions as the therapist to the unfolding processes. By providing examples drawn from the case studies of clients, Kondo showed how Buddhist ideas applied to psychotherapy in practice. Possibly the first book of this kind, however, had its focus in a related discipline. In 1976 social worker and psychotherapist Brandon (1976/1990) published his experiences of applying a Zen perspective to social work in *Zen in the Art of Helping*.

In recent years, an increasing number of therapists have emerged whose books outline their attempts at integrating Buddhism with their work (e.g., Wegela, 1996). Such explorations have come to be described under the term *Buddhism and psychotherapy*. It is these works that closely relate to the current study. Most are written by practitioners of either psychology, psychiatry, or medicine who provide therapy within the frameworks of their own disciplines. Such therapists do not always explicitly disclose their Buddhist leanings, but they are implied in their familiarity with Buddhist practice, teachings, and ideas. These personal accounts generally discuss the application of
Buddhist ideas using anecdotes and case studies. For the most part, the relationship between Buddhism and therapy for these authors is best described as psychotherapy from
a Buddhist perspective, rather than Buddhist psychotherapy, or psychotherapy from a Buddhist psychotherapist (e.g., M. Epstein, 1995). The distinction is that Buddhism flavours the approach to the work rather than, for example, predetermining strategies. Furthermore, when techniques derived from Buddhism, such as meditation, are incorporated into therapy, the emphasis tends to be on the technique rather than its supporting philosophical framework. In addition to author-therapists, the other group of

Buddhist-inspired psychotherapists who have contributed to the literature are those who have revealed their experiences of merging Buddhism and psychotherapy through their participation in qualitative studies (e.g., Dreifuss, 1990).

The literature addressing the topic of incorporating Buddhism into psychotherapy falls broadly into three categories. Within the first category, authors explore the compatibility of the two systems and the similarities between their theories. The second category relates to how a Buddhist perspective influences therapists. The third category concerns the benefits psychotherapists perceive for their clients. I outline each category briefly and describe the emphasis given to each within the literature review. To prevent repetition, I summarise the research concerning Buddhism, psychotherapists, and clients together.

Identifying Compatibilities Between Buddhism and Western Psychotherapy

According to Rubin (1988), far more has been written about how Buddhism can contribute to psychotherapy than how therapy might benefit Buddhists. Academics such as Padmal de Silva (1984) have identified Buddhist equivalents of Western psychological theories, and in de Silva's case particularly in the area of behaviour modification.

Through their works, such authors have sought to reveal areas of commonality and difference between the systems, and facilitate further exploration, rather than criticise either system or use the knowledge of one system to refute the claims of the other. E. K. Smith (2005), for example, compared Buddhist theories and ideas within existentialist-humanistic psychology. Rubin (1996), like Smith, took an integrationist perspective, but in his case he highlighted the areas of contention between Theravada Buddhism and psychoanalysis. The areas of incompatibility Rubin identified generally related to existential and metaphysical concerns. Authors such as Rubin and Smith, however, represent the perspective of many authors, in that they have tended to resolve areas of

conflict by emphasising the practical therapeutic value of many Buddhist concepts and techniques noted by therapists (Pickering, 1995).

Professor of psychology, psychotherapist, and Buddhist priest Imamura (1998) has taken a more critical approach, and argued there are many fundamental differences between the two systems, for example, the difference between therapeutic and spiritual goals. He believed the desire to bring "dimensions of compassion and nonduality to the rational clarity and precision of Western psychotherapy" (p. 231) has led some therapists to assume Buddhism can be effortlessly integrated into Western psychotherapy. Although his arguments are reasonable in that they show philosophical differences between Buddhism and psychotherapy (e.g., the difference in goals), the practical benefits for therapists and clients that the integrationists point to are more compelling.

I sometimes refer to the work of such authors throughout this chapter, but I do not thoroughly cover similarities and differences. For comparative explorations of Buddhist philosophy and various theories within Western psychology there are many sources (see e.g., Bacher, 1981; S. K. Becker & Forman, 1989; C. Brazier, 2003; Christopher, 2003; Claxton, 1996; Cleary & S. I. Shapiro, 1996; Croake & Rusk, 1974; Padmasiri de Silva, 1992; Engler, 1983; Fromm, 1959; Goodpaster, 1985; Imamura, 1998; Lax, 1996; Low, 2000; Moacanin, 1986; Page & Berkow, 1991; Pickering, 1995; Ramaswami & Sheikh, 1989; Rubin, 1996; E. K. Smith, 2005; Spiegelman & Miyuki, 1985; Watson, 2002; Watts, 1961/1975; Welwood, 1983b; Wills, 1998).

Benefits Therapists Perceive for Themselves

Many therapist-authors have described the advantages of drawing on Buddhist philosophy and practice for therapists. Some accounts have offered deeply personal perspectives and have often included case studies. Other authors have written about the benefits to therapists more generally, even though they may be grounded in their own

experience (for examples, see: Brandon, 1976/1990; Fleischman, 1995; Parry & R. G. A. Jones, 1996; Sills, 2000; Speeth, 1982; Wegela, 1996; Welwood, 1983b; 1992). See also Segall (2003) for a discussion of psychotherapy as a Buddhist practice for therapists.

The therapists' experiences of drawing upon Buddhist principles and techniques usually arose in the context of their shared status as students of Buddhism, and as meditation practitioners. Many of the benefits the therapists described have applied to their work as a consequence of their own self-development in terms of qualities and skills. For example, their understandings of, and empathy for, clients' sufferings have evolved in relation to their own experiences of suffering, as well as in reference to Buddhist teachings (e.g., E. Hall, 2000).

Regardless of the terminology they used, psychotherapists discussed two broad areas of benefit for themselves arising out their contact with Buddhism. The first benefit is a compassionate presence with clients that arose out of their own acknowledgement of suffering. Compassionate presence is characterised by: (a) having increased empathy for clients, and (b) being open, non-judgemental, and accepting of clients. The second aspect
of benefit is mindful attention, characterised by having a greater capacity for moment-to-moment awareness during therapy. A feature of both compassionate presence and mindful attention is a committed engagement with clients. Welwood (2000), for example, used terms such as unconditional presence, reflective witnessing, and phenomenological reflection, but they are essentially the same qualities as compassionate presence and
mindful attention. Fleischman (1995) put it succinctly:

> By having experienced my own deeper, truer nature I know more; by experiencing those vibrations in every hour of my daily work with people, I have been able to open more fully, to receive and hold, to drop defenses of my own, to really listen, to really understand. (p. 15)

Benefits Therapists Perceive for Clients

The authors of literature that addresses the advantages of Buddhist approaches for clients are sometimes the same ones who have discussed benefits for themselves as therapists. Case studies were often used to describe how Buddhist principles and techniques could be integrated with therapy (e.g., Deatherage, 1975). Every client is unique, and the benefits therapists perceived for their clients related to the inter- and intrapersonal contexts in which the Buddhist ideas were presented. The advantages to clients, however, shared a characteristic that appeared to underpin the motivation of the therapists. That is, they all exhibited a desire for clients to try be open to their own experiences by increasing their awareness (e.g., D. Brazier, 2001). The authors discussed varieties of ways in which such openness could be developed. D. Brazier, for example, talked about "bringing the clients' attention to small details of everyday life" (p. 72), whereas Kabat-Zinn, Lipworth, and Burney (1985) used a more traditional Buddhist
form of mindfulness meditation, but whatever means were applied they were for the purpose of increasing self-awareness. A few of the many benefits of increased self-awareness therapists noted included reducing labelling, letting go of fantasies and disturbing thoughts, and increasing concentration (Wortz, 1982).

Overview of Research into Buddhism and Psychotherapy

The two broad areas of research undertaken concerning Buddhism and psychotherapy are: (a) research on meditation and mindfulness, and (b) research on Buddhism and psychotherapists. Each area is outlined below and studies relating to meditation are further explored in a later section.

Research on meditation and mindfulness. The most investigated aspect of integrating Buddhism and psychotherapy has been in the application of meditation, and more specifically, mindfulness. The therapeutic benefits of mindfulness in relation to

clients have the greatest research base (e.g., Ferren, 2004) and nearly all research relating
to clients has been quantitative. Daya (2002) is an exception. She audio taped psychotherapy sessions and had both clients and therapists complete questionnaires about their experiences and impressions of the sessions. Based upon her own category system
of six Buddhist principles (e.g., compassion) applied to the tapes, and with information from the questionnaires, Daya found that a substantial proportion of what clients and therapists considered were good moments during the therapy sessions could be associated with Buddhist principles.

The other area of interest in the literature has been exploration of the contributions meditation and mindfulness could make to the efficacy of psychotherapists (e.g., N. L. Alexander, 1997). Within Buddhism, meditation and mindfulness are part of a broader practice, and they are interconnected with other Buddhist principles and concepts, such as suffering and compassion. Meditation and mindfulness have also been incorporated in research that explored the larger question of how being a Buddhist could influence the way practitioners approached and conducted therapy (e.g., Dreifuss, 1990). Such research is presented below, but the findings are also necessarily interwoven in discussions throughout the framework of the four noble truths (see the subsequent sections on the four noble truths below).

Research on Buddhism and psychotherapists. A small number of researchers have qualitatively examined the question of what it means to bring a Buddhist perspective to therapy (e.g., Fredenberg, 2002). Researchers with a personal interest in Buddhism sought out therapists with interests in Buddhism and interviewed them about their experiences and impressions of merging different schools of thought and practice. The research can be described broadly as phenomenological. Researchers have applied one of the analytical methods of the qualitative schools to participants' stories in order to

develop themes that described and interpreted participants' perspectives in ways that made the phenomena of interest accessible to others. Although the frameworks of the various studies are similar, they have focussed on different aspects of Buddhism and being a psychotherapist. I present four studies as examples.

In Dreifuss' (1990) study, *A Phenomenological Inquiry of Six Psychotherapists Who Practice Buddhist Meditation*, participants were all meditators of either the Theravadin, Zen, or Vajrayana tradition. He conducted one interview with each of the six psychotherapists. Of his 10 questions, four covered background information and six explored the topic of interest, including four questions concerning meditation, such as: *How does the experience of meditation affect your work with clients?* The five themes that emerged from Dreifuss' study were (a) conviction/grounding, (b) mindfulness of the present, (c) impermanence, (d) suffering, and (e) scepticism of melodramas.

Houtkooper's (1998) research entitled *An Exploratory Study of the Integration of Buddhism and Psychoanalytic Psychology* incorporated single interviews with each of her 11 participants. She asked 33 questions, most of which explored the merging of psychoanalysis and Buddhism, such as: *Could you say how you look at transference and countertransference from a Buddhist perspective?* Houtkooper grouped the eight themes that emerged from her research into three dimensions: (a) spiritual practices, (b) healing process, and (c) unresolved areas of practice and theory.

Fredenberg's (2002) study, *The Buddhist Psychologist: An Exploration into Spirituality and* Psychotherapy, included 12 participants who were either Buddhist or strongly influenced by Buddhism. They affiliated with the Zen, Tibetan, and vipassana lineages. Fredenberg's interview schedule, designed for single interviews for each participant, included 20 questions, of which six explored the integration of Buddhism and psychotherapy, such as: *If you were to teach others about Buddhism and psychotherapy,*

what would you tell them in terms of your own experience? The two major themes arising out of Fredenberg's research were: (a) meditation and clinical work, and (b) Buddhist psychologists: Identifying primarily as a Buddhist.

In her research, *The Effect of the Spiritual Practice of Tibetan Buddhist Guru Yoga on the Clinical Practice of* Psychotherapy, Magnussen (2004) conducted single interviews with each of 12 participants. Her eight interview questions explored the influence of the therapists' practice of guru yoga (a devotional practice within Tibetan Buddhism) on psychotherapy. An example of her questions is: *Are there prayers and rituals that you do on behalf of your clients inside or outside the session?* The themes that emerged from Magnussen's study were: (a) transmission and lineage, (b) quality of presence, and (c) the power of the relationship.The five themes that emerged from Dreifuss' (1990) study were (a) conviction/grounding, (b) mindfulness of the present, (c) impermanence, (d) suffering, and (e) scepticism of melodramas.

Considered in isolation, each study provided a unique story of a small group of people who share a common interest, but they also provided detail within a much greater landscape. Together, they described layers of insight about what it means to make connections between Buddhism and therapy and apply them to clinical situations.

In the next section, I present reports from the wider literature of therapists' experiences of integrating Buddhist ideas and techniques with therapy using the four noble truths of Buddhism as a framework. I draw from both qualitative and quantitative research as well as books and journal articles. To begin, I consider suffering, mental illness, Buddha nature, silence, and compassion in psychotherapy in relation to the first Buddhist noble truth of suffering. In the context of the second noble truth about the origin of suffering, I explore the individual, causation and rebirth, self and egolessness, grasping and letting go, and the emotions. Next, I discuss enlightenment and emptiness,

altruism, the therapeutic relationship, and supervision as they relate to the third noble truth of the possibility of the relief of suffering. Finally, using the traditional divisions within the noble eightfold path of ethics, meditation, and wisdom, I explore the application of Buddhist principles to therapy in relation to the fourth noble truth of the path leading to the cessation of suffering. I examine ethics and values, authenticity and philosophies of life, and self-disclosure of spiritual influences in the discussion of ethics. The discussion of meditation includes Buddhist forms of meditation and mindfulness, their application to therapists and clients, and research. Finally, I consider ways of knowing, perceived limitations in Western psychotherapy, and the place where psychotherapy ends and Buddhism begins.

Part 2: The Principles of Buddhism Applied to Psychotherapy

The First Noble Truth of Suffering

In Buddhist teachings it is often the case that concepts are explained in relation to their dualities and opposites. Similarly, in this discussion I consider suffering and mental illness as well as their counterpoints, compassion and Buddha nature, and I also discuss silence in therapy.

Suffering

According to Buddhism, life will include dukkha. Rahula (1974) advised there is no single English translation for the word dukkha, but it includes suffering, unsatisfactoriness, and imperfection. Commentators of Buddhism and psychology highlight the popular Western misinterpretation of dukkha that all of life is suffering (e.g., Batchelor, 2001). The more accurate interpretation of the Buddhist perspective is that one can not have a life without some suffering and dissatisfaction along the way. The inevitability and inseparability of unsatisfactoriness and the human condition (in

Buddhism *conditioned existence*) is a fundamental principle of Buddhist philosophy so central that it is the first of the Buddha's four noble truths.

Beck's (in S. Smith, 1995) contemporary, psychologically-oriented translation of suffering states, "We have many ways to cope with life, many ways to worship comfort and pleasantness. All are based on the same thing: the fear of encountering any kind of unpleasantness" (p. 10). The need to face this reality of unpleasantness as the starting point of Buddhism unites all schools and sects, according to Chogyam Trungpa (1976). The Tibetan Buddhist teacher stated that even Buddhist practice consists of serial disappointment.

R. J. Corless (1989) outlined the three primary types of unsatisfactoriness (dukkha) within Buddhist theory as: ordinary suffering (dukkha-dukkha), the suffering of change (vipariṇāmā-dukkha), and the suffering of conditioned existence (sankhāra-dukkha). One interpretation of the three types of suffering is that ordinary suffering equates to the body, such as physical pain and discomfort. The suffering of change relates to mental states, such as desiring things. The suffering as conditioned states relates to the universal suffering of life (Govinda, 1939/1991). From the Buddhist view, suffering is not necessarily clinical or pathological, only inescapable. Therapists interested in bringing a Buddhist perspective to therapy tend to be frank in acknowledging their own experiences of suffering (e.g., D. Brazier, 1997; E. Hall, 2000; Kornfield, 1993). Suffering emerged as one of the five primary themes within Dreifuss' (1990) research. Each of the six psychotherapists he interviewed talked about the reality of suffering, in relation to both themselves and their clients.

Western psychologists, like Buddhists, acknowledge suffering as an inevitable part of the human experience (e.g., Wellings, 2000), and, according to Peteet (2001) "suffering is a central concern of psychotherapy" (p. 187). Some ideas within Western

therapies resonate with Buddhist understandings of suffering. According to Wickramasekera (2004), for example, both Buddhism and client-centred therapy consider self-deception (incongruence) the ultimate cause of suffering. In Western psychology suffering is distinguished by causes, symptoms and their experiential realm, and the potential for improvement and cures. In considering causation, Western psychologists tend to attribute suffering to the individual, for example, as a consequence of psychopathology or chemical imbalance, or to an external force such as *others* or *the world* (Rosenbaum, 1999). Certain Western psychological existentialist schools of thought give considerable emphasis to suffering. For example, the central theme of logotherapy (Frankl, 1946/1984) is “to live is to suffer: to survive is to find meaning in the suffering” (p. 11). Western psychologists, such as Jung, have considered that the reality of life crises (suffering) can be opportunities for self-understanding and growth (Haule, 2000).

A prevailing misunderstanding of Buddhist philosophy is that suffering can be transcended permanently by achieving enlightenment. Suffering and conditioned existence are, however, inseparable, regardless of enlightenment, and from the Buddhist perspective the complete cessation of all suffering coincides only with the end of conditioned existence. As H. Smith (1983) noted, “even Jesus prayed, and the Buddha continued to sit after his enlightenment” (p. 10).

Many of the 11 psychotherapists in Houtkooper’s (1998) study considered the alleviation of suffering to be the mutual goal of Buddhism and psychotherapy. Although neither Buddhism nor Western psychology lay claim to being able to produce a life free of all suffering, they offer strategies for alleviating and managing suffering. Some of their approaches are markedly similar. For example, Mikulas (1978; 1981; 1990) and Padmal de Silva (1984; 1985; 1990a; 1990b) noted that many of the behaviour modification

techniques known in Western psychology were also identified in early Buddhist texts. Such interventions include desensitisation, positive and negative reinforcement, modelling, stimulus control, social skills training, and self-monitoring. For example, Padmal de Silva (1990b) identified several strategies for controlling intrusive thoughts within the Buddhist text *Vitakkasanthana Sutta* (*The Removal of Distracting Thoughts*). They are, switching thoughts, distraction, and satiation/habituation training, all of which are used in Western cognitive-behaviour therapy. Kwee (1990) noted the major theorists associated with behavioural psychology, such as Pavlov and Skinner, would have found much in common with Buddhist psychology.

The quality of suffering has been of enduring interest in Western psychology (Leifer, 1997). According to Rosenbaum (1999), the term suffering is avoided in psychotherapeutic literature in favour of labels such as *affective experiencing*. Different theorists in Western psychology have, nevertheless, emphasised particular forms of suffering relative to their theoretical foci, such as the Adlerian sense of inferiority (Adler, 1932/1980). In addition to the understandings and definitions of suffering attached to different psychological theories, the *Diagnostic and Statistical Manual* (*DSM-IV-TR;* American Psychiatric Association, 2000) represents the collective efforts of Western psychology and psychiatry to describe and define the spectrum of psychological,
emotional, and physical symptoms that could also be said to relate to suffering.

According to Bankart, Dockett, and Dudley-Grant (2003), suffering may be the quintessential Buddhist concept of relevance to psychologists in their work and in their personal lives. The shared concern about suffering within both Buddhism and Western psychology can be understood as the foundation upon which all other connections between them are possible.

Mental Illness

From a Western psychological perspective, mental illness is a significant cause of suffering for people. From a Buddhist viewpoint, mental illness is self-generated, a view shared by transpersonal and depth psychotherapies (Scotton, 1996). In Buddhism, the capacity to adjust and adapt are also self-generated. According to Lama Yeshe (2003), Buddhism has a broader interpretation of mental illness than Western psychology. In Buddhism, distortions in perceptions about people or objects, for example, exaggerating certain qualities in a person, are mental illness in the sense that reality is improperly perceived. Such perceptual misinterpretations are also described in Buddhism as
categories of illusions (Ikeda, 1994). The fundamental neurosis, according to Buddhist philosophy, is the separation between *I* (the ego) and *other* (Casper, 1974). Such a separation is problematic because it results in *clinging to personal existence* (atta-vādupādāna; Engler, 1993).

In Buddhism, the key to overcoming psychological problems lies within each person due to an inherent capacity to self-heal by revealing how the mind turns experience into neuroses (Ramaswamy, 2000). At a basic level, the Buddhist concept of mental health depends upon two factors: the absence of negative mental states, and the presence of positive mental states (e.g., Goleman, 1980b; Ramaswami & Sheikh, 1989). Because negative mental states prevent the development of the mind, such impediments to positive mental health apply in other contexts as well. They are also, for example, obstacles to Buddhist practice and meditation. In Buddhism, there are five categories of impediments, or hindrances (pañca-nīvarana) to mind development. They are: (a) sense desire (kāmacchandā), (b) ill-will and anger (vyāpāda), (c) sloth and torpor (thīna-middha), (d) restlessness and worry (uddhacca-kukkucca), and (e) sceptical doubt

(vicikicchā). See Padmasiri de Silva (2000) for a discussion of these hindrances and their antidotes.

The Buddhist text *Sabbasava Sutta* (*Getting Rid of all Cares and Troubles*) outlines seven methods for overcoming psychological problems: (a) insight by way of reflection, (b) restraint of the senses and mind, (c) using material goods for sustenance rather than hedonistic pursuits, (d) wise endurance of discomfort, (e) avoidance of danger and unwanted situations, (f) rejecting unwholesome thoughts, and (g) cultivation of the mind (Ramaswamy, 2000). All of the Buddhist methods feature in existing Western psychological strategies for improving mental health.

In Buddhism, the approach for treating mental illness mirrors the instructions for a student of meditation. Lama Yeshe (2003) described a therapeutic strategy for mental illness as follows:

> My way of treating mental illness is to try to have the person analyze the basic nature of his own problem. I try to show him the true nature of his mind so that with his own mind he can understand his own problems. If he can do that, he can solve his own problems himself. I don’t believe that I can solve his problems by simply talking to him a little. That might make him feel a bit better, but it’s very transient relief. The root of his problems reaches deep into his mind; as long as it’s there, changing circumstances will cause more problems to emerge. My method is to have him check his own mind in order to gradually see its true nature. I’ve had the experience of giving someone a little advice and having him think “Oh, great, my problem’s gone; Lama solved it with just a few words,” but that’s a fabrication. He’s just making it up. There’s no way you can understand your own mental problems without your becoming your own psychologist. It’s impossible. (p. 68)

In the same way, students of meditation are taught that the only insight possible is self-generated. In whatever way the wisdom of the teacher is revealed to the students, it can only ignite the insight process within them. Students must be receptive and then manifest understanding in their own minds to develop wisdom. Likewise in psychotherapy,

therapists can offer interpretations, suggestions, and strategies that may help, but they are most beneficial when they assist clients to develop their own insights. Although there may be differences in how mental illness, and its accompanying suffering, is understood, Western psychotherapy, like Buddhism, promotes self-understanding as a positive

healing pathway (Raingruber, 2000). See Hamacheck (2000) for an exploration of different types of self-understanding and how they apply in therapy.

Buddha Nature

A significant principle of mental health in Buddhist thought is that all people are fundamentally psychologically well. In the words of Chogyam Trungpa (1983a), "health comes first: sickness is secondary" (p. 126). Obstructions to one's basic goodness are "temporary and superficial." The idea that that our true nature is already *Buddha nature* (in Sanskrit *tathāgatagarbha*; also described as basic intelligence, and brilliant sanity) is a fundamental understanding within Buddhist psychology. Taking the perspective that people are already complete and perfect may be powerful and momentarily healing. According to Watson (2002), the Buddha nature principle is a feature of psychotherapy from a Buddhist approach. For example, the Buddhist-inspired therapists in Magnussen's (2004) study revealed they apply the perspective of Buddha nature towards their clients

and themselves.

Fromm (1983) stated that "Buddha nature is within all of us" (p. 69). The

Buddha nature tenet aligns well with the concept of growth potential within humanistic psychology (Rothwell, 1996). Zen, for instance, has been likened to Rogers' idea that

you already hold within you all that you need to know (MacHovec, 1984). Likewise, one of the goals of Gestalt therapy is a re-discovery of one's inherent ability for self-regulation and coping (Kirchner, 2000). Lichtenberg (1984) proposed that although the concept of potential in Western psychology does imply a belief in the ability of people to change, it does not incorporate the notion of *basic goodness*, on the basis that change can just as easily be for worse. It is hard to imagine, however, that psychotherapists who devote their working lives to helping others do not hold an underlying belief in the potential for goodness in at least some of their clients.

The concept of Buddha nature provides therapists with a hopeful perspective for their clients. Traditionally, the concept of hope in therapy has had a greater focus on what it can mean for the client rather than the psychotherapist. See, for example, Frank (1973b) and Snyder (2000). Recently, hope is also gaining attention in the context of the positive psychology approach, especially for cognitive-behavioural therapies (e.g., Cheavens, Feldman, Woodward, & Snyder, 2006; Riskind, 2006), and see Nunn (1996) for a conceptual review of hope in psychiatry.

Silence

It is the great paradox of Buddhism that enlightenment is one's original state, already existing right under one's nose, with only the self preventing the awakening of the unconditioned mind. According to Welwood (2000), one's true state is like open space. From Welwood's perspective, psychopathology can be the result of attempting to reject that open space by creating a traffic jam of mental activity that then results in a fear of mental space. Welwood proposed that psychotherapists can make a significant contribution to clients' wellbeing by helping them learn to be comfortable with mental space, rather than being driven to fill it up. He suggested therapists help clients to "tune into the silence of pre-articulate experiencing and bring it to fuller and fuller expression"

(p. 94). Silence can be therapeutic, according to M. Epstein (1995), because it facilitates attempts to make connections with the spacious quality of the mind.

Silent contemplation is a practice emphasised within all Buddhist traditions. According to D. K. Reynolds (1987), Zen Buddhism, as well as other Japanese therapies such as Morita, Naikan, Shadan, and Seiza, use silent contemplation to bring attention to the endless flux of consciousness so that psychological symptoms can be expressed, incorporated, and transcended. See Reynolds or Nathan (1990) for descriptions of the therapies. According to Claxton (1997), in Western psychology, moments of silent reflection are also a key factor in Gendlin's (1974) *felt sense*, where the imminence of unrevealed meaning is experienced both physically and mentally as a person focuses upon, and encounters, their unfolding reality.

Silence is not always formally recognised as a strategy within Western psychological approaches. Nevertheless, it is concept familiar to experienced psychotherapists and can be considered to fall within the realm of those skills and qualities that develop as one moves beyond theory to the art of being a psychotherapist. See, for example, an overview of research into silence by Frankel, Levitt, Murray, Greenberg, and Angus (2006) and the findings of their study that described the beneficial markers of silence as being emotional, expressive, and reflective, in contrast to, for
example, disengaged silence.

Compassion

By challenging the exclusive identification with one's ego, suffering can become the connection, via the development of compassion (karuṇā), through which one identifies with others (Welwood, 1983a). The act of recognition of suffering is empathy, which Braun (1992) defined as one aspect of the larger phenomenon of compassion. According to Malikiosi-Loizos (2003), Western theorists broadly define empathy as

either affective, cognitive, or communicative. Empathy has long been a feature of Western psychotherapy approaches (e.g., Clark, 2006), and it continues to be a quality of therapy of interest to researchers and practitioners (e.g., Bohart & Greenberg, 1997). Nevertheless, the relative importance of empathy within particular approaches has sometimes been a point of debate (e.g., Kohut, 1982). As Rogers (1975) noted, empathy in psychotherapy goes beyond sympathy and concern to an appreciation of a client's perspective such that the client experiences a profound sense of being recognised and understood.

The Buddhist concept of compassion also goes beyond what D. Brazier (2001) described as the ordinary compassion of sympathy, empathy, and kindness, to a recognition of unity with, and active concern for, the destinies of others. The 14th Dalai Lama, Tenzin Gyatso (1998) stated:

> It is a mental attitude based on the wish for others to be free of their suffering and
> is associated with a sense of commitment, responsibility, and respect towards the other. . . . Based on the rationale that all human beings have an innate desire to be happy and overcome suffering, just like myself. And, just like myself, they have
> the natural right to fulfil this fundamental aspiration. (pp. 114-115)

It is possible for a psychotherapist to work from an intellectual position of positive acceptance of clients by separating persons from their behaviours. Furthermore, it may be therapeutically beneficial to clients when they are told "you are not your symptoms." Narrative therapy, for example, uses the term *externalising* the problem, so that the problem, rather than the person, is maintained as the problem (Lax, 1996). Nevertheless, if a therapist's positive attitude towards a client is intellectually based, it cannot be compassion as it is understood within the Buddhist doctrine, where compassion is experientially based.

Rogers (1957) delineated the three psychotherapist characteristics necessary for therapeutic change as empathy, unconditional positive regard, and congruence. Wickramasekera (2004) found a similarity between Rogers' characteristics and those of a Buddhist spiritual, or noble, friend (kalyāna-mitta). To a psychotherapist trained in Western psychology, the Buddhist interpretation of compassion might also resemble Rogers' unconditional positive regard. According to Welwood (1992), however, the Buddhist-inspired position for therapists is, more accurately, an *unconditional presence* that arises from therapists having exposed their own psychological wounds to themselves. Unconditional presence is about being accommodating of whatever clients bring to the situation based upon the learned ability of the therapists to tolerate, and ultimately accept, the unacceptable or uncomfortable aspects within themselves (Welwood, 2000). By entering the therapeutic encounter having faced their own demons, and with nothing to defend, therapists can bring the same openness to their clients' experiences (Welwood, 1992).

Similarly, Chogyam Trungpa (1984) discussed what he called *authentic presence* (in Tibetan *wangthang* or field of power), which he described as a product of advanced Buddhist practice beyond ego fixations. A person who has authentic presence possesses an overwhelming genuineness through having "worked on himself and made a thorough and proper journey" (p. 160). Within dialectical behaviour therapy, which was inspired partly by Zen principles, for people with borderline personality disorder, the central notion of validation also goes beyond empathy (Linehan, 1997). Linehan's validation includes *radical genuineness*, which has similarities to Rogers' genuineness, as well as the quality of *wise mind*, which resembles Welwood's unconditional presence and Trungpa's authentic presence. See T. Bien (2006) for a recent exploration of developing such a quality of presence, and Rodrigues (2006) study with Buddhist-trained therapists.

Buddhist interpretations of compassion and compassionate action can be understood as consequences of comprehending one's own suffering, the suffering of others, and the shared wish for happiness. Watson (2002) described such compassion as one's "resonance with others" (p. 249). If therapists can maintain a sustained interest in continuing to reveal aspects of themselves, then therapists and their clients become travelling companions on the same journey and therapy can be useful for both of them, according to Wegela (1992). For psychotherapists, in this way their profession provides them with "a continuous means for examining their own lives" (Goldberg, 1986, p. 5) and that suggestion is in congruence with Buddhist principles.

The Second Noble Truth of the Origin of Suffering

From the Buddhist viewpoint, all of the suffering we experience is grounded in the perpetuation of cyclic existence. Rebirth (patisandhi; also reunion, relinking), in turn,

is due to kamma (action or deed, in Sanskrit karma) that results from grasping or clinging to an unsubstantiated self. In order to appreciate Buddhist perspectives of how suffering comes about, and how they can apply to therapy, it is helpful to understand who (or what) in Buddhism suffers. It would be impossible within this chapter to explore the many different typologies and characteristics used to define and describe the human individual in Buddhist psychology. Instead, a few relevant principles are summarised based on one of the collective teachings regarding mental phenomena, the *Abhidhamma*, the Buddhist framework for investigation of the mind (Nyanaponika, 1998). After considering the individual, and causation and rebirth, I then explore Buddhist ideas of self and egolessness, and how they relate to therapy. Finally, I address the Buddhist teachings concerning grasping and letting go, and the emotions, and how they apply in the therapeutic context.

The Individual

According to Buddhism, the individual is an indivisible mind-body (nāma-rūpa) made up of five constituents or *aggregates of grasping* (*upādāna-kkhandha;* Kalupahana, 1992). These five factors are: (a) material form or corporeality (rūpa), (b) experiential feeling or sensation (vedanā), (c) perception or cognition (saññā), (d) mental formations or imagery (sankhāra), and (e) consciousness (viññāna). Material form is physical in the sense of appearance rather than substance, and includes the four elements of earth, water, fire, and wind in their experienced forms of solidity, fluidity, heat, and motion (Reat, 1987). The other four factors are mental in nature (Harvey, 2000). Within Buddhist nomology, consciousness cannot arise independent of the other four factors (Rahula, 1974).

The subject of consciousness is complex in Buddhism, and, according to the Abhidhamma (Govinda, 1939/1991), 121 types have been classified. There are many ways of analysing consciousness in Buddhism, including by type, mental factors (e.g., absorption, powers, wholesome and unwholesome roots), cognitive perception, and so on, (see Govinda or Nyanaponika 1998), as well as by theories within different schools of Buddhism. The *Surangama Sutra* (Sanskrit, or *Crown Sutra*; Yu, 1966), for example, outlines 8 primary types of consciousness. According to Lax (1996), the psychoanalytic concept of the unconscious is rejected in Buddhist psychology in favour of degrees of consciousness. See, for example, Lama Anagarika Govinda's (1939/1991) instructions for accessing what he terms *subliminal consciousness*.

Causation and Rebirth

All conditioned existence (i.e., the individual), the Buddha taught, is rooted in the *law of dependent origination (paticcasamuppadā)*, and in Buddhism the conceptualisation of the individual as a process rather than an entity is often favoured

(Walshe, 1977). Gestalt therapy also construes the self as a process (Kirchner, 2000). The *Mahānidāna Sutta* (*Great Discourse on Causation*) outlines the Buddhist formula of arising or becoming (Bodhi, 1984). The *Mahānidāna Sutta* states:

> With mentality-materiality as condition there is consciousness; with consciousness as condition there is mentality-materiality; with mentality-materiality as condition there is contact; with contact as condition there is feeling; with feeling as
> condition there is craving; with craving as condition there is clinging; with clinging as condition there is existence; with existence as condition there is birth; and with birth as condition, aging and death, sorrow, lamentation, pain, grief, and despair come to be. Such is the origin of this entire mass of suffering. (p. 53)

In preference to the term *causation*, Lama Anagarika Govinda (1939/1991) suggested dependent origination may be more usefully understood as a relationship of mutual dependence. Instead of "feeling" *causing* "craving," it can instead be interpreted as: where there is craving, there must also be feeling. The complete process of dependent origination is understood in Buddhism as circular rather than linear, with no original cause, which is why it is called the *wheel of life* (*bhavacakka*;Saddhatissa, 1970). The first Dalai Lama (1391-1474), Gyalwa Gendun Drub (in Mullin, 1981), explained the perpetuation of birth after birth as being due to "virtuous and non-virtuous actions tainted by contaminated perception" (p. 95) with the *three poisons* of aversion (doha), attachment (lobha), and delusion (moha) as the source of these actions. Such actions of body, speech, and mind are known in Buddhism as kamma, where "a wholesome cause yields a pleasant result; an unwholesome cause yields an unpleasant result" (Kongtrul, 1986, p. 38). According to Narada Maha Thera (1955/1988), the Buddha identified the essential factor of kamma as volition when he stated "I declare, O Bhikkus [monks], that volition (cetanâ) is kamma. Having willed one acts by body, speech, and thought" (p.

11). In Buddhism, although external conditions exert some influence (Wray, 1996), of the three poisons which substantially propel our kamma, the first Dalai Lama noted that delusion, is the greatest, because the grasping at an I, as well as aversion and attachment, all arise from delusion (Mullin, 1981).

The Buddhist principle that an individual is born with kammic tendencies may perhaps be likened to the idea in Western psychology that people have predispositions. This contemporary perspective has gained support over the traditional view of *tabula rasa* in Western psychological approaches (e.g., J. O. Katz, 1984). See Paris (2000) for a brief overview of biological and personality trait predispositions. If we truly understood kamma, said Zen teacher Seung Sahn (1992), if one cried one would just cry, and then stop. Thus, one can choose to prolong or develop a particular experience by how one relates to it, or one can simply experience it and then let it go. Understanding the relationship between experiencing and thinking and acting is a key task of Buddhist practice that is also useful in therapy. A central feature of understanding cause and effect in Buddhism is in coming to terms with assuming responsibility for one's own thoughts, feelings, and behaviours. In Western psychology such ideas were also put forward by various existentialist theorists (Teo, 1973). The Buddhist-inspired mindfulness based reality therapy uses self-awareness enhancing exercises based upon the practice of Buddhist mindfulness (fully explained in a later section) to encourage clients to accept responsibility for their actions (Pierce, 2003).

The idea of responsibility may fit well in many psychotherapies (e.g., Overholser, 2005), but the Buddhist theory of cyclic existence (rebirth) is a debatable, and relatively foreign, concept in the West. Incorporating the idea of kamma in therapy could be problematic if it is applied too literally, because a fatalistic interpretation could lead to disempowerment. A reconciliation can be achieved, according to Lama Palden Drolma

(2001), by taking a compassionate perspective and keeping the focus on the immediacy of how we deal with, and relate to, our past, and our present situations.

The Self and Egolessness

According to Ashmore and Jussim (1997), the interest in self in Western psychology may have been initiated by James in 1890 by way of his chapter *The Consciousness of Self* in his *Principles of Psychology*. In most psychotherapies the self has traditionally been understood as an enduring entity (Michalon, 2001). As Globus (1980) observed, "'I' is the most persistent and prominent feature of mental life" (p. 418). From the Western psychological perspective, the self is "the core of our personality" (Kohut, 1977, p. 180). Atwood and Maltin (1991) maintained "most of us think we should know who we are" (p. 373). Yet, there seems to exist in many people an uncertainty about who they are, resulting in the search for their "true" selves (e.g., M. Epstein, 1995; Needleman, 1983).

Descriptions of the problems of the self in Western psychotherapy include what Loy (1999; 1992; 1990) described as *the lack of self* or *avoiding the void*. Loy (1992) proposed that "ontological guilt arises from the contradiction between this socially-conditioned sense that I am and the suspicion that I am not" (p. 155). Alienation, or what Kawai (1996) termed *a loss of relatedness*, is another example of a self-related problem. But, as Rosenbaum (1999) noted, the frustration of the client who says "I'm not myself" may not be so different from the Buddhist student who says "I'm not enlightened."

Buddhist theory proposes that the mind-body exists, but that the inferred individuality accorded to it does not. The "I" is a linguistic convenience only (Ramaswami & Sheikh, 1989). Tarthang Tulku (1979) explained the Buddhist view of mind as follows:

> Mind itself has no substance. It has no color and no shape. It has no form, no position, no characteristics, no beginning, no end. It is neither within nor without;
> it cannot be discovered as this or that thing; it is not mixed together with other things, yet it is not apart from them. . . . What we commonly believe to be mind, therefore is not really "mind", but only the manifestation of various forms of "consciousness." (pp. 42-43)

One way of revealing the tenuous "I", according to Ashby (1960/1977), is to compare a photograph of oneself as a child to one's current self. Each is studied in search of that which one believes to be unchanging.

In Buddhism, the current lifetime, which is considered to be one of endless past and future lives, is viewed as an opportunity to break the cycle of existence that is inexorably coupled with unsatisfactoriness. The Buddhist realisation of egolessness (anattā) that sees through the "I" involves two stages. First, the ego is seen to be impermanent rather than a fixed entity. In the second stage the *watcher* who understood the impermanence of the ego is also let go (Trungpa, 1976). Insight meditation (discussed in a later section on meditation) involves, at advanced stages, what M. Epstein (1988a) described as "profound experiences of dissolution and fragmentation" (p. 67). It is the ego, Epstein noted, which allows one to tolerate such experiences psychically. Epstein's discussion clarifies the error of equating egolessness with the absence of what in psychological terms is understood as the ego. The notion of "I" referred to in the Buddhist literature as ego is not to be confused with the Freudian concept of ego. Students of Buddhism sometimes mistakenly interpret the goal of Buddhism as the removal or conquering of the ego. This belief is itself also an expression
of ego (Trungpa, 1973/1987). Feuerstein (1993) pointed out that autobiographies and biographies of enlightened people reveal their post-enlightenment personalities to be

more or less the same, only without the strong identifications usually associated with the personality.

A consequence of not understanding egolessness, according to Buddhism, is that the world accepted as reality appears through the distortion of not-knowing. The idea of a relative reality is not unfamiliar to Western psychology, even though it is not always emphasised (de Wit, 1990). Under examination, all schools of Western psychological thought reveal implicit, and sometimes explicit, assumptions about how people construct their realities. Nevertheless, although Western psychotherapists may explore some aspects of the construction of the self with clients, for some therapists a Buddhist approach may be to directly challenge the self's existence. Roccasalvo (1981) interviewed six Buddhist psychotherapists in Thailand. These therapists were unanimous in their beliefs that curing neuroses requires insight meditation leading to a realisation of egolessness. In particular, they suggested meditation into the nature of the five components of grasping (as outlined in the previous section). One of the participants, Dr Suterapun, explained the effects of investigating egolessness for clients as greater stability and less over-emotional involvement in daily life, and he noted the equal relevance of these benefits for psychotherapists.

In a country such as Thailand, where Buddhism is prevalent, overtly blending Buddhist principles with psychotherapy in these ways may be unremarkable. According to S. C. Chang (1988; 1982), a traditional distinction has existed between Eastern and Western concepts of self on the basis of historical, social, and cultural overlays. For example, the emphasis on individualism in the West contrasts with the socially interdependent self of the East, out of which social context the Buddhist concept of self (more precisely, no-self) evolved. But, even if such distinctions have existed in the past, in the contemporary world they may be losing their relevance. Thai monk Ajahn Chah

(1982) saw no difference between the Eastern and Western mind. He regarded the experiences of aversion, attachment, suffering, and the end of suffering to be the same for all people, with only customs and language intervening.

In the West, the idea of introducing the egolessness principle into therapy might be considered radical. There is also the possibility that egolessness might be misunderstood as a relinquishing of healthy ego states. According to M. Epstein (1995), there is a useful way of incorporating the second noble truth into therapy, by bringing both notions of self and no-self into focus. In psychodynamic terms, one method for such

an exploration involves bringing into focus attachments (e.g., pride, low self-esteem) that take form as grandiosity (existence) and emptiness (non-existence). For clients, the process would involve discovering their identifications with certain psychological states and the processes involved in the act of identification. In psychoanalytic terms, the method would ideally relax the unconscious hold of such states. Nevertheless, many therapists have noted that explorations of egolessness could be problematic with clients who do not perceive they have a solid sense of self, and in that regard they refer to Engler's (1983) often repeated axiom "you have to be somebody before you can be nobody" (p. 36).

Grasping and Letting Go

Acknowledging the way things are, and then allowing them to be so, is typically Buddhist. Acceptance, in this sense, does not imply blind acceptance or feigned neutrality, but instead an appreciation that things (including people) are of their own nature. In Buddhist teachings, letting go, or acceptance, is the antidote to attachment and resistance that arise out of craving (tanhā or thirst). Craving takes three forms in Buddhism: (a) craving for sensuous experiences (kāma-tanhā), including wanting sustained or increased pleasure and resistance or restlessness in relation to the possible

decrease or cessation of pleasure, (b) craving for self-existence and becoming (bhava-tanhā), and (c) craving for non-existence (vibhava-tanhā) including self-annihilation (Rahula, 1974).

Attachment or grasping (not necessarily to an "I") and acceptance, are all concepts that can be readily applied to therapy. Zen teacher Beck (in S. Smith, 1995) suggested separating out two types of attachment: preferences, which by their nature are not absolute, and demands, which are unyielding and therefore problematic. Rational emotive behavioural therapy makes a similar distinction in *disputing demandingness* by identifying self-talk such as *shoulds*, *musts*, and *oughts*, and replacing them with, for example, the more flexible *coulds* (Ellis, 1977/1989; Ellis, Abrams, & Dengelegi, 1992).

Rubin (1996) observed that therapists may witness more suffering in one week than the ordinary person encounters over a whole year. Therapists who consciously work against attachment in the context of therapy may improve their capacity to manage work-related stress. Beck (in S. Smith, 1997) pointed out that people might find terrible her statement that "a life with no hope is a peaceful, joyous, compassionate life" (p. 63). Hope, however, is also attachment, because it is the desire for things to either change or stay as they are. In the context of therapy, the most well-intentioned hope on the part of the therapist may be detrimental if it sets up conditional expectations of themselves, the client, or the therapeutic process. Therapists who consciously work against clinging to assumptions and expectations about therapy processes and outcomes, but without disengaging or withdrawing, may also provide a positive model for clients (Dass, 1970).

Pema Chodron (1991) conceptualised grasping by inverting it. She proposed that resistance is the cause of our problems, that is, resistance to things being as they (already) are. From the Buddhist perspective, resistance and grasping are like two sides of the same coin. Each is the product of not understanding the impermanent nature of all

things (aniccam) that makes change inevitable. In the view of Jourard (1971), aversion (resistance) to what one is and what one experiences creates an inauthentic existence, in contrast to an authentic existence that involves letting be. According to Cleary and S. I Shapiro (1996), the humanistic psychologist Maslow (who studied both Taoism and Zen) often referred to the *let-be* attitude.

Within the last decade, Western therapies that have their basis in Buddhist philosophy have applied the concepts of letting go and letting be for clients. Acceptance and commitment therapy (ACT), for example, involves the exchange of negative self-labelling for non-judgemental experiencing (S. C. Hayes, 2002b; S. C. Hayes, Strosahl, & Wilson, 1999). See also Kohlenberg, S. C. Hayes, and Tsai (1993) for a review of successful research outcomes with ACT. Sanderson and Linehan (1999) noted the use of acceptance and forgiveness in dialectical behaviour therapy, in which the basic dialectic is the balance between acceptance and change. See also S. C. Hayes (2002a) for a discussion of acceptance (and mindfulness) in clinical psychology, and Borkovec (2002) and Toneatto (2002) for explorations of letting go by staying in the present for clients with generalised anxiety disorder.

From a Buddhist perspective, continued efforts at letting go, and acceptance, help develop the quality of equanimity (upekkhā) that is considered to be both a mind-state to cultivate, and one of the benefits of a dedicated practice (e.g., Kyabgon, 2003). Although the term equanimity is rarely used in Western psychotherapy, the concept aligns with the highest therapy ideals in terms of coping and well-being. See, however, Roberts (1987) for an exploration of equanimity in relation to rational-emotive behaviour therapy.

Emotions

From a Western perspective, an emotion is the product of physical affect, cognition, and expressive reaction, influenced by both their inter-relationships and order

to each other at the time of experience (Saron & Davidson, 1997). Within Buddhist psychology there is no direct translation of the term emotion as it is understood in the West (Ekman, Davidson, Ricard, & Wallace, 2005). Instead, in Buddhism, there are two broad categories of skilful and unskilful mental states. Such a division is underpinned by the link between morality and spiritual development (Padmasiri de Silva, 2007).

In Buddhism, happiness is understood as “a state of flourishing that arises from mental balance and insight into the nature of reality” (Ekman, Davidson, Ricard, & Wallace, 2005, p. 60). In keeping with the goal of mental balance, what Westerners term emotions are considered as states of agitation in Buddhism (Padmasiri de Silva, 2007). There is a range of defilements, corruptions, or mental afflictions (kilesa, in Sanskrit klesha) in Buddhism with slight variations across schools (Saron & Davidson, 1997). In addition to the three primary motivational poisons of aversion or hate (dosa), attachment or greed (lobha), and delusion or ignorance (moha), de Silva outlined different Buddhist understandings of fear, anger, guilt, and grief. The four sublime mind states (brahma-vihara) in Buddhism are loving kindness (mettā), karunā (compassion), sympathetic joy (muditā), and equanimity (upekkhā), and these are often viewed in Buddhism as antidotes to afflicted emotions (Padmasiri de Silva, 2007). The Dalai Lama noted that although a state such as compassion is, from a Buddhist viewpoint, still technically a disturbance, it is one with positive benefits (Goleman, 1997).

Although key terms are interpreted variously, the different schools of Buddhist thought share a basic framework regarding what in Western psychology are termed problematic emotions (Fenner, 1995). According to Fenner, the four factors of influence in Buddhism are: (a) reactive mental states and moods (kilesa), (b) ontological blindness (avijja), (c) confusion (moha), and (d) a fixed view about who one is (sakkayaditthi).

From a Buddhist practice perspective, emotions can provide a powerful tool for developing awareness. Rather than acting out emotions, or suppressing them, the Buddhist practice is to relate to them as they are, investigating their qualities and their scope of influence (Trungpa, 1976). It is characteristic of Buddhism, as in Western psychology, that there is a choice of approaches for working with emotions. For example, one method that Thurman (in Eck, Gardner, Goleman, & Thurman, 1991) outlined for transmuting hate is to redirect the hateful energy to being watchful for potential situations in which hate may arise. The transformation of negative emotions in this way is most commonly associated with the school of Vajrayana, also known as Tantra. See, for example, Styron's (1992) and Danneckers' (2006) theses on tantric transmutational principles in psychotherapy.

All of the Buddhist approaches for working with emotions highlight the emphasis
on experience. Even when the method is applied to analyse a past experience, for example contemplating a situation in which hate has previously arisen, the point of the analysis is to prepare oneself to identify and forestall the next inevitable arising of a similar situation by recognising the process and cutting it off. The importance of getting in touch with the psychophysical experiences of emotions is also acknowledged in psychotherapy (e.g., Gendlin, Beebe, Cassens, Klein, & Oberlander, 1968). See, for example, Hoffart, Versland, and Sexton's (2002) recent exploration of the link between experiencing feelings and self-understanding. In Western psychology, the positive benefits to clients of inclusive experiencing, rather than trying to remove or deny unwanted thoughts or feelings (Goldfarb, 1999) reflect the Buddhist meditation instruction of developing non-discriminating awareness. According to Wilkinson and Auld (1975), the two qualities of openness and awareness underpin a client's ability to be

with their feelings in a therapeutic way. As a later section explores, openness and awareness are also features of Buddhist mindfulness.

The Buddhist perspectives on emotions compare readily with the more recently developed Western experiential therapies Bohart and Greenberg (1997) described that have their focus on working with experience and emotions. In recent times, therapies addressing emotions have also been developed based on Buddhist principles. For example, Leifer (1999) developed a 7-step approach to working with anger in which a progression is made through the stages of: (a) taking responsibility, (b) becoming aware, (c), understanding anger, (d) reflecting, (e) deciding, (f) relaxing, and (g) opening the heart. According to DiGiuseppe (1999), although Leifer's approach is unique in that it includes the Buddhist idea of surrendering desires, it also reflects aspects of cognitive-behaviour therapy and rational-emotive behaviour therapy. Leifer's approach typifies the reconciliation that can be found between many of the concepts within Buddhist and Western psychotherapy regarding the causes of suffering.

The Third Noble Truth of the Cessation of Suffering

The first and second noble truths of Buddhism outline the problems of suffering and its causes. The third noble truth asserts that it is possible to act positively in relation to experienced suffering, and reduce the causes of future suffering. Of the noble truths, the third appears the most optimistic, and suggests the potential for positive change. Curiously, it is generally given less attention in Buddhist literature as compared with the other noble truths. Below, I first consider some optimistic concepts within Buddhism: enlightenment and emptiness, and altruism. Next, I discuss two features in support of positive change in psychotherapy: the therapeutic relationship and supervision.

Enlightenment and Emptiness

The ultimate goal of Buddhist practice is to achieve enlightenment (nibbāna, in Sanskrit nirvāna), to recognise one's inherent Buddha nature (already discussed), and see things as they really are. Seeing things as they really are involves recognising egolessness (anattā) in order to cease the endless cycle of clinging and rebirth. The apparent contradiction of practising to reveal an unsupported self resolves philosophically in the tradition's acknowledgment of a duality of conditioned and unconditioned realities. The Buddhist philosopher Nagarjuna, who lived approximately 1500 years ago, used the metaphor of the moon and the moon's reflection to distinguish absolute and conditioned reality, where a mind clouded by ignorance mistakenly takes the image of the moon upon water to be the true moon (Ramanan, 1966/1978). Known in Buddhism as the *two*
truths, conditioned or relative reality (samsāra) refers to the ordinary, empirical, phenomenal level, and unconditioned reality is the deeper, ultimate reality (nibbāna) that Buddhists also label *emptiness* or *non-substantiality* (*suññatā*, in Sanskrit shunyata).

As outlined by Khenpo Palden Sherab Rinpoche (1993), the *Mahaprajnaparamita-hridaya Sutra* (Sanskrit, or *Heart Sutra*) states that all five aggregates: (a) material form, (b) feeling, (c) perception, (d) mental formations, and (e) consciousness, should be understood as empty by nature. Nagarjuna explained that, from the Buddhist perspective, nibbāna and samsara cannot be considered the same (monism) or different (dualism and pluralism), only empty, or what contemporary Buddhists also call *non-dual* (R. T. Corless, 1988).

According to Goleman (1990), a comparable concept to enlightenment in Western psychology is the peak experiences Maslow (1964) described, and later incorporated in tandem with his characteristics of transcending self-actualisers (1973). The characteristics of self-actualised persons that Maslow, as well as Rogers, share with

Zen Buddhism, according to R. Chang and Page (1991), are personal freedom, emphasis on personal authority and caring interpersonal relationships, acceptance of reality, capacity of coping, closeness to elemental nature, and a peaceful mind. Similarly, the definition of the transpersonal self shares many of the qualities often attributed to an enlightened state, such as wisdom, compassion, and connectedness to others (Vaughan, 1986).

From the Buddhist viewpoint, becoming enlightened is not a path of deliberate accumulation wherein a person adds something to what they already are. On the contrary, as Thomson (2000) explained:

> Zazen [meditation] develops these qualities [wisdom, compassion and, ultimately, enlightenment] not because we try to acquire them but because we learn to tolerate a practice that does not aim to get us anywhere, one that relinquishes improving the self in favour of letting go of obscuring concepts of self. (p. 547)

As Gaskins (1999) suggested, one needs to empty oneself rather than add to what is. In the same way, Ekstein and Wallerstein (1972) conceptualised the healing in therapy as an unlearning, rather than a learning, process.

The concept of enlightenment might be considered to be one of the features of Buddhist philosophy that would have no place in psychotherapy. According to Wellings (2000), clients do not expect their therapists to be working with them on concerns such as egolessness, and therapists do not consider they have permission to do so. It is not uncommon for psychotherapists whose therapy practice is influenced by Buddhism to note that in contrast to Buddhism, psychotherapy offers only relative relief (e.g., M. Epstein, 1995). Nevertheless, the goal of enlightenment can also be understood as being in keeping with the perspective across psychological approaches, and perhaps born out

of the human potential movement, that the aim of therapy is to reach one's highest potential. D. Brazier (1997) proposed enlightenment is about recognising the inevitability of suffering in life "without resort to a strategy of undignified flight" (p. 53). Accepting suffering in this way is the opposite of either the conquering or transcending of suffering sometimes mistakenly associated with enlightenment. Herschock's (1996) contemporary understanding of enlightenment, which Haule (2000) also discussed, is in keeping with psychotherapeutic objectives. The enlightened mind is understood in the metaphor of the jazz musician, who accepts and transforms a mistaken chord or note by creatively improvising a spontaneous new direction for the music.

Altruism

In pursuit of the Buddhist goal of enlightenment, mental training and ethical conduct are practised for the purposes of reducing the harm (and therefore suffering) one causes to oneself and others, and also to increase the happiness one causes for oneself and others. These objectives are consistent with the broad concerns of psychotherapy regarding adjustment and coping (MacHovec, 1984). Carmody and Carmody (1996) described Buddhism as being "cool and impersonal" (p. 56). The development of an altruistic attitude is, however, emphasised in all schools of Buddhism. See, for example, Lopez and Rockefeller (1987) and Gyatso (1987) for details on altruistic training in the Theravada and Mahayana schools respectively, outlining the training of the bodhisatta (roughly, altruistic enlightenment seeker, in Sanskrit bodhisattva).

To illustrate, in Buddhism various formal practices, as well as instructions from individual teachers, are used to inspire the student toward a psychological attitude of cherishing and benefiting others. Some of these practices are techniques common to both Buddhism and psychotherapy, such as the use of affirmations. Other practices are unique to Buddhism, such as the meditation practice known in Tibetan as *tonglen (sending and*

taking). Pema Chodron (1991) described tonglen practice as the psychological exchange of self for others. The act of *sending* is the development of a heartfelt wish for others to be well and happy. In a subjective sense, *taking* involves alleviating others of their suffering by earnestly wishing to relieve, or take on, their sickness and unhappiness. Walley (1990) suggested that the gestalt practice of using imagery for a reversal of perspective in order to explore another's point of view resembles tonglen.

Parallels also exist between Eastern notions of spiritual maturity and service, and Western theories such as Adler's social interest (Sakin-Wolf, 2003; Walsh, 1995), Erikson's generativity, Maslow's self-actualisation (Walsh, 1995) and Sorokin's creative altruism (Walsh, 1988). Nelson-Jones' (2004) book *Cognitive Humanistic Therapy: Buddhism, Christianity and Being Fully Human*, for example, explores ways for therapists to support their clients to develop qualities such as gratitude, generosity, and service to others.

Since the 1970s, psychologists have explored whether, and how, meditation enhances empathy, altruism, and compassion (e.g., Kristeller & Johnson, 2005). The meditation-enhanced empathy training technique is based on Buddhist principles for use with clients, but also has potential use with therapists (Sweet & Johnson, 1990). Counselling training for micro skills such as empathy and reflective listening is all directed toward creating the type of positive environment in which a client experiences, and responds to, the therapist's altruistic concern.

The Therapeutic Relationship

The relationship between therapist and client is a crucial element in the therapeutic process (Polite & Bourg, 1992). Relationship variables consistently emerge as the major predictor of therapy outcomes (Sexton & Whiston, 1994). Rogers' (1957) qualities of empathy, congruence, and unconditional positive regard for successful

therapy outcomes remain nearly universal foundations of practice (Andersen, 2005). They are conceptually related to the components of what is termed the *therapeutic alliance* (Horvath & Luborsky, 1993). Lovlie (1982), and many others, have repeatedly concluded that the person of the therapist is the critical element in the relationship. As Buddhist and psychotherapist Dass (1970) stated, "the only thing you have to offer to another human being, ever, is your own state of being" (p. 96).

Bion (1970) advised psychotherapists to guard against taking refuge in therapy processes and meeting client expectations. It may be facilitative for the client to place the therapist in the role of expert (Frank, 1973a), however, therapists who adopt such roles
for themselves may find it a hindrance. Shainberg (1983) proposed that a great deal of energy can be expended by therapists in relation to maintaining separateness from their clients. Therapists can divide themselves into private persons and psychotherapists, and the clients into diagnoses and symptoms. Similarly, the therapy process can be separated into particular therapy approaches and strategies. According to Shainberg, such fragmentation starts to take up a great deal of the available therapeutic space. Learning to be open, in much the same way as a meditation student is taught to be open, can allow the psychotherapist to *be* with the client, rather than *being a psychotherapist* with the client (Lesh, 1970).

Supervision

In Buddhist terms, when knowledge is passed in a linear fashion from teachers to students, who in turn become teachers and pass the "same" knowledge to their students and so forth, this process is known as a lineage. A parallel can be made in psychotherapy supervision when supervisees become supervisors and their supervisees in turn become supervisors, and so on. Adherents of all Buddhist schools agree on the necessity of a teacher, sometimes called a guru or a master. One way of understanding the stages of the

student-teacher relationship is as a movement from reliance on the teacher based on inadequacy, to an intimate partnership, then to the student's self-reliance gained from an internalised understanding of the teachings (Trungpa, 1976). These stages are reflected in the progress of good therapy supervision, as it understood by those who take a developmental perspective (e.g., Skovholt & Rønnestad, 1992a).

The benefits of committing to one Buddhist teacher or tradition are emphasised across the various schools (Chodron, 1991). As Kornfield (1993) described it, one can dig many shallow wells, or one deep well. In the same way, Kawai (1996) proposed that therapists can benefit by committing to a particular school of therapy as their basic frame
of reference. For some Buddhists, according to Pema Chodron (1991), being immersed in a particular school of Buddhism can lead to a profound appreciation of different spiritual paths, resulting in a perception of universal, or shared truths. For example, for psychotherapist T. Bien (see Bien & Bien, 2002), who became interested in Buddhism after finishing his theology degree, his experience was "it seemed to me that those who practiced any form of spirituality in depth were pointing to the same underlying reality" (p. 3). According to S. C. Chang and Dong-Shick (2005), Buddhist philosophy facilitates the discovery of shared truths in religions because it is "a teaching of life: how to relate to others, how to conduct one's self, and how to be" (p. 163).

Both Buddhism and psychotherapy use the mirror as a metaphor for the ideal teacher and therapist, notwithstanding some differences (Rosenbaum, 2003). Many Western psychotherapists would find affinity with the Buddhist statement that a good mirror "accurately reflects our true nature - which we cannot usually appreciate through our own distorted self-concepts" (Das, 1998, p. 114). See Haglund (1996) for an exploration of the mirror metaphor in psychotherapy. Therapists such as Fleming (1967) have noted that within psychotherapy the supervisor can only point the way for the

student. Buddhism takes the same position with regard to master and student. As McGuire (1980) explained, "the master does not teach truth but becomes the occasion for the discovery of truth" (p. 593).

Based on a review of the supervision literature, Carifio and Hess (1987) concluded that the ideal supervisor is empathic, respectful, genuine, concrete, supportive, noncritical, and self-disclosing. Self-disclosure aside, a comparison can be made with the four methods the Buddha suggested for cultivating students' practice, which are: "generosity, sweet words, having a common purpose, and helpful activity" (Tarthang, 2002, p. 142).

Self-disclosure in supervision is subjective, and what constitutes a reasonable topic for discussion by one person may be considered inappropriate by another person (Heru, Strong, Price, & Recupero, 2004). The evaluative nature of supervision (Goodyear & Bernard, 1998) is an important factor in supervisees' willingness to be disclosing. Other factors that influence supervisee disclosure include impression management, perceptions of their alliance with supervisors, perceptions of their supervisors' competence, deference (Ladany, Hill, Corbett, & Nutt, 1996), and supervisor self-disclosure (Adair, 2001). Likewise in therapy, self-disclosure is an issue of concern to therapists, as discussed in the following section on ethics.

The Fourth Noble Truth of the Eightfold Path Leading to the Cessation of Suffering

Traditionally, the noble eightfold path is divided into the three streams of ethics (sīla), meditation (bhāvanā), and wisdom (paññā). These three branches are each considered here in the context of psychotherapy as follows. First, I explore ethics in relation to ethics and values, authenticity and philosophies of life, and self-disclosure of spiritual influences. Second, I discuss Buddhist forms of meditation and mindfulness, their application to therapists and clients, and research. Finally, in the section concerning

wisdom, I consider Buddhist ways of knowing, perceived limitations in Western psychotherapy, and the place where psychotherapy ends and Buddhism begins.

Ethics

Ethics and values. Daisetz Suzuki (1972/1991) proposed that “morality and intellection walk arm in arm” (p. 13), and such is the case with Buddhist philosophy. Within Buddhism, an ethical foundation supports mind development while promoting positive active engagement with the world. On the Buddhist viewpoint of morality, the law of cause and effect cannot be put aside. As Croake and Rusk (1974) noted, “in Buddhism one is punished by one’s sins, not for them” (p. 225). Buddhist ethics are not based on convention (Rawlinson, 1996). As Narada Maha Thera (1933/1975) explained, Buddhist morality (sīla) is “a means to an end, but not an end in itself” (p. 17). Such explanations are best appreciated in the context of Saddhatissa’s (1970) statement, that enlightenment is beyond good and evil. Even so, an enlightened mind exhibits “a natural and spontaneous virtue” (Diskul, 1977, p. 17).

From the Buddhist viewpoint, the three major streams of Buddhist training: morality, concentration, and wisdom are interdependent (Goleman, 1975). Because of this perspective, moral precepts have traditionally been viewed as essential preliminaries to Buddhist practice (Saddhatissa, 1970). Goleman (1980a) explained the justification as follows: “Purity is the psychological base for concentration. The essence of concentration is nondistractedness; purification is the systematic pruning away of sources
of distraction” (p. 142).

Depending upon their individual traditions, ordained Buddhist monks and nuns undertake a commitment to observe hundreds of rules of conduct governing every aspect of their lives. Ajahn Chah (1982) explained that the value of such rules lies not in the development of moral purity, but rather in the necessity for the development of vigilant

mindfulness (a Buddhist tool of enlightenment explained in a later section) as the monitor
of mental and bodily conduct. This position is underpinned by the reasoning that absolute observance of all the rules is unachievable in any case. Lay Buddhists may also choose to adopt, for life, or even for one day, the five precepts (pãnca- sīla) that constitute the
most basic form of Buddhist ethics (Tachibana, 1926/1975). Students undertake to refrain from the following: (a) killing, (b) taking what is not given, (c) sexual misconduct, (d) false speech, and (e) intoxication (Khema, 1987). From the Buddhist context, the precepts are viewed not so much as limits on behaviour but, rather, as guardians of wholesome conduct (good kamma) that results in happiness, at the same time preventing unwholesome conduct (bad kamma) that leads to suffering.

The question of interest concerning values and psychology is *how* values influence, not whether they do (Howard, 1985). Both the academic and practical aspects of psychotherapy training emphasise ethical standards. For example, Vasquez (1992) noted that the promotion of ethical practice underscores all of the tasks of the psychotherapy supervisor. Doherty (1995) suggested that contemporary therapists are often moral consultants as well as psychosocial consultants (see also Chazan, 1997). Doherty argued that because morality is socially constructed, and therefore a negotiated process, psychotherapists cannot help but be part of that process. Doherty proposed a range of statements concerning moral responsibility that therapists can use or build upon, such as: *Ask questions about clients' perceptions of the consequences of their actions on others* (p. 43). Such questioning is consistent with the Buddhist method of analysis, in which the vested interests and prejudices of the ego in relation to a problem or situation
are identified and acknowledged as part of the search for the most universally beneficial outcome.

Authenticity and philosophies of life. Fleming and Benedek (1983) noted that in 1935 Balint first put forward the idea that therapy was an interaction between therapist and client, and the character of the therapist was therefore an essential element of therapy. Since that time, the importance of the person of the therapist and their role in a *genuine encounter* has been increasingly acknowledged (e.g., Bugental, 1964). In recognition of this importance, Muslin and Val (1987) suggested the work therapists do on themselves may be the hardest task of being a psychotherapist.

Jourard (1971) defined mental health as "the outcome of a way of living," and he distinguished between an authentic and an inauthentic existence in achieving consequences of value. Although authenticity is emphasised in certain Western approaches, particularly existentialism, it may be an unstated goal in others. For explorations of authenticity, including within different psychotherapy approaches, see Miars (2002), Rubinstein (1994), and Thompson (2005). Buddhist practice has been described as a path to overcome inauthenticity (Batchelor, 1983). From Jourard's (1971) perspective, one of the characteristics of the person living an authentic existence is a knowledge of the values they live by and an unwillingness to compromise them to please others. If a therapist is to assist clients to appreciate and live an authentic existence, then their tasks may include not only exploring a client's values and their ethical implications, but also at times challenging those values. The humanistic existential psychoanalyst

Fromm (1959) noted of therapy and Zen Buddhism that they both require some sort of ethical transformation, even though their goals transcend ethics. The transformation required to discover authenticity in therapy, as in Buddhism, includes the person's unique development of moral maturity. One of the processes within that development is the

value that guided Allport's (1950/1973) writing: "The right of each individual to work

out his own philosophy of life" (p. xii). The Buddhist principle that each person must

find

their own truth resolves the issues in a manner similar to the logotherapy tenet of the will
to meaning: that therapists affirm the client's search for meaning, but not define what that meaning might be (Frankl, 1969).

Self-disclosure of spiritual influences. Like all psychotherapists, those individuals interested in drawing upon Buddhism in therapy face ethical considerations with regard
to self-disclosure. See Farber (2006) for a recent overview of the historical, clinical, and research perspectives relating to self-disclosure in the broader context, and Chesner and Baumeister (1985) and Tillman (1998) regarding disclosure of religious beliefs. The perceived potential for clients to convert to their psychotherapist's values, especially moral, political, and religious values, has traditionally made therapist disclosure of spiritual affiliation contentious (Tjeltveit, 1986). Understandably, even if the therapist and client hold similar spiritual beliefs, the literature does not support a guaranteed positive psychotherapy experience for the client (Worthington, 1988). Many factors have contributed to therapists' traditional reluctance to acknowledge a place for spiritual issues in therapy (Brammer & Shostrom, 1968). A great deal of therapy, moreover, takes place without any need for reference to spiritual issues. In those therapy instances in which an exploration of the values supporting a philosophy of life takes place, discussions can lead to metaphysical questions, which in turn invite religious and spiritual explorations. Therapists in such situations can find themselves at a point at which it is possible for them to acknowledge the spiritual philosophies that inform their own
thinking.

Therapists drawing upon Buddhism in therapy have to consider the potential advantages and disadvantages to clients of disclosing its influence on their perspectives

as therapists, and on the therapeutic techniques and strategies they employ. What is clear from the literature is that the majority of therapists who are bringing a Buddhist

perspective to therapy do not consider themselves to be teachers of Buddhism (in the therapy context) any more than they see Buddhist teachers as teachers of therapy (Coltart, 1993). Kabat-Zinn (1998), for instance, explained that he advises people "I teach Buddhist meditation – then I put in parenthesis 'without the Buddhism'" (p. 481).

Some therapists may prefer not to disclose that Buddhism influences the way they approach therapy. Even so, such values may be expressed indirectly in therapy (Grimm, 1994). One of the 20 themes of therapist development Skovholt and Rønnestad (1992b) identified in an in-depth study with 100 participants was: "conceptual system and role,

and working style become increasingly congruent with one's personality and cognitive schema. In time the individual gradually sheds elements of the professional role that are incongruent with the self" (p. 510). As Dawson (2003) stated, "the more I practise as a psychologist and a Zen teacher, the more they impact on each other and integrate" (p. 9). Even if therapists find it unnecessary to disclose Buddhist sources, clients may be familiar enough with the ideas being introduced to acknowledge them themselves. Walley (1996), for example, after introducing a mindfulness-based activity that he termed a *self-*

awareness exercise, recalled one of his clients noting "this reminds me of Buddhist meditation" (p. 212).

Meditation

Buddhist forms of meditation. The primary method of Buddhist practice is sitting meditation. The precise origins of meditation are unknown, but Indian carvings dating back 4000 years illustrate people sitting in meditative postures (Walsh, 1992). From the Buddhist perspective, meditation (bhāvanā, or mind development) provides an opportunity to see things as they really are, and how we react to them, without pushing anything away (Chodron, 1991). Moreover, Buddhists consider that the awareness developing out of the practice of meditation allows them to live more fully.

Buddhism provides instructions for the contemplation of 101 subjects of meditation as varied as equanimity and the inevitability of death (Goleman, 1995). Nevertheless, according to Thai meditation master Ajahn Jamnien (1980), "the last steps are the same as the first steps. There are no secret teachings, it is all the same, to observe whatever comes into the mind" (p. 9). It is important to distinguish between the two primary Buddhist meditation techniques: the development of tranquillity (samatha-bhāvanā, i.e., concentration) and the development of insight (vipassanā-bhāvanā, i.e., wisdom) from other meditation forms that have traditionally been more commonly applied in therapy, such as relaxation meditation. Buddhist teachings clearly distinguish between the two types of meditation. EEG recordings by Dunn, Hartigan, and Mikulas (1999) showed differences between both types of meditation across all traditional frequency bandwidths, and differences between both meditation types and an eyes-closed relaxed baseline. Neither the tranquillity method nor the insight method involve suppressing or blocking out thoughts, as is often misinterpreted by beginner meditators (Hanh, 1992). As Keefe (1975) noted, "[Buddhist] meditation is not a trance. Awareness is sharpened" (p. 486).

In the development of tranquillity meditation (samatha-bhāvanā), a peaceful, undefiled state of mind is generated through concentration that is usually fixed upon a single object. Once the mind settles, the stages of one-pointedness (samādhi) and absorption (jhāna) occur in tandem with sensory withdrawal and increased tranquillity. Goleman (1976) noted that the bliss which often accompanies the concentration method should be viewed as incidental, because it makes no direct contribution to the development of the mind.

In contrast to the concentration method, the task of insight meditation (vipassanā-bhāvanā) is to observe phenomena (mental, physical, and external) as they

occur. From the Buddhist viewpoint, such observation leads to intuitive insight or knowledge (ñāna) regarding the nature of phenomena, including the unsatisfactory, impermanent, and nonsubstantial quality of the self (Engler, 1983; Goleman, 1976). Most schools of Buddhism incorporate both concentration and insight meditation techniques in some way. For example, in the Mahamudra doctrine of the Kagyupa order of Tibetan Buddhism, concentration and insight meditation are practised and mastered separately,
and then brought together as one (Namgyal, 1986). As Lama Tsong Khapa (1357-1419) explained, insight meditation is to be "mounted on the horse" of concentration meditation (in Thurman, 1982, p. 177).

Mindfulness. In Buddhism, *mindfulness* (*satipatthāna*; also known as meditative awareness, meditative attention, or bare attention), is the technique applied in insight (vipassana) meditation. People sometimes use the terms mindfulness and meditation interchangeably. For example, some people might describe their practice as mindfulness meditation. A simple way to distinguish the two for the purpose of this review is to view meditation as a much broader concept that can include mindfulness, but can also incorporate other features such as altered states of consciousness, and absorption within them, or contemplation (Craven, 1989).

Experientially, Buddhist mindfulness is the observation of the four objects that are: (a) body, (b) feeling, (c) consciousness, and (d) mental objects (Soma, 1975), while at the same time letting go of, rather than following, one's usual mental commentary (Khong, 2003). Mindfulness can also be understood as the repeated action of bringing the mind back into the present moment each time it is inevitably drawn into evaluations of the present, or thoughts about the past or the future. Various labelling techniques can be applied to assist in maintaining mindfulness, such as to note "hearing only." Counting breaths is an example of another helpful strategy. *Mindfulness of breathing* (*ānāpāna-*

sati) can also constitute a complete meditation practice (see Buddhadasa, 1980). Regardless of the object of observation, as mindfulness increases the endless flux from within and without can be perceived more accurately and dispassionately. In time, the biases of attraction and aversion subside, the mind stops reacting to phenomena and becomes undisturbed in observing each moment. At this point one can experience the awareness behind ideas, feelings, and images that Deikman (1979) described as "the ground of our conscious life, the background or field in which these elements exist" (p. 45). Unlike advanced meditation practitioners, who can maintain mindfulness for extended periods of time, most students have only short periods of the clarity of what Buddhists call being in the present moment. Beginning meditators usually find it extremely difficult to sustain mindfulness for even a minute or so at a time. Valentine and Sweet (1999), for example, found that, as predicted, long-term meditators were superior
to short-term meditators in a test of sustained attention, and both groups showed superior performance to a control group. The *Satipatthāna Sutta (Discourse on the Arousing of Mindfulness*) details meditation techniques and suitable subjects and objects of contemplation for the attainment of mindfulness leading to enlightenment (Soma, 1975). Venerable Phra Maha Vichitr Tissadatto (1975) outlined the benefits of such practice, including equanimity, knowledge, and, most importantly, insight.

There is some correspondence between the Buddhist concept of mindfulness and concepts within Western psychology. The most remarked upon is the similarities with the Freudian idea of *evenly suspended awareness* to enhance the therapeutic presence of therapists (e.g., M. Epstein, 1988b). Keefe (1975) noted other examples, including aspects of Maslow's *being cognition*, Jourard's *transcendent perception*, Rich's *inner directed attention*, and concepts within various existential approaches. Likewise, mindfulness resonates with the gestalt principles of self-awareness and the here-and-now

focus (Kirchner, 2000). See also D. H. Shapiro and Zifferblatt (1976) for a discussion of awareness in the context of social learning theory for clients. Commentators including Speeth (1982), M. Epstein (1984) and Coltart (1993) criticised the absence of psychotherapeutic attention training for therapists. Therapists such as La Torre (2002) consider mindfulness training can develop the mindful awareness ideal for enhancing therapeutic presence.

The development and reinforcement of client self-awareness is considered desirable across most Western psychological approaches, for example, in Adler's *knowing stage* (Stein & Edwards, 1998). Somatic awareness, also, can be of great clinical benefit. See Bakal (2001) for a recent overview. The attention of clients who exhibit obsessive and compulsive symptoms is often characterised as being vigilant, narrow, and sharp (Schachtel, 1969). These qualities are not the same as the Buddhist mindfulness, or bare attention, which is concentrated yet relaxed, and focused while also yielding. Although mindfulness is a learned skill that has great practical value because it can be applied to any life situation, for Buddhist practice it must be applied in tandem with the other activities of the noble eightfold path (Soma, 1975).

Meditation and mindfulness for psychotherapists. Psychotherapist Fleischman (1995) outlined his many reasons for practicing meditation each day as including: to know himself, to appreciate daily life, and to find mental freedom. The importance of meditation, and in particular mindfulness, for psychotherapists is gaining increasing attention in both literature and research (e.g., Aiken, 2006; N. L. Alexander, 1997; Condon, 2006; Dreifuss, 1990; R. M. Epstein, 1999; Fredenberg, 2002; Hollomon, 2000; Marion, 1998).

Possible applications of mindfulness for therapists identified by early reviewers of meditation research Fritz and Mierzwa (1983) were to prepare for therapy, and relax

after therapy, but the greatest emphasis was placed on the benefits of moment-to-moment awareness during therapy. More recently, Robins (2002) suggested the benefits of mindfulness practice for therapists to be: (a) helping to maintain direction in extended therapy, (b) increasing their ability to observe and describe clients in a non-judgemental way, (c) staying on task, (d) regulating their emotional responses, (e) being less judgemental about their own competence, and (f) developing a non-attached stance. Except for maintaining direction in therapy, the other benefits of mindfulness practice are noted consistently in the above reports of contemporary therapists who undertake it.

Meditation and mindfulness may have also benefits for therapists beyond their well-being and therapeutic presence. Chogyam Trungpa (1983b) explained that understanding the dynamics of one's own mind through meditation leads to realisations about how individuals develop their own minds, and how minds interact. Therapists who are experienced meditators may also be able to tailor meditation practices for the unique needs of clients. For example, Urbanowski and J. J. Miller (1996) presented case examples where meditation techniques were individualised and used in therapy to uncover what the authors described as repressed and suppressed memories and emotions in clients who had experienced trauma.

In recent times, researchers have become interested in the possibility of using mindfulness training to alleviate work stress in health professionals, with mixed results. See for example the research and discussion by S. L. Shapiro, Astin, Bishop, and Cordova (2005) of outcomes for health care professionals of the mindfulness-based stress reduction (MBSR) program. There is, however, an essential difference between therapists who undertake an 8-week MBSR program, for example, and therapists who have a mindfulness practice integrated in their lives. The latter are far more experienced,

but also, their mindfulness activities are likely to be part of a much broader set of Buddhist beliefs and practices that feed into and support their mindfulness development.

Meditation and mindfulness for clients. Western psychologists have explored ways of applying Eastern meditation practices to therapy since the 1960s (Morgan, 2001), often for relaxation purposes. Developing awareness is the other primary application of meditation for therapy (Wortz, 1982). Almost 50 years ago, Japanese psychoanalyst Kondo (1958) described the process his clients underwent in sitting meditation as frustration leading to an inevitable inward focus. From Kondo's perspective, the benefits for clients included increased concentration and willingness to work with issues in therapy. Later, Carpenter (1977) characterised the three therapeutic gains possible from meditation as insight into repetitive, self-defeating patterns of behaviour, increased ability to tolerate painful thoughts, and the physical benefits of arousal reduction. Carrington (1987) noted the clinical situations for which meditation may be useful include the reduction of tension-anxiety, stress, irritability, self-blame, drug use, and a corresponding increase in productivity, mood, release of emotions, and sense
of identity.

According to Wellings and McCormick (2000), the beneficial processes within meditation occur spontaneously. By sitting and fully (but lightly) experiencing emotions, sensations, and thoughts, neither repressing them or acting them out, they "automatically move on or self-release" (p. 7). See Delmonte (1990) for a discussion of the mechanisms of therapeutic change arising out of meditation from different psychological approaches.

In particular, the interest in applying mindfulness techniques for therapy has grown to the extent that Hirst (2003) proposed "a science of mindfulness is evolving" (p. 359). Mindfulness based on Buddhist principles is applied in psychotherapy as a technique for "increasing awareness and responding skillfully to mental processes that

contribute to emotional distress and maladaptive behaviour" (Bishop et al., 2004, p. 230). For example, mindfulness can develop the ability to be less reactive, and therefore more thoughtful, about how one responds to what is happening in the moment (Germer, Siegel, & Fulton, 2005).

Deatherage (1975) described the clinical benefits to his clients doing mindfulness meditation in short-term therapy. After sitting quietly and observing their breathing for several minutes, clients began to note their mental activity and bodily feelings. Eventually, clients noted one part of their minds observing the activities, which Deatherage referred to as the *watcher self*. With practice, clients applied the watcher self to understanding the nature of feelings as merely arising and passing away. They then noted the causes of their behaviours, insofar as intention arises prior to verbal or physical actions.

Mindfulness programs can be undertaken as an adjunct to psychotherapy (Kutz et al., 1985) or as a single intervention: or the techniques can be incorporated into the therapy session. Formal intervention programs based upon Buddhist mindfulness techniques have successfully addressed stress, chronic pain and illness, and psychological problems such as fear, panic, and anxiety (e.g., Kabat-Zinn, Lipworth, & Burney, 1985; Kabat-Zinn, 1990). See, for example, the book *Mindfulness and Psychotherapy*
(Germer, Siegel, & Fulton, 2005), and the book chapter *Mindfulness and Medicine* (Salzberg & Kabat-Zinn, 1997) regarding the clinical applications of mindfulness.

The mindfulness-based stress reduction (MBSR) program is the earliest example of applying mindfulness in clinical settings. Results of a meta-analysis of MBSR supported positive benefits for both clinical and non-clinical problems across a range of individuals (Grossman, Niemann, Schmidt, & Walach, 2004). There are now over 240 health-related settings in the United States and internationally in which the mindfulness-

based stress reduction (MBSR) principles are applied (Centre for Mindfulness in Medicine, Health Care, and Society, 2004). Mindfulness-based cognitive therapy (MBCT) for depression draws upon aspects of cognitive-behaviour therapy as well as mindfulness techniques (Segal, Williams, Mark, & Teasdale, 2002). In a qualitative study of MBCT (O. Mason & Hargreaves, 2001), participants found the technique helpful in interrupting depressive thinking, providing alternative perspectives on subjective experiences, and presenting options in the way they could choose to respond to their experiences. Mindfulness-based reality therapy for application in anger management is an example of a cognitive-based therapy that incorporates mindfulness principles to develop awareness, acceptance, and responsibility (Pierce, 2003). In another area, and as its name suggests, mindfulness-based relationship enhancement is an intervention designed for couples (Carson, Carson, Gil, & Baucom, 2004).

Among psychotherapists there is a range of perspectives about teaching meditation to clients. Some therapists recommend against teaching clients formal meditation techniques. Watson (2002), for example, cautioned of the potential for role confusion about the therapist as meditation teacher, but she nevertheless supported clients to develop *mindfulness in action*. In contrast, Bogart (1991) supported introducing meditation in therapy only in those cases where it could clearly support the progress towards therapeutic goals. For instance, he recommended meditation in cases when cognitive and behavioural change was desired, but not when the aim was a strengthening of ego boundaries. In some instances meditation is integral to therapy (e.g., Kabat-Zinn, Lipworth, & Burney, 1985; Pierce, 2003). Other therapists have taught mindfulness to clients less formally, by talking to them in ways that bring them into the present and help them to develop moment-to-moment awareness of their thoughts, emotions and physical feelings (e.g., Wegela, 1996).

Mindfulness now has a solid research basis in support of its efficacy across a range of psychological problems and physical symptoms. Nevertheless, some aspects of applying mindfulness to psychotherapy remain unexplored. For example, it is yet to be established whether mindfulness is compatible with pharmacotherapy (Melbourne Academic Mindfulness Interest Group, 2006). Potential benefits to clients notwithstanding, before attempting to teach mindfulness meditation to clients, most therapist authors and researchers (e.g., Deatherage, 1975; Dimidjian & Linehan, 2003; Kretschmer, 1962; Robins, 2002) recommend that therapists gain an experiential understanding of applying the technique to themselves. According to Krasner (2004), for example, a feature of mindfulness-based stress reduction is “the embodiment by the teacher of the intervention” (p. 209).

Issues in meditation and mindfulness research. Western scientists have been interested in researching the effects of meditation since Miles and Behanan (1934) identified three unusual breathing patterns associated with yogic meditation as shallow respiration, repeated use of full vital capacity, and sustained breath holding. Later, Brosse and Laubry (1936) reported electrocardiogram measurements of physiological responses of yogi meditators in India. They recorded voluntary changes in respiration and intense muscular tension, and noted features of mental concentration including suppression of identification between self and object. Subsequently, Bagchi and Wenger (1957) transported generators and equipment into Himalayan caves in the 1950s and recorded changes in electroencephalograms, heart rate, respiration, and skin potentials during yogic meditation. Their work was later extended to Buddhist meditators by researchers including Hirai (1989), who recorded a range of psychophysiological changes with Zen priests, and with clients in treatment for anxiety that included the Zen preliminary meditation of counting breaths (sūsokukan). Hirai’s book *Zen Meditation*

and Psychotherapy provides details, including his account of the positive outcomes of Zen meditation for clients.

The findings of Buddhist meditation research are often also the findings of mindfulness research, because mindfulness is often the tool applied in Buddhist meditation. The relevance of mindfulness to Western psychology has led researchers to develop instruments to measure the construct psychometrically in recent years. Many instruments are concerned with measuring either awareness or acceptance, whereas mindfulness based on Buddhist principles incorporates both activities (Bishop et al., 2004). Such qualities are reflective of the openness and awareness that Wilkinson and Auld (1975), suggested facilitate clients' explorations of their experiences in therapy. For the most part, published works relating to the instruments have focused on testing their psychometric properties, and evidence for their clinical usefulness remains to be established. See, for example, factor analyses of three mindfulness scales by Baer, G. T. Smith, Hopkins, Krietemeyer, and Toney (2006).

Contemporary reviews, such as the one based on 75 sources by Perez-De-Albeniz and Holmes (2000), have shown that although meditation may be contraindicated for
some people, and may have unwanted effects even in long-term meditators, in general it has both short- and long-term benefits, particularly calm self-control and the relaxation response. See Benson, Beary, and Carol (1974) for an overview of the relaxation response, and for recent commentaries on the psychophysiological effects of Buddhist meditation, see Murphy and Donovan (1997) and Austin (1999).

Although earlier studies raised concerns regarding the unsuitability of meditation for some clients (e.g., Delmonte & Kenny, 1985), recent research by Chadwick, Newman, and Abba (2005) produced encouraging results with mindfulness meditation for 11 clients with active psychosis. Baer (2003) reviewed mindfulness training as a

clinical intervention in 22 studies and concluded that it could reduce mental health problems and increase psychological functioning. Nevertheless, reviewers are often critical of many aspects of meditation and mindfulness research, including in Baer's case, sample sizes and lack of control groups, and so review outcomes are always presented
with caution.

In response to the many research challenges, West (1987;1996) recommended longitudinal studies so that more subtle changes in individuals could be explored, in addition to factors such as social support. Researchers were also challenged to develop methods beyond questionnaires, interviews, and physiological effects, on the basis that the effects of meditation may be evident in areas as varied as pro-social behaviour and creativity. To date, such suggestions appear to have been ignored. Recently, Caspi and Burleson (2005) recommended mixed design research so that quantitative indicators could be enriched by qualitative explorations of participants' subjective experiences. Although qualitative research in this area is becoming more common, mixed design research is rare.

In summary, meditation and mindfulness show consistent beneficial outcomes for clients. Nevertheless, more follow-up and long-term evaluations to assess the stability of outcomes for clients are warranted. Both personal authorships and qualitative research
with Buddhist therapists attest to the robust positive benefits of Buddhist meditation and mindfulness for therapists in the context of personal practice (e.g., Fleischman, 1995; Fredenberg, 2002). Further research into the effects of meditation and mindfulness for therapists who have no former meditation experience is needed.

Wisdom

Ways of knowing. A basic principle of Buddhism states that students should rely on the teachings (dhamma) and their understandings of them, rather than the historical

Buddha. Personal reasoning, in addition to what one has seen, known, and understood, is considered the superior source of wisdom (paññā) beyond any external authority (Lamotte, 1988). The *Kalama Sutta (Buddha's Charter of Free Inquiry*) details the principles of independent thinking necessary in Buddhism (Soma, 1963). The Buddhist philosophical position is that understanding must come from direct knowledge and experience rather than only being based on a theoretical understanding (Lamotte, 1988). For the student of Buddhism, intellectual understanding and meditation are said to feed into each other in a positive way, where intellectual understanding leads to meditation through a curiosity about one's mental phenomena, and meditation leads to intellectual understanding through a curiosity about what one actually experiences (Trungpa, 1983b).

Chogyam Trungpa (1983b) stated that psychologists interested in Buddhist principles do not need to become Buddhists. He did, however, insist they do need to practice meditation and study Buddhist philosophy to prevent them only interpreting Buddhism through their Western concepts, or, as Muramoto (1985) cautioned, through their Christian concepts. Perhaps more pointedly, as Khong (2004) noted, familiarity with Buddhist teachings and techniques helps the therapist to know *when* to introduce them, as well as knowing *how* to do so.

Just as it is necessary for students of Buddhism to find the truth of the teachings based on their own experimentations and experience, and then reorient their perspectives in accordance with their understandings, from a Buddhist viewpoint, psychotherapy would ideally inspire clients to undertake the same process. In this way, clients could eventually become their own therapists, as recommended by Lama Yeshe (2003). For, as M. P. Hall (1979) pointed out, "no one can be better adjusted than his concept of life permits" (p. 48).

Together, impermanence (anicca), unsatisfactoriness (dukkha), and egolessness (anattā) are known in Buddhism as the *three characteristics of existence* (*ti-lakkhana*), and their contemplation and investigation in daily life forms the basis from which students of Buddhism change their ways of knowing. Ponce (1982) argued that clients' assumptions and beliefs about themselves and the world have to undergo a paradigm shift in order for them to move beyond their current suboptimal situations: therefore, they have to change their ways of knowing. The core beliefs and assumptions that inform clients' behaviours can be understood as assumptions about the nature of the world (umwelt), assumptions about how one should relate to the world (mitwelt), and assumptions about the nature of self (eigenwelt). Ponce suggested that the three Buddhist marks of existence (impermanence, unsatisfactoriness, and egolessness) can provide a new paradigm for clients' assumptions. In the first (umwelt), the nature of the world is now seen as impermanent (anicca). The futility of being attached, based on an understanding of the inevitability of unsatisfactoriness (dukkha), becomes the new way of relating to the world (mitwelt). The idea of a permanent self can no longer be supported (anattā) on the basis that all things are changing and are therefore not to be grasped at. So the third assumption about the nature of self (eigenwelt) is relaxed.

In order to bring about such a shift in perspective, however, from the Buddhist viewpoint one would have to start at the point of becoming conscious of, and thoughtful about, one's experience, and how one views and relates to the world. Thus, one would have to develop self-understanding, and from the Buddhist perspective, such understanding would begin with self-awareness. Likewise in psychotherapy, self-understanding can develop through connecting with experience and increasing self-awareness (e.g., Hoffart, Versland, & Sexton, 2002). Therefore, the Buddhist pathways

of self-awareness and self-understanding to different ways of knowing, or wisdom, appear to be in complete harmony with psychotherapeutic objectives.

Perceived limitations in Western psychology. Some of the interest in the merging of Buddhism and psychotherapy is due to limitations identified in Western psychology that Buddhism can potentially address. In Welwood's (1979;1992) view, Western psychology has had too great a focus on teaching knowledge and information, and has failed to transform the data collected about human behaviour into something of true value to our everyday lives. The imbalance in Western psychology, according to Walsh and Vaughan (1993), is that there are many techniques developed to reduce negative emotions, in contrast to the lack of methods for increasing positive emotions. The traditional focus on negative mental states in Western psychology (Barinaga, 2003) would account for the relative lack of emphasis on positive states in the past. More recently, however, psychologists have been turning their attention to positive psychology and the development of positive mental states (Seligman, Steen, Park, & Peterson,
2005). For example, the *Journal of Happiness Studies* (Veenhoven, Diener, & Michalos, 2000) is dedicated to the study of subjective well-being and appreciation of life.

Where does psychotherapy end and Buddhism begin? In reality, the divisions between where psychotherapy ends and Buddhism begins are not always distinct, because both systems are concerned with optimum psychological development and functioning. Perhaps it does not matter. Eclecticism in psychotherapy (drawing on techniques from different approaches) started to become common in the 1960s (Wildman
& Wildman, 1967). In the 1990s, the integration movement in psychology (combining the theories and techniques from one traditional approach, such as psychoanalysis, with a second traditional or non-traditional approach, such as feminism) emerged (Garfield,

1994). It may be useful to be able to neatly separate Buddhist influences from therapy for

scholarly purposes. Distinguishing in such a way is easier if Buddhist techniques and concepts are drawn on in an eclectic approach. In contrast, successful integration of Buddhism with psychotherapy may make identifying the distinctions much more difficult.

Tarthang Tulku (2002) expressed concern that the Western interest in Buddhism, as it relates to psychotherapy, was not taking the teachings to their full potential in mind development. Many commentators (e.g., Tart & Deikman, 1991) have noted, however, that the goals of Buddhism go beyond the goals of psychotherapy, even though both seek to increase realism, (although, the goals of transpersonal psychology, e.g., Kasprow and Scotton, 1999, might be similar). Herein, however, lies the difference between drawing on Buddhist ideas and techniques in therapy and bringing *Buddhism* into therapy, because the practice of Buddhism involves the application of the noble eightfold path, otherwise it is not Buddhism.

The Current Research

Background to the Current Research

There are indications that Buddhism is becoming increasingly popular in Australia, and that the integration of Buddhism and psychotherapy is of emerging interest. According to the 2001 Australian Census statistics (Australian Bureau of Statistics, 2004), although Buddhists make up less than 2% of the total population, Buddhism recorded the highest proportional increase of any affiliation (79%) since the previous census. The number of Buddhist organisations within Australia has increased rapidly over the past few decades. In 1995 there were 167 Buddhist organisations in Australia (Adam & Hughes, 1996). By 1998, the number of Buddhist organisations had almost doubled to 308 (Spuler, 2000). Resettlement may account for most of the growth in the number of Buddhists and Buddhist organisations, but not all of it. There are also indications that the interest in merging Buddhism and psychotherapy in Australia is

increasing. The Kagyu Evam Buddhist Institute (Kagyu Evam Buddhist Institute, 2006) in Victoria, instituted a biennial Buddhism and Psychotherapy conference in 1992 that remains ongoing. Members of the Australian Psychological Society (APS) formed the Buddhism and Psychology Interest Group in 1998 with approximately 20 people (M. Anderson, 2001). According to the latest annual report, membership of the interest group was 333 in 2006, which is roughly the same as the Christianity and Psychology Interest Group (Australian Psychological Society, 2006) and they organised their first conference in 2002.

Structure of the Current Research

I am a Buddhist, and my own training is in psychology (see the section *Researcher as Participant* in Chapter 3). At the beginning of this study my research interests took the form of the broad question: *What is it like to be a psychologist who brings a Buddhist perspective to psychotherapy*? It was the combination of the evidence for a growing interest in the merging of Buddhism and psychotherapy coupled with the paucity of published information from within Australia that helped develop the research questions and justify the importance of the study. The core research question of the study eventually became: *What are the professional and personal experiences and perspectives of psychologists in Australia who are informed by Buddhism in the way they conceptualise, approach, and conduct psychotherapy*? The core research question contains two supporting questions: (a) *How do Buddhist principles inform different aspects of psychotherapy (e.g., therapist self-care, client interventions)?* and (b) *In what ways do therapists incorporate Buddhist concepts (e.g., compassion) and techniques (e.g., mindfulness) into psychotherapy?*

By examining the literature I have explored the core and supporting questions of the study in their broader context. In doing so I have established the background to the

current study. The information outlined about the increasing interest in Buddhism, and in Buddhism and psychotherapy, supported the possibility of researching psychologists working as psychotherapists in Australia who apply Buddhist ideas and techniques in their work. Anecdotal evidence informally provided me with confirmation that some psychotherapists were bringing a Buddhist perspective to their work. I wanted to know if the experiences of Australian psychotherapists reflected what the literature revealed in terms of the aspects of Buddhist philosophy most relevant to therapy, the ways in which they might be applied, and their perceived usefulness for both psychotherapists and clients. Study 1 was designed to address the core and supporting research questions.

For a background to the core research, I thought it would be useful to know how many psychologists in Australia are Buddhist. Psychologists, however, do not provide information on religious paths or spiritual affiliations to State Registration Boards or professional associations. The existence of two spiritually-oriented interest groups within the Australian Psychological Society (APS), the Buddhism and Psychology Interest
Group, and the Christianity and Psychology Interest Group, indicated that these two philosophical/religious traditions are represented at some level within the major psychological association. As a supplement to the qualitative study, I decided to survey members of both groups as to their spiritual paths and religious affiliations. I selected a further group within the APS, the College of Counselling Psychologists, as a comparison group.

It was possible that members of the Christianity and Psychology Interest Group could be bringing a Christian perspective to their work. It was also possible that members of the College of Counselling Psychologists were bringing some spiritual or religious perspective to their work also. In addition to surveying members of the three groups regarding spiritual paths and religious affiliations, I decided to survey them on

their spiritual orientations in respect of the relative emphases they gave to different aspects of spirituality. As a safeguard against the tendency to provide socially desirable responses, I chose to employ the Marlowe-Crowne Social Desirability Scale – Short Form (W. M. Reynolds, 1982) as a control measure. See Chapter 5 for reliability and validity data.

The two questions I developed for this phase of the research were: (a) *What are the spiritual and religious affiliations of members of three groups within the Australian Psychological Society (APS): the Buddhism and Psychology Interest Group, the Christianity and Psychology Interest Group, and the College of Counselling Psychologists?* and (b) *Are there differences in the relative emphases given to dimensions of spirituality, as defined by the Spiritual Orientation Inventory (SOI), for these three groups?*

In Chapter 3, I present the rationale and method for Study 1. The findings and discussion of Study 1 are presented in Chapter 4. The method, results, and discussion of Study 2 are presented in Chapter 5. I draw the outcomes of the qualitative and quantitative studies together, link each study back to the existing literature, and review each Study in Chapter 6. My personal reflections on the research process are in the final Chapter, 7, that completes the thesis.

CHAPTER 3

STUDY 1 RATIONALE AND METHOD:

PARTICIPANTS' PERSPECTIVES ON BUDDHISM AND PSYCHOTHERAPY

Qualitative research in psychology goes as far back as the case studies of Charcot and Freud, but fell out of favour with the rise of experimental (positivist) psychology and the dominance of behaviourism through the middle of the 20th century. The re-emergence of qualitative paradigms reflects an increasing acceptance of methodological pluralism that parallels a cultural expansion in the discipline of psychology beyond Western thought towards a greater inclusiveness of spiritualities in research and therapeutic practice. The renewed interest in qualitative methods has been facilitated by the acknowledgement of realistic quality indicators in research such as validity and trustworthiness, as opposed to the previously desirable but now recognised as unattainable objectivity. Although the distinctions between quantitative and qualitative methods persist in theory and application, at the philosophical level they remain on a continuum. As Fielding and Fielding (1986) noted, "we would argue that ultimately all methods of data collection are analyzed 'qualitatively', in so far as the act of analysis is an interpretation, and therefore of necessity a selective rendering, of the 'sense' of the available data" (p. 12).

In electing to undertake this study with a qualitative approach, I chose to adopt the position Elliott, Fischer, and Rennie (1999) proposed: "The aim of qualitative research is to understand and represent the experiences and actions of people as they encounter, engage, and live through situations" (p. 216). A qualitative approach was ideally suited to my interest in understanding and representing the experiences of psychologists who bring Buddhist perspectives to psychotherapy. According to Gale (1993), qualitative research can be understood as "interpretive inquiries regarding

meaning making" (p. 81). I considered that participants' interpretations and meaning making regarding Buddhism and psychotherapy (the core data of the study) would be supplemented by my own interpretations and meaning making (finding themes within the core data). Interpretative phenomenological analysis (IPA) offered a methodology suited
to exploring interpretations and meaning making.

The core research question guiding this study was: *What are the professional and personal experiences and perspectives of psychologists in Australia who are informed by Buddhism in the way they conceptualise, approach, and conduct psychotherapy?* The core research question contained two supporting questions: (a) *How do Buddhist principles inform different aspects of psychotherapy (e.g., therapists' self-care, client interventions)?* and (b) *In what ways do therapists incorporate Buddhist concepts (e.g., compassion) and techniques (e.g., mindfulness) into psychotherapy?*

As background to the qualitative core of the research, I planned to undertake a quantitative survey of psychologists' spiritual paths and religious affiliations, and explore the relative emphases given to different aspects of spirituality as defined by the Spiritual Orientation Inventory (SOI). As a method of triangulation, I also planned to compare the SOI responses with the outcomes of Study 1. The quantitative phase of the research is presented in Study 2, Chapter 5.

Choice of Methodological Approach and Interview Structure

The research presented three challenges: (a) identifying psychologists who were drawing on Buddhist principles in their work, (b) selecting a methodological approach that could enable me to make meaning of therapists' stories in the most participant-centred way, and (c) employing a strategy for data collection that would facilitate participants' explorations of their experiences and perspectives.

Identifying Potential Participants

A group of psychologists who already aligned themselves at some level with Buddhism existed in the form of the Buddhism and Psychology Interest Group of the Australian Psychological Society (APS). They provided a logical group to approach for recruiting research participants.

Methodological Approach

A qualitative approach was essential because of the need to rely upon psychologists' perceptions and interpretations of the phenomena under investigation. Of the available approaches, the theoretical assumptions and analytic techniques within interpretative phenomenological analysis (IPA), a qualitative approach developed within psychology (J. A. Smith & Osborn, 2004), most closely fit my methodological needs. According to J. A. Smith (1996), IPA is grounded in both phenomenology (the primacy of meaning to the individual) and symbolic interactionism (the primacy of social interactions in meaning making, and the need for interpretation to access them). The term interpretative phenomenological analysis is used to signal these two facets of the approach (J. A. Smith, Jarman, & Osborn, 1999). From the IPA perspective, each participant's meanings and those of the researcher inform any study (J. A. Smith, 1996).

Several characteristics of IPA made it the most suitable methodological approach for this study. First, the topic needed to be approached with participants to allow them to: (a) recollect their experiences, (b) contemplate their understandings, and (c) share their perspectives. I thought it might be possible that some participants may never have had an opportunity to express their views on the topic of Buddhism and psychotherapy. I wanted to facilitate the exploration of the topic by providing some structure, while at the same time also giving as much opportunity as possible to participants to enable them to guide the focus of the discussions and maintain discretion about the content.

Second, the topic under investigation had the characteristics that made IPA a useful tool for the context of interest. “IPA is particularly suitable where the topic under investigation is novel or under-researched” (J. A. Smith & Osborn, 2004, p. 231) and such was the case with the current study. IPA studies are usually undertaken with small sample sizes of around 5 to 15 people (J. A. Smith & Osborn, 2003). I anticipated (correctly) that I would attract only a small group of people with the characteristics of interest: psychologists working as psychotherapists, possibly Buddhists, who were interested in drawing on Buddhism in therapy.

Third, IPA is participant-centred. The core data of the study are the accounts people gave of their experiences, understandings, and interpretations. Their discussions also helped inform subsequent interview questions by guiding the emphases within the topics once the study was underway.

Fourth, IPA offers an analytical tool in support of its theoretical assumptions. The analysis strategy remains true to being participant-centred by focusing first on each individual participant, and only later on participants as a group. The analysis is data-driven, and the contributions of the researcher are always generated from, and grounded within, participants’ accounts.

Fifth, IPA positions the researcher as an active participant. Inherent in the study was a need to discover themes within the core data and give meaning to them. In order to achieve this goal, the interpersonal tasks of the researcher included creating safe and welcoming conversational spaces with the participants and facilitating their explorations of the study topic. An ability to understand the content of the accounts with regard to the wider contexts of both Buddhism and therapy maximised the opportunity for a thorough analysis of the data.

Interview Format

I chose to employ semi-structured interviews on the basis that they maximise the opportunity for gaining access to participants' stories. In semi-structured interviews, *structure* refers to the preparation of interview questions prior to the interview, and *semi* denotes the capacity within the interview for supplementary emergent questions or probes on the basis of the participants' responses (Wengraf, 2001). Individual semi-structured interviewing was selected as the best method for gaining access to participants' stories for four reasons.

First, the semi-structured interview format supported my preferred mode of engagement with research participants. I chose "to treat the interview as a site of knowledge construction, and the interviewee and interviewer as co-participants in the process" (J. Mason, 2002, p. 227). I believed the subject of Buddhism and psychotherapy needed to be opened up and explored with what Mason described as *active engagement*. Within such active engagement, the interviewer aims to stimulate participants' interpretative capacities by, for example, suggesting connections in the participant's account (Holstein & Gubrium, 2002). In this way, the semi-structured interview has the potential to produce richer data than might be obtained from a more structured interview format (J. A. Smith, 1995).

Second, participants' willingness to disclose information might be enhanced in an environment where they felt their views and ideas were valued and respected. I believed
that (two) interviews with each person would indicate my interest in each individual, and offer scope for expanded disclosure over time. I also considered that semi-structured interviews validate individuals' accounts because they balance researcher interest (providing thought-provoking questions) with the control of participants (who can direct the content and the emphases within the topics once discussions are underway).

Third, the quality of the rapport desirable in a participant-researcher relationship depends on personal attention to the individual (Glesne & Peshkin, 1992). The semi-structured interview format would enable me to show my interest by participating in the interview discussions. Informal conversations before the formal interviews would also help to develop rapport. I considered that participants' knowledge about me, my own interest in Buddhism, and my enthusiasm for the research, would help considerably, and that I would be able to communicate my "self" to each person to some degree. Such a willingness to disclose is considered good practice from an IPA perspective (J. A. Smith, Flowers, & Osborn, 1997).

Fourth, disclosure involves trust. I believed that devoting time to each participant would help to show my regard for their knowledge. Participating in discussions and self-disclosure on my part would also help me build a relationship with each person in which they believed I would use their accounts responsibly and respectfully.

Participants

Researcher as Participant

Although the core data of this study are the participants' accounts, the researcher's contribution is central to IPA. Therefore, I present the context from which I undertook the research as part of the method by situating myself as an active participant.

I commenced studying to become a psychologist in 1992, but my affiliation and involvement with Buddhism had already been in place for 10 years at that time. I had exposure to the major schools of Buddhism, studied under various Buddhist teachers, lived in a Tibetan Buddhist centre based in Melbourne for 4 years, had taken robes in the Thai tradition of a short-term devotional practice, and held offices in Buddhist organisations. I had not, however, practised as a psychologist at the time of undertaking the research. Nevertheless, I was able to draw upon my substantial past work experience

in the field of occupational health in a quasi-counselling role as a rehabilitation case manager. In that role I worked closely with individuals undergoing rehabilitation and a range of health care professionals including psychologists. Being familiar with the languages and major concepts of both Buddhism and psychology gave me the confidence
to undertake the research and enabled me to communicate knowledgeably and comfortably with participants (see Wengraf, 2001).

I approached this research in the belief that there are possible benefits to be gained from exploring how Buddhist concepts and techniques can be useful to psychologists who spend their working lives trying to help others help themselves. I have observed many people improve their happiness, and their understanding of the nature of suffering, through exposure to Buddhism, and my own experience supports these
outcomes. In undertaking this study I started from the broad assumption that the nexus of Buddhism and psychotherapy lies in understanding and alleviating suffering.

It became apparent to me during the research that I was also motivated by my own need to make meaning of what might be possible in bringing the two systems together. Taking responsibility for one’s emerging perspectives during the process of research is as important as identifying the perspectives one brings to the beginning of it (Elliott, Fischer, & Rennie, 1999). During the course of the research I realised that I was preparing myself for undertaking work as a psychotherapist. I knew that I would be bringing my own Buddhist perspective to therapy, and probably applying Buddhist principles and techniques. I realised I needed to understand how others were experiencing the merging of these two systems. My realisation was in accord with van Manen (1990), who noted:

The point of phenomenological research is to “borrow” other people’s

experiences and reflections on their experiences in order to better be able to

come

to an understanding of the deeper meaning or significance of an aspect of human experience. . . . so phenomenological research has, as its ultimate aim, the fulfillment of our human nature: to become more fully who we are. (pp. 12 & 62)

I wanted to find out how Buddhist philosophy might possibly transform into something beneficial in the therapeutic encounter. I also wanted to know what benefits therapists perceived for themselves and for their clients. I was interested in what particular Buddhist concepts and techniques therapists considered useful for therapy, and how they applied them in that context. I had to rely on the willingness of others to assist

me in order to explore these questions. Each of the participants brought different ideas, levels of experience, and knowledge to the study. They approached the study with interest, thoughtfulness, and enthusiasm, and they respected the process in which they took part. Unintentionally, these people became mentors to me. I learned more about integrating Buddhism and psychotherapy from them collectively in less than a year than I imagine it would have taken me many years to discover otherwise.

Interview Participants

Purposive sampling was helpful in contacting and attracting participants who fitted the characteristics of interest in the study (Silverman, 2001), that is, psychologists who worked as psychotherapists and were either Buddhist or had with an interest in Buddhism. The Buddhism and Psychology Interest Group of the Australian Psychological Society (APS) is a group whose members had a high likelihood of fitting these descriptions.

All members of the Buddhism and Psychology Interest Group (*N* = 55 at the time) were invited to participate in both the qualitative and quantitative phases of the research (see Appendix A), and 44 people chose to be part of the quantitative study. Initially, 17 people indicated willingness to participate in the qualitative study, and 3 later

declined further participation. A total of 14 psychologists (9 females and 5 males) went on to participate in the qualitative study that involved undertaking an initial interview, keeping a journal, and participating in a follow-up interview (see consent form at Appendix B). Participants were based in Victoria (*n* = 8), New South Wales (*n* = 4), Queensland (*n* = 1), and South Australia (*n* = 1). All except one person selected one or more categories to describe the work they did. Half of the participants described their work as counselling psychology. Clinical, health, school, and community psychology were each selected by two people. Educational/developmental psychology, forensic psychology, and psychotherapy, were each chosen by one person (see Appendix C for the full choice of options).

All participants except one elected to indicate their age, and they were equally represented in their 30s and 40s, with one person over 50. The majority of participants described their ethnic background as Australian, but Italian and Croatian heritages were also represented. Eight people described themselves as Buddhist, one as "a blend between Buddhism and Anglican," and one as a "Catholic Christian with an open mind to other religious traditions." Four participants stated that they were not affiliated with any spiritual path or religion.

Initial Interviews

Interview Guide for the Initial Interviews

I presented four questions or requests for information to participants in their initial interviews (see also Appendix D). I designed the interview questions and requests to explore the research questions of the study in a participant-centred manner (Wengraf, 2001).

The opening question *How did you first come into contact with Buddhism?* gave participants the opportunity to explain the contexts within which they had first

encountered Buddhism. It seemed important to find out whether contact with Buddhism or studying psychology came first, to allow participants to explore how the systems may have influenced each other. Using this question was also helpful to me, because it gave me a sense of a starting point in time for each participant. I considered at the time that it might be a safe and easy question to answer. In doing so, I overlooked the possibility that suffering can be the catalyst for people becoming interested in Buddhism. So, for some participants, the first question covered emotional ground I had not anticipated early
in the interviews. Nevertheless, these participants answered the question without much apparent discomfort. They were forthright, open, and relaxed, and I sensed they had come to terms with the issues they described.

The request *Please describe what kind of work you do* was included in order to provide therapists the opportunity to extend, and give depth to, the forced-choice work descriptions they selected in their personal details surveys. In addition, I thought participants' responses would indicate how structured and self-directed their work is, so that I might better understand the opportunities they had for bringing Buddhist ideas into their professional lives.

The question *In what ways do Buddhist principles or ideas influence your psychological practice?* was the core request for information in the initial interviews. The question was broad enough so that participants could select what areas of the topic they wished to emphasise. For example, they could begin by talking about a Buddhist perspectives in relation to their roles, or the goals of therapy, or about clients. The question was placed after other questions in my belief that participants would have relaxed somewhat, and also because it might have been a difficult question to begin with "cold."

I asked the question *Are you a supervisor or supervisee: Do Buddhist ideas also have an influence in supervision?* to explore whether any supervision contexts had provided participants with opportunities to discuss how Buddhist concepts or techniques might be introduced in therapy. Following the fourth question, I invited participants to ask any questions about the interview or the research, then I discussed the use of the journal and thanked them for their participation.

Procedures for the Initial Interviews

I contacted each of the participants by telephone to arrange an interview time. Interstate participants were offered telephone interviews. Victorian participants had the option of a face-to-face interview at my home, their homes, or another setting of their choice, or telephone interviews. For the initial interviews, five people had face-to-face interviews, and nine people had telephone interviews. I forwarded a letter of confirmation to each person along with a consent form. A journal was also included for those having telephone interviews (I provided them in person for the others). Participants returned their completed consent forms in person at the time of interview, or earlier by
post.

With participants' permission, all interviews were audio taped. A portable cassette recorder with plug-in microphone was used in full display during face-to-face interviews. The same unit recorded the telephone interviews using a special accessory. Each interview commenced with general conversation and then the participant's verbal permission was sought to begin the interview.

Questions and requests for information presented in the initial interviews were broad enough for participants to choose what areas they emphasised. At times I requested further information. For example, I sought clarification by asking questions such as *Do you mean . . .?* or *Are you saying that . . .?* I used probing requests such as

Please tell me more about . . ., or *Please give me an example* . . . The similarity between the ideas expressed by an individual and Buddhism were tested occasionally, such as *Is that idea of things always changing linked to the Buddhist notion of impermanence?* At times, I also asked about other possible links between ideas in a participant's interview, for example by saying *Does what you're saying now link back to when you were talking about* . . . Although the interviews were based on questions prepared beforehand, in keeping with the IPA intention of using questions flexibly (J. A. Smith & Osborn, 2004), the sequence of questions was sometimes fluid. Participants were free to add information about previous questions as they chose. In the few cases when participants anticipated and answered questions before they had been presented, I gently led the discussion back to the next logical point of the interview schedule after the question was fully explored.

At times participants moved beyond the topics under discussion, which I accepted as a natural consequence of the semi-structured interview. Generally, it was more useful to explore the tangent before returning to the interview questions, and also, such emergent avenues can prove fruitful (J. A. Smith & Osborn, 2004). In the spirit of a collaborative approach, I occasionally joined in the discussions, sometimes spontaneously, and sometimes because participants' stories invited a response. Comments from participants underscored the value of this approach. A couple of times I gave an indication of the responses of other participants, particularly when requested to do so. For instance, one participant could not think of an answer to a question and wanted to know what others had said. Once he had a feel for how other people were approaching the question it was enough to trigger his own response. A few times I gave indications as to others' responses after the person had answered the question. The sharing of information in this way was infrequent, and did not appear to me to prompt respondents to copy others. It was my impression that participants showed strong

independence of thought, each evaluating the usefulness of Buddhist philosophy to psychological practice in their own ways. No one was completely uncritical of Buddhism. For example, certain principles were not considered useful for clients. I did not have the sense that participants were trying to please me or give me desired answers. A number of times participants either disagreed with my interpretations of responses or corrected
aspects of the way I fed my understanding back to them. The initial interviews were staggered over a 14-week period. The duration of each interview varied between 1 and 1.5 hours, and one initial interview was conducted over two occasions at the request of the participant.

Participants' journals. Journal keeping can be a rich source of information to supplement interviewees' stories. I provided the journals for each person, either by post or at their face-to-face interviews. I presented the journals as tools for adding comments to what had already been discussed, noting questions, or recording subsequent events where Buddhist ideas influenced their psychological work. I invited participants to use the journals and then decide at the follow-up interviews whether they wished to share them with me. With the participants' consent, their journals became part of the research data. Participants who chose to share their information could either submit their journals, have them photocopied and returned, or talk about what they had written.

At the end of the initial interviews, I advised participants that the research process would proceed with qualitative analysis and, in time, revisiting for follow-up interviews. At the time of the initial interviews all participants agreed to take part in a second interview.

Preliminary Analysis of the Initial Interviews

Content coding. I applied the principles of analysis used within the interpretative phenomenological analysis (IPA) framework (J. A. Smith, Jarman, & Osborn, 1999).

Upon completion of the initial interviews, I transcribed and examined each transcript separately. I made notes about the content of responses and my impressions. I highlighted what I thought were important words and phrases, summarised the content, and made notes about the language, tone, mood, message, and so forth. I wrote down questions for myself and ideas to follow up with the participants. Then, I viewed each person's transcript as a whole and asked myself the question: *What is this person's story about?* Table 1 presents an example of the coding process.

Table 1

Two Examples of Content Coding

Interview Extract

"If I have thoughts about a client while I'm walking along the beach I'll acknowledge the thought appeared but then I won't buy into it, generally. Sometimes it might seem appropriate." (Bill 55/87.1)

Coding

thinking about clients

acknowledging thoughts

won't buy into it

boundaries

Question: coping mechanism?

Interview Extract

"If you remain connected and have a lot of faith in the underlying process then they pick that up and they then start to internalise that, and in that occurring time and time again is what the change is. So that might be the reason. How you relate to them is the key to the work. Yeah, it's who you are in your relationship with them that makes them change." (Vania 21/61.2)

Coding

remain connected

faith in the process

clients pick up on that/internalise that

modelling

client faith, hope

how you relate

key to therapy

Question: Similar to Buddhist teacher and student relationship?

Preliminary themes. Separate to my coding notes about the content of each transcript, I extracted preliminary themes as they emerged during the reading of each transcript. One sentence could generate a single theme or a series of themes. I considered

the themes preliminary not only because they were provisional, but also because I had yet
to undertake follow-up interviews. I already had a set of concepts from the literature (Rice & Ezzy, 1999) that I was primed to explore (e.g., meditation, suffering). At the same time, however, I was being as alert as I could be about bracketing my assumptions in order to be critical about them (Willig, 2001), as well as to create the space for unexpected or undiscovered concepts to emerge. Table 2 presents an example of the preliminary theme analysis.

Table 2

Two Examples of Preliminary Themes

Interview Extract

> "If I have thoughts about a client while I'm walking along the beach I'll acknowledge the thought appeared but then I won't buy into it, generally. Sometimes it might seem appropriate." (Bill 55/87.1)

Coding

- mindfulness
- present orientation
- coping
- boundaries

Interview Extract

> "If you remain connected and have a lot of faith in the underlying process then they pick that up and they then start to internalise that, and in that occurring time and time again is what the change is. So that might be the reason. How you relate to them is the key to the work. Yeah, it's who you are in your relationship with them that makes them change." (Vania 21/61.2)

Coding

- compassion
- therapeutic relationship
- authenticity
  - Question: Link to Buddha nature?

Making connections and establishing hierarchies of themes. I looked for connections between the preliminary themes that emerged from each transcript, noted potential clusters, and made notes about how they possibly related to other clusters. I noted, also, when some clusters of preliminary themes seemed to be sub-ordinate to other clusters. Subsequently, I began distinguishing between preliminary sub-themes and their superordinates, preliminary themes (Willig, 2001). I undertook the same process for each participant's account. I looked for actual and logical connections between my interpretations of participants' accounts (preliminary themes) and their transcripts. I continually referred back to participants' statements to make sure the preliminary themes remained grounded in the data. I engaged with, and analysed each transcript in the participant-centred manner that in IPA is understood as an *idiographic* approach (Willig, 2001). Next, I sought similarities and patterns between participants' accounts (J. A.
Smith & Osborn, 2004), what Morse (1994) described as *synthesising*. I worked with all of the preliminary sub-themes and themes from all participants' transcripts, making notes about their relevance to the whole group, clustering them again into themes, and then comparing these clusters to themes I had already developed from the individual transcripts. At this time I was also making notes about the theoretical relevance of the preliminary themes and sub-themes to Buddhist philosophy, and noting unexplored areas for possible investigation at the follow-up interviews. Table 3 presents an example of the preliminary theme and sub-theme analysis.

Table 3

Example of an Early Draft of Preliminary Themes and Sub-Themes

Theme	*Sub-theme*	*Features*
Perspective	Wisdom	cause and effect, responsibility, egolessness, rebirth, impermanence
	Compassion	suffering, interdependence, Buddha nature, letting go
Encounter	Therapeutic Relationship	empathy, acceptance, authenticity
	Coping	sustaining, tolerate melodramas, reciprocity
Application	Techniques	meditation, mindfulness, self-awareness, direct experience
	Ethics	disclosure, universal truths, morality

A guiding question in this process of discovery was always: *What's going on here?* (Locke, Spirduso, & Silverman, 1993). Trying to see beyond the face value of participants' statements, I posed questioning hermeneutics, as well as empathic hermeneutics, such as the questions J. A. Smith and Osborn (2003) suggested: *What is the person trying to achieve?*, *Is something leaking out here that wasn't intended?*, and *Do I have a sense of something going on here that maybe the participants themselves are less aware of?* (p. 51). Such statements are not intended to challenge the truthfulness of participants' accounts. Rather, they are posed to stimulate different ways of seeing, interpreting, and understanding what participants have said, as well as what they might appear to be trying to say, what Kidder and Fine (1997) compared with the shifting patterns of a kaleidoscope.

The process of developing preliminary themes and sub-themes, and then refining them, was a linear process at first. Later, the analysis involved a cycle of revisiting the

data, looking for further themes and renaming them, reclustering sub-themes, revising, renaming and dropping themes, and reconceptualising themes in an iterative process. The process took about 6 months.

Face-to-face versus telephone interviews. The content of interviews, as indicated by word count, was similar within and across the two groups. The exception was a much longer transcript for the person who chose to undertake his initial interview in two parts. The depth of responses did not differ between groups, and this finding is consistent with Sturges and Hanrahan (2004) who also found face-to-face and telephone interviews to be comparable in qualitative research.

Challenge and guidance during the preliminary analysis. Throughout the process of the preliminary analysis I continually shared my evolving sub-themes and themes with my two academic supervisors. They took the roles of devil's advocates and guiding mentors. As devil's advocates, they challenged me to justify and substantiate the preliminary sub-themes and themes. As guiding mentors, they continually reinforced to me the richness of the data I had to work with, and they often saw beyond the limitations I unknowingly placed upon it by pointing out new perspectives and links for me to contemplate. Their guidance prevented me from foreclosing in a way that might have turned the follow-up interviews into a mechanism for only consolidating my points of view, rather than remaining discovery oriented.

Participant feedback. Based upon the analysis up to that time, I prepared three pages of group feedback for participants, to provide the opportunity for them to affirm, challenge, or clarify my preliminary interpretations of their accounts. The feedback was in narrative form and included my impressions, raised some questions, and also outlined broadly what seemed to be emerging for the group. The following quote is an example from the feedback I provided.

> People were less inclined to have clients actually meditate when they were with them, although it certainly occurs. More generally it seems there's discussion of the benefits of meditation and how it might be done.

I wrote the feedback in a way so as not to overemphasise particular topics that were likely to be explored at the follow-up interviews. Following van Manen (1990), I was asking the participants to reflect and consider: *Is this what the experience is really like?*

Follow-up Interviews

Procedures for the Follow-up Interviews

Follow-up interviews provided the opportunity to challenge, clarify, or substantiate preliminary themes and sub-themes that I developed from the accounts of the initial interviews, and possibly generate new ones. Having second interviews also allowed for further exploration of the ideas generated by participants within their initial interviews. The follow-up interviews took place approximately 8 months after the initial interviews, once I had completed the preliminary qualitative analysis. I informed all participants of the research progress by letter, and then I telephoned each of them to arrange their follow-up interviews. I sent each person a letter confirming their interview time. At that time, I also provided them with their individual scores, and the Buddhism and Psychology Interest Group scores, for the Spiritual Orientation Inventory (SOI). I included, for their interest, a copy of the inventory and an article discussing how the SOI was developed (see Chapter 5) in case they wished to refamiliarise themselves with the subscales in light of their scores. Of the 14 people initially interviewed, 12 went on to participate in a follow-up interview.

The follow-up interviews were scheduled at participants' convenience and were staggered over a 10-week period. I anticipated the duration of each interview to be approximately as long as each person's initial interview. The individual who undertook

his initial interview in two parts elected to do the same in his follow-up interview. A second participant also requested a two-part interview.

Interview Guide for the Follow-up Interviews

I began developing the interview guide for the follow-up interviews during the analysis of the initial interviews. My preliminary themes and sub-themes up to that time influenced the developing questions and requests for information (see Osborne, 1994). The participants' perspectives and the experiences they shared with me during their initial interviews also contributed to how I formulated the questions and requests.

I designed the guide to explore preliminary themes and sub-themes, elicit further information, provide clarification, or give different perspectives on something already covered in the initial interviews by approaching it from another angle. I also sought specific details about their work (e.g., their years of experience as a psychologist) if that information had not emerged in their initial interview. Some of the questions and requests I developed had an explicitly Buddhist content, whereas others did not. See Appendix D for the complete guide.

The first five elements of the guide covered the use of the journal, years of experience as a psychologist, their guiding theoretical frameworks, title preferences (e.g., therapist, counsellor), and feedback comments. In later questions I used each participant's preferred terminology (e.g., therapist, counsellor). I then asked, *How would you describe the key elements of your philosophy or approach to therapy?* in order to get a sense of the degree to which Buddhism might be informing the therapists work, either by their expressly mentioning Buddhism, or through the concepts they emphasised. The question arose out of a participant's responses in an initial interview. I included the question, *When you're with a client and all else seems to fail, what do you fall back on?* on the basis that it might be another pathway to discovering the elemental principles that

guided the therapists. I wanted to know whether the therapists drew on Buddhist techniques or concepts in their explorations of stuckness with clients. This question was also generated from an initial interview response. In the following question *What relevance do you think the Four Noble Truths of Buddhism have to therapy?* I provided an explicit invitation to express perceived links between Buddhism and psychotherapy. I chose to use the four noble truths because they are elemental Buddhist principles that I thought would be familiar to people who have had a reasonable degree of contact with Buddhism. They could, however, be said to constitute a special form of knowledge, and I explained them for a couple of people during their interviews. I asked the participants to respond to the following statement: Bringing *Buddhism into therapy is a natural extension of finding it personally helpful* for its face value perspective, but it also invited participants to discuss clinical situations where Buddhist techniques and concepts did not apply. I also asked: *Where do you think Buddhist ideas can be more usefully applied: in developing the therapist, or in understanding and working with clients' issues?* My final four questions concerned the SOI dimensions and their relevance to Buddhist principles

and their therapeutic work, and I invited questions about the interview process.

Preliminary Analysis of the Follow-up Interviews

As with the analysis of the initial interviews, I began by transcribing the cassette tapes of the 12 follow-up interviews. The quality of the recording of one of the follow-up interviews was so poor that, despite having it re-mastered by a professional sound engineer, I was unable to transcribe it for use in the research. As for the initial interviews, the content, as indicated by word count, was similar within and across the face-to-face

and telephone interviews, and the word count was also reasonably consistent across the initial and follow-up interviews.

I planned to use the same approach to content coding and developing themes in undertaking the analysis of the follow-up interviews, except for how I physically handled the data. In analysing the initial interviews, I had found working with whole transcripts
and lists of themes and sub-themes cumbersome, and at times the volume of information was overwhelming. I wanted to try another method that could enable me to focus on smaller portions of information, much as a camera zooms in on an object and enlarges it at the same time as it removes background "interference."

First, I did the content coding and sought themes in each transcript as I had done with the initial interviews. I also incorporated the information from the journals at this stage. Two journals were returned, two participants discussed the contents of their journals but did not return them, and one participant considered using the journal had helped him think about the ways in which he was drawing on Buddhism in therapy but he preferred not to discuss the contents. Then, I cut up each transcript and pasted either whole sentences, parts of a sentence, or a few sentences onto 3 x 5-inch cards. I aimed to have one sub-theme on each card, but subsequently found this approach was not possible, because even one idea expressed by a participant could generate a series of sub-themes, and eventually more than one sub-theme was often expressed in one card. I selected this method of data management in preference to using a computer-based system for several reasons. Actually holding the data in my hands helped develop a sense
of intimacy with the content. Having the data on cards also enabled me to take it away from the computer and contemplate it in different settings, which often gave me fresh perspectives. Perhaps the most important advantage was the impression that the analysis was always fluid, as new themes for consideration could be achieved by moving the cards into new clusters. Finally, I found it beneficial that I could visually assess a substantial

amount of information at once by laying out the cards, clustering them, putting clusters into hierarchies, and so on.

To assist with coding, I numbered each participant's cards for the follow-up interviews in chronological order and also recorded a number on each card to denote the question to which the response had been made. On the back of each card I recorded the total number of cards for that participant's interview to indicate where in the interview the sub-theme was positioned for easy reference back to the transcripts. The variation between the number of cards for each individual reinforced to me the uniqueness of participants, in that even though they participated in similar interviews, some were succinct and others liked to explore at length, some stayed close to the interview questions and other did not.

I generated the preliminary themes and sub-themes for the follow-up interviews by grouping the cards together in clusters. Note taking was important at this stage, because one card could be represented within more than one theme or sub-theme. I found this overlapping problem to be the only drawback of using the card system.

Joint Analysis of the Initial and Follow-up Interviews

In the light of having done the preliminary analysis of the follow-up interviews, I re-examined the initial interviews. I pasted the transcripts of the initial interviews onto cards in the same way I had for the follow-up interviews. Re-evaluating the initial interviews was fruitful and some further sub-themes emerged. The exposure to new concepts in the follow-up interviews would have influenced my ability to generate new sub-themes, but I consider that having the data on cards facilitated a deeper analysis as well.

Then, I worked with the cards from both interviews together and grouped them into clusters to form themes. Once I was satisfied with a set of themes I made notes

about them and then combined the cards and started again. Most of the time I worked in stages from sub-themes to themes. To gain a different perspective, sometimes I also worked backwards. For example, I set the four noble truths as themes, placed each card into the most relevant theme, and then started grouping them into clusters within one of the four themes to see what such a framework might reveal. Referring back to the research questions led to another series of themes. Using the interview questions as themes also generated different clusters of sub-themes. I sometimes worked backwards in this way as a process of exploration, but other times I used the method to verify what I had developed working from the sub-themes upwards. In this way I developed a fuller series of themes and sub-themes.

The quality and depth of the interviews, as indicated by their contribution to the themes, was consistent across both face-to-face and telephone groups and across the initial and follow-up interviews. The themes emerged out of responses across all interview questions, for example, responses to the question (12) relating to the four noble truths emphasised suffering, yet responses to the direct question about the influence of Buddhism on their practice (question 3) elicited a range of ideas including suffering, psychotherapist compassion, and mindfulness for clients.

Over many months of working with the data and approaching the analysis from many angles, different themes could be generated, but certain ones kept arising. In the end, the themes that emerged as solid and supported arose independent of the interview questions or any framework that had been used as a method to facilitate the analysis. In time, it became clear that whenever even a loose framework was imposed on the data this process always predetermined the themes that would arise, but certain sub-themes would keep appearing.

In the last months of the analysis I returned to the method of selecting a word, phrase, or unit of meaning that I considered a sub-theme, finding others that connected thematically, and then forming clusters of sub-themes within major themes, ultimately placing them within broad overarching themes that I considered as guiding principles. In the end, the major themes that emerged did so consistently, they were well substantiated in the participants' accounts, they addressed the research questions, and they linked the sub-themes together and gave them meaning. I then wrote the guiding principles, themes, and sub-themes into a narrative account, using the participants' verbatim extracts to substantiate them, as well as breathe life into them (J. A. Smith & Osborn, 2004). Table
4 presents two examples of the final coding.

Table 4

Two Examples of Final Coding

Guiding Principle	Theme	Sub-theme
Compassion	Compassionate Engagement	Openness
Interview Extract:	“The key elements are being able to let go and to be with and accept, open up to . . . being warmly ok with the	
conditions as	they are.” (Jo 18/63.2)	
Guiding Principle	**Theme**	**Sub-theme**
Wisdom	Empowerment through Understanding	Responsibility
Interview Extract:	“So I try to get people to be really involved in their own cure if you like, or involved in their own situation, rather than just presenting it as a problem or something’s been done to them, or that they don’t have any control over.” (Louis 16/75.1)	

Challenge and guidance during the follow-up and joint analysis. My two academic supervisors continued their devil’s advocate and guiding mentor roles as I worked with the data throughout these stages. They challenged me to have sub-themes and themes that were well supported across participants. They ensured I placed great emphasis on being precise about the naming of the sub-themes and themes, to make sure that they accurately reflected the data supporting them, which in turn enabled the links between them to be well justified. Finally, they helped me to differentiate between

guiding principles and themes so I could be clear about what the core themes of the research really were.

Writing as analysis. One important aspect of the analysis that van Manen (1990) suggested is generally overlooked is that research and writing are parts of the same process. My experience has been that the reflective quality of writing enabled me to clarify, develop, and give depth to the themes as I wrote about them. I wrote drafts of several series of themes, and it was the process of writing that helped reveal limitations in some of my earlier analysis. Therefore, my analysis was ongoing until I stopped writing, and so the writing must be said to have been part of the method I employed.

CHAPTER 4

STUDY 1 FINDINGS AND DISCUSSION:

PARTICIPANTS' PERSPECTIVES ON BUDDHISM AND PSYCHOTHERAPY

The experiences of participants in this study revealed that many Buddhist ideas and techniques contributed to their perceived efficacy and wellbeing in their professional lives, as well to good therapeutic processes, interventions, and outcomes for clients. Participants' discussions indicated that although Buddhist ideas and techniques can be usefully applied in psychotherapy, labelling them as such is usually unnecessary.

In their initial interviews, I presented participants with some broad questions to help them to choose what features of their experiences they wished to discuss. The breadth and depth of participants' discussions was influenced by the extent of their experiences with both Buddhism and psychotherapy. Participants did not always speak about the same things, and they also emphasised different aspects of their experiences. The extent to which ideas are common or unique is made clear throughout the chapter. For clarity and brevity, the utterances and repetitions that occur naturally in spoken conversation have been removed. In cases where I have added or replaced something in a quote, either for clarity or to maintain confidentiality, my additions are placed in brackets.

The presentation of participants' responses begins with a short profile on each of them, and they are introduced in the order I first interviewed them. Within each profile I outline participants' work settings and theoretical orientations, their perspectives on Buddhism and psychotherapy, how they incorporate Buddhist ideas and techniques into therapy, and the influence of Buddhism on their roles as therapists. I then provide a few comments on my relationship with each person and my impressions of our interviews.

Participants are identified by the pseudonyms they self-selected to maintain confidentiality.

Introducing the Participants

Grace

Grace, a Buddhist, said she had been attracted to Buddhism throughout her teenage years and 20s, but it was not until about 7 years prior to her initial interview that she had initiated some involvement by attending a Buddhist centre. Her work, based in a capital city, involves mainly university lecturing in counselling, but she also sees private clients. She has been a psychologist for 9 years and does not work from a particular framework, but she is interested in narrative therapy and Buddhist perspectives.

Grace considers that Buddhist ideas, such as compassion, underpin all of her work. She explained that she does not feel as though she consciously evaluates circumstances with a view to introducing Buddhist concepts. She noted she explores Buddhist ideas, such as expectations leading to suffering, as well as techniques such as mindfulness and meditation, with clients. The influences of Buddhism, including meditation, on her role as a therapist include being present with clients, staying highly conscious of what her own reactions are, remaining comfortable in what she described as "the not knowing," and not feeling at the mercy of client expectations. She observed that these aspects should characterise any good therapy. Although she partly attributes her

years of experience as a therapist to her development of these qualities, she believes that Buddhism and meditation practice have made a significant contribution to her efficacy.

I knew Grace prior to the study. We were friends who had previously lived in a Buddhist centre together and studied under the same teacher. We did her interviews at my home, and I would describe them as relaxed and fun. I was impressed by her

perspective on therapy and her desire to bring truthfulness and compassion to her role as a therapist.

Cat

Cat was introduced to Buddhism in 1984 and recollected a sense, at that time, of coming home. Cat was a Buddhist before she was a psychologist, but reflected that she sometimes does not think of herself as Buddhist any more. She noted that Buddhism does not consciously enter her thinking that much these days, and that Christianity enters it as much.

Cat previously trained and worked as a teacher. She has been counselling for 5 years and registered as a psychologist for almost a year. Of the different theoretical orientations, Cat is most interested in the psychodynamic school. She has a small rural private practice, does some private work in a capital city, and also does some casual university lecturing in psychology. With regards to clients, she introduces Buddhist principles such as impermanence and "the need to cherish yourself," rather than meditation techniques. Cat sees parallels in Buddhist understandings and the way she approaches therapy, but feels that her merging of the two systems is more a consequence of who she is, rather than an intentional desire to incorporate Buddhism into therapy. Cat understands the way Buddhism informs her therapy as the effects of past Buddhist practice internalised within her: a consequence of what she described as "your *being* changes" through exposure to Buddhism. Her belief is that Buddhism has given her an enrichment of herself, an understanding of life, and what she called "an understanding of the big picture."

I had not met Cat before the study. We did both interviews at her home. I found her to be an interesting person, but I sometimes struggled to understand what she was trying to explain to me. I suspect she may have found our interviews rather frustrating

because of her need to reframe things in order for me to appreciate her perspectives, but she kindly refrained from pointing this out. I was fascinated by her account of how she came into contact with Buddhism and the effect that it had on her.

Bill

Bill remembered being given statues of Buddha when he was young, but found himself drawn to Buddhism at a difficult time in his life after the death of his grandfather about 10 years prior to his initial interview. He was studying psychology at the time, and found Buddhism also helped integrate the Western psychological theories that appeared
to him not to have any overarching framework. Up to the time of his first interview, Bill had not considered himself a Buddhist, but, by his second interview, he felt that might be about to change. He reflected that he strongly agrees with most of the Buddhist concepts and tries to enact them. He noted it would be difficult to see the difference between him
and a Buddhist if you got them together.

Bill's work is based in two regional settings, providing short-term therapy in one, and longer more intensive therapy in the other. He incorporates meditation and mindfulness techniques in his work and views them as integral to the success he has with certain clients. He advised that much of his work suits the cognitive-behavioural approach, but he considers himself eclectic and finds he is increasingly viewing therapy from a Buddhist perspective. He observed that he considers new psychological theories "through Buddhist glasses." Bill summed up his approach to therapy as being about conditioning in terms of cause and effect, where a thought will have an impact on how a person subsequently thinks and acts.

In discussing the influence of Buddhism on his role as a therapist, Bill emphasised the practice of mindfulness for preventing him feeling overloaded, not

taking on the suffering of others, not taking his clients “home” with him, and for helping him stay

present with his clients during therapy. He noted of therapy that he often finds working with clients to be meditative when he is able to be aware of trying to maintain mindfulness and a mindful "space" in therapy.

I already knew and respected Bill through our mutual involvement in a professional forum. We did both interviews at his home. Although I was reasonably comfortable during the interviews, I found them intense because his answers could be complex. I appreciated the detailed way in which he was able to articulate how he integrated Buddhist techniques in therapy.

Jo

At the time of his initial interview, Jo had been a Buddhist for 25 years and a psychologist for 10 years. He draws from a range of approaches such as cognitive-behaviour therapy, dialectical behaviour therapy, and narrative therapy, but he considers Buddhism his primary guiding influence and his "meta theory." He explained that he believes certain psychotherapies suit Buddhism, rather than the other way around. Jo described his work setting, in a medium-sized regional area, as adult mental health undertaking assessments and treatment for clients who have severe mental illnesses. He noted his work often includes suicidal clients and dramatic situations concerning accommodation and survival.

As far as drawing on Buddhism in his work with clients, Jo explained he incorporates Buddhist ideas and techniques with other therapeutic interventions, but it provides a basic framework as well. Essentially, he considers the aspects of clients' sufferings, and the causes of their sufferings, and how the noble eightfold path might be drawn upon to ameliorate their sufferings. He explained that he incorporates meditation techniques, for example practicing loving kindness meditation or developing mindfulness,

with clients, as well as concepts such as impermanence. The impact of Buddhism on this therapist was evident throughout his interviews.

I had not met Jo prior to the study. He lived in another State and so we conducted his interviews by telephone. I warmed to him immediately. I found him to be an intense person in the sense that he was serious about Buddhism and how it could be incorporated into therapy. I admired his intensity and his humility.

Vania

In 1980, Vania was studying for his master's in psychology when he became interested in Buddhism. He considers Buddhist psychology to be much deeper and much more profound than Western psychology. Vania, a Buddhist, described his theoretical approach as existential-humanistic. He works in the outskirts of a capital city as an in-patient intensive therapy program leader for people with severe personality problems. As he explained, many ideas from Buddhism have been incorporated into the program, from techniques such as mindfulness, to concepts such as impermanence. As far as benefits of Buddhist ideas or techniques for himself as a therapist, he acknowledged, for example, meditation and mindfulness. Nevertheless, he emphasised the mind transformation practices as being the greatest influence, "That's the really powerful stuff, because that's about every interaction that you have."

I had met Vania just prior to the study but I did not know him well. We conducted the first interview at his home and the second by telephone. Of all the participants, his interviews affected me most profoundly. His perspectives and experiences of integrating Buddhist ideas and techniques in therapy resonated deeply within me. His stories were, for me, seeds of ideas about how I would *like* to work in the future, but his approach appeared to be fully matured and being applied successfully. I felt a strong connection to this person.

Mawson

At the time of her initial interview, Mawson had been a psychologist for 10 years and was working as a student counsellor in a university setting in a capital city. She described her theoretical orientation as eclectic. She does not consider herself a follower of any particular spiritual path or religion. Mawson first came into contact with Buddhism in 1986 when she travelled around India and Nepal for 6 months and found herself teaching English to Tibetan nuns in Dharamsala before moving on to stay for a short time in a Buddhist monastery in Thailand. She expressed having difficulties with the inequalities she observed between ordained women and men, but related this issue more to culture than to Buddhist teachings. Nevertheless, she advised "I think the philosophy is beautiful, but oh yes, I have no wish to become a Buddhist."

The aspects of Buddhism that Mawson emphasised incorporating into her counselling, which she describes as brief therapy, are a present orientation, the consequences of expectations and attachments, and making the most of what we have. In reflecting upon the benefits of Buddhist techniques for herself as a therapist, she emphasised her ability to remain in the present moment. Regrettably, the sound quality of the audio tape for Mawson's follow-up interview was so compromised that I was unable to use it.

I had not met Mawson before the study. We did both interviews by telephone because she lives interstate. Our interviews were relaxed and conversational, and she impressed me as a genuine person.

Frankie

At the time of her initial interview Frankie had been interested in Buddhism for 3 years. She recalled a recent event in which she had labelled herself a Buddhist as "a

fairly big revelation." She explained her attraction to Buddhism in her comment "I think that as

a philosophy and as a way of functioning through life, it's just got it all over a lot of things." She has been working as a psychologist for 10 years and said her approach is predominantly cognitive-behavioural. Her work setting is a rural-based maximum security correctional centre. Frankie explained that in her work with clients, Buddhist concepts, such as compassion, are introduced in discussions about victim empathy, perspective taking, and considering others' realities. In terms of techniques, she incorporates meditation, particularly mindfulness, into therapy for some clients.

Frankie described the influence of Buddhism on her role as a therapist as helping her in the way she looks at people, reacts to them, and seeks to understand the motivations behind their behaviours. She emphasised the usefulness of the Buddhist compassionate and non-violent approach to understanding people in helping her cope with the inevitable stresses of her work.

I had not met Frankie prior to the study. We conducted her interviews by telephone because she lived interstate. I found her to be forthright and friendly, and I was humbled by her self-disclosure. I was fascinated by accounts of her workplace and clients, and how she draws on Buddhism in that context, and I regretted having to end each interview.

Peter

Peter described himself as a "Catholic Christian with an open mind to other religious traditions." He has a degree in theology and graduated in psychology in 1985. He considers his approach to be eclectic, but with a particular interest in linking strategies to developmental needs. Based in a capital city, he had been working as an industrial chaplain until just prior to the study when he had commenced working in educational psychology, assisting mainly primary school students with learning difficulties. Peter recalled that his first exposure to Buddhism came when he started

reading about Eastern wisdom traditions in the 1970s. He started, however, to draw on non-Christian works more seriously in the 1980s. He made a point of noting he views Buddhism as far more than a toolbox, and he described it as “personally healing” and “profoundly informative” in developing his experiences of higher consciousnesses, “It’s not the Buddhist teachings but the *experiences* that the Buddhist teaching points to.

Peter described how he draws on Buddhism in therapy to help clients be present to, and aware of, their mind-body states. In his interviews he stressed the usefulness of Buddhist techniques, especially mindfulness, in keeping him present with his clients, or, as he described it, being “anchored in the present” and “having my attention while I’m with a client, in a sense rotated 180 degrees so I’m aware of myself while I’m with the client.”

I had not met Peter before the study. He undertook his first interview by telephone and his second at my home. He came across as a modest and gentle person and was respectful of the study and what I was trying to achieve. I admired his ability to draw sensitively and harmoniously from both the Christian and Buddhist traditions.

Lacey

At the time of her initial interview Lacey was a probationary psychologist who did not consider herself a follower of any particular spiritual path or religion, but she had been interested in Buddhism for 3 years. She advised, “I don’t sort of embrace it as a dogma or a be all and end all, but I definitely feel that it has something to offer,” and expressed a keen interest in finding a Buddhist supervisor. Based in the outer suburbs of a capital city, she was undertaking voluntary work as a telephone counsellor and group facilitator for clients with obsessive-compulsive and anxiety disorders at the time of her first interview, and paid work in child protection at the time of her second interview.

Lacey explained that although cognitive-behaviour therapy influences much of her work she considers her approach to be eclectic.

Buddhist concepts Lacey introduces in her work with clients include the inevitability of suffering, acceptance and letting go, having compassion for oneself and others, and perspective taking with reality and hypothesis testing. She advised that parts of the program she facilitates (but did not design) include some Buddhist meditation techniques, such as awareness and counting of the breath, and visualisations for reducing anxiety. Some of the benefits Lacey noted of her own meditation practice were restoring balance, minimising traumatisation, and keeping the idea of responsibility in perspective.

I had not met Lacey before the study, but because she was a probationary psychologist I felt I probably had more in common with her regarding psychology than some of the more experienced participants. Both of her interviews were conducted by telephone. She was open about her experiences and came across as friendly and thoughtful.

Juliet

Juliet had been interested in Buddhism for about 10 years prior to her interview. She lives in a capital city where she regularly attends a Buddhist centre. She explained she considers Buddhism to be a gestalt of practical ideas with general applicability. She has 20 years experience as a psychologist, is managing a full-time private practice, and she described herself as a cognitive-behavioural psychologist. Most of her clients have anxiety disorders, and many are Vietnam veterans participating in long-term therapy.

The aspects of Buddhism Juliet incorporates into therapy are discussions about compassion for oneself and others, living in the present moment, and mindfulness as a method of clients gaining awareness of their habitual patterns of thinking and reacting.

As far as the benefits of Buddhism to herself, she explained that it sustains her and gives her a deeper sense of benefiting others.

I had not met Juliet before the study. She was able to undertake only the first interview, and we did that by telephone because she lived interstate. I was somewhat intimidated by the extent of her experience as a psychologist, but she explained things clearly and thoughtfully. Her accounts of her major client group were interesting, and I appreciated the links she was able to make between Western psychological theories and Buddhist philosophy.

Lizzy

Lizzy first came into contact with Buddhism at university about 5 years before her initial interview by way of a subject on Eastern philosophies, but she does not consider herself a follower of any particular spiritual path or religion. She has been working as a psychologist for 2 years and describes her approach as schema-focussed, but she also uses traditional cognitive-behavioural techniques as well. She described her work as health psychology based at a medical clinic opposite a large capital city hospital, where she provides counselling and stress management techniques, and also addresses issues such as medication and treatment compliance. Most of her clients have chronic or terminal illnesses. In terms of the impact of Buddhism on her work, she is attracted to
the Buddhist idea that life is precious and that "they blend nature with everything."

Lizzy advised that she frequently draws on meditation techniques, and in particular mindfulness, to help clients manage their anxieties resulting from their illnesses and diagnoses. She noted meditation is especially useful in helping her to cope with the continued exposure to clients' suffering, and the reality that it is not unusual for her
clients to die.

I had not met Lizzy prior to the study. We did telephone interviews each time because she was based interstate. I found her easy to talk to, and I was impressed with her sensitivity in relation to a challenging role for a psychologist of only 2 years experience.

Louis

At the time of his initial interview, Louis had been a Buddhist for 18 years and a psychologist since the mid 1980s. His work, which he undertakes in a rural town, involves mostly psychotherapy with individual clients, but he also does some communication skills training. His clients are drawn from a variety of referral sources including the Victims' Compensation Tribunal, Department of Veterans Affairs, and the local community health child, family, and adolescent team. Louis said that although he is somewhat cognitive-behaviourally oriented in his work, he thinks of himself as an existential phenomenologist. He described the influence of Buddhism on his work as broad, but he emphasised the principle of what he termed "meeting people on their own ground."

Louis described how he incorporates meditation techniques in therapy, particularly for relaxation purposes where anxiety, depression, or post-traumatic stress are involved. He also draws substantially on the Buddhist idea of responsibility and people being empowered to effect positive changes in their lives. In terms of the impact on him as a therapist, he includes stress management and giving meaning to daily activities. He described the benefits of his meditation practice as being calmness and having an adequate control over his mental and verbal responses to what people say by being able to observe his own reactions.

I had not met Louis before the study. We did both interviews by telephone because he lived interstate. I liked Louis immediately, and felt comfortable interviewing

him. He was friendly and open and his approach to integrating Buddhism and psychotherapy came across to me as natural and genuine.

Tara

Tara, a self-described Buddhist-Anglican, had travelled extensively in the Himalaya since the 1970s, but felt that Buddhism had started to become influential in her life in the last 15 years. She has been a psychologist since the mid 1970s and described her orientation as eclectic, but with an emphasis on rational-emotive behaviour therapy, cognitive-behaviour therapy, and the writings of Jung. Based in the suburbs of a capital city, Tara described her work as varied, including educational and corporate consultancy, working with gifted children, and helping children with disabilities.

Tara noted a greater influence of Buddhism on how she approaches therapy and the way in which she introduces concepts, rather than in the application of specific techniques. Although she sometimes introduces Buddhist concepts such as suffering into therapy, to date she has not discussed techniques such as meditation with clients. She identified the three aspects of Buddhism most influential in her work as “empowerment, taking charge of your life,” “logic calm: settle the emotions rather than build on the drive of them,” and “I’m very much a here and now psychologist, and what’s happening now we can change.” According to Tara, she was already integrating ways of understanding in her work that she subsequently found were also Buddhist ways of thinking. So, for Tara there was a sense of familiarity with the teachings of Buddhism that meant incorporating Buddhist ideas into therapy felt natural for her.

Both of our interviews were conducted at Tara’s home. Although I was slightly nervous due to being impressed by her extensive experience as a psychologist, she put me at ease. Our interviews were long and conversational and I enjoyed them immensely.

Linda

Linda became a Buddhist in the mid 1970s. At the time of the study she was a probationary psychologist based in a capital city. The depth of her association with Buddhism was evident throughout the one interview we did together. She observed that Buddhism "just becomes part of you and the way you think and see things."

In her interview, Linda talked about her work with two client groups, as a child protection caseworker and as a telephone counsellor for a gambling help line. In both situations she drew mostly on cognitive-behaviour therapy principles. She observed different benefits of Buddhist understandings in relation to each of the client groups. In her work as a telephone counsellor, Linda applied Buddhist principles more directly with clients by having them understand the realities they create by taking them step by step through, mentally, the consequences of what they were thinking and saying, and how

they reacted. In regards to her child protection work, Linda expressed the benefits more personally as giving her an understanding of the families' karma. She emphasised that through having worked extensively on herself, she had developed a calmness and objectivity that other people remarked upon. She described it as "an understanding of the way things work."

I had studied post graduate psychology with Linda, and she was also a good friend. Our only interview was done by telephone. I already had a high regard for the qualities she exhibited in her academic and personal lives and I was not surprised that she had also found a way to balance wisdom and compassion in her work.

Addressing the Research Questions

To reiterate, the core research question guiding this study was: *What are the professional and personal experiences and perspectives of psychologists in Australia who are informed by Buddhism in the way they conceptualise, approach, and conduct*

psychotherapy? The core research question had two supporting questions: (a) *How do Buddhist principles inform different aspects of psychotherapy (e.g., therapist self-care, client interventions?* and (b) *In what ways do therapists incorporate Buddhist concepts (e.g., compassion) and techniques (e.g., mindfulness) into psychotherapy?* The research questions of the study are addressed within this chapter in a hierarchy of guiding principles, major themes, and sub-themes that emerged from the interviews with participants. The two guiding principles each include two major themes, that are in turn supported by a series of sub-themes. Compassion is the first guiding principle, and it includes the two major themes of the truth of suffering, and compassionate engagement. The second guiding principle is wisdom, for which the two major themes are mindful presence and empowerment through understanding. Each of the major themes is supported by a series of sub-themes. The quotes I used to illustrate participants' perspectives and experiences were selected to be illustrative, and can only partially represent the rich in-depth discussions they are drawn from.

I have chosen to integrate, rather than separate, the benefits participants perceived for themselves and their clients. From a Buddhist perspective, such divisions are artificial. Buddhism does not distinguish between principles and methods for clinical and non-clinical situations. The instructions for developing mindfulness, for example, in someone who is an advanced practitioner are the same instructions for a beginner, or for someone in a state of bliss, or for someone in profound anguish who has a diagnosed psychological condition. From a Buddhist teaching perspective, the status as therapist or client is incidental to the extent that the technique is essentially the same, even though it might be presented in different ways to different people. Integrating the benefits to therapists and clients serves as a reminder of that understanding. In addition, it is clear from participants that some of the perceived benefits have resulted in relationship to

clients and events in therapy. Likewise for clients, the therapeutic benefits of certain Buddhist understandings and techniques owe as much to the vessels they were presented in (the therapists) as they do the philosophy. Before addressing the core principles and themes of the Study, I provide some background information and experiences that help give context to participants' current perspectives on drawing on Buddhist ideas and techniques in their work.

The Meeting of Buddhist Inspirations and Psychology

Many factors contributed to participants' perspectives on the benefits of drawing upon Buddhist ideas in the therapy context. Informal discussions, reading books on the subject of merging psychology and Buddhism, and professional forums such as the Buddhism and Psychology Interest Group of the Australian Psychological Society (APS) are examples of the different influences on participants' attitudes. The background factors of particular interest in this study are participants' initial exposure to Buddhism, the influence of professional supervision, and their perceptions of the limitations of Western psychology. Participants' experiences of applying Buddhist principles form the core themes of the study and they are explored following this background section.

Initial Contact with Buddhism

Each of the therapists had their own story about how they became interested in Buddhism. Travel, books, and Buddhist friends are examples of some of the ways initial connections were made. Curiosity led some to investigate further, and they found themselves attracted to the ideas presented in Buddhism. Others professed to having had a more existential interest, often in response to experiencing a personal crisis.

> I remember a sense at that time of coming home. A couple of my friends a few years before [who] had suicided, and so I think that it was a way of me starting to unravel a bit of my trauma about that more than anything, because I was sort of

trying to suppress it I think. It was very sane stuff, about death, and loving kindness, and impermanence. And that was the start. [Cat]

Participants described their initial contact with Buddhism as therapeutic, interesting, or just intriguing, and some observed that they immediately felt a sense of familiarity with Buddhist teachings. The diversity of participants' exposure to Buddhism ranged from relatively recent to long term, but time of exposure did not seem related to how they conceptualised their relationships to Buddhism. For example, one of the participants who had many years exposure to Buddhism expressed no desire to become a Buddhist, even though she drew on Buddhist philosophy in both her personal life and work. Participants' experiences of, or affiliations with Buddhism, were with the Theravada and Tibetan Mahayana and Vajrayana lineages.

Supervision

At the time of their initial contact with Buddhism participants were at different stages of their professional lives. Some of them studied psychology and Buddhism simultaneously, others were interested in Buddhism before they studied, and others were already therapists when their interest in Buddhism emerged. The supervision experiences

of participants included probationary supervision, post-probationary supervision, peer supervision, and some had experience as supervisors. I asked participants whether supervision had provided any opportunities to explore the relevance of Buddhist techniques or ideas to therapy, and whether such discussions had facilitated or mitigated their desires or attempts to develop their interests further.

Probationary supervision would seem to afford an ideal opportunity for trainee psychologists to consider the roles of therapists, including philosophical interests such as Buddhism, in the context of their therapy practice. During their probationary periods of supervision, therapist supervisees who already had an interest in Buddhism made

decisions about whether to reveal their interests to supervisors. Probationary psychologist Lacey, for example, advised she would have welcomed an open discussion about therapy and Buddhist principles with her supervisor. Nevertheless, she had been reluctant to introduce the topic because she believed her supervisor would not consider it to be relevant. The desire to minimise unnecessary controversy in supervision was apparent in Lacey's reluctance to broach the subject of Buddhism. Such reluctance suggests that, for some supervisees, reaching the goal of professional registration may outweigh the desire to talk about a potentially risky subject in case they are judged negatively by their supervisors. For those participants who elected to broach the subject, their approach tended to be to tentatively test out their supervisors' receptiveness to the topic with broad statements about some aspect of Buddhism. The decision to pursue the subject further depended upon how the supervisor reacted to the initial approach.

Once a psychologist is registered, a degree of confidence from having met the formal requirements of training, and being of broadly equal professional standing, might afford greater comfort in raising an interest such as Buddhism in supervision. Participants' discussions indicated other factors also influenced their decisions to talk about Buddhist concepts. Lizzy, for example, mentioned her age as a feature in her willingness to be open about her interest in Buddhist principles. She suspected that if she were in her 20s she might be more cautious, but as a mature person she was not as concerned about how her supervisor would react. Lizzy may have been referring to the self-confidence that comes with life experience coupled with self-acceptance. Even so, other participants who presented as equally self-confident and self-accepting maintained some discretion as to the supervisors with whom they chose to discuss Buddhist concepts. According to the participants, it really depended on the personalities of

different supervisors and whether they might consider drawing on Buddhism in therapy as an imposition of values.

> It depends on the person. I wouldn't [discuss Buddhist ideas] with my particular boss at the moment. . . . Yeah, I know her well enough now that she's not that type of psychologist. [Mawson]

Participants' past and present experiences as supervisees tended to separate into a primary emphasis on learning in their probationary phase of training, and professional support in subsequent years. Therapists who had finished their probationary training continued to value the benefits of supervision, often after many years, and some found occasion to discuss philosophical matters such as Buddhism. According to some participants, with the right supervisory relationship such concepts could be effortlessly introduced into the discussion, and they need not be labelled as Buddhist.

> Ah, my supervisor, we know each other really well. I've had supervision from him for years. . . . The sort of culturally determined language can drop away and we just are still speaking about the same thing as far as I'm concerned. He's like a Buddhist who's not a Buddhist. . . . If I was going to talk in Buddhist terms to him I would have to translate and explain what all the terms meant, and then he would understand what I mean. But there's no need. [Vania]

The few therapists who had participated in peer supervision noted that it could be a supportive environment for discussing how an interest such as Buddhism related to therapy. Of those who were supervising others, or had done so in the past, only one resisted the idea of what she described as "raising influences like Buddhism." Tara acknowledged that her view was probably influenced by the timing of her supervision experience, all of which took place prior to her embracing Buddhist ideas. For the other supervisors, the influence of a Buddhist perspective in supervision was considered likely,

even if the topic of Buddhism was never introduced. For example, Louis acknowledged that in his role as a supervisor he had expectations of his supervisees that arose out of his Buddhist perspective. He noted he expected his supervisees to change over the course of the supervision period because of the impact of working as probationary therapists and the exposure to issues of central concern to people's lives.

Even when the supervisor was introducing Buddhist ideas or techniques, Buddhist labels were not emphasised. In most cases, labels were consciously avoided, and concepts were worded in a way that could fit in with any tradition. On rarer occasions, a supervisor was consulted in the context of being a "Buddhist supervisor," which provided the opportunity to be open about connections between Buddhist philosophy and therapy. For example, Grace talked about how she discussed Buddhist understandings and techniques with supervisees and how they were integrating Buddhist ideas in their work with clients.

In summary, participants' experiences of being supervised revealed probationary supervision had offered the least scope for exploring how Buddhist principles might apply to their therapy practice. In contrast, post-probationary supervision, either on an individual basis or with peers, was a more opportune forum for the disclosure of Buddhist interests. In their roles as supervisors, the participants expressed a range of views about whether they would introduce Buddhist concepts, and whether they would disclose the source of such concepts.

Perceived Limitations of Western Psychology

In part, participants' interest in exploring the potential of drawing on Buddhist principles in therapy stemmed from a lack of confidence in psychology training, including supervision, to equip them fully for their roles as therapists. The main area that participants highlighted in this regard was self-development. A second limitation they

identified was perceived gaps in Western psychological theories and methods. The importance of therapist self-development was a recurring topic in participants' discussions. Some of them believed it to be so essential that it ought to be emphasised as part of psychologists' training.

> There's this complete lack of emphasis on personal development within the profession. . . . No one took me aside when I was, say, doing my undergrad degree and saying, "you know you've got to kind of get your shit together before you do this." [Louis]

Throughout their interviews, many of the participants repeatedly emphasised the therapist self-development benefits gained from drawing on Buddhist principles. Both personal qualities (e.g., compassion), and skills (e.g., mindfulness), were identified in this regard, and these benefits are discussed throughout the guiding principles and themes below.

The other concern the therapists expressed involved perceived limitations in Western psychological theories, and their related interventions, to address the issue that clients presented. The adequacy of specific Western psychological principles and techniques was not explored in this study. Nevertheless, in their interviews participants indicated that drawing upon Buddhist principles complements Western therapy approaches by integrating different theories, filling perceived gaps, or enriching existing theories and methods.

> I suppose the main point I'd say is that I've found Buddhism to fit extremely well with [cognitive-behaviour therapy], and give it a bit more breadth and depth. . . . It is a very practical set of ideas, thoughts. . . . There's sort of a gestalt if you like, lots of good ideas. You can see how they fit together in a more cohesive way. [Juliet]

The participants first perceived personal benefits from Buddhist principles and techniques before applying them in therapy. Although deciding to draw upon Buddhism is something that might be pinpointed to a particular event and time (e.g., the first time a therapist gave instructions to a client on how to develop mindfulness), it is also part of a broader evolution in the life of the therapist, and it may have its origins at a much earlier time. When the idea of drawing upon Buddhism in therapy is considered from this context, something about the therapists can be appreciated immediately. The way that they draw upon Buddhism in therapy is not the same as if they had read about a new psychological theory and method and then applied it. As is evident through this chapter, their use of Buddhist ideas and techniques in therapy has evolved out of their own understanding and experiences of Buddhist principles and methods.

Overview of the Guiding Principles and Themes

Two overarching guiding principles and two levels of themes emerged out of the participants' discussions. The two guiding principles are *compassion* and *wisdom*. Compassion incorporates two major themes and their supporting sub-themes. The first major theme within compassion is *the truth of suffering* (sub-themes: *an acknowledgement of suffering, causes of suffering, and suffering as a path*). The second major theme within compassion is *compassionate engagement* (sub-themes: *empathy, openness, and hopefulness*). The guiding principle of wisdom also includes two major themes. The first major theme within wisdom is *mindful presence* (sub-themes: *a present orientation, the primacy of direct experience, and being with what is*). The second major theme within wisdom is *empowerment through understanding* (sub-themes: *responsibility, disclosure, and sustaining*). From a Buddhist perspective, wisdom arises from seeing things as they really are, and the work of therapy the participants described shares much in common with the Buddhist understanding.

Wisdom and Compassion: The Jewel in the Heart of the Lotus

In Buddhist practice, the jewel in the heart of the lotus represents wisdom, protected, supported, and sustained, within a foundation of great compassion. Similarly, for the participants, compassion forms the basis out of which the work of therapy can take place. The work of therapy is for the client to develop wisdom from having first experienced their therapist's compassion in action, and having been supported in generating compassion towards themselves, and perhaps others. According to the participants, exploring the truth of suffering, and finding a compassionate response to it, can provide a foundation from which clients can examine the truth of their own experiences. In turn, the exploration of thoughts, feelings, and behaviours can reveal patterns of thinking and reacting. Such examinations, according to some participants, can enable some clients to take responsibility in its positive form of empowerment. When

clients are able to participate in therapy in this way, from a Buddhist perspective they have developed their own compassion and wisdom, and, in an ideal situation, are on a path to becoming their own therapist.

The Guiding Principle of Compassion: The Lotus

For the therapists in this study, compassion is the foundation out of which the work of therapy takes place. The two major themes within compassion are the truth of suffering, and compassionate engagement, and they resonate in participants' own lives, as well as in their work. For participants, compassionate engagement, supported by the truth of suffering, characterises both the quality of the therapeutic relationship, and the work of therapy. The features of the truth of suffering and compassionate engagement the participants discussed are presented as sub-themes. The major theme the truth of suffering includes the sub-themes: an acknowledgement of suffering, the causes of

suffering, and suffering as a path. The sub-themes highlighted within the major theme compassionate engagement are: empathy, openness, and hopefulness.

The Truth of Suffering

The Buddhist first noble truth of the inevitably of suffering resonated with participants, and was one of the primary Buddhist concepts they identified as having relevance to therapy. The idea of suffering featured in all aspects of therapy for these therapists, from suffering being the motivation for clients seeking therapy, to the perpetuation of clients pain in how they related to suffering, through to the dynamics of using suffering for personal growth, and ultimately the relief of clients' suffering as a relative measure of the success of psychotherapy.

An acknowledgement of suffering. All Buddhist contemplative roads lead, sooner or later, to the recognition of suffering. Even if one is attracted to Buddhism because of its more overtly positive aspects, such as compassion, the intersection with the idea of suffering is inevitable. The foundation from which Buddhist practice progresses is the idea that life will include suffering, and this noble truth was self-evident to the participants. "The first noble truth [of suffering] is usually demonstrated to me before I have breakfast" [Louis].

For these therapists, the inseparability of life and its dissatisfactions is so internalised it is unremarkable: "I think I accepted a long time ago that life is suffering. . . . It's just, you know, reality I think, reality I live in" [Cat]. Participants' insights about their own suffering resulted in a sense of familiarity towards the suffering that clients experience, manifesting as a heightened sense of empathy.

> I think what Buddhism helps is to understand humanity. And to understand the suffering that people generally experience in their lives. So that makes you feel closer already to people. And so their struggle with their relationship with

> someone, or whatever, I mean they're all the things that we all suffer from.
>
> [Grace]

As is often the case with Buddhism, suffering draws many people to therapy. Even the most positive motivational, self-improvement and self-help popular programs are versions of "I am not complete because I could be better." Participants expressed the view that a therapist's confirmation of the existence of suffering can itself be therapeutic for clients. For instance, a client experiencing the world as unfair and irrational may be comforted by a therapist's confirmation that sometimes that is how the world seems, and that sometimes people really are unfair and irrational. Whereas, applying logic and reasoning in order to view things differently may, at that time, only invalidate the client's feelings and alienate them from the therapist.

Underscoring this way of relating to a client's suffering was the sense that some participants alluded to, that in Western psychology the positive is viewed as the norm, and the negative is more of an aberration that requires intervention, fixing, changing, or removing. They chose, instead, to apply a Buddhist perspective to therapy, in which suffering can be accommodated by acknowledging it as real and valid and a struggle, but also a natural part of life. In doing so, they validated the client's experience in the recognition that such feelings are normal and universal. One of the many ways in which participants worked with clients on this issue was exploring the basic idea that life will include suffering.

> I often say to people "What is it that you [can] control and what can't you control?" So, almost akin to that, stuff that just happens sometimes. And it's not about you, it's about everything. It's about being alive, and taking risks. . . . Because this idea that life is supposed to be perfect, you're supposed to always be happy, I'm quite happy to challenge people with that. . . . People should be

aware that that's [suffering] part of it too. That's part of the beauty of it. [Frankie]

Causes of suffering. An acknowledgement of suffering underscores therapy for the participants. Sometimes the concept of suffering can become a worthwhile subject for exploration in therapy with a client beyond acknowledging its inevitability. Learning to tolerate and accommodate suffering in their lives is something many clients have to work on, according to participants, because one of the causes of suffering can be trying to avoid the unavoidable.

> In psychology, you see a lot of people suffering enormously. . . . They've had obsessive-compulsive disorder for 20 years, or panic disorder. They can see that it's taken away a lot of the quality of their life, and robbed a lot of their potential and happiness. . . . It seems to me that a lot of people spend their whole life trying to avoid suffering. . . . The people that seem to be able to move on and get through an anxiety disorder are the ones who can accept it. [Lacey]

The role of expectations was the major factor identified by participants that contributes to individuals' suffering, in relation both to expectations of a life without suffering, and in unsatisfactory interactions with others.

> Certainly the concept of expectations plays a big part in terms of people's suffering. And I'll go into that, that's part of how I conceptualise it, you know, people that are in relationships or families, or situations, that there are these sort of underlying expectations, yeah, the needs that they have that they're projecting onto others. And that is a very helpful concept. [Mawson]

From a Buddhist viewpoint, expectations can be understood as forms of attachment, grasping, or commitment to fixed sets of ideas. For these participants, exploring suffering

in terms of expectations, or assumptions, or beliefs is more useful than conceptualising

suffering in terms of grasping. Although some participants have discussed the Buddhist concept of attachment with clients at times, in general they find it presents difficulties.

> I think you can only drop attachments if there's some spiritual growth, in terms of being aware of the transcendental self, or whatever language you want to put that
>
> in. Otherwise that can just become part of one's self-loathing, or part of withdrawal from world, and can feed that. It could be like just an ascetic rigour, without love for one's self and one's world. It has to be within that context. . . . Because if you don't have a healthy ego, the dropping of attachments or whatever can actually be, I think, psychologically unhelpful rather than helpful. . . . It can actually be a false transcendence. [Peter]

Peter's example highlights a shared perspective among the participants about being selective in choosing aspects of Buddhism that might be applied to therapy. Even within one topic, they may only present one of a constellation of ideas. To illustrate, within Buddhism there are three types of suffering: (a) the suffering of suffering (e.g., pain), (b) the suffering of change, and (c) the all-pervasive suffering (of rebirth). But, as Vania explained, his experience is that clients are not receptive to all of the aspects as they are presented in Buddhist philosophy.

> The idea of the pervasiveness of suffering, most people don't want to hear that. . . . They'll argue 'till they're blue in the face about attachment, the quality of being attached, you know, how wonderful desire is, without actually being able to be a little bit more critical of what happens when you get your desires. Most people are not interested in that. They don't want to hear it. It makes them feel depressed, they say. So this is the old criticism of Buddhism, that it's depressive.
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> .
>
> . . They [clients] only want to have the suffering of suffering, right. They're willing to admit that murdering and raping and being arrested [is suffering],

they'll admit that. But the whole idea of the suffering of change, oh that's hard. They don't really want to get that, let alone the all-pervasive suffering, you know, the notion of rebirth. They think that being reborn is great. That's their solution

to everything, rather than that being the problem. [Vania]

Apart from expectations, the other source of suffering the therapists identified was dissatisfaction arising in relation to the Buddhist concept of impermanence: that all things are in a constant state of change. But again, as Vania noted above, in his experience, clients are not so receptive to the Buddhist idea of the suffering of impermanence. Some of the therapists, nevertheless, viewed it as a cause of some clients' suffering. "How their unhappiness arises is really a matter of dissatisfaction with things changing or not changing" [Louis].

Suffering as a path. Recognition of the universal nature of suffering engenders empathy for clients in the participants. But, more than this, suffering is seen as inseparable from therapy: as its catalyst, in its momentum, and ultimately, in defining the goal of therapy. The idea of a path to relieve suffering is commonly associated with Buddhism, but participants' comments revealed they also understand therapy from that same perspective.

In essence, when I sit with someone listening to their suffering, or being with them experiencing their suffering, one, I'm connected with them, and two, my aim is to alleviate or reduce the suffering in some respects. I mean, that's my ultimate aim. I can't deviate from that. . . . I'd be thinking, "how best can I alleviate this persons suffering?," or "how best can I influence them to alleviate their own suffering?" And in the storehouse of my mind somewhere is all the possibilities, all the models that I've ever studied, and all the things that I've used

> in the past and from experience and stuff. And as a result I might say something, I might suggest something. [Jo]

One of the ways in which participants noted they work with clients is with the idea that one can take the opportunity to make some sense of the experience of suffering. “When you’re in high distress and things are going wrong in your life, one of the skills that you can learn is how to make meaning out of suffering” [Vania]. Beyond acknowledging suffering, and accepting its inevitability, the participants observed that trying to relate to suffering in such a way could be a positive force in therapy. Likewise, they noted the therapeutic benefits of the idea that people can learn from both their good and bad experiences. In addition, Mawson noted the usefulness of the Buddhist idea that the people who we believe cause our suffering can be our best teachers, because they trigger undesirable responses in us that provide opportunities for self-contemplation that might otherwise not have arisen.

> The general principle, and I use this especially with people in crisis, is that what can they, [and] what have they learned from that. Or, that people who are difficult in their life, they could be their teachers, and what have they learned from them. I use that a lot, and people really respond to that. You know, “you’ve been through this crisis, what have you learned about how you respond, and other things?” Often through crises, through trauma, we actually do learn and gain our wisdom. [Mawson]

An aspect of viewing suffering as a path discussed by some participants related to whether therapy has been successful. Different measures for gauging the success of therapy were mentioned by the participants, for example client feedback and ongoing referrals by other health practitioners. Nevertheless, the alleviation of clients’ suffering was offered as a major indication of the usefulness of drawing on Buddhist ideas in

therapy: “That people would find comfort in understanding some of those perspectives. That they might experience that understanding in their own lives” [Grace].

Compassionate Engagement

In addition to the truth of suffering, the other major theme within the guiding principle of compassion is compassionate engagement. For the participants in this study, compassionate engagement is characterised by empathy, openness, and hopefulness. They are the core relationship ingredients the therapists consider necessary for maximising both the therapeutic relationship and positive outcomes for clients. From the participants’ perspectives, compassionate engagement creates and sustains a therapeutic environment that is conducive to clients feeling accepted, validated, and supported, so that they, in turn, can explore their sufferings in beneficial ways.

Empathy. The idea of compassion is synonymous with Buddhism. Without suffering, however, there is no context for compassion. Compassion arises out of an encounter. It is not a skill in the sense that mindfulness, for example, can be developed with practice. Rather, from the Buddhist perspective, compassion is the product of recognising the first noble truth of suffering, and it can have others or oneself as its object. In this regard, compassion can be understood as the positive response to one’s own, or others’ suffering, and for the participants it manifested as empathy.

> People are struggling against themselves all the time. So that, I guess that I understand that struggle and I understand much more how difficult it is. That’s from an experience of trying to deal with your own stuff and to let go of old patterns and habits. So I do feel, I guess, much more compassionate towards people. [Grace]

From the Buddhist perspective, compassion goes beyond sympathy to an empathic appreciation for another’s suffering. From the Buddhist viewpoint, the more

profound compassion arises in understanding suffering coupled with the recognition of our interconnectedness with others. For example, they suffer and so do I, their suffering could just as easily be my suffering, therefore my desire for their suffering to cease is no different from my wish to end my own suffering. Jo expressed it directly: "Compassion's like a natural consequence of understanding interconnectedness" [Jo].

This sense of common humanity arising in concordance with the realisation that suffering is a part of life for all people resonated with participants. "This sense of deep connection with people comes to me somehow I think in the consulting room with clients" [Cat]. It is unknown to what degree this sense of identification with others' suffering existed before the participants became therapists, or before they became interested in Buddhist principles, or whether it influenced their attraction to either, or was a consequence of one or both. What is clear is that they now possess a deep sense of empathy for others and their sufferings. Participants emphasised their sense of interconnectedness with others in the "no man is an island" concept: "It's because they [Buddhists] look at the world as one, that we are part of that world" [Lizzy]. This sense of connection with others was described in other ways as well. For example, for some participants it was expressed as a sense of gratitude to clients, and for others it was the belief that they can learn from their clients. Empathy appeared to characterise therapy for many of the therapists through this heightened sense of connection and concern on a very personal level.

> The approach I take more and more with people is that they and I are really swimming in the same ocean. I guess I probably have a real kind of thing about, you know, them being over there and me being over here. Perhaps it's because I practice in a small country town, makes it just that much more obvious to me that it really is nothing separating me and them, so to speak, in terms of us, our lives,

our situations, that kind of thing. So that's one thing that I'm very conscious of, and I try to meet people on that basis, that we are all involved in the same sort of world. [Louis]

Participants introduced the ideas of compassion and empathy into therapy both in the context of clients having compassion for themselves as well as empathy for others. According to the therapists, clients sometimes have to be reminded that the empathy they feel for others should also be directed lovingly towards themselves. Sometimes, the idea
of having empathy for others was also extended to exploring the idea of compassionate action.

> I tend to talk about compassion a lot with people who are having a crisis of meaning. And that might be secondary to, veterans, they're at that stage of life anyway. Children have grown up, often the marriages have gone badly. Work is gone, or bad, and people feel, well, empty in the usual sense of the word. And, talking about compassion to others, looking after the earth, looking after yourself, looking after other people. I tend to do that quite a lot. . . . [Also] often I see people, of course, who are lonely or who are not very connected to other people, and so I talk about volunteer work quite a lot, and I talk about compassion, 'cause I know, it's a good bet that if they can actually get themselves into a situation where they've felt they're benefiting others, they will actually feel better. And they do. [Juliet]

Perspective taking was also discussed as a mechanism for clients developing empathy. According to Frankie, attempting to appreciate other people's realities and situations can be a powerful way of moving towards an empathic understanding of others, and is a strategy she frequently employs with incarcerated clients.

> With these kinds of clients [forensic]. . . . You always get to this thing called empathy. What you're trying to do is you try and look at where they are in relation to that [perspective taking] and how to develop that in people. So we often talk about compassion. We often talk about people's realities and how they respond to situations. [Frankie]

Although other participants did not emphasise perspective taking to the degree Frankie did, some of them, nevertheless, noted they also used the idea sometimes with their clients. Jo gave an example of how he might explore the implications a teenager's anti-social behaviour by asking: "Is it really good? Is it really fun? Is that how you feel in the long run? What about stealing? How do you feel in the long run? How would the other person feel?" [Jo].

Openness. One way of conceptualising the path of Buddhism is as a process of relinquishing defences in order to become open to the truth of one's experiences. A characteristic observed in many of the participants in the way in which they work with clients was their desire to generate openness towards both their own experiences in therapy, and to those of their clients. "So there's different ways in which I would work, but there's always this sense of coming back to my own experience of being open to what's happening and being very present" [Bill].

Being open in the manner participants described in their discussions is not about unconditional acceptance as a professional stance they have adopted. Rather, it is about them having developed a positively constructed tolerance for accepting clients as they present, based upon the therapists' own practice of self-examination. It is their personal introspection that has led them to acknowledge the truth of suffering, which has in turn contributed to their development of compassion, empathy, and openness. Openness in this context includes acceptance. Participants' willingness to acknowledge and accept the

truth of their own experiences extended to their clients in the most therapeutic way. The therapists had the intention to support clients in generating the same openness towards their own experiences in order that they may, likewise, reconcile the truth of suffering with a compassionate response. A characteristic of openness discussed by the therapists was the importance of being non-judgemental towards clients. Openness was viewed, however, as a much broader, and much more positive concept than non-judgement, incorporating a genuine fundamental acceptance of the person.

Even though participants sought to generate openness with all clients, some of them noted it was especially helpful in working with, for example, incarcerated clients and sex offenders. Such therapists noted that a Buddhist perspective helped them to maintain an authentic openness even though they might not approve of behaviours such as drug taking. A further dimension to being open described by some of the participants is captured in Jo's explanation of being open. "So, the being with what's happening right now. Opening up to what's happening, Surrendering kind of being. And allowing and accepting. . . . Being with is your primary [therapeutic] strategy."

The extra dimension implied in Jo's description, and supported by other participants, concerns therapist authenticity. The surrendering Jo described is a concept familiar to Buddhist students of meditation. On the one hand, it is a softening, loosening, and relaxing of judgements and expectations. On the other hand, such surrendering is about exposing one's self, as much as possible, by dropping the defences and barriers that create distance between our authentic self and the selves we project to ourselves and others. The desire to generate such authenticity inspires compassion in oneself. When directed towards another person, authenticity, coupled with compassion and empathy, manifest as openness that invites them to reciprocate the authenticity. The distinction between surrendering in therapy and Buddhist practice is that in therapy the therapist

surrenders to the client's experience as well as their own, but does not communicate their own experiences transparently in the way that might occur in the practice context of
a Buddhist student with their teacher.

For the therapists, openness and authenticity assist in developing the rapport necessary for maximising the therapeutic relationship. They also enable the client centred approach that the participants desire in therapy.

> But if they're not comfortable with the way the therapy's going to go, or they're not comfortable with being there, then it's not going to work either. . . . It's about them, it's not about what I think it is, it's about what they think of it themselves. [Lizzy]

Hopefulness. For the therapists in this study, and to varying degrees, the knowledge of the inevitability of clients' suffering is counter-balanced by the positive Buddhist principle of Buddha nature, and its consequential perspective, hopefulness. Jo put it succinctly when he said: "I guess from a Buddhist perspective I don't succumb to hopelessness, because I see that, you know, there's possibility." Seeking the Buddha nature in others is only part of the teaching for Buddhist students, who are also challenged to find and relate to the Buddha nature within themselves. In the same way, the therapists expressed the desire to support clients in getting in touch with their positive potential as a means of both validating and empowering them. Vania talked about "finding the Buddha nature of somebody and relating to that", and he later went on
to say:

> There's a belief [in me], and a very profound belief, in the growth potential of people. This is where it sort of starts to get close to Buddhist beliefs as well, but people are essentially good, and that it's drawing on that force of change that is

> the work of therapy. It's getting them in touch with those. . . . It's like believing in people and looking for what's good in them.

One of the ways some of the therapists employed to bring clients into contact with their Buddha nature, or positive potential, and consequently bring hopefulness to therapy, was in the use of the Buddhist concept of loving kindness. Some of the participants chose to employ specific Buddhist techniques, such as loving kindness meditation. More usually, the concept was explored more in terms of supporting clients to cherish themselves, be kind to themselves, and value themselves for their unique gifts. Participants, also, implied links between the value of clients making meaning of their situations, finding meaning in their lives, and how that also contributed to hopefulness and a positive outlook.

Participants held the view that each client has the potential within them to evolve and deepen their understanding. In a broader sense, hopefulness also translates in therapy
to the idea that the work of therapy will itself have positive benefits for not only for the client, but for the therapist as well.

> It's important for yourself, I think, as a therapist that you feel that what you're going to be doing, that in interacting with your clients, that some good will come out of that for them, and perhaps for you as well. [Peter]

According to the therapists, even if therapy becomes stuck, in the sense that no momentum or direction in therapy seems possible in the moment, hopefulness still applies. Exploring stuckness with clients was supported, some participants noted, by their having faith in the broader processes of therapy, based on the idea that everything (including stuckness) that happens in therapy can be used in some constructive way. A related dimension of hopefulness noted by some participants was the idea of planting

seeds: that even if a client gained little insight from a perspective at a particular time, there was always the possibility that they might find meaning in it at a later date.

> I think that sometimes you can sort of sow ideas, or the beginnings of ideas or concepts for people. And, even if it doesn't have any great impact, who knows down the track. Because they might go away and that might come back to them. So it's important to have said things. [Lacey]

For some of the participants, the Buddhist concept of impermanence supports their having a hopeful outlook for clients. As Lacey went on to say: "People are reinventing themselves, and learning and growing all the time." The therapists chose to see the inevitability of change in a positive way, by viewing it as the catalyst for opportunities for clients.

The Guiding Principle of Wisdom: The Jewel

In the therapy setting, client wisdom often begins as a willingness to participate in an exploration of their experience of suffering. Such willingness is facilitated by the client experiencing the compassionate engagement of the therapist as described in the previous major theme, and ideally, in having generated a compassionate stance towards their own suffering. Based on their own experiences, the therapists considered that the most fruitful explorations of the causes of suffering occur out of the examination of experiences, that
in turn leads to understanding. Such understanding leads to more positive and constructive ways of thinking, behaving, and relating to the world and others. For this reason, the aspects of wisdom that they emphasised for clients are the two major themes: mindful presence, and empowerment through understanding. Mindful presence is attention to experience as it occurs, and for clients, as well as the therapists, it is characterised by the sub-themes: a present orientation, the primacy of direct experience, and being with what is. The sub-themes within the major theme of empowerment

through understanding are: responsibility, disclosure, and sustaining, and the second two aspects apply to the therapists rather than clients.

Mindful Presence

According to the therapists, and based on their own experience, when clients apply a mindful presence to their experiences they can reveal for themselves the mechanisms at work in their thought processes and behaviours. Mindful presence can only occur in the present moment, and the participants emphasised the importance of the "here and now" focus necessary to develop such a quality of awareness. Having established contact with the present moment, the next step in the therapeutic application of mindful presence is being in contact with one's unfolding experience. Thoughts, emotions, or physical feelings become the object of one's awareness in the moment they are experienced. Being with what is becomes the way of relating to one's experience. When supported by an understanding of suffering and the foundation of compassion, as already outlined, in this way, mindful presence becomes the therapeutic witnessing of unfolding experience in a non-judgemental and gentle way.

A present orientation. All Buddhist practice is present-oriented. From a Buddhist viewpoint, the past is only memories, the future only fantasies, and whether we recognise
it or not the present is all we have to work with. The idea of being oriented to the present resonated with participants in the way they approach their work. Participants identified two aspects to having a present orientation. The broader perspective is where the content of therapy is grounded in the client's present life situation. "I'm not one for drawing greatly on repressed memories and past experiences. I'm very much a here and now psychologist, and what's happening now we can change" [Tara]. The other feature of a present orientation involves having the client attend to their unfolding experience during the therapy. "But it's the whole basic thing of people being present to, and in

touch with their mind-body state at that particular time that the depression, or whatever, the anxiety, or what you have is, very important" [Peter].

The tool for apprehending direct experience in Buddhism is awareness, or mindfulness. Mindfulness, in Buddhist terms, is being present to what is unfolding mentally, emotionally, and physically. People sometimes use the terms mindfulness and meditation interchangeably. For example, mindfulness meditation is sometimes referred to as just mindfulness, or just meditation. Likewise, an act of developing mindfulness in an everyday situation is sometimes referred to as being mindful, and sometimes called a meditative stance. I have the benefit of participants' complete interviews, and therefore the context within which they use these labels. According to some of the participants, the general concept of meditation is familiar to many clients

> What I find, and particularly with terminal illnesses, they will approach it themselves. . . . A lot of people are very very curious to get into meditation. . . . [or] I will actually say to them, "well, ok, do you know anything about meditation?," and if they show some interest, "well, what techniques do you believe help you?" [I'm] active with that choice. It's becoming more and more common that people will ask for meditation techniques. [Lizzy]

Participants introduced the concept of meditation for either reducing anxiety or for developing awareness of felt experiences and internal processing. Increasing awareness through the application of mindfulness was the most common meditation the therapists explored with clients.

> They [clients] will often talk about meditation, and I'll just clarify for them what it means, give them ideas about certain meditational techniques that I think might be appropriate for their different issues. . . . The simple ones are better for them,

> and visual ones can often be good. But we start off, basically, with just the mindfulness. [Frankie]

Participants observed that clients can tend to live in the past and future, rather than the present, and they noted that mindfulness is a tool that can assist clients to keep returning to the present. In a manner similar to that found in Buddhist meditation practice, participants often emphasised the importance of a client's relationship to their thoughts rather than the content of their thoughts. Clients were sometimes directed to observe mindfully what they were experiencing without judging it, as Bill's example with
a client exploring guilt illustrates. "Because if you're aware, you can feel the guilt arising, and so as the guilt arises you say, 'oh, thankyou,' and then you can see the conditioning,
the steps that got to that." There are self-evident benefits to having a clients' awareness directed to the present. But Bill suggested that mindfulness is fundamental to maximising
a positive therapy outcome.

> But you can't have any psychological change without awareness. Like, I don't know how that could happen, unless it's somewhat manipulative. So the awareness that people get is through mindfulness, by being aware of what happens. You use mindfulness. So it's actually the counter of manipulation.

Participants also highlighted mindfulness as the meditation tool they find particularly useful for themselves in their work as therapists. Their discussions about mindfulness closely reflected the Buddhist understanding of it, both in how to generate and maintain it, and the goal of applying it. At the most basic level, they viewed mindfulness as a tool that assisted them in keeping on task and avoiding becoming overwhelmed.

I don’t buy into, like, I start to buy into lots of stuff, but I try not to get myself worked up in it. I look at my diary, and it’s full, and I think, “gee I’ve got all this

work and research to do" and, you know, I start cranking myself up and just getting myself into a state. I just have to let it go. So, "what have I got to do now?," and just focus on that, which is what I'd be working with clients with. [Bill]

Mawson, and likewise others, noted a further benefit of mindfulness, in her perception that she has the capacity to be fully cognisant of all of the details of what is occurring in therapy, rather than feel that she can't keep up.

The discipline of meditating allows me to be in the moment and to actually listen. It really hones my concentration. And that is very helpful in terms of, it almost slows the process down in my mind, like I've got time to think and to really take in the whole situation, or their whole context. And I find that extremely useful.

The primacy of direct experience. The primacy of direct experience underpins Buddhist philosophy and practice. Participants acknowledged that having contact with the reality of one's experience is essential in therapy situations as a prerequisite to clients being able to make meaning of what their experiences can reveal to them. According to
the therapists, investigating experiences can reveal mechanisms of thought and behaviour that provide clients with new insights about how they operate in the world. Mindfulness
is one tool that generates awareness in clients, and participants find it to have great therapeutic benefit when applied in a context of either quiet sitting or meditation.

We get a lot of anxious people. And one of the major physiological problems is the shallow quick breathing. . . . And so that kind of meditational technique [mindfulness] really works. 'Cause it slows the breathing down, it attacks the other physiological symptoms like palpitations. And then the meditation can still the mind . . . anxiety, ruminations . . . it's a good technique to use for a whole lot of symptoms. [Frankie]

Having clients focus their awareness on their thoughts and feelings in the present moment is a technique common to many therapies. There are, however, additional dimensions of such contemplation that may be more common to Buddhist meditation practices that influence the therapists. Observing the arising and passing away of thoughts and feelings as they are without judging them, discussed in the context of mindfulness, is one characteristic. The use of silence in therapy is another.

The selective use of silence in therapy was mentioned by some of the participants as one way of facilitating clients' access to their felt experiences. In Buddhist practice, some students have to learn to tolerate silence in order to meditate. Generally, students who have fears about silent introspection benefit from first meditating in group situations before meditating alone. In a similar way, the therapist's quiet presence can provide reassurance and comfort for clients who are unpractised at sitting silently with their thoughts. As some of the participants acknowledged, silence is not always a comfortable experience for the client or the therapist. "One of the things that I'm deliberately working on is being able to happily just be with someone in that dead silence" [Louis].

Discomfort with silence arises partly because silence can have the effect of appearing to magnify mental events and emotions when they become the single focus of concentration. Also, the tendency to block out silence with mental commentary becomes more transparent. The ideal type of silence in this context, to inspire client self-examination, is unstrained and accepting, and absent of cues for ending the silence. The therapist has to create such therapeutic silence by modelling moments of contemplation and silence, by appearing comfortable with silence, and by inviting the client to silently contemplate their experience. Some of the participants believed that when used selectively silence could be a genuine pathway to insight for some clients.

An important Buddhist principle underpinning the importance of direct experience that participants encouraged in their clients is reality testing, in relation to both thoughts and behaviours. For example, the therapists encouraged clients to look at the consequences of their behaviour and how it affected others and themselves. Likewise, some participants talked about having clients watch their thought processes to see, for example, patterns of behaviour or the results of negative self-talk. Participants applied reality testing equally to the techniques and concepts they introduced in therapy. They suggested to clients that they assess for themselves the usefulness of the therapy as they presented it and the techniques they recommended within it.

Being with what is. A benefit of practicing mindfulness and meditation highlighted by some participants is the capacity to be with what is. The therapists emphasised this benefit mostly in terms of themselves, probably due to their greater experience of mindfulness and meditation than their clients. Participants noted that a feature of their own willingness to be allowing in this manner was their tendency to be less reactive.

> I'm aware of some difference, I'm sure, that comes through meditation practice and that, of just being very present, very conscious of what my reactions are while that's happening. I mean, this is what good counselling practice should be about anyway, but I think that certainly meditation facilitates that. So yeah, not probably at the mercy of my own reactions as much. It's like not having such a conflict about maybe what I'm experiencing. . . . Now, it's like I can be aware that those thoughts or feelings are coming, and not be too caught in it. And so it doesn't take me away from the counselling. [Grace]

The usefulness of developing such non-reactive equanimity is not only limited to reducing unwanted distractions in the mind of the therapist. As Bill observed, and the

discussions of other participants supported, the state of mind of the therapist is itself one of the influences in therapy. Therefore, how they are in therapy themselves affects the therapy process and, in turn, the client.

> A lot of my work really tends to reflect where I'm at more than where the client is. As much as I try to work with the client, where they're at. . . . So that's where meditation's really useful. You learn to be non-reactive. You learn not to do anything with the experience but just experience. And so that's critical, I think, for therapeutic work. [Bill]

A feature of the ability to be with what is that emerged in discussions with participants was the ability to remain calm. Some of the therapists noted, partly based upon the feedback of others, that they are perceived as calm.

> I get told that I've got a calmness about me, and I guess that's an understanding of the way things work. . . . Calmness, the ability to not get caught up in that type of stuff [e.g., emotional dramas], I see they're in fact Buddhist things . . . by being some way along [the Buddhist path of practice] you know how to control that stuff, and then you can sort of perhaps pass that with some of the people . . . or just have a very contained sense of self. [Linda]

For Linda, calmness is something she developed over many years as a Buddhist practitioner. But the participants with far less experience with Buddhism indicated they were developing the same quality of calmness through their meditation practices. Such equanimity, according to Tara, also comes from understanding and applying the simple Buddhist principle, whether in daily life or in meditation that she called "Logic calm. Settle the emotions rather than build on the drive of them" [Tara]. An important aspect of being with what is that therapists found useful for both themselves and their clients is the concept of letting go.

> I find myself having a much more generous view of conflict [and] solution finding in a way which is nonconfrontational than I may have had in the past. Where, in
> my very early days I might have suggested the person go out and find whatever the agent or person was and actually get the issue up with that person, now I'd be sort of saying with a lot of these things, "let lie, it's past, move on," and so on. [Tara]

Empowerment through Understanding

Apart from mindful presence, empowerment through understanding is the other major theme within the guiding principle of wisdom. According to the therapists, developing a mindful presence helps clients appreciate their experiences more fully by seeing, for example, how one thought leads to the next thought, or how an emotion can trigger a thought, or vice versa. Ongoing examinations of the links between thoughts, emotions, behaviours, and their subsequent outcomes, can result in an understanding of cause and effect. In turn, seeing the cause-consequence relationship can develop an appreciation of individual responsibility. Ideally, such an exploration results in greater client empowerment and, ultimately, the clients having the tools in place to take charge of their lives and direct them in ways that are positive and beneficial for them. For the therapists, there are two other features of empowerment through understanding that also relate to their roles as therapists: they are disclosure and sustaining.

Responsibility. Cause and effect, what some people call karma, and rebirth are important concepts within Buddhism. The potential issues associated with introducing the idea of rebirth into therapy are self-evident. Some of the therapists, also, had difficulties with the idea for themselves, even though they accepted that it can be part of a client's construction of meaning in their lives. Some of the participants viewed behaviourism as the Western psychological counterpart to Buddhist cause and effect, and

they saw much greater scope for this idea in therapy than rebirth. In particular, the therapists supported the empowerment that comes from clients testing out behaviours for themselves and assessing their consequences. For some participants, the Buddhist concept of cause and effect is an extension of behaviourism because it emphasises the importance of mental events that precipitate actions, accompany them, and arise as a consequence of behaviour. Linda illustrated the way she applied the concept with clients who have gambling problems, by emphasising the mental aspects of their behaviour.

> You could actually sort of take them through what the consequences of their actions were . . . go through “what were you thinking?”, you know, “you’re reacting to this sort of thought”. . . “think about what happened last time when you lost the money, and how you felt, and hold that thought, and the feelings of what you’ve lost and how that affected you badly.” So that way you create, you take them through, mentally, the consequences of what they were thinking and saying and, well, reacting to something. But this is what I’ll do, and just start to get them to think about being proactive. “Ok and what’s something else that you can think, or something else, “what else could I do?” [Linda]

Buddhist cause and effect can be conceptualised as a mechanism or process, as well as an explanation for an outcome. As an explanation for past, present, and future thoughts and actions, cause and effect offers one framework for making meaning of a situation, while at the same time obligating the client with the responsibility for their situation. But more than that, participants supported keeping the power within the client’s control. Lacey captured the feelings of many participants when she observed: “Well it’s not my responsibility as a counsellor to change people . . . I don’t think a counsellor should take away from others the work, or the responsibility for the work, that they need to do on themselves.”

In the context of empowering clients with self-responsibility for freedom of choice and the power for positive change, cause and effect was useful to the therapists. However, participants were cautious that it not be turned into a justification for someone's situation. The idea that clients have somehow caused their current situation implies a degree of blame participants found unhelpful for the therapy context. Once the cause and effect principle starts to incorporate the idea of predetermination, the therapists were less comfortable with it as a tool for clients. Typically, this occurs when cause and effect is framed in terms of karma. Generally, participants preferred to emphasise the empowerment aspect of the Buddhist principle of cause and effect.

> I try to get people to be really involved in their own cure if you like, or involved in their own situation, rather than just presenting it as a problem or something's been done to them, or that they don't have any control over. . . . There's a heavy element of responsibility in this too. I do often say to people that if any positive change is going to occur, they are going to be involved in effecting it. . . . It's worth going down that path to say why, say, a particular person in the past may have acted a certain way, there's no harm in doing that. But I mean if you simply engage in that kind of insight then they might eventually end up blaming these people, or feeling there's no way that they can change the situation. So you always have to bring in, relate it back to, "and now what's going to happen?" [Louis]

Within Buddhism it is often the case that when the principle of cause and effect is discussed the logical connection to morality arises. At times, discussions with participants about cause and effect in relation to clients also led to a consideration of ethics. Some of the therapists noted that the morality of their clients can be fundamental to the clients' presenting issues. The therapists either stated or implied that because a

client's ethical foundation guides life choices and behaviour it can be intrinsic to explorations of how they interact with others, as well as who they are, who they present to the world, and who they want to be in the future.

> You've got to have some kind of rules and guidelines that might increase the quality of life. . . . When I speak to people I say "what are your ideas of what you should be doing, how you should be treating people? What kind of rules do you live by? If you don't live by any sort of those high ideals, what kind of ideals do you live by? And how does that help? How does that work for you? How does it work for everyone else?" You know, that sort of notion. [Frankie]

In Frankie's example she illustrated how morality is part of a bigger concept. By inviting clients to consider their ethical foundations, she was also asking them to explore their philosophies of life. Participants supported clients' rights and responsibilities in developing their own philosophies of life and ethical choices. The idea of the therapists facilitating clients on their own paths or journeys was strongly supported. Regarding ethics, the therapists saw their role as opening the exploration of the subject and reflecting back to clients in a compassionate way, sometimes gently challenging them to identify with their choices. The Buddhist principle to test for yourself and be your own judge was emphasised in the discussions concerning client morality. The therapists advocated clients taking stock of their situations and contemplating whether their choices produced the types of results in their lives that they valued. "Coming back to the ethics again, it's not a "thou shalt not," it's more like, through reason, and reflection, and experimentation, one decides that, ah, maybe it's not a good idea to be unethical" [Jo].

When the issue of morality arose in discussions it often tended to be grounded in the practical consequences of behaviour for clients. One other aspect that was discussed by some participants was the effect of morality on clients' mental and emotional stability.

Bill, for example, was specific about how he believed unethical behaviour affects the mind in a negative way.

> Being moral just unclutters a space. . . . What I try to do with clients is get them to see where the suffering comes from in their unethical, immoral, behaviour. Now, I don't make a judgement, I try not to make a judgement about their behaviour, but what I do is [ask] "what's happening in your mind when you're doing that. So is that what you want?" So I say, "do without this agitation". That's how I work with the morality, or compassion, is to actually start to look at the things in their life that agitate them. [Bill]

Disclosure. According to the therapists, factors that need to be taken into consideration when contemplating disclosure of Buddhist sources to clients include professional ethics and the goals of the client's therapy. Participants felt strongly about avoiding the potential for converting clients to Buddhism. On the contrary, many of the therapists stressed the importance of assisting clients to find their own path, in the broadest sense of the concept. For example they supported facilitating clients connections to expressed paths (e.g., environmentalism) or special interests (e.g., animal welfare). If a client did express an affiliation to, or interest in, a spiritual or philosophical path, then the participants aimed to be client centred by communicating from the client's perspective as much as they were able. "If a person actually has some kind of conscious connection with a religious tradition, with a spiritual tradition so that they're doing some kind of inner work or prayer or whatever, then of course I'll modify what I say to fit in" [Peter]. Or, if no particular spiritual or religious orientation was disclosed by clients, then other indicators of the client's values were used to guide how participants presented information.

> I'd say it [e.g., mindfulness] in a way that's consistent with, which is respecting, their world view. Sometimes I might say oh, you know, "this is a Buddhist concept." Very very rarely, because I don't want to kind of impose any sort of values on anybody. [Jo]

As Jo acknowledged, when discussing ideas or techniques derived from Buddhism, the participants tended to use secular language with most of their clients most
of the time. Nevertheless, participants were able to approximate the situations in which they might consider discussing Buddhist ideas.

> I seldom would mention Buddhism. I mean, every now and then I might, if I've got a client who's expressed some particular kind of interest, or is clearly a bit knowledgeable about different religions, then I might do that, because I always try and help in the most meaningful way to people. So if there's something that they already know, which can help, I try and discuss how we can broaden their understanding. . . . Or if they're generally expressing an interest in philosophical sort of matters, and they might find it interesting, and not overwhelming or strange, then I might do that. [Juliet]

The conditions under which participants did disclose Buddhist origins for ideas or techniques depended on the client and the context. "Oh, look, it's usually the person who presents. You know, like, it's dependent on them as to what sort of evolves, and what language you use, and how you relate to them" [Bill].

When the situation arose that a client disclosed some interest in Buddhism, participants indicated they were comfortable with open discussions. In some instances they welcomed the opportunity.

> About three times recently I've had a client who's made it quite clear that they have read in the Buddhism area, and I've found this certain feeling of coming

> home with that client, and thinking, "ha, we can speak overtly here." And then I will attach concepts to sources . . . and so it just gives a whole lot of, range of new pegs to hang things on. Different ways of processing. [Tara]

With most clients, most of the time, the participants shared the view expressed by Lacey:

"I just sort of feel that Buddhism really has so much to offer, but I just don't go around doing it in your face to people. I just do it very quietly" [Lacey].

There were a couple of mediating factors regarding disclosure beyond cues from their clients. Firstly, participants' exposure to Buddhism varied greatly, and those who were more experienced were more comfortable openly discussing Buddhist ideas. For example, a few of the participants who were newer to Buddhism expressed the feeling that their technical knowledge of Buddhism was still limited. One other factor that could influence a therapist's preference for openly discussing Buddhist ideas was their perception of its usefulness for that particular situation, even if the client was interested. Louis was able to recall experiences in which discussing Buddhist ideas was only a stepping stone to the eventual focus of therapy.

> There's probably been three or four occasions perhaps when people have come to me through having met me in the Buddhist group, and so they obviously know where I'm coming from in that respect, and that's actually the reason that they choose to come and see me . . .what I've found, actually, is that even though that's very explicit, like the Buddhist terminology and so on, it's not really where you stay within the session. I mean, if you're going to be practical and address ongoing real issues in people's lives, you don't use a whole lot of jargon. What you do is you address it at the practical level, where, you might sort of start off talking about ideas of, say, you know, attachment and so on, but you really get into the practical nitty gritty of their lives. And so even in what you would expect

> would be the most sort of Buddhist psychological situation, I ended up not really dealing so much in Buddhist terms but dealing with practicalities in the person's life.

One factor that appeared to facilitate therapists' decisions to bring a particular Buddhist idea or technique into the therapy context was its perceived compatibility with existing Western psychological theories and methods. For example, cause and effect resembles behaviourism, and Buddha nature aligns with the growth potential within humanistic psychology. Likewise for the other principles and techniques the therapists found useful, each had some kind of counterpart in Western psychology. For the therapists, these theoretical alliances between aspects of Buddhist philosophy and Western psychology seemed to serve to justify their inclusion in therapy. They also helped explain why a concept such as rebirth was avoided in therapy by participants. For,

it appears that when a Buddhist concept has no obvious counterpart in Western psychology, for example egolessness, the therapists were less likely to incorporate it into therapy.

For many of the participants, the parallels that can be found between some Buddhist principles and techniques with those in Western psychology pointed to another supporting factor, and that is that these ideas are universal truths. "It wouldn't be [a particular idea] only identifiably Buddhist. Personally I think that's true for an enormous amount of good information in the world, shared amongst a whole lot of different philosophies" [Juliet].

As Vania explained, even those concepts that are strongly associated with Buddhism are not considered to be solely the provenance of that philosophy.

> Well it again comes to, that's bringing the truth. Whether you call it Buddhism or whatever you call it, you can get rid of the sort of language and just say you're

> bringing, like for example, bringing mindfulness into the work, right, that's not bringing Buddhism really. . . . Teaching somebody mindfulness has got nothing to do with Buddhism, even though it's common. Or teaching about the value of generosity, you know, core teaching of Buddhism, but it's also a core teaching of Christianity.

If the idea of universal truths is accepted, as it was by most of the participants, and the focus on truth in therapy is on the content of the idea rather than its origins, then as Cat noted, the particular orientation a person has is only the pathway that happened to lead them to that idea.

> A nun or a Christian person, but with a fairly, you know, understated and unstated Christianity, I think they would be doing pretty much the same thing as me. [Q. So it's more a spiritual attitude rather than a Buddhist attitude?] Yes. And sometimes it's not even all that spiritual. It's kind though.

Sustaining. Participants noted that one of the personal beneficial effects of drawing upon Buddhist principles and techniques was that they helped them to avoid professional burnout: "It doesn't depress me so much as other workers" [Linda]. According to the therapists, vicarious traumatisation from clients sharing traumatic experiences, repeated exposure over time to clients' suffering, not knowing why a client never returns, feeling one hasn't been able to help, and workplace organisational issues all contribute to a therapist feeling drained or unmotivated. Participants believed Buddhism had contributed positively to minimising burnout through practices such as mindfulness and meditation and also the beneficial effects of principles such as compassion.

> I think I have let go a bit of that notion of burnout, and I'm a bit more able, I think, to let things go. I've heard some terrible stories from clients, and I know

> even 6 years ago being with a particular client that just quite devastated me. And now when I've heard similar stories, or had full on sessions with a client, I don't feel the same sort of despair or sort of wornoutness at the end. [Grace]

Events in therapists' everyday lives were also noted by participants as potential sources of stress that could influence their sense of resilience in therapy. Some of the participants discussed how meditation helped them to deal with things happening in their personal lives that otherwise would have affected their work. Even without particular stressors, for some participants the nature of their work was intense and so they welcomed, and to varying degrees depended upon, the nourishment they gained from meditation and other practices: "I think the main thing about that is it really sustains me. Because I find my work quite draining, you know, I see thirty people a week" [Juliet].

Participants shared the view that the benefits of Buddhist practices directly enhanced their work as therapists. Moreover, therapy was viewed by some of the participants as an ideal profession for those who are Buddhist, or committed to undertaking Buddhist practices. They considered that many of the principles of Buddhism align with the ideals of therapy, promote professional growth in the therapist, and foster the development of therapeutic relationships. For some of the therapists, Buddhism also added a much deeper dimension to the work that they do.

> In fact, I don't think I'd be able to do the work that I do if I wasn't practicing [Buddhism]. And in fact, I'm sure I wouldn't. . . . It's more than just a coping skill or a stress management technique . . . it's like going into the hell realms. If you don't have an understanding that it's a hell realm and the nature of the suffering of the people who are experiencing that there, and if you don't have some kind of reason or ability to constantly look at your own stuff that's coming up for yourself when you're in that hell realm, then you get, you're lost. [Vania]

There is a conceptual shift in the way that therapy is viewed in Vania's description, one that was shared by some other participants as well. It is a transition in which the practice of therapy becomes an aspect of the therapist's own Buddhist practice. In a way, the therapists transform therapy into a context for their own practice. This is different to applying Buddhist principles and techniques for the benefit of clients. It is more of an internal shift in perspective for the therapist. It appears, however, that this perspective on therapy did not replace the more conventional view of therapy as a helping profession. Rather, it gave an added dimension to the work in the therapists' belief that it could have profound significance as part of their Buddhist practice. As Vania went on to comment,

> Daily practice [for example, letting go of resentment] . . . really deepens the nature of the work. And that doesn't come from psychology. It's not like therapy, it's a different process. Although therapy certainly helps. . . . In fact the real nature of the Buddhist practice, in my life anyway, is the implicit stuff. That's the really powerful stuff, because that's about every interaction that you have. And when things are going really well, that's very rejuvenating. In fact, you know,
>
> there is no such thing as compassion fatigue when you're standing in a ground like that. It just doesn't happen. But it's hard to stand in that ground.

Eclecticism and Integration

It was apparent to me throughout the interviews, and then reinforced during the analysis of sub-themes such as *Sustaining*, that although all of the participants valued certain Buddhist concepts and techniques, for both themselves and their clients, Buddhism had a more pervasive influence on some than on others. Moreover, it was not difficult to identify which participants embraced Buddhist philosophy on this deeper level. Those therapists who have chosen Buddhism as their guiding perspective, in both their personal lives and their work, clearly distinguished it as the framework from which

they operate: "Buddhist ideas inform all of my work. . . it's not like I consciously start, oh like 'this is a Buddhist idea I'll play it here.' I think that it underpins the whole approach that I take" [Grace]. For these participants, drawing on Buddhism in therapy comes out of their own embracing of the philosophy. "Buddhism isn't a technique or, you know, a nice thing to kind of latch on, or take out, or show someone. It's the way. I mean, awakism, Buddhism. It's the way it is" [Jo].

Nevertheless, these therapists had the same views about disclosure of Buddhist sources, and the same concerns about remaining as client-centred as possible in their work, as those participants who took more of an eclectic approach. Vania captured the feelings of how they balance their commitment to Buddhist practice with a client-centred approach.

> I s'pose the way I'd sort of think about it is there's explicit ways and implicit ways. Explicit ways would be parts of the program that we've designed . . . so that involves explicit techniques which come from Buddhist teachings. So, mindfulness is one. . . . . Implicitly though, I'd say that, in terms of me as a person, and me as a practitioner of Buddhism I'm talking about now, a student of Buddhism, that really, all of my work is impregnated with practice all the time. In fact that is the whole point of being a practitioner.

Misgivings

Regardless of whether participants took an eclectic or an integration approach towards drawing on Buddhism in therapy, they shared a view that certain Buddhist ideas would have less relevance to psychotherapy than those explored in the themes. Egolessness, emptiness, and enlightenment were identified as Buddhist concepts that tend not to be introduced in psychotherapy. Although they were not discussed by all participants, those therapists whose interviews touched on the topics revealed that they

informed their own perspectives, rather than explored them with clients. Nevertheless, some of the therapists considered that egolessness and emptiness could be likened to the idea in Western psychology of deconstructing thoughts. For instance, Juliet likened emptiness to the cognitive-behavioural principle of cognitions mediating behaviour in the idea that: “there is no absolute existence. Things are the way you look at them” [Juliet].

Bill gave an example of how such an idea would be introduced in therapy.

> Then I would get them to start to look at the thoughts that come up, and just to see the conditioning in a step by step process. And then as they do that, then I would probably get them changing their relationship with their thought. So, a thought’s just a thought. That, just because you have this thought that, you know, I’m angry now and I’ve got to yell, they’re just thoughts. So you change your relationship to the way you think, you change the relationship to your thinking. So it’s now just watching the process rather than “this is me thinking.”

Despite these parallels, the terms egolessness and emptiness were not used with clients, and the Buddhist goal of enlightenment was rarely mentioned in the interviews. Many of the therapists, however, spoke about the importance of clients’ goals. And, as already outlined, relieving clients’ suffering was also noted as a goal of therapy.

> I think something that I guess I use as a kind of a goal or measure of how effective the time spent has been is, it’s like a Buddhist stance, sort of releasing people from their particular suffering, whatever it may be. So, and that’s certainly
>
> a way that I measure my own relative success. [Louis]

Summary

Having regard to participants’ concerns about undue influence, respecting the orientations of clients and their right to find their own paths, coupled with the potential benefits participants perceived Buddhism could offer clients in therapy, it is clear the

discretionary application of certain aspects of Buddhism in therapy is useful to them. For the most part, the participants believed there was nothing to be gained from attaching sources to the techniques and ideas. As long as clients found them to be helpful, participants were comfortable using them.

It seems that those principles and techniques that participants consider did apply well to therapy share certain characteristics. First, they work. Participants have experienced the benefits for themselves, and witnessed their usefulness to clients. Second, they were able to be presented in language suitable for each client. For example, a Buddhist concept such as cause and effect can be examined at its most complex and technical (Buddhist commentaries on the subject attest to that). But equally, the principle can be put in very simple terms. Furthermore, clients did not have to take the information on faith, they could test out, for example, how cause and effect worked in their own
lives.

From the discussions with the therapists, it was clear that the Buddhist techniques and ideas that they used with clients were selected with discernment for their therapeutic benefits, along with their compatibility with Western psychology. Participants also used their discretion to select those techniques and ideas that have wide applicability, in that
they are common to many philosophical and religious systems. Nevertheless, the path of introduction to these principles for the participants was Buddhism, and this is the framework from which they chose to understand and apply them. Applying Buddhist principles and techniques to therapy in this way is not applying Buddhism to therapy, and
it is not a dilution of Buddhist practice. Rather, it is the discretionary application of the tools and ideas of Buddhism most conducive to therapy clients. Devotional practices, such as taking refuge in Buddha, might be personally relevant to some therapists, but

they have little place in therapy. Other psychologists may choose to select a technique

such as mindfulness in isolation from its broader philosophical framework, and they may have great success in applying it in therapy. But, for the participants in this study, and to varying degrees, the richness of the Buddhist philosophy, and the depth of their understanding and experience of the interconnected principles and methods it contains, supported the perspectives out of which they connected with their clients and brought to psychotherapy the jewel in the heart of the lotus.

CHAPTER 5

STUDY 2: THE SPIRITUAL PATHS AND ORIENTATIONS OF THREE GROUPS WITHIN THE AUSTRALIAN PSYCHOLOGICAL SOCIETY

Method

I designed Study 2 with two broad aims in mind: (a) to provide descriptive background information to give context to the qualitative phase of the research, and (b) to possibly give support to and add to the qualitative core of the research. The qualitative aspects of Study 1 concerned psychologists who were interested in Buddhism, but little published information existed as to the spiritual paths or religious affiliations of psychologists based in Australia within which to place the findings in context. The

existence of two spiritually-oriented interest groups within the Australian Psychological Society (APS), the Buddhism and Psychology Interest Group, and the Christianity and Psychology Interest Group, indicated that these two philosophical/religious traditions are represented at some level within the major psychological association.

I chose to explore members' spiritual paths or religious affiliations by way of a survey. For comparison, I planned to survey an additional group within the APS whose membership was professionally based. I chose the College of Counselling Psychologists for this purpose. The research question I developed to identify psychologists' spirituality or religion was: *What are the spiritual paths and religious affiliations of members of three groups within the Australian Psychological Society (APS): the Buddhism and Psychology Interest Group, the Christianity and Psychology Interest Group, and the College of Counselling Psychologists?* I developed a personal details survey to provide respondents the opportunity to self-describe their spiritual paths and religious affiliations (see Appendix C).

Even if members of the three groups affiliated with spiritual paths or religious traditions, I had no way of knowing whether those paths or traditions influenced, in any way, their perspectives or practices in psychological work. I considered, however, that I could ask them about the relative importance of different dimensions of spirituality. In addition to surveying members of the three groups regarding spiritual paths and religious affiliations, I decided to survey them on their spiritual orientations in respect of the relative emphases they gave to different aspects of spirituality. The research question was: *Are there differences in the relative emphases given to dimensions of spirituality, as defined by the Spiritual Orientation Inventory (SOI), for three groups within the Australian Psychological Society (APS): the Buddhism and Psychology Interest Group, the Christianity and Psychology Interest Group, and the College of Counselling Psychologists?* For brevity, I refer to the three groups as the Buddhism interest group, the Christianity interest group, and the Counselling group.

Measuring Spirituality

Measures of spirituality do not measure the phenomenon of spirituality itself, but they can reflect aspects of spirituality (Moberg, 2002). There are various quantitative spirituality measures available, but many of them approach spirituality from a Judaeo-Christian perspective and would have been unsuitable for the Buddhism and Psychology Interest Group. Having investigated the options, I selected the Spiritual Orientation Inventory (SOI; Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988) as the best available tool for exploring the relevance of spiritual concepts without reference to a particular spiritual path or religion. The SOI provides relative measures of spirituality based on nine subscales.

To date, most of the research undertaken that has a religious or spiritual element has involved people from the West. The USA generates a disproportionate amount of

research in this area. Most of the participants in such research have identified with, or have engaged in, theistically-oriented religions, for which there exist a range of questionnaires. Relative to other measures, therefore, the SOI has not been widely used. Furthermore, the SOI is not in the public domain and must be purchased directly from the author. There have been no published studies using the SOI with a Buddhist sample, or with participants in Australia. In the handful of studies that have employed the SOI, other variables such as social support, death anxiety and psychogenic needs have also been explored. For example, the SOI was applied in a study of the relationship between spirituality, religious ideology, and personality (Tloczynski, Knoll, & Fitch, 1997). I considered that the SOI would provide descriptive data on the sample populations while exploring the salience of spiritual dimensions, because it could accommodate (or so it seemed) non-theistic traditions such as Buddhism. I also believed the findings could complement the qualitative phase of the research.

A factor-analytic study of the inventory by Zainuddin (1993a) found the nine dimensions of the SOI clustered around two principal factors: a value or life philosophy dimension, and an experiential dimension. On the basis of Zainuddin's study it might be supposed the nine subscales are not necessarily measuring different things. For the purpose of the present research, I considered that having nine dimensions would be useful even if they clustered under higher order dimensions, because they might distinguish between groups in a meaningful way on the basis that it is possible to conceptualise the nine constructs independently. I anticipated that the relative emphases given to spiritual dimensions might be less for the Counselling group than the other two groups. I also wanted to explore possible differences in emphases on dimensions of the SOI within and between the three groups.

Triangulation

In addition to using the SOI to explore statistical differences between groups, I believed the interview discussions with the Buddhism interest group participants might provide support for, and insights into, the relative emphases given to the subscales for that group. For example, if the Buddhism interest group scored high on the *Awareness of the Tragic* subscale, this result might also be supported qualitatively within the interviews if participants discussed the Buddhist understanding of suffering and its relevance to them and their work. This aspect of the study was a form of triangulation (Patton, 1999), but primarily exploratory, and I had no intention of attempting to reconcile formally or statistically the concepts within the SOI and interview discussions. Instead, the SOI was included as background information, but with the possibility that some connections to the qualitative data might also become evident as the research progressed.

Participants

The participants were drawn from three groups of psychologists within the APS: the Buddhism interest group, the Christianity interest group, and the Counselling group. I did not assume that membership of a particular group would necessarily determine members' spiritual paths or religious affiliations. For example, I expected that the Buddhism interest group would include some Buddhists, but not all members would necessarily be Buddhist. It was likely that members of the Christianity interest group could be bringing a Christian perspective to their work. It was also possible that some members of the Counselling group were bringing some spiritual or religious perspective to their work.

Respondents from the Buddhism interest group (n = 44), the Christianity interest group (n = 94), and the Counselling group (n = 65) collectively formed the pool of 203

participants (females n = 125, and males n = 78). There was a broad age distribution; the modal age band was 40-49 (32%), then 50-59 (28%), 30-39 (18%), 20-29 (11%), 60-69 (9%), and 70+ (2%).

The majority of participants (76%) self-described their ethnic backgrounds as Australian. Other backgrounds represented included 10% European, 5% British, and less than 3% each of Asian, New Zealand, American, Jewish, Indian, Caribbean, and African. The occupational fields in which participant psychologists specialised were varied. The majority (57%) indicated their work was counselling or psychotherapy, or counselling or psychotherapy plus another specialty. The next most represented specialty was clinical psychology (5%). Up to 4% identified as specialising in each of the following psychology fields: academic, child, community, educational-developmental, forensic, health, military, organisational-industrial, school, social, and vocational psychology. Students made up
11% of the sample, and 3% of the participants were retired.

Of the total pool of participants, just over 73% considered themselves followers of a spiritual path or religion. Proportionally, Christianity was the most represented tradition (52%), followed by Buddhism (9%). Other descriptions given by participants, and identified by up to 3% of people each, included Buddhist-Christian, new age, Jewish, other, eclectic, and agnostic.

Within the Buddhism interest group, 41% identified as Buddhist, 39% checked the question as not applicable, 11% described themselves as Buddhist-Christian, 5% as eclectic, 2% as Christian, and 2% as other. Of the Christianity interest group, 92% identified as Christian, 4% considered the question not applicable, 3% described themselves as new age, and 1% as other. Just over half of the people within the Counselling group (51%) checked the question about spiritual paths as not applicable, and 3% described themselves as agnostic. Of those in the Counselling group who

considered themselves affiliated with a spiritual path, 28% identified as Christian, 6% as eclectic, 5% as new age, 3% as Jewish, 3% as other, and 1% as Buddhist-Christian.

Instruments

Personal Details Survey

I designed the personal details survey to profile participants in a broad manner as background information for both the qualitative and quantitative studies. The items in the survey included a forced-choice 19-option description of psychological work, and questions to identify participants' gender and age. In addition, participants were asked to self-describe their ethnic backgrounds and religious or spiritual affiliations, if applicable (see above and Appendix C).

Spiritual Orientation Inventory (SOI)

Elkins et al. (1988) developed the SOI to assess spirituality unrelated to perceived religiosity or association with an institutionalised religion. The instrument was developed from a humanistic orientation, and the authors described their view of spirituality as phenomenological. The SOI comprises nine subscales that represent the nine core dimensions of humanistic spirituality as identified by the authors. The SOI is self-administered and consists of 85 statements to which responses range from 1 (*intensely agree*) to 7 (*intensely disagree*). The dimensions, the number of questions contributing to the subscale, and an example item of each are: (a) transcendent dimension, 13 items, *I have had transcendent, spiritual experiences in which I was overcome with a sense of awe, wonder, and reverence*, (b) meaning and purpose in life dimension, 10 items, *The search for meaning and purpose is a worthy quest*, (c) mission in life dimension, 9 items, *It is more important to me that I be true to my mission than that I succeed in the eyes of the world*, (d) sacredness of life dimension, 15 items, *Persons who talk of life being "sacred" seem a little strange to me; I simply do not*

experience life in that way, (e) material values dimension, 6 items, *My primary goal in life is to become financially secure*, (f) altruism dimension, 7 items, *People who know me would say I am very loving and reach out to help others*, (g) idealism dimension, 10 items, *I truly believe that one person can make a difference*, (h) awareness of the tragic dimension, 5 items, *It seems pain and suffering are often necessary to make us examine and reorient our lives*, and (i) fruits of spirituality dimension, 10 items, *Contact with the transcendental spiritual dimension has helped me to sort out what is really valuable in life from what is not*.

Participants received nine scores, one for each subscale. There are 20 negatively worded questions that require reverse scoring. The range of possible scores on each subscale is relative to the number of questions. For example, the fruits of spirituality dimension has 10 items, and the range of possible scores is 10–70. The combined subscales score, or total score, was not used in this study because the individual dimensions were the variables of interest.

During the development of the scale, the authors reviewed, in an iterative process, phenomenologically-based literature including classic works from James, Jung, Maslow, Otto, Dewey, Allport, Eliade, Buber, Fromm, and Frankl in order to describe and define spirituality. Preliminary validation (face validity) of the nine components that emerged from the literature review was informally assessed based on interviews with five members of different religious and spiritual traditions the authors considered "highly spiritual." Subsequently, the authors reviewed existing measures of spirituality and religiosity, and then developed a pool of 200 items that incorporated the nine components of spirituality they had identified. Next, the authors presented their items for evaluation to five people they considered experts in psychology and spirituality. Following the evaluation process, 157 items remained. Internal consistencies

(Cronbach's alphas) based on a small study (*n* = 25) ranged from .75 to .94 on the subscales. According to Elkins et al. (1988), Lauri and Elkins (unpublished), in a construct validity study, compared the scores of 24 people they considered "highly spiritual" with 96 psychology students. They found, as hypothesised, eight of the nine subscales were significantly different between the two groups. Alpha coefficients for internal consistency based on the sample of 96 ranged from 81 to .98 for the nine dimensions. Based on an analysis distinguishing clusters of higher and lower scorers, the number of items was subsequently reduced to 85, with internal consistencies ranging from .75 to .95 on the nine dimensions.

D. W. Smith (1995) found alpha coefficients ranging from .72 to .97 on the nine dimensions with a sample of polio survivors (*n* = 172) and people who have not had polio (*n* = 80). Based on a sample of 220 female registered nurses, Sherman (1997) also found high levels of internal consistency, with subscales ranging from .72 to .95, except for the awareness of the tragic dimension which yielded an alpha coefficient of .55.

Zainuddin (1993b) determined a type of criterion validity of the SOI using the external criteria method. Using a sample of 50 university teachers, Zainuddin distinguished between three groups of SOI respondents she termed high, medium, and low spirituals. She then calculated chi-square values for the three groups against the average scores Wuthnow (1978) achieved and reported for "high, average, and non-peakers" based on the three sub-scales of the Personal Correlates of Peak Experiences test: (a) contact with sacred, (b) beauty of nature, and (c) harmony with the universe. Significant chi-square values were found for each of the three comparisons.

On the basis of the research so far, the instrument appears to have satisfactory internal consistency. The stability of the inventory is unknown because there have been no published test-retest studies. To date, no norms have been developed for the

inventory. D. W. Smith (1995) provided no figures, but reported findings of significantly greater means (based on the sum of all dimensions, or overall score) for individuals identifying as Christian as compared to non-Christians. In addition, participants who identified as Jewish scored significantly higher than those having no religious affiliation.

Marlowe-Crowne Social Desirability Scale – Short Form C

I included this scale as a possible control for participants giving socially desirable responses to the SOI. W. M. Reynold's (1982) short version of the 33-item Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) consists of 13 statements
(5 positively and 8 negatively worded) about culturally approved behaviours that have a low probability of occurrence. Responses to the items are dichotomous (i.e., true or false). An example is: *There have been occasions when I took advantage of someone*. W. M. Reynold's (1982) short form correlated highly (.93) with the original scale and obtained a Kuder-Richardson for reliability of .76. The range of item to total score correlations was .32 - .47, with a mean of .38. A cross-validation by Zook and Sipps (1985) confirmed and extended the reliability findings. Based on three samples of university students (*n* = 233, *n* = 71, and *n* = 132), Kuder-Richardson coefficients ranged from .63 to .82 with an overall coefficient of .74.

Procedures

On my behalf, the Australian Psychological Society (APS) distributed materials to
a random sample, Australia wide, of 150 members of the Christianity interest group (total membership 360), and 150 members of the Counselling group (total membership 837). All members of the Buddhism interest group, a total of 38 at that time, were forwarded materials. Each member of the Buddhism interest group was forwarded a covering letter, a form electing to seek further information on the qualitative aspect of the study (see Appendix A), a personal details survey (see Appendix C), the SOI, the

Marlowe-Crowne Social Desirability Scale – Short Form C, and a nomination form for the qualitative study. The covering letter explained that members of the Buddhism interest group were free to participate in both the qualitative and quantitative aspects of the study, or the quantitative aspect only. Completing and returning questionnaires implied informed consent. For the Buddhism interest group, all survey questionnaires were completed prior to interviews to prevent later discussions influencing questionnaire responses. Members of the two comparison groups received similar covering letters, which invited them to participate only in the quantitative phase of the study. Comparison group members also received a personal details survey, the SOI, and the Marlowe-Crowne Social Desirability Scale – Short Form C. A follow-up mail-out was sent out to all three groups 4 weeks after the initial mail-out. No further contact was anticipated with members of the two comparison groups. By the tenth week following the mail-out, completed questionnaires had been received from 90 members (60%) of the Christianity interest group sample, 61 members (41%) of the Counselling group sample, and 29 members (76%) of the Buddhism interest group. In order to try and increase the size of the Buddhism interest group sample, the convenor of the interest group was contacted to establish whether membership had increased since the first mail-out. The group had recently attracted 17 new members. All new members were forwarded the original package approximately 15 weeks after the initial mail-out. Of the 17 new members, 13 returned completed questionnaires over the following weeks. A further 10 responses were also received from members of the Christianity interest group and the Counselling group during this time. The receipt of these questionnaires brought the total number of participants to 203.

Data Analysis

Questionnaires were scored in accordance with their authors' instructions. I used the Statistical Package for the Social Sciences (SPSS®) for quantitative analysis. Descriptive statistics on group responses to the nine dimensions of the SOI revealed consistent negative skewness requiring non-parametric analyses. Because the nine subscales of the SOI have an unequal number of items, all raw scores for the subscales were converted to means in order to render them comparable. Next, Kruskal-Wallis tests were applied to establish any significant differences between the three groups on the nine SOI dimensions. I was interested not so much in statistically significant differences, but rather in the magnitude of the differences between groups on the subscales. No Bonferroni adjustments in p values were made due to the exploratory quality of this research. For each significant Kruskal-Wallis test, I calculated one degree-of-freedom effect sizes (Cohen's *d*s) for the between-group comparisons (Buddhism interest group vs. Christianity interest group, Buddhism interest group vs. Counselling group, and Christianity interest group vs. Counselling group).

Results

Social Desirability Responses

There were no significant differences between groups on W. M. Reynold's (1982) Marlowe-Crowne Social Desirability Scale – Short Form C. Means and standard deviations obtained for the three groups were: Buddhism interest group (M = 4.93, SD = 3.25), Christianity interest group (M = 5.35, SD = 3.33), Counselling group (M = 5.37, SD = 3.25). They compare favourably with the average mean and standard deviation (M = 5.37, SD = 3.13) Andrews and Meyer (2003) computed from the results of 7 studies. Given that these results are in the normal range, the Marlowe-Crowne was not used to control for social desirability in further analysis of the SOI.

SOI Subscales

Adjusted means and standard deviations for the three groups across all SOI nine dimensions are presented in Table 5. Kruskal-Wallis chi-squares and probability values for all nine dimensions of the SOI are presented in Table 6. The effect sizes for across-group comparisons for the nine SOI dimensions are presented in Table 7. Interpretations of effect sizes are based upon Cohen's (1988) conventions: where .20 is a small effect, .50 is a medium effect, and .80 is a large effect size.

Table 5

Adjusted Means and Standard Deviations for the Nine Subscales of the SOI for Three Groups of the APS

Group	Buddhism n = 44		Christianity n = 94		Counselling n = 65	
	M	*SD*	*M*	*SD*	*M*	*SD*
SOI dimensions						
Transcendent	5.13	1.16	5.75	1.03	4.48	1.48
Meaning & Purpose in Life	5.55	.78	5.91	.83	5.15	.95
Mission in Life	5.39	.81	5.83	.89	5.14	.88
Sacredness of Life	5.89	.59	5.56	.78	5.46	.77
Material Values	5.67	.68	5.69	.91	4.93	1.01
Altruism	5.74	.76	5.44	.90	5.44	.73
Idealism	5.70	.65	5.31	.83	5.54	.65
Awareness of the Tragic	6.00	.85	5.56	.90	5.33	.95
Fruits of Spirituality	5.12	1.18	5.69	.93	4.41	1.45

Table 6

χ^2 and p Values for all Statistically Significant Kruskal-Wallis Tests on the Nine Subscales of the SOI with Degrees of Freedom (2, 200)

	χ^2	*p*
SOI Dimensions		
Transcendent	37.84	.001
Meaning & Purpose in Life	30.46	.001
Mission in Life	29.34	.001
Sacredness of Life	10.51	.005
Material Values	26.28	.001
Altruism	6.39	.041
Idealism	7.73	.021
Awareness of the Tragic	17.03	.001
Fruits of Spirituality	39.68	.001

Table 7

One Degree-of-Freedom Effect Sizes (Cohen's d) on all Significant Kruskal-Wallis Analyses of Between-Groups Comparisons

Comparisons	Buddhism-Christianity	Buddhism-Counselling	Christianity-Counselling
SOI dimensions			
Transcendent	- 0.56	0.49	0.99
Meaning & Purpose in Life	- 0.44	0.46	0.85
Mission in Life	- 0.53	0.24	0.79
Sacredness of Life	0.48	0.64	0.13
Material Values	- 0.03	0.86	0.79
Altruism	0.36	0.41	0.00
Idealism	0.53	0.25	-0.31
Awareness of the Tragic	0.51	0.75	0.25
Fruits of Spirituality	- 0.54	0.53	1.05

Note. Interpretations of effect sizes are based upon Cohen's (1988) conventions: where .20 is a small effect, .50 is a medium effect, and .80 is a large effect size.

Discussion

I discuss the results in three ways. First, I give an overview of the results and note some characteristics of the SOI that may help explain the outcomes. Next, I consider each dimension in turn, and use features of Christianity, Buddhism, and secular understandings to help explain the group outcomes and the differences between the groups. Then, I consider each group on its own before discussing the issue of numbers and meaning.

Overview of the Results

The Counselling group had the lowest scores on most of the dimensions, and this outcome is consistent with the logic of comparing that group to two groups expressly affiliated with the variable of interest (i.e., spirituality). The absence of large effect sizes gained in the comparisons between the Buddhism interest group and the Christianity interest group indicate there were no major discrepancies in emphases regarding the aspects of spirituality represented by the dimensions.

Because the Counselling group scored higher than the Christianity interest group on the idealism scale, and equal to them on the altruism scale, the question emerges as to how spiritual some of the dimensions of the SOI really are. Zainuddin (1993a) and Macdonald (2000) both found two clusters of dimensions in their factor analyses of the dimensions of the SOI. The transcendent, fruits of spirituality, and material values dimensions formed one cluster, and the remaining dimensions clustered together.

At face value without reference to the inventory items, two of the dimensions appear to measure constructs that are explicitly spiritual (transcendent and fruits of spirituality), and the other dimensions seem more characteristically humanistic, but also interpretable from a spiritual perspective. For example, mission in life can be understood as a spiritual quest, or an important life goal. The large effect sizes obtained for

comparisons between the Christianity and Counselling groups on the dimensions transcendent (.99), and fruits of spirituality (1.05) appear to give support to distinguishing two larger clusters of dimensions in this way.

Examination of the items of the inventory, however, reveals that some questions include words such as *spiritual* and *transcendent*, whereas others are more humanistically worded. Moreover, the emphasis on spiritual concepts is not consistent across dimensions. For example, all of the items relating to the transcendent dimension contain the words *transcendent* and *spiritual*, whereas none of the items relating to altruism make reference to such spiritual concepts. Nevertheless, no strong pattern of responses emerged either within or between groups on the four dimensions that are worded more characteristically spiritual (transcendent, sacredness of life, material values, and fruits of spirituality), as opposed to those that have a greater emphasis on humanistic concepts (the remaining dimensions). Large effect sizes were obtained for the Buddhism-Counselling comparisons (3) and for the Christianity-Counselling comparisons (5) on

both spiritually-worded and humanistically-worded dimensions. Whereas, it might have been expected that the Counselling group's scores would have been more similar to the spiritually-oriented interest groups on the humanistically-worded dimensions. In addition, nearly all comparisons between the Buddhism and Christianity interest groups were medium, or close to medium, effect sizes, except altruism (.36) and material values (.03), and so other factors must account for the differences.

The standard deviations for the Counselling group across the nine dimensions were generally the largest. This greater variability can most likely be attributed to the profile of the group. Nearly one third of group members had Christian affiliations, and just over half of the Counselling group recorded no spiritual or religious orientation. The profile of the Buddhist interest group is also not straightforward, because although 41%

identified as Buddhist, 39% identified as having no spiritual or religious affiliation. For the Christianity interest group, 92% identified as Christian, and so the group's scores might be more reflective of Christian understandings of the dimensions than would be the case for the Buddhism interest group.

The authors of the scale developed definitions for each of the dimensions. Survey respondents, however, are presented with 85 questions, and in the process of responding they interpret and impose meaning on concepts through their subjective understandings. Responding is an interpretative process, and it is likely that affiliations with philosophies of meaning, such as Christianity and Buddhism, informed individuals' understandings. Explanations for the effect size outcomes between the Buddhism and Christianity interest groups may perhaps, therefore, be linked to the interpretations and relative emphases

given to each of the dimensions within the different respective traditions. Below, I consider each dimension in relation to Buddhist and Christian understandings. I also suggest some likely interpretations in secular life, because approximately half of members of the Counselling group, just over a third of the Buddhism interest group, and a small proportion of the Christianity interest group indicated the question of spiritual path or religious affiliation was not applicable to them.

SOI Dimensions

Transcendent Dimension

Comparisons	Buddhism-Christianity	Buddhism-Counselling	Christianity-Counselling
Effect Sizes	- 0.56	0.49	0.99

Transcendence is generally understood as meaning going beyond the usual boundaries of human knowledge, experience, or reason, especially in a religious or

spiritual way. In the context of the SOI, belief in the transcendent dimension is the belief "that what is 'seen' is not all there is. He or she [the spiritual person] believes in an unseen world" (Elkins et al., 1988, p.10). All of the thirteen SOI questions for this dimension incorporate the words *transcendent* and *spiritual*.

The idea of transcendence is emphasised within Christianity, and it is usually understood within the tradition in relation to a transcendent power (e.g., a communion with God). From the Buddhist perspective, transcendence could relate to higher states of consciousness. In Buddhism, the more subtle states of consciousness are also associated with a transcendence of ego. In Christianity, however, a communion with God also implies a transcendence of one's worldly self. Christianity is, nevertheless, associated with divine revelation, unlike Buddhism which emphasises self-deliverance (Otto, 1984). The construct of divine revelation may link more strongly than self-revelation with transcendence conceptually, and so this difference may help account for the higher Christianity mean score. In addition, all schools of Buddhism place a strong emphasis on "what is, here and now." The substantial proportion (39%) in the Buddhism interest group without an expressed spiritual or religious affiliation would likely be a factor that kept the group mean lower. These understandings may help account for the highest scores being obtained by the Christianity group, followed by the Buddhism group. Transcendence has no obvious counterpart in secular life. The standard deviation in the Counselling group reflects high variability that may be accounted for by the non-affiliated respondents scoring lower due to the overtly spiritual nature of the questions. Nevertheless, all groups had reasonably high standard deviations, indicating substantial variability within each group on this dimension.

Meaning and Purpose in Life Dimension

Comparisons	Buddhism-Christianity	Buddhism-Counselling	Christianity-Counselling
Effect Sizes	-0.44	0.46	0.85

This dimension is concerned with the quality, or sense of purpose, that supports the subjective view that life has meaning. The SOI understanding is that the spiritual person "has filled the 'existential vacuum' with an authentic sense that life has meaning and purpose" (Elkins et al., 1988, p. 11). Only one of the ten questions relating to this dimension incorporates the terms *transcendent* and *spiritual*.

Christian heaven and Buddhist enlightenment may appear as the meanings and purposes of these respective systems, but they are more precisely goals. Meaning and purpose are what drive Christians and Buddhists towards reaching these outcomes. The reaching for heaven or enlightenment illuminates the contrasts between the goals and what we experience now, while also pointing the ways towards them.

In Christian doctrine, meaning and purpose are inherent in life because God has created the gift of life: "our world is from God" (Otto, 1984, p. 100). Fulfilment of that gift of life comes from realising one's potential as a child of God. In turn, reaching one's potential comes from renouncing and overcoming guilt (evil) through the development of morality, to the embodiment of the most profound worldly state, love, in all its aspects of "giving, receiving, of sacrifice and appropriation," (Otto, 1984). The meaning and

purpose of life in Christianity may, therefore, be considered to be love.

Like Christianity, Buddhism establishes a problem and relief from the problem (the four noble truths). Ethics, meditation, and wisdom are the means within Buddhism, and they may perhaps be understood in terms of meaning and purpose. A key construct

within Buddhism, however, is egolessness. Buddhist philosophy acknowledges a conditional self, but not an absolute or permanent self. The no-self doctrine may serve to qualify the importance of this dimension as compared with respondents in the Christianity group. Again, variability was highest within the Counselling group, possibly reflecting lower scores from the spiritually unaffiliated members. Nevertheless, the mean score for

the Counselling group might have been expected to be higher on the basis that meaning, if not purpose, is generally an important concept within counselling.

Mission in Life Dimension

Comparisons	Buddhism-Christianity	Buddhism-Counselling	Christianity-Counselling
Effect Sizes	-0.53	0.24	0.79

The secular understanding of mission is a self-imposed duty, but the term also has religious interpretations. In the SOI, mission in life, for the spiritual person, is “a calling

to answer, a mission to accomplish, or in some cases, even a destiny to fulfil” (Elkins et al., 1988, p. 11). Only one of the nine questions making up this dimension contains the term *spiritual*.

The term *mission* is firmly associated with the work of Christianity, such as, for example, *a Catholic mission in Africa, missionaries, and going on a mission of Christ.* The term does not have equivalent status in Buddhism. In Christianity, it is not unusual for the concept of a spiritual quest to be incorporated into lay practice, and this broader application may account for the group’s higher scores. Although the Counselling group scored lowest on this dimension, there was only a small effect between the Counselling and Buddhism groups which may be accounted for by the wording of the questions. The variability was reasonably consistent across all groups.

Sacredness of Life Dimension

Comparisons	Buddhism-Christianity	Buddhism-Counselling	Christianity-Counselling
Effect Sizes	0.48	0.64	0.13

Sacredness has connotations of being holy. From the SOI perspective, "the spiritual person believes life is infused with sacredness and often experiences a sense of awe, reverence, and wonder, even in 'nonreligious' settings" (Elkins et al., 1988, p. 11). Of the fifteen questions that relate to this dimension, six include the terms *sacred* or *sacredness*, and three other questions contain the terms *spiritual* or *spirituality*.

In the Christian sense, sacredness implies a connection to God, and Christians view life as sacred. Christian doctrine forbids the taking of (human) life, and this stance is reflected in, for example, the 10 Commandments and the Right to Life movement. The idea that life is sacred is also a basic foundation of Buddhism, and it has immense importance within that tradition. The preciousness of life is emphasised across all schools
of Buddhism and this importance is reflected in many Buddhist practices, including certain meditations, contemplations, and prayers. *No killing with intention* is one of the central commandments of Buddhism, and being involved in the slaughter of animals is considered an unsuitable occupation for a Buddhist. The lowest standard deviation (.59) on all dimensions and for all groups was obtained on this dimension by the Buddhism interest group, revealing highly consistent responses for the sacredness of life. Because, however, 39% of people within the Buddhism group do not describe themselves as Buddhists, the low standard deviation must be explained by their holding similar beliefs to Buddhists, at least on this dimension. The terms used within ten out of the fifteen

questions are expressly religious, and may account for the lower scores obtained by the Counselling group.

Material Values Dimension

Comparisons	Buddhism-Christianity	Buddhism-Counselling	Christianity-Counselling
Effect Sizes	-0.03	0.86	0.79

In the context of the SOI, the material values dimension concerns the relative value placed on spiritualism as opposed to materialism: “the spiritual person knows that ‘ontological thirst’ can only be quenched by the spiritual and that ultimate satisfaction is found not in material, but spiritual things” (Elkins et al., 1988, p. 11). Higher scores on the SOI reflect the belief that spiritual values are more important than money, possessions and physical comforts. Four of the six questions making up the dimension incorporate the term *spiritual*.

Overcoming greed and acquisitiveness, promoting moderation over excessiveness, and valuing spiritual enrichment over material gain, are all guides for living common to both Christianity and Buddhism, and the similar group means and trivial effect size obtained between the groups may be reflective of their similar views on materialism. Nevertheless, Kaza (2000) suggested that this dimension, specifically consumerism, has been given greater attention in Buddhism than Christianity in the teachings on relinquishing desire and attachment. Large effect sizes were found for the comparisons of both the Christianity and Buddhism interest groups with the Counselling group, indicating more materialistic values in this more secular group. The large standard deviation in the Counselling group reveals variability within responses on this dimension that may be partly attributable to the 28% Christian members.

Altruism Dimension

Comparisons	Buddhism-Christianity	Buddhism-Counselling	Christianity-Counselling
Effect Sizes	0.36	0.41	0.00

In the SOI definition, the spiritual person "has a strong sense of social justice and is committed to altruistic love and action" (Elkins et al., 1988, p. 11). None of the seven questions that make up this dimension include expressly religious terms such as *spiritual*.

Caring about the needs and happiness of other people more than one's own is an aspiration shared by Buddhists and Christians, and both doctrines promote service to others. Both traditions, also, have deities that exemplify altruism. For example, Otto (1984) likened the Buddhist deity Avalokiteshvara to the Christian Madonna. The Buddhism group attained the highest mean score on this dimension. Reaching out to help others is, however, a concept that is also strongly associated with the profession of counselling. The small and zero effect sizes between all groups reflect their common association with this dimension. Also, none of the questions incorporate religious terms, such as *spiritual*, that might have otherwise been problematic for people unaffiliated with any spiritual path. The wording of statements in this dimension might account for the low effect sizes, because they sound more humanistic than spiritual, with four out of seven questions containing the word *humanity*, and the remainder referring to *compassion,*
love, and *cooperation*.

Idealism Dimension

Comparisons	Buddhism-Christianity	Buddhism-Counselling	Christianity-Counselling
Effect Sizes	0.53	0.25	-0.31

According to the SOI, the spiritual person "is a visionary committed to the betterment of the world. He or she loves things for what they are yet also for what they can become" (Elkins et al., 1988, p. 11). As with the altruism dimension, questions within the idealism dimension have humanistic wording, with one reference to the term *human spirit* in the ten questions.

A possible link exists between the concept of idealism and the Buddhist understanding of Buddha nature, in which the perspective adopted is that all beings are already enlightened (and therefore perfect). The Buddha nature perspective may account for the higher scores of the Buddhism group. The Christian concept of heaven may be considered a type of idealism. In Christianity, however, the idea of salvation being only available to those who choose to accept it may actually work as a moderating influence. Many Christians are pessimistic about the ultimate futures of non-Christians. The counselling profession perhaps takes a *realistic* perspective in contrast to the optimistic Buddhist perspective, and relatively pessimistic Christian perspective, on this dimension.

In this way, the relatively lower scores of the Christian group might be explained.

Awareness of the Tragic Dimension

Comparisons	Buddhism-Christianity	Buddhism-Counselling	Christianity-Counselling
Effect Sizes	0.51	0.75	0.25

The spiritual person, according to the SOI, “is solemnly conscious of the tragic realities of human existence” (Elkins et al., 1988, p. 11). The term *spiritually* occurs in one of the five questions making up this dimension.

The first noble truth of Buddhism states that all of conditioned existence (life) is unsatisfactory or suffering. Of the nine dimensions, awareness of the tragic resonates most directly with Buddhist teachings, and this connection is reflected in the outcomes for the Buddhist group. Even though 39% of the Buddhism group expressed having no spiritual affiliation, they may be familiar with the Buddhist first noble truth of suffering. The concept of suffering is also evident in Christianity, particularly in reference to the suffering of Christ, but the tragic is not emphasised across all aspects of Christian doctrine in the way that it is in Buddhism. As one contemporary Christian explained:

> As a Christian, I consider the heightened suffering from widespread starvation and poisoning much worse than the suffering of daily existence in a relatively secure and hopeful society. Some Buddhists, on the other hand, may accent what is common to both situations as long as people remain attached (Cobb, 1996, p. 42).

This dimension, however, could also be expected to have relevance for the counselling group, as suffering is a common motivator to seek counselling, and the small effect size between the Christianity and Counselling groups might be explained on this basis.

Fruits of Spirituality Dimension

Comparisons	Buddhism-Christianity	Buddhism-Counselling	Christianity-Counselling
Effect Sizes	-0.54	0.53	1.05

From the SOI perspective "the spiritual person is one whose spirituality has borne fruit in his or her life" (Elkins et al., 1988, p. 12). All of the ten questions relating to this dimension contain the terms *transcendent* and *spiritual*.

This dimension expressly addresses the consequences of being concerned with religion or the human spirit. Such concerns are of central importance to both the Buddhism and Christianity groups, and this importance is reflected in the lesser scores obtained for the Counselling group. The subjective benefits of spirituality appear to be linked, in this questionnaire, to the transcendent dimension. For example, one of the items is: *Contact with the transcendent, spiritual dimension has given me a sense of personal power and confidence*. Therefore, responses within and between group on the fruits of spirituality dimension could be expected to be similar to responses within and between groups on the transcendent dimension, and such similarities are reflected in the group mean scores, standard deviations, and effect sizes.

Comparison Groups

Buddhism Interest Group

Of all the dimensions, awareness of the tragic gained the highest group mean score, and this result is understandable because the concept is a basic principle of Buddhism. The other dimensions for which the Buddhism interest group scored highest are sacredness of life, altruism, and idealism, each of which is central to Buddhist philosophy. The Buddhist group was never the lowest group on any dimension. The transcendent and fruits of spirituality dimensions, which are probably intimately connected, were both the lowest group mean scores and the highest standard deviations for this group. The remaining comparisons, on the dimensions of meaning in life, mission

in life, and material values had small to moderate effect sizes, except for the Buddhism

Counselling comparison on material values that yielded the only high effect size for the group.

It is likely that the profile of the group contributed to the comparisons generating only a single large effect size. Of the total group, 41% identified as Buddhist and 39% expressed no spiritual or religious affiliation. Therefore, the sub-group who identified as Buddhist may have responded differently on some dimensions than the 39% unaffiliated participants. Moreover, the responses of the unaffiliated members may be more similar to the approximately half of the Counselling group who also identified as unaffiliated. Explaining SOI findings in terms of links to Buddhist philosophy would be more reliable if they related solely to the sub-group who identified as Buddhist. It is, however, possible that the sub-group who make up the 39% have similar perspectives to Buddhists on

some dimensions, and that could explain the results of dimensions with lower standard deviations within the Buddhism group: idealism, material values, and sacredness of life.

Christianity Interest Group

The highest scoring dimension for this group was meaning and purpose in life and

it has been suggested that this dimension has a clear referent in Christian doctrine. The lowest group mean was on the dimension of idealism, for which the group mean was also lower than the Counselling group. Again, the embrace of idealism might be contentious because Christian teachings outline outcomes for non-Christians that make idealism problematic. Although, relative to the comparison groups, the Christianity interest group scored the highest group mean scores on the cluster of the transcendent and fruits of spirituality dimensions, these two dimensions also had the highest standard deviations for the group of all dimensions. The variability within the group on these two dimensions remains unexplained. Across all comparisons, three of the four large effect sizes obtained

were for the Christianity-Counselling comparisons on transcendent, fruits of spirituality, and meaning in life.

Linking the findings of this group with confidence to Christian doctrine might be reasonable on the basis that 92% of the group identified as Christian. Yet, the standard deviations across all dimensions indicate variability within the group, including higher standard deviations across all groups on four dimensions. A possible explanation for this might be the different emphases given across different theoretical schools of Christianity. Unfortunately, there are no SOI norms, including for different religious groups, or philosophical schools within different religions, with which to compare these findings.

The results of D. W. Smith's (1995) study were that individuals who identified as Christian scored significantly higher than non-Christians, and that participants who identified as Jewish scored significantly higher mean scores than individuals who expressed having no religion. On the basis of her findings, Smith raised the question of whether the SOI contains a religious bias. Smith's study used the sum of the nine dimensions scores as a total score of spirituality, and no information was published about the relative emphases placed on the nine dimensions. Using the inventory in this way implies greater and lesser spirituality, and researchers have been employing the SOI in combination with other instruments seeking correlations between constructs of interest
and spirituality on that basis. For Zainuddin (1993b) the construct was psychogenic needs, for Smith (1995) power, for Tloczynski, Knoll and Fitch (1997) personality, and for Morris (2001) coronary heart disease. I suggest the inventory does not measure degrees of spirituality, but it can reveal the relative emphases given to different aspects of spirituality. In the current study, the highest mean scores obtained on different dimensions were shared between the Christianity and Buddhism interest groups. The

results do not support a religious bias, but they indicate that some aspects of spirituality may be given greater emphasis in certain traditions.

Counselling Group

The group mean scores for the Counselling group were lowest on all dimensions except altruism, on which they were equal with the Christianity interest group, and idealism, on which their group mean score was second to the Buddhism interest group. There is a self-evident connection between altruism and the profession of counselling. As discussed, the finding that the counselling group scored higher on the idealism dimension may be attributed to the lower scores of the Christianity interest group. The profile of

this group helps explain the consistently lower group mean scores, and also the within-group variability. Of the three groups, the counselling group had the greatest proportion of respondents (51%) unaffiliated with any spiritual path or religious tradition. Their perspectives may represent the secular understandings of the dimensions that may have moderated SOI scores for the group.

The 28% of the Counselling group who identified as Christian were responding in their capacities as Counselling group members, even though it is possible they may also

be members of the Christianity interest group. It is worth considering whether the context from which they responded influenced how they projected themselves (i.e., how they scored). Likewise for the Buddhists in the Buddhism interest group, and the Christians in the Christianity interest group, it may be possible that their scores might have been different had they been approached to participate as members of the APS, rather than as members of designated spiritually-oriented interest groups. Responding as a member of one of those groups may have perhaps primed them to respond positively to the SOI questions.

Although the current study was concerned with the membership of interest groups, comparisons between SOI scores of the Christian sub-group of the Counselling group with the Christianity interest group could give support to links suggested between dimensions and Christian doctrine. Similarly, a comparison between the unaffiliated sub-group within the Counselling group and the 39% unaffiliated within the Buddhism interest group could be fruitful.

The Issue of Numbers and Meaning

Having made statistical comparisons between the three groups using the SOI, it is worth considering what the findings mean in the real world. For, as Kazdin (2006) pointed out, "a given measure, even with validity on its behalf, may not represent the underlying construct completely, fully, or well" (p. 43). It is true that the SOI, like many measures, is an arbitrary metric in the sense that it provides no definitive measure of spirituality, or of the dimensions purported to be contained within the construct of spirituality.

What the SOI can do is distinguish between groups on the relative emphases given to each of the dimensions, and these comparisons have been achieved in the current study. Translating those outcomes into meaningful knowledge presents, however,

a challenge. If, for example, one group of individuals scores higher on the altruism dimension than another group, all this result reveals is that they achieved higher scores, not that they are meaningfully more altruistic in terms of their real-world behaviours than the groups who score lower on the dimension. For example, it may be the case that those who score higher like the idea of being altruistic, or feel they ought to be altruistic, but

such thoughts and feelings may not translate into altruistic behaviour. Without some measure of behaviour to correlate against the SOI scores, they can only be considered to be reflective of people's views about how much they agree with a set of ideas (i.e., the

SOI dimensions). Fortunately, people's views are the topic of interest in the current research. Both studies 1 and 2 concern subjective meaning regarding aspects of spirituality and psychotherapy, rather than verifiable facts and observable behaviours.

Sechrest, McKnight, and McKnight (1996) proposed that the meaning of arbitrary metrics can be informed by calibration against other factors through: (a) direct personal experience (e.g., behaviour), (b) cross-experiential equivalents (comparing outcomes with more commonly understood phenomena as a measure of relative equivalence of outcome), and (c) cross-modal equivalents (measuring the same phenomena in another way). In qualitative research, triangulation resembles cross-modal equivalent calibration, except that triangulation is generally exploratory rather than measurement-oriented. I used this quantitative study for possible corroboration of the qualitative results, and although the three groups were generally well above the mid-range of possible scores, some of the dimensions appeared more salient for the Buddhism interest group (e.g., *Awareness of the Tragic*) and were in keeping with Buddhist philosophy. I outline the method and discussion of triangulation used with the SOI outcomes for the Buddhism interest group in Chapter 6

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CHAPTER 6

OVERALL DISCUSSION OF STUDIES 1 & 2

Both qualitative and quantitative and methods were applied in this research in order to explore therapists' experiences of bringing Buddhist ideas and techniques to psychotherapy and psychologists' perspectives on the relevance of certain spiritual dimensions. The themes that emerged from the therapists' interviews illustrated how Buddhist concepts could be applied in the therapeutic context and have benefits for both psychotherapists and clients. The outcomes of the quantitative study complemented the themes and also revealed the relative emphases given to different dimensions of spirituality across three different groups of psychologists within the Australian Psychological Society.

Within this chapter I consider the results of Studies 1 and 2 together, and explore both studies in relation to the literature reviewed in Chapter 2. First, as a form of triangulation, I consider the quantitative results for the Buddhism interest group in Study 2 in the context of the interview discussions in Study 1. I examine the possible connections between the Spiritual Orientation Inventory (SOI) dimensions and Buddhist philosophy, and the relevance of the dimensions to therapy, in light of the stories the interview participants told. Next, I critique Study 2 noting strengths and limitations. Then, I consider the themes of Study 1 in the broader context of the literature. Finally, I review Study 1 noting strengths, limitations, and unexplored areas for future research.

Exploring the Dimensions of the SOI with Interviewee Participants

Triangulation

The concept of triangulation as it applies to qualitative studies relates to approaching the construct from a different perspective in order to test for consistency without necessarily seeking replication of outcomes (Patton, 1999). The purpose of

triangulation is seeking breadth and richness of data, rather than verification of findings. The original findings are generally understood as valid in their own right, with triangulation, or comparative analyses, as the opportunity to extend understanding of the subject of interest. According to Patton (1999), different approaches to triangulation in qualitative research are: (a) methods triangulation wherein different methods are applied to the same subject of interest, (b) triangulation of sources by using the same method with different data sources, (c) analyst triangulation by way of different researchers, and (d) theory/perspective triangulation in which different theories are applied in interpreting data. In the current research I used methods triangulation. I questioned individuals about their perceptions of the importance of the dimensions of the SOI to both Buddhist philosophy and their work. In doing so, I gave participants the opportunity to explain the relevance of the dimensions in an additional way to completing the SOI questionnaire.

The Buddhism interest group sample (*n* = 44) in Study 2 included the 14 interviewees in Study 1, although their responses were not individually matched with their transcripts. All participants in Study 1 completed the SOI prior to their initial interviews. During their follow-up interviews, I asked participants if they thought the SOI dimensions had any relevance to their work. I also asked whether they could see connections between any of the dimensions and their understandings of Buddhist principles. Although I draw on participants' responses to these questions, it is also necessary to consider each dimension in the context of participants' total interviews, because references to, for example, altruism (one of the dimensions), occurred in discussions beyond those relating specifically to the SOI. For each dimension, I first present any connections the therapists identified with Buddhist philosophy, then I explore the relevance each dimension had to psychotherapy from the participants' perspectives.

Transcendent Dimension

Participants in Study 1 did not find clear connections between the idea of transcendence and Buddhist philosophy. Some of the therapists noted that the idea of a Godhead or higher power implied in the SOI limited the applicability of this dimension to Buddhist teachings. A few participants suggested that the idea of a transformative relationship was a better way of expressing how transcendence could be understood in Buddhism. For example, Grace talked about the idea of transformation by moving through fear to fearlessness, due to changing one's relationship to fear. From the Buddhist perspective, such a transformation constitutes a transcendence of unskilful thinking, and therefore suffering, by changing one's relationship to one's thoughts. A further aspect that limited connections between transcendence and Buddhism was the impression that the dimension implied, as Peter put it, "something out there," whereas participants considered Buddhist philosophy to be more concerned with connecting to one's own experiences in the present moment.

Participants struggled, also, with the idea of transcendence applying to therapy, because it implied something other and separate to what is, or what Louis described as "an unseen world." On the contrary, they emphasised the importance of a pragmatic approach for therapy, including being in the present with things as they are and acceptance of things as they are. Some of the participants noted that having clients change their relationships to their thoughts effects a transformation in the way already suggested. As transcendence was presented in the context of the SOI, it was not found to be relevant to therapy.

Meaning and Purpose in Life Dimension

Participants could not identify obvious links between this dimension and Buddhist teachings, although a few of them noted it probably was reflected in some way not

immediately apparent to them. Bill, for example, noted that the goal of achieving enlightenment could perhaps be understood as a purpose in life, and Grace thought that the noble eightfold path of Buddhism might also be construed as meaning and purpose in life. In general, the links between this dimension and Buddhist philosophy were weak.

Having meaning in life, for participants, seemed relevant to therapy from the participants' shared perspective of the importance of being client-centred. The therapists emphasised the value of meaning for clients, and how making meaning out of suffering, for example, could be beneficial. Tara stated that "life needs to be seen as meaningful," and participants' interview discussions supported this perspective. Nevertheless, as Cat explained, meaning did not have to be overt in therapy, but could be "just a real background thing." In contrast to the meaning aspect of this dimension, purpose in life was overlooked as having relevance to therapy. As Bill noted, "I don't ask, 'what's your ambition'."

Mission in Life Dimension

Some participants thought this dimension might have limited connections to Buddhist teachings, but they noted that the idea of having a mission could also create the potential for attachment and suffering if it was not balanced with acceptance. For the participants, there seemed to be some crossover in the ideas of purpose in life and mission in life. The therapists considered that being the best person one can be, without over investing in ambition, to be a relevant way of understanding this dimension, from both a Buddhist practice point of view and for therapy.

Sacredness of Life Dimension

According to participants, this dimension is reflective of the Buddhist teaching of regarding all sentient life as precious. Tara also noted a link to the recognition of interdependence in Buddhism that inspires gratitude towards, and empathy for, others.

Similarly, many participants observed that Buddhist practice goes beyond sitting meditating on a cushion to all aspects of life, including relating to others and valuing others. Moreover, Grace noted that from the Buddhist point of view, part of approaching life as sacred involved what she described as the "elegance" of paying attention to small things.

With regards to therapy, beyond a basic respect for life, the therapists also talked about finding sacredness in the ordinary, for example, in the idea that whatever you are doing now is good enough. Nevertheless, a couple of participants noted that at the same time, they felt it was important that neither the therapist nor therapy be construed as "special" in a manner that might be disempowering for clients, lead them to think they were not capable, or make them feel dependent on therapy or the therapist.

Material Values Dimension

Participants noted a link between this dimension and the Buddhist teaching of moderation and not being materialistic and attached to things. The other connection between the material values dimension and Buddhist philosophy, implied in participants' discussions, was that suffering arises as a consequence of being so attached to people,

ideas, and material things that expectations are unfulfilled. Apart from the importance of exploring expectations, the therapists gave greater emphasis to this dimension in therapy in relation to themselves rather than their clients, and they implied that modelling a non-materialistic attitude was more important than addressing it overtly. As Cat explained, "I take the opportunity to say something non-materialistic."

Altruism Dimension

Participants supported the idea of this dimension connecting to Buddhist teachings, but did not provide many comments in relation to direct questioning about the dimension. In contrast, within their broader interview discussions, the therapists spoke

about the personal benefits to themselves, and for some, to their Buddhist practice, arising out the work of helping others in therapy. I concluded that altruism was important to the participants, but that holding an idea about being altruistic was not helpful. As Louis put it:

> I actually tend not to really kind of have this idea that I'm being compassionate in my work with people. I actually think that that can be a bit of a hindrance if you have some perception of yourself that, you know, "I'm working compassionately." I think that [can] kind of mess up your approach with people.

The altruism dimension had relevance to therapy for the participants so long as it was in the context of having compassion, empathy, and a sense of being connected to others. There appeared to be a boundary between kindness, which they supported, and service that might imply self-sacrifice or self-righteousness. Nevertheless, a couple of the therapists noted altruistic engagement with others could be beneficial for clients in helping them to feel better about themselves and more connected to others.

Idealism Dimension

The participants identified no strong connections between idealism and Buddhist philosophy. The concept of Buddha nature, which some participants mentioned in their broader discussions, might perhaps be a valid link to this dimension.

The aspect of this dimension that participants discussed in relation to therapy concerned having a hopeful positive outlook of therapy. The sub-theme of hopefulness within the major theme of compassionate engagement underscores the relevance of this dimension to therapy. Peter noted, for example, that he found it useful to have hope for positive outcomes from therapy for both himself as a therapist and for his clients.

Awareness of the Tragic Dimension

Compared to the other dimensions, participants considered the awareness of the tragic dimension to have the strongest connection to Buddhist philosophy and the greatest relevance to their work. The importance of this dimension for the therapists is evidenced by the truth of suffering emerging as one of the four major themes in Study 1. An understanding of the awareness of the tragic dimension, which participants understood to be the same as the Buddhist first noble truth of suffering, was important for themselves and for their clients.

Fruits of Spirituality Dimension

This dimension did not resonate strongly with participants as connecting to Buddhist teachings. All of the schools of Buddhism are both outcome-oriented and present-oriented. A present orientation is, however, emphasised in Buddhist practice, and being too outcome-oriented ("fruits," reaping benefits) is viewed as an obstacle to progress. This view may partly account for the absence of identified links between this dimension and Buddhism.

Likewise, participants did not find the dimension to be relevant to therapy. The lack of relevance was probably due to their shared belief that it was up to clients whether they chose to connect to spiritual paths or religions. As Grace put it, "certainly no sense that people have to connect to some sense of spirituality." Nevertheless, a few participants noted that the dimension might be relevant in the context of how the fruits of their own Buddhist practice affect the way they work as therapists.

In summary, participants considered the *awareness of the tragic* dimension had the strongest link to Buddhist philosophy and the greatest relevance to therapy. Although the therapists identified connections between some of the other dimensions, Buddhism,

and therapy, they qualified the links.

A Critique of Study 2

Strengths

Study 2 provided descriptive information regarding the spiritual paths and religious affiliations of a sample of psychologists in Australia, and also identified the relative importance they place on different aspects of spirituality as defined within the SOI. The findings of this locally grounded research may be a useful referent for future professional development that acknowledge the interplay between spirituality and psychology, and they reveal opportunities for the development of a referral service based upon clients selecting a psychologist with an understanding of a particular spiritual path
or religion.

As anticipated, the interviewees from Study 1 were able to enrich the statistical outcomes of Study 2 for the Buddhism interest group by qualitatively examining the dimensions and their relevance to Buddhism and psychotherapy. Although not a feature of this study, interviews with the comparison groups could have illuminated their quantitative outcomes further in a similar manner. As already explored in Chapter 5, the statistical outcomes for the Buddhism interest group have to be taken in the context of the group profile, because only 41% identified as Buddhist. Nevertheless, the relative emphasis given to dimensions, such as for example the *Awareness of the Tragic* dimension, gave support to the findings of Study 1.

Limitations

At the time I undertook Study 2, the choice of available instruments was limited. During the course of questioning interviewee participants about the dimensions of the SOI, it became clear that some of them struggled with the humanistic language of the inventory. Participants also noted difficulties with the terms used, especially *spirituality*

and *transcendence*. They suggested that a short definition for terms as they are understood by the authors of the instrument would have been helpful in this regard.

The SOI is not in the public domain and has to be purchased directly from the author, and these factors have no doubt limited the number of published studies using the inventory. Those studies that have incorporated the SOI have examined the importance

of spirituality in relation to other variables. For example, Morris' (2001) study explored the relationship between spirituality and coronary heart disease. There is no way of meaningfully comparing the use of the instrument in the current research with such studies, because the SOI was employed, in this case, to distinguish between groups rather than explore possible relationships with other variables. The development of norms for the inventory will enhance the future usefulness of the SOI.

Exploring the Themes of Study 1 in Relation to the Literature

I consider the themes arising out of Study 1 in the context of the literature in two ways. First, I compare the themes from Study 1 with the themes that emerged from four qualitative studies that explored therapists' perspectives on integrating different aspects of Buddhism and psychotherapy. Then, I consider the themes from Study 1 in the light of the broader literature review.

A Comparison of the Themes from Study 1 with the Themes from Four Qualitative Studies

In the discussion regarding research on Buddhism and psychotherapists in Chapter 2, I outlined four qualitative studies (Dreifuss, 1990; Houtkooper, 1998; Fredenberg, 2002; Magnussen, 2004)with broadly similar aims to the current research, that is, to explore psychotherapists' perspectives and experiences about Buddhism and psychotherapy. In order to compare the themes of Study 1 with those arising out of the four studies, I examined the discussions of the themes and the individual interviews

contributing to each of them. I sought support for the sub-themes of Study 1, and I also looked for alternative or conflicting perspectives. I found, nevertheless, that the content of the Study 1 sub-themes was represented, to varying degrees, in at least one of the studies, and some sub-themes were reflected in all studies.

The Truth of Suffering

As in the Study 1 sub-theme *an acknowledgement of suffering*, participants in all four studies noted that their own experiences of suffering gave them an empathy for, and understanding of, the suffering that their clients experience. The *causes of suffering* sub-theme was reflected in Dreifuss' (1990) theme of suffering, where participants identified expectations, distortions, and trying to make things permanent, as problematic. The sub-theme *suffering as a path* appeared in each of the studies discussions, such as in the importance of how one carries one's suffering, and learns from it.

Compassionate Engagement

Each of the Study 1 sub-themes of *empathy, openness,* and *hopefulness* was represented in each of the four studies. Within the first two sub-themes, the most emphasised ideas were: (a) being connected to the client, and (b) the importance of presence, authenticity, and being non-judgemental. Basic goodness, or Buddha nature, was explicitly discussed in all but Fredenberg's (2002) study, and it was implied by one of his participants in a discussion of how Buddhist practice provided her or him with a hopeful and positive outlook.

Mindful Presence

Of all the themes in Study 1, mindful presence was given the greatest emphasis in each of the four studies. The importance of the sub-theme *a present orientation* was evident in participants' comments supporting being present, living in the moment, and developing mindfulness. Participants also noted the enhanced listening ability of the

therapist, developed through Buddhist practice, in all but Magnussen's (2004) study. The sub-theme *the primacy of direct experience* was explored in all studies except Magnussen's, and included the use of silence in Fredenberg (2002) and Houtkooper (1998). Of the four studies, however, only Fredenberg's made reference to reality testing. Of all the sub-themes in Study 1, participants mentioned *being with what is* most often, and this concept was present in all four studies. The characteristics described echoed what participants in Study 1 reported, and included being grounded, having stillness and equanimity, not being attached, not getting caught up, not being defensive, being unflinchingly present, and letting go.

Empowerment through Understanding

Each of the 3 sub-themes relating to this major theme in Study 1 was present in at least one of the studies. *Responsibility* was the least discussed of all sub-themes, including those in other major themes. Some references were made regarding therapist or client ethics, or kamma, and these were in Houtkooper's (1998) and Magnussen's (2004) studies. They reflected participants' perspectives in Study 1. One alternative view of kamma is addressed in the following section on *Alternative Perspectives.*.

Disclosure

was touched on in each of the four studies in the context of broader discussions about, for example, introducing meditation to clients, and reflected the views in Study 1. The sub-theme of *Sustaining* occurred in each of the studies, and Houtkooper's and Dreifuss' (1990) participants explored it most fully. The benefits participants noted reflect those in Study 1 and included confidence, coping, nourishment, adding a deeper dimension to work, and being part of one's Buddhist practice.

Alternative Perspectives

Prior to examining the four studies, I had expected that their different emphases, both Buddhist (e.g., the different practice lineages) and psychological (e.g., one study

concentrated on psychoanalytic practitioners), might make them difficult to compare meaningfully with each other and the themes of Study 1. On the contrary, it was easy to find shared perspectives and, at times, remarkably consistent views.

Some themes within the four studies are unique to the particular research, for example, Magnussen's (2004) transmission and lineage theme: such ideas did not emerge
in the context of Study 1. An alternative view of kamma to those elicited in Study 1 was introduced by a participant in Magnussen's study. The perspective in this case concerned the (guru yoga) idea that suffering could be viewed positively by seeing it as an
opportunity to "burn off" negative kamma.

Within the four studies, and Study 1, some participants supported teaching clients meditation, and some did not. Those therapists who did not introduce formal meditation
did, nevertheless, appeare to support clients increasing their awareness, and some also introduced mindfulness techniques. The two differing views are also reflected in the broader literature base regarding Buddhism and psychotherapy.

The Themes of Study 1 in the Broader Context of the Literature

I address each sub-theme theme from Study 1 and highlight the links to the literature. Then, I explore those aspects within the literature that are not represented in the major themes.

The literature reviewed incorporates works from a Buddhist practice perspective that outline philosophy, as well as works that address the merging of Buddhism and psychotherapy. Except for the *disclosure* and *sustaining* sub-themes, that are specific to therapists, all of the other sub-themes are reflected in the literature reviewed as they

apply to Buddhist practice. Moreover, each of the sub-themes feature in the literature in relation to the works that explore drawing on Buddhism in therapy. Many of the connections between the sub-themes and the literature are self-evident, as seen by the

similarity of many of the headings to the sub-themes. I briefly address the sub-themes before exploring those aspects within the literature that did not feature in the themes.

The Truth of Suffering

The importance of suffering, in both Buddhist philosophy (i.e., being the first noble truth) and Western psychology (e.g., Peteet, 2001; Wellings, 2000) is reflected in the emphasis participants placed on suffering in Study 1. Suffering emerged as a concept of central importance for the participants, as evidenced in *the truth of suffering* becoming the first of the major themes.

The sub-theme *an acknowledgement of suffering* is a fundamental Buddhist principle that many therapists interested in Buddhism introduce to therapy (e.g., Kornfield, 1993). Therapists, however, are not usually inclined to introduce the Buddhist view that the ultimate cause of suffering is the separation between *I* (the ego) and the *other* (Casper, 1974). Nevertheless, the ways in which such a separation manifests, including being attached, or having aversion, or distorting what is, or having expectations (e.g., Ellis, 1977/1989), are seen as examples of *the causes of suffering* by both Buddhists and Western psychologists, including the participants. The participants' interpretations that resulted in the sub-theme *suffering as a path* reflect both the Buddhist understanding of it (e.g., Trungpa, 1976), and also the Western psychological view that life crises can result in greater self-understanding (Haule, 2000).

Compassionate Engagement

Aspects of the major theme of *compassionate engagement* consistently feature in the literature of both Buddhism and Western psychology. Compassion is a cornerstone of Buddhism (e.g., Gyatso 1998). Although the term compassion is not commonly used in

the literature of Western psychology, related concepts such as empathy and acceptance

are valued as qualities in a psychotherapist (e.g., Bohart & Greenberg, 1997; Clark, 2006).

The sub-themes *empathy* and *openness* mirror the Buddhist understandings of compassion (Gyatso, 1998), unconditional presence (Welwood, 1992), and also Rogers' (1957) client-centred therapy. The participants' perspectives on *hopefulness* reflect the concept of Buddha nature, which in turn has been connected to the idea of growth potential with humanistic psychology (Rothwell, 1996). The sub-theme of *hopefulness* is also supported in the wider literature on hope as a positive feature in psychotherapy (e.g., Riskind, 2006).

Mindful Presence

The importance of having a *mindful presence* is well established within Buddhism (e.g., Buddhadasa, 1980). Participants noted the benefits of mindfulness for both

themselves as therapists, and for their clients, in ways similar to those reported in the literature (e.g., M. Epstein, 1988b; Robins, 2002). Moreover, they apply mindfulness for themselves and their clients in ways consistent with Buddhist philosophy and with other Buddhist-inspired therapists in the literature (e.g., Soma, 1975; D. Brazier, 2001).

From a Buddhist practice perspective, *the primacy of direct experience* underpins the importance of *a present orientation* (e.g., Soma, 1975). The ways in which the participants explore these concepts with clients is in keeping with Buddhist understandings and the literature in Western psychology that emphasises the relationship between experiencing and self-understanding (e.g., Hoffart, Versland, & Sexton, 2002). Based upon their own understandings, the participants support their clients in *being with what is* as a means of developing a mindful, yet gentle, tolerance for unpleasant and unwanted thoughts and feelings. The participants emphasised the benefits of developing a

non-reactive stance that the literature also supports (e.g., Germer, Siegel, & Fulton, 2005; Goldfarb, 1999).

Empowerment through Understanding

The promotion of personal responsibility features in both Buddhist philosophy and Western psychotherapy (e.g., Teo, 1973; Overholser, 2005). Participants' interpretations within the sub-theme *responsibility* reflect both the Buddhist understanding and the way in which it has been introduced to clients by other therapists (e.g., Khong, 2003; Pierce, 2003).

Participants' views on *disclosure* support the client-centred approach that other therapists inspired by Buddhism embrace (e.g., Coltart, 1993). They concur in the views that drawing on Buddhist ideas and techniques successfully in therapy does not require disclosure of Buddhist sources, that attributing Buddhist sources to concepts can be distracting or unsettling for some clients, and that when disclosure of sources does occur it is usually because the client has said or implied something that makes the disclosure seem natural within that context. Finally, the participants' experiences of drawing on Buddhism in their lives and in their psychological work with clients, outlined in the sub-theme *sustaining*, incorporate the benefits noted throughout the literature review (e.g., Fleischman, 1995), including having a deeper understanding of oneself and others, and adding a richer dimension to one's work.

Concepts in the Literature not Included in the Themes

Egolessness, emptiness, and enlightenment. In keeping with the views of therapists in the broader literature (e.g., Wellings, 2000), the participants noted that the Buddhist concepts of egolessness, emptiness, and enlightenment have little relevance for most clients. Like many commentators, (e.g., Tart & Deikman, 1991), the participants considered that such concepts go beyond the scope of psychotherapy.

Supervision. In all modes of supervision, in their roles as supervisees the participants noted the importance of their subjective views of the openness of their supervisors as the determining factor in whether they would talk about Buddhism, reflective of the importance of supervisee-supervisor alliance in the supervision literature (Ladany, Hill, Corbett, & Nutt, 1996). The evaluative nature of probationary supervision (Goodyear & Bernard, 1998) also affected participants' willingness to broach the subject
of how Buddhist principles might be drawn upon in therapy. Therefore, probationary supervision offered the least scope for discussions about Buddhism and psychotherapy. The views expressed by participants as supervisors about their willingness to discuss Buddhist-inspired perspectives with supervisees have no referents in the literature, and this remains a topic for future research.

Limitations of Western psychology. Lack of self-development and the inadequacy of Western psychological understandings and strategies to meet clients' needs were identified as the main limitations of Western psychology by participants. Many self-development benefits of Buddhist ideas and techniques are noted throughout the literature (e.g., M. Epstein, 1995; Wegela, 1996) and lend support to the participants' perspectives. For example, therapists consider Buddhist practices such as mindfulness can enhance empathy (e.g., Aiken, 2006; Sweet & Johnson, 1990). As with self-development, therapists in the literature generally emphasise the potential for Buddhism to enhance Western approaches, rather than the limitations of those approaches. A notable exception is the criticisms of Western psychology as lacking strategies for developing therapeutic awareness (e.g., Speeth, 1982) that many psychotherapists believe Buddhist mindfulness can address (e.g., La Torre, 2002).

A Review of Study 1

Strengths

The structure of the research and the willingness of the participants enabled the core and supporting questions of the research to be answered in the in-depth manner that was originally planned. The detailed explanations and descriptions given by the participants provided rich data from which to form the themes of Study 1. Considered together, the themes give an insightful overview of what it means to bring a Buddhist perspective to psychotherapy. In addition, each theme provides detailed information about ways in which Buddhism can be drawn on in therapy, for both therapists and clients. As such, the themes have increased understanding of how Buddhist ideas and techniques can contribute in positive ways to therapist well-being and efficacy, therapy processes, and interventions and outcomes for clients. The significance of the information is that it may be used in the development of future interventions for psychotherapy influenced by Buddhist philosophy, and to inform future work relating to therapist self-development.

Conducting two interviews with most participants was a major strength of Study 1. I was able to follow up on areas of interest, explore new areas, and also seek more information and clarification. Presenting a written overview of the initial interview discussions to participants was also useful. Gaining their feedback helped to show my respect for their perspectives, and it also gave me confidence that I was reflecting their views accurately. Having broad open-ended questions as well as more focussed questions gave balance to the interviews. The broad questions ensured a range of perspectives on the topic were obtained. The more focussed questions had a two-fold benefit. First, they provided a subtle rest for participants because they were generally easier to answer. Second, the participants with less experience of merging Buddhism and

psychotherapy appeared to gain confidence from answering them. In hindsight, a few of the questions seem naïve and limited, for example, *How do you respond to the following statement: Bringing Buddhism into therapy is a natural extension of finding it personally helpful*. Yet, such questions often led to interesting perspectives, as in the case of Bill who explored the idea "what is Buddhism" in response to the above question. Although I did not seek feedback on the questions, many participants commented in positive ways on the questions and their interviews. Finally, the IPA method of analysis was a good choice, and it was sufficiently structured to help me maintain my focus with a large amount of data. As already noted, there were numerous benefits to having the data arranged on cards.

Limitations

The most notable limitation of Study 1 was that I chose not to limit particular aspects of Buddhism and psychotherapy to be examined. Consequently, the research needed to incorporate both systems in their broadest contexts, and the difficulties of this approach were most apparent in undertaking the literature review. Fortunately, this limitation was not reflected in the outcomes, and the themes were rich, in-depth, and well supported in comparison with other studies and the broader literature.

The full potential of journal keeping was not realised for all participants in this research. Some participants did not use the journal at all: "I didn't do it at all. It just didn't fit" [Vania]. The five participants who wrote in their journals noted it was useful in helping them reflect about the merging of Buddhism and psychotherapy.

> I began to think a bit more deliberately about the place of Buddhism and Buddhist ideas in the work that I was doing. . . . It became a way of reminding myself, well, I guess a means of focussing my own mind, yeah. [Louis]

The other participants seemed unenthusiastic about the idea of journal keeping. In part, I put this lack of interest down to low motivation about the task, in comparison to being engaged in the more dynamic process of being interviewed. Also, some of them may not have had much experience at journal keeping. As Tara noted: “I think it’s like anything else, it’s a learned skill.” Nevertheless, I consider that as a researcher I could have facilitated their interests in using the journals by providing some written instructions within them. A few questions may have helped to inspire people to begin writing, for example, *I would be grateful if you could write down a few points at the end of each month. The following questions might help prompt you: Have I applied any Buddhist ideas or techniques with clients? Have I given any thought to how Buddhist ideas or techniques help me as a therapist?*

Unexplored Areas for Future Research

In hindsight, I would have preferred to leave at least 1 or 2 years between interviews to give participants more time for their integration of Buddhism and psychotherapy to evolve. I base this view on the feedback I got from participants that some of them were thinking more consciously about how they drew on Buddhism in psychotherapy following their initial interviews. I acknowledge, however, that a longitudinal approach would have given more of an evolutionary focus to the research that was not originally intended, and so it remains an opportunity for future research.

In regard to the available literature on the topic, there is considerable scope for further investigations that focus on different aspects of Buddhism (e.g., Buddha nature), or techniques (e.g., mindfulness), or lineages (e.g., Zen) and psychotherapy (e.g., the therapeutic relationship), schools (e.g., narrative therapy), and presenting issues (e.g., anxiety). Finally, in-depth studies examining the experiences of both clients and psychotherapists would probably be enlightening.

CHAPTER 7

PERSONAL REFLECTIONS

As with any other process in my life that has involved a substantial commitment of my time, thought, and effort, I have been both challenged and changed by undertaking this research. It has taken me years to do it and I have often wondered why I did not give up. Nobody I know would have thought less of me if I had. I think the participants and my supervisors might have been disappointed, but they would have understood. During the course of the research I had numerous other competing priorities: a relationship, a small child, a house renovation, and many house moves including moving interstate. The thesis, also, evolved into something quite different from the original idea. Nevertheless, I finished it, partly out of gratitude for the individuals who participated, and also because I genuinely believe in the message of the thesis, that Buddhism has much to offer therapy.

The most poignant event for me during the research process was the death of one of the participants. Linda was a friend I studied at university with who, although in poor health, was striving to finish her probationary clinical supervision. After her first interview, Linda's health declined rapidly and, sadly, she died just prior to our organising her second interview. I was devastated. I was putting all my effort, time, energy, and resources into achieving a goal that, in light of her death I questioned deeply. After a lot
of soul searching I decided that I would continue my research. Even if, for some reason, I never finished it, I wanted to try my best. In doing so I realised I am a lot more like my friend Linda than I ever would have imagined.

The characteristics of a therapist that I value are congruent with Buddhist philosophy and methods, as Linda and the other participants repeatedly showed me. They compassionately view their clients in the most positive way, and remain hopeful about what they can achieve together. They respect and value their clients, the

therapeutic relationship, and the therapeutic process. They have equal measures of humility and confidence, and inspire a gentle, yet fearless, curiosity and openness towards understanding the human condition. They believe, also, that therapy can provide them as therapists with experiences that will help them grow as people. I can only hope that once I begin working as a therapist, after this thesis is submitted, I remember to continue to develop the qualities that I have been so fortunate to witness in such people.

It is perhaps a truism to say that now that I have done the research I feel well prepared to go out and do research. My own experience has been that research is a process similar to Buddhist practice, of being attached and letting go. In the beginning, I became very attached to the research in order to generate the enthusiasm and effort necessary to plan the study and fulfil all the administrative requirements. After that, I broke free of the red tape and let go, and the sheer novelty of doing the research propelled me forward for some time. Having data inspired attachment again. The data were real stories, unique, and irreplaceable, and with seemingly unlimited potential as sources of creativity. The analysis commenced and was the part of the research within which the attachment and letting go process became not only evident to me, but also necessary. I found that I had to let go of precious ideas, and themes, and theories, and relax my gaze in order for new ideas to emerge. Then, I had to be attached enough to develop them to their conclusion before letting go again. Some of my "best" ideas never made it into the thesis. Here, in brief, is what I learned about research.

Reflections on Being Attached and Letting Go

Reflections on Being Attached

1. The best and most expensive recording equipment is worth every cent I have to pay to buy or hire it.

2. Transcribing can never take too long, and I cannot listen to the tapes or read the transcriptions too many times, including after I consider the analysis to be finished.
3. Writing intuitively appealing, but unsupported, provisional claims in my literature review early on is not so bad, because it is amazing how often over the course of researching I will come across someone in an article or book who thought the same thing and will provide me with my reference for it.
4. Falling in love with the participants' stories is part of the honeymoon stage of the research. It is characterised by: wanting to include everything, and giving all data equal importance.
5. Idealising participants is a natural consequence of the regard and gratitude I have for their efforts. It is characterised by: thinking of them as experts in spite of them proclaiming not to be, reading too much into their stories (i.e., projecting ideas that are not there), wanting the participants to love the thesis (and therefore me), and preferring their "best" responses.
6. Being overprotective of the participants is a reactive response to the trust they have bestowed in me by participating. It is characterised by: wanting to present them in the best light, and not wanting to be analytically critical of their interview responses (such as by reducing something they have expressed in a complex way to something simple).
7. Feeling a connection to one or a few individual participants and the stories they have provided is not surprising. It is only to be expected that in undertaking research in a topic of common interest I will meet other people whom I especially like. It is characterised by: reading and analysing their transcripts more than

others, emphasising their contributions over others to an unusual degree, and

relying heavily on their stories in forming themes compared with other participants.

8. Seeking to fulfil pre-existing beliefs is natural because such ideas probably inspired the research. It is characterised by: making tenuous or unsupported themes or links between data, spending far too long trying to make something work, and ignoring or minimising data that does not fit.

Reflections on Letting Go

1. Once interviews and questionnaires are completed it is pointless to regret how things could have been done better.
2. At interview, some participants will share far less about their experiences and ideas than others. That is their contribution, and it is perfectly good enough.
3. Many participants will disclose personal or sensitive information that would make sensational quotes in a thesis but cannot be included for ethical reasons. As a researcher, deep down inside I do have the knowledge and wisdom to work in the best interests of participants. Exercising that judgement means letting go of some great quotes and storylines.
4. Transcriptions verbatim can be difficult to read in print. Repeated words, stammering, paralanguage (e.g., “um,” “ah,”) and current filler phrases of the popular culture (e.g., “you know,” “like”) can be removed without altering the integrity of the participants’ information. All readers, including the participants, will probably prefer this approach.
5. At some stage I have to accept that I have transcribed, perhaps with help, to the best I am able.

6. Wanting to reference everything ever published about my topic reflects my insecurity rather than my intellect. I only need to include what is relevant, and my thesis will have to stand on its own merits regardless.
7. Because the thesis has to remain disciplined, some of my "cleverest" connections and impressions have no place in it.
8. The thesis can never be submitted if I: keep going off on tangents, will not settle on a structure and stick to it, cannot accept that ground breaking research on the topic will probably be published as soon as it is submitted but before it is examined, and refuse to submit it until it is perfect.

My reflections on being attached and letting go did not come to me in hindsight, instead they arose as insights during the course of the research. These insights usually emerged during the periods of being at peace with the data or analysis or writing that routinely followed a build up of strong emotional responses such as frustration, over confidence, or alienation in relation to some aspect of the thesis. In such instances tension would inevitably mount to the point where I was forced to self-reflect and then look at the particular situation from a new perspective, which usually meant relinquishing something I was holding on to too tightly, such as an expectation or a bias. Although not an enjoyable process, it was nevertheless satisfying. I learned early on after a few of such cycles of learning, that were also informed by supervisors' feedback, to take the view that the research was an evolving process, almost as though it were a living changing thing. In this way I was better able to view what I was doing as provisional, which allowed me to limit over-investing in ideas or beliefs that in hindsight were revealed to be only steps along the research path. Of course, such self-reflection was parallel to, and at times indistinguishable from, the self-awareness practices that I undertook over the course of the research in my capacity

as a student of Buddhism. In Buddhism one transforms all aspects of life into the path, and for me doing the research became part of my Buddhist practice.

Ultimately, doing research is a learning process. Many, many times I had to remind myself that undertaking research and writing a thesis is really not that different to doing an undergraduate degree. In the first year it is all very exciting, things seem pretty straightforward, and the tasks involved are often basic and familiar, such as reading, photocopying, making notes, writing outlines, and so on. As with studying any topic, the years progress, and things start to get more complex. More and more variables emerge,
and they have to be juggled. Theories and ideas that once appeared simple start to reveal their limitations and inconsistencies. Often, the process feels like two steps forward and one step back. The highs and lows of discovering new theoretical tangents, evolving research questions and structures, and the cycle of preparing drafts for supervisors and then receiving them back with the margins bursting with challenging comments is reminiscent of the rollercoaster of new topics, assignments, and exams in an undergraduate degree. I have come to understand that the written thesis is the tangible product of the years of learning that we call "doing a PhD." I know now that the written thesis is the evidence of a much bigger foundation of learning that has taken place. Now, I realise that in the beginning I had assumed the research process would be linear and predictable, when it is actually messy and often rather chaotic.

In some ways my thesis was like a temporally stretched Zen koan. I approached it from many ways, struggled with the questions, sought out my teachers for help with the research riddle, got lost, got found again, and finally came up with some answers I never could have anticipated from the start.

The first noble truth is that life is dukkha, and dukkha has often been translated as suffering. That translation is in many ways inaccurate, and perhaps a better translation in

English would be unsatisfactoriness. My PhD has been one long lesson in dukkha, and I know the release from dukkha is the cessation of attachment and clinging. I think I am ready to let go, and experience for myself the jewel in the heart of the lotus.

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APPENDIX A

LETTER TO PARTICIPANTS

Victoria University of Technology
PO Box 14428
MCMC
Melbourne Victoria 8001
Australia
(03) 9919 4000

Dear APS member of the Buddhism and Psychology Interest Group

My name is Lisa Jones. I am a PhD student at Victoria University undertaking research under the academic supervision of Dr Mark Andersen and Ms Heather Gridley. The research relates to how psychologists' spirituality impacts upon their psychological practice and professional supervision. This particular stage of the research is complementary to the qualitative stage for which individual interviews are currently being undertaken. I extend an invitation for your participation in the qualitative stage further in this letter.

This information has been distributed to you with the assistance and approval of the Australian Psychological Society (APS). No identifying information has been provided to the researcher by the APS.

I am seeking your anonymous participation in completing the Spiritual Orientation Inventory and a short questionnaire with brief demographics. It is anticipated these may take up to half an hour to complete in total. Participation is of course on a voluntary basis. Completing and returning questionnaires will be taken as informed consent.

I am under an ethical obligation to advise you that it is possible you may experience some anxiety while completing the questionnaires since they concern issues of belief, mortality and the meaning of one's existence. The likelihood of this causing discomfort beyond that experienced during the course of normal daily living is minimal. However should this occur you have the option to contact the student researcher (Lisa) or an appropriate person known to you. Of course you may also cease completing the questionnaires and withdraw from participating.

Since no names are required on the questionnaires your participation would be completely confidential. In line with university policy, all data arising from the study will remain securely stored for five years. Principal supervisor, Dr Mark Andersen, will be available to discuss any concerns arising from taking part in this research upon request. His telephone number is (03) 9428 1132. If you prefer not to participate you may choose to complete the optional non-participation survey.

Participants in the qualitative aspect of the research are those who either are Buddhist or who consider Buddhist ideas have an impact on their work or supervision. This could be in how they think about themselves as a psychologist or supervisor/supervisee, how they conceptualise clients, client issues, or how they approach working with clients. While this may include people who are using specific techniques such as meditation with their clients, I am just as interested in those who do not explicitly use any Buddhist techniques at all.

As you are a member of the Buddhism and Psychology Interest Group I extend an invitation to you to participate in both stages of the research. If you think you may like to participate in the qualitative stage and would like further information, please complete the attached form and return it with your completed questionnaires. I will telephone you to discuss the interview, then you can decide whether you wish to participate. I look forward to hearing from you.

Thank you,

Lisa Jones
Telephone (03) 9376 7044

APPENDIX B

CONSENT FORM

Victoria University

CONSENT FORM

I, ……………………………………………………………………………………..

of ……………………………………………………………………………………..

certify that I am at least 17 years old and that I am voluntarily giving my consent to participate in the research entitled "Psychologists' spirituality: A qualitative study of the impact of a Buddhist orientation upon psychological practice and professional supervision" [later changed] being conducted by Lisa Jones under the supervision of Dr Mark Andersen and Ms Heather Gridley of Victoria University.

I understand the nature of the research and why it is being conducted. Possible risks associated with participating have been fully explained to me by Lisa Jones. I consent to the following activities as indicated.

- ☐ participation in interviews to discuss how a Buddhist spirituality informs my psychological practice and/or professional supervision
- ☐ audio taping of interviews on the understanding that I can interrupt or stop taping at any time
- ☐ completing the Spiritual Orientation Inventory and the S. D. scale (short form)
- ☐ keeping a journal related to this research

I certify that I have had the opportunity to have any questions answered and that I understand I can withdraw from this research at any time and that this withdrawal will not jeopardise me in any way. I have been informed that the information I provide in written or audiotape form will be kept securely stored and that only pseudonyms will be used when writing about this research.

…………………………………………… ……………………………………
Participant's signature Date

…………………………………………… ……………………………………
Witness Date

Any queries about your participation in this project may be directed to the researcher Lisa Jones ph. (03) 9376 7044 or supervisor Dr Mark Andersen ph. (03) 9428 1132. If you have any queries or concerns about the conduct of the research you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, PO Box 14428 MCMC, Melbourne 8001, ph. (03) 9688 4710.

APPENDIX C

PERSONAL DETAILS SURVEY

CR:1

Instructions: Ensure you have read and understand the covering letter provided and are participating by choice. If so, continue.

1. Complete the demographics below by ticking your selections
2. Complete the two questionnaires attached in their order of presentation
3. Retain the covering letter for information and contact details
4. Return all completed questionnaires in the pre-paid envelope
5. Or, return your completed non-participation survey and package of uncompleted questionnaires (for recycling) in the pre-paid envelope

Which of the following primarily describes the work you do?

Academic psychology	☐	Health psychology	☐
Child psychology	☐	Military psychology	☐
Clinical psychology	☐	Organisational/Industrial psychology	☐
Clinical neuropsychology	☐	Psychotherapy	☐
Community psychology	☐	Research psychology	☐
Counselling psychology	☐	School psychology	☐
Educational/Developmental psychology	☐	Social psychology	☐
Experimental psychology	☐	Sport psychology	☐
Forensic psychology	☐	Vocational psychology	☐

I am a student who has not yet undertaken any psychological work ☐

I am now retired from psychological work ☐

Sex				Age			
Female	☐	Male	☐	20-29	☐	50-59	☐
				30-39	☐	60-69	☐
				40-49	☐	70+	☐

How do you describe your ethnic background? (e.g., Australian, Chinese, Indonesian).

…………………………………………………………………………………….

Do you consider yourself a follower of a particular spiritual path or religion?

Yes ☐ No ☐

If yes, how would you describe it? (e.g., Buddhist, Muslim, Roman Catholic, New Age).

…………………………………………………………………………………………

APPENDIX D

INTERVIEW GUIDES

Initial Interview Questions

1. How did you first come into contact with Buddhism?
2. Please describe what kind of work you do.
3. In what ways do Buddhist principles or ideas influence your psychological practice?
4. Are you a supervisor or supervisee: Do Buddhist ideas also have an influence in supervision?

Invite questions, discuss journal, and thank you

Follow-up Interview Questions

5. How did you go with the notebook, did you find it useful?
6. How long have you been working as a psychologist?
7. Do you adhere to any particular framework such as CBT?
8. Do you have any comments or thoughts you'd like to give me on the written feedback I sent you?
9. Just so I can use your language, do you prefer the terms counselling/counsellor or therapist/therapy?
10. How would you describe the key elements of your philosophy or approach to counselling/therapy?
11. When you're with a client and all seems to fail, what do you fall back on?
12. What relevance do you think the Four Noble Truths of Buddhism have to counselling/therapy?
13. How do you respond to the following statement: Bringing Buddhism into counselling/therapy is a natural extension of finding it personally helpful?
14. Where do you think Buddhist ideas can be more usefully applied: in developing the counsellor/therapist, or in understanding and working with clients' issues?
15. I'm interested in your response to the article outlining the development of the Spiritual Orientation Inventory.
16. What relevance do you think some or all of these dimensions have to your work?
17. Can you identify any connection between any or all of these dimensions and your understanding of Buddhist principles?

Discuss quantitative findings for their information, and confirm process after interviews.

18. Do you have any questions at all regarding the process or the interviews?

Thank you