

FROM BUDDHA'S LIPS TO FREUD'S EARS:
A HISTORICAL AND THEORETICAL ANALYSIS OF BUDDHISM'S IMPACT ON WESTERN
PSYCHOTHERAPY

by

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A thesis submitted to the Faculty of the University of Delaware in partial
fulfillment of the requirements for the degree of Masters of Arts in Liberal Studies

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“Buddhism is the most psychologically interested of the great world religions. For when, some 25 centuries ago, Gautama the Buddha experienced the ultimate liberation which is nirvana and became one of mankind’s supreme teachers, he did not point upwards to God or gods but inwards to the intricate dynamics of our mental and spiritual life.”

John Hicks taken from the Forward of De Silva’s

Introduction to Buddhist Psychology

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ABSTRACT

This paper is written for students of Western Psychology who wish to gain a better understanding of the psychological aspects of Buddhism and how these aspects have impacted, and continue to impact, Western psychotherapy. As the prominent Buddhist psychoanalyst Dr. Mark Epstein put it, "In order for Buddhism to be understood by our culture, it must be reinterpreted in the psychological language of our time" (3). This statement perfectly summarizes my objective for writing this paper. I want to introduce Buddhism to students of Western psychology who are unfamiliar with its insights and techniques in a language that is familiar and understandable to them.

The underlying theme I want to convey throughout this paper is that despite the fact many consider Buddhism to be an Eastern religion or philosophy; I believe it should be most appropriately classified within the context of Western thought as psychotherapy. Even though it clearly has aspects of both a religion and a philosophy, the focus in Buddhism, just as it is in the field of psychotherapy, is to study and analyze the human mind in order to better understand it and to alleviate its suffering. Furthermore, both Buddhism and psychotherapy have the same basic assumption concerning human potential: the belief that human beings have the ability to make

positive psychological and behavioral changes that will improve the quality of their experiences. Some examples of the changes human beings have the capability of making are: enhancing self-awareness, developing better habits/coping skills, learning to control emotional responses, and constructing more accurate perceptions of reality.

There are many students who are not fully aware of how various aspects of Buddhism not only resemble but have also inspired many theories found in Western psychology. Moving forward, the more Western psychologists embrace the insights and techniques found in Buddhist thought and practice, the more it will benefit the field of psychotherapy.

I am clearly not the first person to attempt to apply Buddhist literature in the context of modern psychological research. Over the years there has been an increasing acknowledgment by psychologists, counselors, psychiatrists, and neuroscientists of the positive impact Buddhism can have on our contemporary understanding of human nature and human behavior. My hope is for these students of psychology to take a new, and less ethnocentric, look at the insights and techniques found in Buddhism.

In short, I have **three main goals** I wish to accomplish in this paper. My three goals include: **(1)** Enable students of Western psychology to appreciate Buddhism's rich history and its contributions to the study of the mind. **(2)** Introduce the basic

psychological principles of Buddhism in an understandable way to those who are unfamiliar with Buddha's teachings.

(3) Allow those in the fields of mental health and/or behavioral sciences to benefit from Buddhism within their own work by explaining its insights and techniques using the psychological language of our time.

INTRODUCTION

I believe my educational, personal, and professional backgrounds give me a unique vantage point to analyze the relationship between ***Buddhism and Western psychotherapy***. Before becoming a graduate student of Liberal Studies, I studied philosophy and religion as an undergraduate at the University of Delaware with a particular emphasis on Eastern philosophies and religions. It was during this period, about 15 years ago, when I was first introduced to Buddhism. I took an immediate interest in what the Buddha had to say concerning the interconnectedness of life and the illusionary nature of reality since it appeared his views coincided with many of the values and beliefs I had recently been developing. Since this time I have had an immense interest in Buddhist teachings and have been practicing Buddhism by applying its techniques when necessary and approaching my life and my relationships with a Buddhist attitude.

For the past 10 years I have also been a Behavioral Science instructor at Delaware Technical and Community College. The courses I have been teaching during this time include such classes as: *General Psychology, Abnormal Psychology, Psychology of Terrorism, Introduction to Sociology, Human Communications, and Psychology of Health and Well-Being*. As a practicing Buddhist, I found that it was

very easy to make the transition from being a student of the Eastern philosophy and religion to teaching classes in the behavioral/social sciences. I have always taught my Behavioral Science courses from a Buddhist perspective; so, therefore, the impact that Buddhism has had and continues to have on Western psychology had been an obvious choice as the topic for my thesis paper for my degree in Liberal Studies.

The title I chose for my paper is: **From Buddha's Lips to Freud's Ear: A Historical and Theoretical Analysis of Buddhism's Impact on Western Psychotherapy**. In an effort to make this complex subject easier to understand I divided the paper symmetrically. The paper contains two major sections with each section containing two chapters and each chapter broken into four interrelated parts that, when combined with one another, support a larger theme, or message, that runs throughout the chapter.

The first two chapters in section one, ***The Origins of Buddhism and Western Psychotherapy***, have an identical format. Each chapter begins by discussing the influence the cultural environment had on the early development of these two disciplines. In other words, I describe how the birth and evolution of "Buddhism" (Chapter 1) and "Western Psychotherapy" (Chapter 2) were a direct result of the social and political changes that occurred during the time periods in which they arose. After the cultural context is established, I refer to the central philosophies of the two founders: Siddhartha Gautama (the founder of Buddhism) and Sigmund

Freud (the founder of Psychoanalysis). Next, I discuss what has occurred within these two disciplines since the death of these two individuals, and then I conclude the first two chapters with an overview of some of the insights and techniques found in Buddhism and an overview of the field of Clinical psychology. I describe what I consider to be the essential components of each discipline which become crucial for integrating the two in the second half of the paper.

As mentioned, the focal point in section two, ***The Synthesis of Buddhism and Western Psychotherapy***, is on the convergence of these fields. In Chapter 3, “The Unfolding Dialogue”, I discuss how and when those in the Western culture first became familiar with the existence of Buddhist literature and its possible similarities to Western psychology. The chapter covers their initial encounters in the early part of the twentieth century up until the recent encounters within the present day. The chapter also examines the similarities of an Eastern religion and a behavioral science not just in their content but also in their approach to knowledge in general. Finally, the chapter ends with a brief summary of how different types of Eastern philosophies have influenced some of the major pioneers in Western psychology including Carl Jung, Abraham Maslow, and Ken Wilber.

In Chapter 4, “Buddhist Psychotherapy”, I attempt to enhance the understanding and treatment of mental illness by integrating the Buddhist insights and techniques I discussed in chapter one using the terminology found within Clinical

psychology I discussed in chapter two. In this chapter I compare the fundamental assumptions of Buddhist psychotherapy and Western psychotherapy. Next, I match up Buddha's Four Noble Truths within the structure of Clinical psychology. Then I turn to the recent findings and subsequent paradigm shifts in neuroscience and how Buddhism can help explain these latest discoveries; and finally, I analyze the possibility of meditation replacing psychiatric medication in the field of mental health.

Finally, in the **Conclusion** of my paper, I will leave the reader with some final thoughts on Buddhism's impact on Western psychotherapy following with several unanswered questions within this topic that lack sufficient empirical evidence at the present time. These are questions that researchers and practitioners in the field of mental health should consider testing using the scientific method.

PART I

The Origins of Buddhism and Western Psychotherapy

Chapter 1

THE ORIGINS OF BUDDHISM

Cultural Setting

Buddhism began over 2500 years ago during a period in Indian history marked by major changes in both politics and society. This era was a transitional period for many as the tribal bonds that existed for generations were being replaced by a centralized monarchy. Fueled by the religious dogma of Hinduism, the caste system came to replace the ethnic ties people previously had towards one another and the sense of security these ties had fostered. This new political government made it much more difficult for individuals to control their own fate, and in turn, created enormous suffering and dissatisfaction for many (Rubin, 11-13).

Hinduism was the dominant religion of this new political order, and from this new religion emerged the notion of individualism where people began to look out for themselves instead of thinking of the larger group first and viewed their survival and their possible salvation separately from one another (Safran, 10). The belief that emerged from this individualistic way of thinking was called Eternalism, or self-immortality. Eternalism is the view that the soul is “permanent, steadfast, eternal,

and not subject to change” (Rubin, 12). The notion of an unchanging self (*Atman*) is the core belief within Hindu scriptures concerning the nature of human existence. As we will see, the Buddha unequivocally disagreed with this perspective of human beings, and Buddhism arose as a response to this view.

Buddha’s Psycho-Spiritual Transformation

Siddhartha Gautama, later to become known simply as the Buddha, was born around 563 B.C.E. in northern India in a small town that borders present-day Nepal. The Buddha, which translates as “The Awakened One”, lived in stark contrast to the vast majority of human beings in his day who were seen as emotionally “asleep” due to their inability to escape their mindless habitual patterns of behavior that led to their incessant suffering and bondage. The Buddha awoke himself from this psychological malaise and created a new radical belief system that was in direct contrast to the beliefs of many during this time period (Rubin, 13).

As legend has it, the Buddha was born into royalty and a life of luxury; however, before his birth, his father, the ruler of the Kapilavastu territory, received what he considered to be very disturbing news concerning his son’s future. A prophet told his father Siddhartha’s life would take one of two paths. Siddhartha would inherit his father’s kingdom and become a great ruler, or he would leave home and become a great spiritual teacher. His father went to great measures to prevent the latter from happening by forcing a very sheltered existence upon his son. As a way to

prevent Siddhartha from possibly seeking to become a spiritual teacher and healer, his father did not expose him to any type of misery or unhappiness. So for almost 30 years of Siddhartha's life he was not exposed to anyone sick, old, dying, or dead. Therefore, through Siddhartha's limited experiences, he mistakenly believed the world was free from any type of pain or suffering (Rubin, 13-14).

During Siddhartha's time from childhood to young adulthood he was never allowed to venture outside the palace walls. He lived a happy (although very hedonistic) life having a majestic home, a beautiful wife, children, and was never denied any sensual pleasure he desired. Even though his father's plan worked really well for over two decades it eventually fell apart and backfired (Rubin, 14).

Against his father's wishes, Siddhartha got curious about what life was like beyond the palace and attempted to explore the rest of his kingdom into the streets of Kapilavastu. There he encountered four sights that he had never seen before, and they changed the direction of his life forever. He encountered for the first time, an old man, a corpse, a sick person, and a beggar. These sights shocked and disturbed Siddhartha which led him into a state of disillusionment and despair after he realized that everything he was told about the world turned out to be a complete lie. On his journey back to the palace he ran into a peaceful wandering ascetic.

At this moment the still traumatized Siddhartha made a bold decision concerning his future. Siddhartha saw the inevitability of loss in everyone's life and now saw life to be inherently painful and disappointing. This realization led him to make the assumption that the only way to escape the eventual disappointment of losing everything is to abandon all his possessions at once, including his family, and dedicate his life to finding an answer to the problem of human suffering. Siddhartha's decision to give up all his possessions to search for liberation supports his belief that, "there is no knowledge without sacrifice" (Grubin, *The Buddha*). This has a symbolic relevance to the central message found in Buddhism and is one of the hardest truths to accept concerning human existence: "In order to gain anything you must first lose everything" (Grubin, *The Buddha*). After quietly saying goodbye to his family while they slept, he left his father's kingdom he set out on a devout quest that lasted about 6 years. He was searching for the wisdom that would release him from life's pain and suffering.

His spiritual journey began, as many seem to do, by changing his lifestyle completely. He went from a hedonistic state of complete and utter self-indulgence to an extreme opposite ascetic life of self-denial. However, after years of depriving himself, he became dissatisfied once again because he felt this path lead him no closer to salvation than his previous life of fulfilling all desires. Finally, in disgust, he turned to contemplation and deep meditation for answers. One evening Siddhartha

decided to sit under a tree in a lotus position (the position most commonly used during meditation) and vowed not to move until he found a solution to his problem. This is where Siddhartha adopted the attitude many have called “The Middle Way.” This refers to the middle ground between the two extreme attitudes of hedonism and asceticism (Rubin, 15).

Historians and scholars disagree concerning the amount of time that had passed while he meditated under that tree, but one morning Siddhartha did finally open his eyes and walk away. What had happened was that Siddhartha had found the answer he was looking for and, as a consequence, experienced a revolutionary internal transformation that contained both psychological and spiritual elements. As Buddhist author and psychotherapist Jeffrey Rubin put it what occurred within Siddhartha was that “he experienced a profound clarification of his searching; an understanding of the riddle of human existence; a freedom from crippling psychological illusions and a vision of the path to eradicating human suffering and attaining freedom” (15). Siddhartha had achieved the enlightened state he had been seeking and had become “The Enlightened One” or “The Awakened One” or simply what the rest of the world would forever know him as: ***The Buddha***.

Immediately following this profound insight into the nature of the mind, suffering, and reality, he returned to the world to become a religious teacher, and spread his message to all those who would listen regardless of race, ethnicity, caste,

wealth, age, gender, or religion. This was a message for all of mankind, and the only requirement was an open mind that was ready to receive the wisdom he had just attained.

Buddha's Message

There were many differences between Buddha's teachings (*dharma*) and Hinduism, the dominant religion of the time. Whereas orthodox Hinduism is primarily dogmatic and relies on the sacred scriptures of the *Vedas*, the Buddha's message is more pragmatic and therapeutic relying on personal experiences such as actions and psychological processes. This is a major issue raised by the Buddha that is found at the heart of his message. The Buddha rejects the knowledge of authority, or "expert testimony", and believes that individuals must verify the truth from their own experiences. Also, rather than attempting to satisfy an individual's curiosity about the creation of the universe or the nature of a divine ruler as in Hinduism, the Buddha chose to focus on the specific task of alleviating human suffering, and he leaves those speculative questions aside since they did not help solve this problem (Rubin, 16).

The insight the Buddha discovered while meditating under that tree is that life consists of what is referred to as "The Four Noble Truths" which are really four aspects of one insight. These Four Noble Truths, as they are known to the majority of the people with knowledge of Buddhism, became the center of the Buddha's

teaching and the foundation of Buddhist thought for the last 2500 years. No single person has ever been so intimately connected to a belief system as the Buddha and Buddhism. This is very apparent when the Buddha states, “He who sees me sees the teaching. He who sees the teaching sees me” (Grubin, *The Buddha*).

Dukkha, the First Noble Truth, is the belief that life is ultimately *unsatisfying* and *disappointing* and this unsatisfactory nature will eventually lead to mental and emotional *suffering*. Even though the Buddha accounts for physical suffering, his focus is much more on the psychological suffering seen uniquely in human beings. The Buddha believes everything (people, objects, relationships) to be in a constant state of change or flux and since human beings have a desire for permanence and stability, we inevitably “sow the seeds to our own suffering” (Rubin, 17). The Buddha realized that if we are going to eliminate our pain and suffering we are going to have to come to fully accept the fact that everything we have and everyone we know will one day be lost.

It is important to note here that although it may seem that the Buddha’s view of life may seem cynical and pessimistic to most people, this is definitely not the case. The Buddha takes a realistic view of life and the world and tries to look at things from an objective standpoint. The Buddha takes the viewpoint that a physician or healer would take with a patient. He wants to look at the symptoms in a dispassionate way so he can correctly diagnose and treat the problem. A physician or

healer who is overly optimistic or pessimistic towards a health problem is probably not going to fix the problem very well (Rahula, 17).

Samudaya, the second noble truth, is the belief that suffering is caused by *attachment* and *ignorance*. Our attachment to both existence and the self is caused by our ignorance concerning these matters. According to the Buddha, “suffering derives from our difficulty acknowledging a fundamental aspect of life: that everything is impermanent and transitory. Suffering arises when we resist the flow of life and cling to things, events, people, and ideas as permanent” (Rahula, 18). This includes the idea that there is no single eternal self at the center that exists outside of this impermanent and ever-changing reality.

Nirvana, the third noble truth, is the *extinction* of suffering through the elimination of our desires, cravings, attachment, and ignorance. Nirvana means “to blow out” or “to extinguish.” What is being “blown out” or “extinguished” are the personal desires that lead to suffering. In short, the cessation of our psychological suffering can be achieved through the process of enlightenment.

Marga, the fourth noble truth, refers to the *Eightfold path* one must take in order to achieve Nirvana. The path is the Buddha’s prescription for living and the way to freedom from mental afflictions and the elimination of emotional suffering. The Eightfold path includes:

Right understanding or accurate awareness into the reality of life; right thought or aspiration; right speech, speaking truthfully and compassionately; right action, abstaining from killing, lying, stealing, adultery, and misuse of intoxicants; right livelihood, engaging in occupations that promote, rather than harm life; right effort, or the balanced effort to be aware; right mindfulness, seeing things as they are; and right concentration, or meditative attentiveness (Rubin, 18).

The path develops people's moral and intellectual acuity which in turn will lead them to a blissful state of inner peace and freedom. It is not enough for one to realize the path and understand it, but "to follow it and keep to it" (Rahula, 50). In this sense, perhaps, Buddhism can be better viewed as a way of life rather than as a specific type of treatment.

Buddhism since the Buddha

The Buddha died an old man around the year 483 B.C.E., and, according to legend, his last words were consistent with the message he spent the majority of his life spreading: "Decay is inherent in all compounded things. Strive on with diligence" (Capra, 96). After his death, Buddhism became the dominant spiritual tradition in many parts of Southern and Southeast Asia. Buddhism is practiced by people in Sri Lanka, Nepal, Tibet, China, Korea, Japan, and the countries of Indochina as well (Capra, 93). To date Buddhism claims over 500 million followers throughout the world, which makes it the planet's third most popular religion. Ironically, one of the few places in the Eastern world where Buddhism has not flourished is the place of its birth, India, where Hinduism still remains the dominate religion among its people.

More recently Buddhism has found its way to the Western world as well during the last century. Obviously, as this paper repeatedly states, modern psychology and other related fields within academia have developed an interest in what Buddhism has to offer.

Despite Buddhism's success around the globe, there have been many internal problems. Since the Buddha himself did not write anything down in his lifetime, after Buddha's death there was much controversy among his followers concerning his exact message. This caused Buddhism to split into many different schools of thought (each with their own unique perspective about what the Buddha exactly said and what he meant when he said it). Simply put, after the Buddha's death, Buddhism did not remain a single doctrine or a monolithic universal theory. As Jeffrey Rubin states,

In the 2500 years since its inception it has developed into different systems of theory and practice. The evolution of Buddhism resembles, in a certain sense, the banyan tree, with offshoots of the taproot (reinterpretations of Buddha's teachings) generating new branches that extend in various directions (3).

Buddhism has influenced, and has been influenced by, the socio-cultural atmosphere of virtually every country in Asia. Buddhism touches and is touched by each society as it passes through by those wanting to spread the Buddha's message. The consequence of these people working to pass on his message to more and more places resulted in more than a dozen different schools of Buddhist thought. However,

it seems that in no matter what form Buddhism is expressed, whether it be the Tibetans, the Zen school of Japan, the Chan school in China, or the Theravada school of India, the Four Noble Truths are always at the core of what is taught. Since this seems to be the essence of Buddhist thinking, regardless of the school, this will be my major point of reference when discussing Buddhism and Western Psychotherapy. Even though schools may differ on the meaning of different areas concerning specific content, most will not argue that Buddhism's focus has always been on understanding the human mind in order to reduce its suffering.

An Overview of Buddhist Insights and Techniques

Buddhist theories and techniques can be seen as a form of mysticism; however, they can also be seen as practical advice for helping people deal with the typical problems found in everyday life (Reynolds, vi). As we will see, some of these theories and techniques are similar to those found in Western Psychology. Even though these ideas are similar, they are not identical, and, therefore, they may be able to offer some insights into Western psychotherapy.

Mind and the Formation of the Self

When Buddhists speak of mind (*mano*), or more specifically, when they say human beings possess a mind, they are not implying the existence of an eternal soul or an ever-lasting entity that persists across different lifetimes as seen in many of the

world's religions. In other words, as seen in many other religions and systems of thought, Buddhists do not posit the existence of a permanent self (*atman*) just because one has a mind. When they refer to the human mind, they are describing a complicated psycho-physical system (*nama-rupa*) that consists of five individual parts (*skandas*) that come together for a brief period of time that may create the illusion of selfhood. Four of these parts are psychological, or non-material, elements, and include sensation (*vedana*), perception (*sanna*), habituation (*sankhara*), and consciousness (*vinnana*).

Sensation refers to the approach-avoidance feelings we have towards objects; perception is the mind's propensity to construct a world through mental concepts; habituation is the conditioning that occurs by our past experiences resulting in habitual patterns of behavior; and consciousness is the dualistic awareness that occurs as the result of experience. This last aspect is where we see the fatal mistake of believing that our mind is a separate, independent entity from the outer experience that takes place before our eyes, ears, nose, etc. (Rahula, 20-23). The last part is the material element that includes the concrete objects of sensation, or simply put, the physical matter that we can sense (*rupa*) that can be manifested in different forms of energy such as light waves, sound waves, heat, etc. Matter is necessary to stimulate the four non-material elements. However, just as the non-material elements are contingent upon the stimulation of external forces to come into being,

the matter from the external world is equally conditional upon the non-material elements to give physical energy its unique form. Padmasiri De Silva writes in his work *An Introduction to Buddhist Psychology* that “the mental and physical constituents form one complex, and there is a mutual dependency of the mind on the body and of the body on the mind” (16).

In other words, all five parts of the process are interdependent upon one another to create the experience of an independent, autonomous self. While this occurrence is taking place, some aspect of the experience sets itself apart and considers it a separate entity and mistakenly believes itself to be independent, or apart, from its environment. Inevitably, this conditioned entity takes ownership of the experience as if these events are happening to “him.” This bifurcation of the moment is created by the psycho-physical systems of the mind and is where the concept of the self first arises.

The mind splits the unity of the experience into two separate parts: self and object or self and other. Or to say it another way, the conscious organism creates a false or inaccurate distinction between one’s internal subjective experience and the experience of objective reality that appears to be the product of the external world. As the result of this experience, the mind mistakenly believes that these entities are clearly distinguishable and separate from one another.

This separation of the inner and outer world is created by the mind which causes the idea of an independent self to arise. Since this notion of selfhood is an illusion, problems inevitably occur. The central problem is that one mistakenly believes the abstract self (i.e. the self that appears to be unified and stable and has its own personal existence apart from its environment) is more real than the concrete self (i.e. the self that is always changing and subject to the laws of cause and effect). Buddhists believe that it is this 'case of mistaken identity' that is the initial source of all the psychological suffering humans inescapably endure.

Newsweek science writer Sharon Begley summarizes this idea in her book *Train Your Mind, Change Your Brain*. She states that:

The 5 aggregates are in a constant state of flux, never static, even for a moment. The notion that somehow the self will be less mutable is completely an illusion. The Buddha taught that recognition of non-self was a step towards ending personal suffering. (71)

In other words, the mind experiences the concrete world through its senses. The mind cannot know the concrete world without the senses, but the mind can know abstractions without the help of the senses. Beyond our five senses, the mind sees abstractions in experience that the experience itself can't fully or perfectly match. Many religious traditions, including Hinduism, prioritize the abstract over the concrete. According to Buddhism, this mistake in priority gives rise to all psychological suffering.

In summary, these five aggregates can be seen as an arrangement of things for a temporary time that causes the perception of self-hood. What can be confusing for many, but is essential to remember, is that the 'self' does not have the five skandas but the 'self' is the five skandas.

The Interdependent Relationship Among Cognition, Emotion, and Motivation

Buddhists view the processes of cognition, motivation, and emotion as inseparable from one another with each contributing to mankind's suffering. Simply put, cognition refers to the conscious awareness, or the mental processes, one produces after our senses (*indriyas*) collect information from the external world; motivation refers to the internal states that direct behaviors towards some particular object or goal; and emotions refer to our internal reactions to the sense objects or situations which we interact. Padmasiri De Silva writes that "man's desires influence his cognitive powers and his cognitions have an impact on his desires. There is both a cognitive and emotional component to man's suffering, and these arise from craving and ignorance" (29).

In other words, emotions are the pleasant feelings (*sukha vedana*), the painful feelings (*dukkha vedana*), or the indifference (*adukkhasukha*) we experience as a result of the different sensations we come into contact with; motivation refers to the approach (*lobha*)-avoidance (*dosa*) behaviors we develop as a result of our affective reaction to certain sense objects or situations; and cognition is our mental appraisal

of this process of thoughts, feelings, and actions in which we participate. Ladner points out the connection between these three faculties by saying, "Our emotions are not just feelings; they are also ways of knowing....Any given emotion colors the mind in a certain way and determines how we'll view others and the world around us" (42). He continues by saying that we should not be too trusting of our own judgments when we are overly emotional, and that, "Emotions that arise out of strong feelings of grasping or aversion tend to produce particularly inaccurate, distorted impressions" (43).

According to the Buddhist perspective, humans are motivated by two basic drives: the drive for self-preservation (*bhava-tanha*) and the drive for sensuous gratification (*kama-tanha*) (De Silva, 36). When people, have a lack of control or restraint over these drives, as well as a lack of awareness and knowledge of the motives behind one's established proclivities (*anusaya*), they can lead to undesirable states such as tension and frustration since both of these drives have the inability to be completely satisfied (30). As De Silva puts it, "Desires find temporary satisfaction, but they surge up again and again, sometimes seeking new objects of exploration" (36). What ends up occurring is what he calls the "unending nature of the motivation cycle" (De Silva, 36) in which the individual experiences short-lived pleasures followed by much longer periods of discontent that always has the person craving for more which will inevitably lead to increased amounts of suffering.

This frustration can occur when either the individual desires material objects or possessions that he has been conditioned by society to want or even when the individual begins to crave the physiological needs one must fulfill in order to survive. De Silva elaborates this point when he says, “When basic needs go beyond their biological function and take possession of the whole personality, such obsessions and attachments overpower man and cripple his personality” (36). So, according to Buddhism, even the motivation to fulfill of our basic survival needs can lead to psychological suffering if they are not done in a careful and critical way.

The Pillars of Compassion and Wisdom

Compassion and wisdom are often considered to be the highest cardinal virtues within Buddhism. Furthermore, their development is of equal importance and they must be accomplished simultaneously.

Compassion (*karuna*) generally refers to the qualities of the heart and it is seen as the highest form of emotional development (Rahula, 46). According to Dr. Ladner, the current director of the Buddhist Guhyasamaja Center in Northern Virginia, compassion is defined as “a state of mind that is peaceful or calm but also energetic, in which one feels a sense of confidence and also closeness with or affection for others and wishes that they be free from suffering” (15). Ladner

continues by saying this state of mind can be directed towards just one person or to all living things (15).

It is important to note that most Westerners have a misguided view of the nature of compassion. Westerners often believe that those who practice compassion will end up being taken advantage of and that they will feel unfulfilled if and when they are forced into doing it. It is important to remember that genuine compassion is not naïve and weak. Compassion is not participating in acts of self-sacrifice in order to be liked by others, nor does it imply putting others' happiness at one's expense. Furthermore, true acts of compassion are not driven by feelings of guilt, and cannot be reduced to simply being "nice". Since these acts are usually found in individuals with low-self-esteem who operate on the basis of ego-driven motives, Buddhists would consider these attempts to be acts of false or inauthentic compassion because they would only cause the individual to experience more suffering since they are trying to manage others' impressions of them by playing a fake role which can become exhausting to the individual. Genuine compassion, on the other hand, does not just benefit others, it benefits the compassionate individual as well (17-31).

Ladner summarizes genuine compassion as the following:

As you move into a deeper understanding of how compassion works, it will be clear that as you get to more advanced levels of how compassion works, what appears as self-sacrifice is actually an advanced form of taking care of yourself. When you get to that level, sacrificing yourself to take care of others becomes

naturally a way of achieving your own highest welfare at the same time (25).

Ladner sees the intimate and interdependent relationship between taking care of others and taking care of oneself (24). In this regard genuine compassion does not conflict with one's powers of reasoning. So, an accurate definition of compassion is that "it is a mental state of wishing others be free from suffering....," and therefore, "it must be recognized as both a state of the heart and a state of the mind" (14).

Another cardinal virtue within Buddhism that parallels the cultivating of compassion is the development of wisdom (*panna*). In the Buddhist context, wisdom refers to the qualities of the mind and is the highest form of intellectual development (Rahula, 46). Matthieu Ricard is a Buddhist monk who has been studying Buddhism in Tibet and Nepal for the last 35 years, and he believes true wisdom from a Buddhist perspective is not being fooled by the world of appearances and seeing through the illusions that most people believe to be real (24). Ricard writes that

The world of appearances is nothing more than the coming together of an infinite number of ever-changing causes and conditions. Like a rainbow that forms when the sun shines across a curtain of rain and then vanishes when any factor contributing to its formation disappears, phenomena exist in an essentially interdependent mode and have no autonomous and enduring existence. Everything is in relation; nothing exists in and of itself, immune to the forces of cause and effect. Once this essential concept is understood and internalized, the erroneous perception of the world gives way to a correct understanding of the nature of things and beings (24-25).

In other words, Buddhism rejects the idea of a fundamental reality in favor of a world based on the principles of causality (*pratityasamutpada*). Understanding the universal law of cause and effect (*kamma*) as the nature of reality is truly grasping the innate quality of emptiness (*sunyata*) that is inherent within all things. Since all entities that exist lack the ability to create and sustain themselves (*svabhava*), their existence is defined as empty. Epstein describes emptiness in the following way:

The first step to understanding emptiness is to focus on the inherently existent I, to actually find it as it appears. It is a belief, a false representation of the nature of oneself, an innate misconception, a falsely conceived image of the self that nevertheless appears real to us (61).

This insight is considered to be the highest form of wisdom within the Buddhist tradition (*prajnaparamita*).

In short, since nothing arises independently, everything that is said to be real is the cause and effect of everything else that is said to be real. People, objects, emotions, thoughts, etc. are all simultaneously the effect of their environments and the cause of their environments. Ricard continues by saying that this insight into the true nature of reality is not merely a philosophical construct that feeds one's intellectual curiosity, but rather this insight "emerges from a basic approach that allows us to gradually shed our mental blindness and the disturbing emotions it produces and hence the principal causes of our suffering" (25).

It is important to note that Buddhists believe the cardinal virtues of compassion and wisdom must be developed in accordance with one another. If one is cultivated without the other, then problems could arise. Rahula writes, “If one develops only the emotional neglecting the intellectual, one may become a good-hearted fool; while to develop only the intellectual side neglecting the emotional may turn one into a hard-hearted intellect without feelings for others” (46). This is why Rahula, along with many other practitioners of Buddhism, believes wisdom and compassion are interrelated and interconnected with one another. Ladner states, “This is why Buddhism views wisdom and compassion as closely related; as we develop the sort of wisdom that correctly understands reality, we naturally become more compassionate, and as we become more compassionate, we naturally become wiser and more reasonable in our approach to life” (14).

Compassion and wisdom are the qualities that, if one develops, can lead individuals away from suffering and towards a happy life. On the other hand, opposing these virtues are psychological moods that may not initially appear as forms of illness but will inevitably lead one on the path to suffering and misery (Koster, 150-151). The most common unwholesome mental states that Buddhist practitioners focus on eliminating are greed and attachment (*lobha*), hatred (*dosa*), ignorance (*ditthi*), and pride and self-righteousness (*mana*). Ladner points out, “healthy emotions like compassion are grounded in valid and reasonable thoughts

about us and others, while unhealthy emotions like hate and anxiety are grounded in mistaken, inaccurate thoughts” (14). These psychological moods are the anti-thesis of the two cardinal virtues of compassion and wisdom and are in direct conflict with these noble qualities.

The Central Role of Meditation

Meditation (*bhavana*) is an essential ingredient in Buddhist practice if one wishes to achieve the benefits of wisdom and compassion that can lead one to happiness and to the elimination of the negative states of greed and attachment, hatred, ignorance, and pride that most often lead one towards suffering. According to the author of *Liberating Insight* Frits Koster, most definitions of meditation in our Western culture, define meditation as religious reflection or contemplation; however, Koster believes this does not fully cover what is meant by meditation in the Buddhist tradition. He goes on to say that

In Buddhism meditation is viewed as the most effective way to attain real peace, wisdom, and the cessation of suffering. It can be seen as mental training or development. Just as the body can be strong, healthy, and flexible through sports or aerobics, so the mind can be through meditation (51).

Koster sees meditation as not just the mind simply reflecting, but he believes that meditation can be the tool to cultivate or develop the mind. Koster believes that meditation techniques have the ability to “help us develop and strengthen wholesome mental powers like mindfulness (*sati*) and concentration (*samadhi*)” (51).

The Buddha once said that “developing mindfulness through training in meditation is the most direct way to the happiness of self-knowledge, insight, and inner freedom. Through meditation we can learn to deal in a wise manner with pleasant and unpleasant experiences in life, identify less with them, and in this way realize more happiness and inner freedom. We learn to face and accept our moments of openness and purity, but also blockages and subconscious thinking patterns or habits” (Koster 123).

Koster believes meditation is the most effective way to “detoxify” the mind of the mental impurities such as greed, attachment, desire, hatred, ignorance, pride, and self-righteousness and serve as a “remedy” against the mental diseases they cause. In other words, “these defilements or impurities of the mind are viewed as unwholesome, pathogenic, or poisonous. They result in various forms of imbalance and illness, both in body and mind” (151). Meditation can lead one to sublime states such as compassion, loving-kindness, sympathetic joy, and equanimity (152).

Chapter 2

THE ORIGINS OF WESTERN PSYCHOTHERAPY

Cultural Setting

Western psychotherapy began in Europe during the early 20th century essentially as a response to the alienation and disillusionment many people experienced as the result of modernism. This is a term that describes the period that followed the Industrial Revolution that began in England during the middle of the 19th century and spread throughout Western Europe. In broad terms, the Industrial Revolution was the application of the scientific principles discovered by scientists when attempting to understand the laws that govern the natural world. In other words, the Industrial Revolution built upon the discoveries of the Scientific Revolution that occurred in Italy three centuries earlier when individuals like Galileo and Sir Isaac Newton challenged the assumptions of the Catholic Church in favor of those discovered by scientific testing.

Modernism had many consequences for individuals living in certain European countries during the late 19th and early 20th centuries. Some of these consequences can be seen as a blessing while others can be seen as a curse. First, this time period

saw a rise in the standard of living for many people that was unprecedented in human history. People were living longer and were acquiring more material wealth than ever before. People were now able to produce more goods in less time and with less effort. However, despite this giant leap forward, there was a down side. People living in this world of abundance came to experience feelings of alienation and depersonalization. Individuals were now feeling cut-off from their communities and felt their lives lacked meaning and purpose. As Jeffrey Rubin states,

An important consequence of modernism is a sense of what Max Weber termed a “disenchantment” of the world. In the pre-modern world it was widely assumed that the universe was an intrinsically meaningful and hierarchically whole, with every entity and form of being, including animate and inanimate objects, animals, humans, and God, having a preordained status, significance, and function. One’s responsibility was to ascertain and live in accordance with this inherited social and moral framework, which was constitutive of the person’s identity and lent a coherence and direction to human lives (28).

The birth of science combined with the rise of the Industrial Revolution changed not only human productivity, but it also altered the way humans saw themselves in relation to God, nature, and even one another. As with Freud, De Silva saw the relationship between modernism and mental illness when he spoke of ‘The Faceless person in Industrialized Society’. He writes:

The growth of automation, division of labor, bureaucracies, the routine of life combined with periods of leisure makes people have deep discontent for their work. Exposure to a never-ending

variety of stimuli increases the sense of diffuseness which invades the self. The absence of inner purpose directing one's life makes it possible for parasitic desires and artificial lifestyles to eat into the soul. By a consistent refusal to look at ourselves closely, we create blocks and barricades which prevent growth and self-knowledge. Lack of genuine self-knowledge and self-direction are the clearest features of persons emerging in this context which create fragmented and crippled personalities and it also nullifies the possibility of any warm encounter between people (113-114).

It was during this period of existential unrest in Western society due to the multiplicity of social roles people had to now participate in that individuals began to view themselves as fragmented rather than unitary (Safran, 9). Western psychotherapy began with the emergence of psychoanalysis at the beginning of the twentieth century, and for many decades it was the dominant form of treatment for those suffering from mental illness (Safran, xvi). As sociologist Philip Reiff points out, "the religious man of pre-modern times has been replaced by psychological man, and psychoanalysis has played an important role in this transformation" (2).

Freud's Theory of Psychoanalysis

Psychotherapy is an intervention that uses principles of psychology to try to improve the life of a person who is unhappy or disturbed. There are many different types of psychotherapies each with their own unique view of human behavior and their own specific set of techniques used to treat mental disorders. The first major theory of human behavior that was applied to the treatment of mental illness was Freud's theory of psychoanalysis. The central belief in Freudian psychoanalysis is the

assumption that our thought and behavioral patterns are the result of the defense mechanisms we have developed to cope with unresolved childhood conflicts/trauma. Furthermore, the source of our inner conflict stems from the incompatible aims of the three parts of our psychic system: the id, the ego, and the superego.

The first and largest part of the psychic system is the **id**. The id is the only part of our psyche that is fully present at birth and contains the instinctual drive of seeking pleasure states by fulfilling our biological needs and impulses. Freud called these primal, or instinctual, motivating forces our libidinal desires. These primitive desires propel the human organism to seek out sensual pleasures in selfish ways. There are, however, two problems with the id's impulses. First, even though the id influences human behavior by building up libidinal pressure within the psychic system it cannot act on its own because even though it knows what it wants it does not know how to get what it wants. That is the job of the ego. Second, since birth, the ego has been taught that our libidinal desires are unacceptable and because of this they usually become repressed by the ego's defense mechanisms. When this occurs they now influence the psychic system in ways that are unconscious to the individual which means they lack control of them.

The **ego** is the part of our psychic system that grows larger and stronger as we get older. The ego contains all the strategies and coping skills used by the human organism to fulfill the id's impulses. The ego is in charge of directing the energy from

the psychic system in a manner that is conducive to fulfilling our instinctual, primitive needs but in ways that are considered socially acceptable. Unlike the id, the ego has to take into account the 'reality principle' which Freud saw as the confinements of our social and physical environments while trying to fulfill our personal desires.

Finally, the last part of our psychic system that develops is called the **superego**. The superego is the by-product of the socialization process and is made up of our parents' and society's expectations of who we should be and what we should do. The superego influences human behavior through the self-conscious emotions such as guilt, shame, and pride. One can put these three parts of the psychic system in perspective in the following way: the id is our instinctual and forbidden desires, the ego is our rational and realistic nature, and the superego is our conscience and our ideal self created through social interaction.

The Central Importance of the Ego in Freud's Model

Of the three parts, the ego seems to be area of central importance and can be understood in both functional and representational terms (Epstein, 45-48). First, the ego's central function has the difficult task of supervising and regulating the entire psychic system while at the same time trying to adapt to external reality. The ego has the unpleasant task of mediating two diametrically opposing forces that are both attempting to influence the ego's decision-making. The ego seeks to establish an

internal equilibrium by balancing the desire to fulfill the id's impulses with the superego's desire for self-restraint and self-discipline. If the ego is successful, then the psychic system functions at an optimal level, and one's emotional disturbance is minimal; however, if the psychic system becomes unbalanced due to the id or the superego gaining too much control, the ego could experience high levels of anxiety. For example, if the ego directs the organism to satisfy the id's desires, then the superego will become very critical of the ego, causing it to feel shame and embarrassment; however, if the superego convinces the ego to exhibit self-restraint over its impulses and cravings for pleasurable activities, then the id will become frustrated and begin to overwhelm the ego's rationality.

The ego's function of balancing the psychic system while simultaneously adapting to external circumstances is not an easy task. This is especially true during the early phases of the ego's development when its strategies and coping skills are very underdeveloped. When this occurs the ego will resort to the use of defense mechanisms to deal with the overpowering anxiety that occurs. Defense mechanisms protect the ego by repressing certain emotional experiences into the unconscious depths of the psychic system. Unfortunately, the memories of those repressed experiences that carry heavy emotional baggage do not just disappear. Instead, they will usually manifest themselves later in life in the form of some type of neurotic behavior that will bring about mental and emotional distress.

Second, the ego can be seen in representational terms because it is the part of the psychic system that we seem to identify and attach ourselves with the most. The ego contains the processes by which a picture of the self and world is built up out of various mental images and constructs (Epstein, 47). Epstein views the relationship between the functional and representational aspects of the ego as follows:

The representational component complements the functional view by stressing the 'conglomerate of pre-individuated impressions' that pattern into mental images of the self. It is through the development of the representational dimension that the individual's coherent self-experience is built up, contributing to the creation of a sense of a solid "I". The means by which this occurs has been a subject for debate within analytical circles for years, with some asserting that the "I" is experienced affectively (viscerally) and others cognitively (as an abstraction) (47).

Furthermore, the ego and the "I" seem to join together and become one and the same and once they become conjoined together they think of themselves as the stable permanent entity behind all of our thoughts and activities. Epstein describes this "I" as "an idea or abstraction that is contained within the ego and embodies the ego's sense of self as solid and real. The "I" develops out of the ego's continuous sensation of itself and becomes the concept of "self" that the person holds dear" (Epstein, 48).

The Therapeutic Value of Freud's Theory

When Freud's psychoanalytical theory is used to treat people with mental disorders, the objective is to uncover repressed memories, thoughts, fears, and conflicts presumably stemming from problems in early psychosexual development – and helping those individuals come to terms with them in light of the realities of adult life. The goal of this type of therapy is to uncover unconscious conflicts deep within the psychic system. If this is accomplished, the therapist would have helped the patient alleviate the pressure and anxiety experienced by the ego through the cathartic release of our emotional baggage that we have been repressing since early childhood.

The central technique used in psychoanalysis is called free association. The basic rule of free association is that an individual must say whatever comes into his/her mind, regardless of how personal, painful, or seemingly irrelevant it may be. Usually, a client lies in a relaxed position on a couch and gives a running account of all the thoughts, feelings, and desires that come to mind as one idea leads to another. Although such a running account of whatever comes into one's mind may seem random, Freud did not view it as such; rather, he believed that associations are determined just like other events. The purpose of free association, and other psychoanalytical techniques similar to it, is to explore thoroughly the contents of one's psychic system in order to arrive at an understanding of why we are the way we are (Butcher, 584-585).

Freud and the Buddha

What is perhaps most astonishing is the surprising similarities between Freud's psychoanalytical theory and Buddhism. First, both Freud and Buddhism agree that the real reasons why we do what we do are not known to us on a conscious level but can only be realized through self-reflection and self-understanding. Each of them believes that our hidden desires are the motivating factors that underlie our behaviors. Freud sees our repressed libidinal desires attempting to manifest themselves as the underlying cause while the Buddha believed it was deeper than just fulfilling our biological drives but it is ultimately our desire for a permanent self and our fear of non-existence that guide our behaviors.

Second, both Freud and Buddhism focus on the central role of the ego and how it is influenced by our past experiences and our instinctual drive for sensual pleasure. Both Freud and the Buddha see the tendency for an individual's ego to become the object of their own affection and the development of the ego's narcissistic self-love which is central to our psychological suffering. However, the major difference between the two is that Freud believed to alleviate suffering we need to strengthen the ego in order to amend our conflicts while Buddhism's goal is to liberate the ego in order to eliminate the conflict entirely. In other words, Buddhism goes further than Freud as it seeks to root out the drives that cause anxiety.

Lastly, “both Freud and Buddha understood the mind’s potential to both obscure and enlighten” (Epstein, 8). Freudian techniques such as free association and dream analysis which attempt to uncover an individual’s rational mind seem to mimic the meditative goals and practices found in Buddhism (8-9). According to Epstein, after Freud became frustrated with the limitations of psychoanalysis, he turned to Buddhist literature for inspiration during the final years of his career. It seemed that Freud was in search of what the Buddha taught, yet he did not seem to grasp Buddha’s message. He understood *nirvana* to be the total disintegration and/or death of the ego which would allow the id’s impulses complete autonomy over the psychic system and a return to our natural ‘egoless’ state free from internal conflict (42-43). However, it seems “the freedom that the Buddha taught might more accurately be described as the ability to maintain one’s composure in the face of an impermanent, always changing, and apparently imperfect, world” (Epstein, 9-10). Epstein states how Buddhist meditation seeks to promote change and development within the ego itself rather than beyond it as Freud believed (43). He describes the goal of meditative practice in the following way:

Meditation attempts to change how the ego sees the world and itself. Meditation creates a view that requires that the ego be understood as a complex and sophisticated matrix of structures, functions, and representations, rather than a single entity that could be readily abandoned. It recognizes the indispensability of the ego while at the same time revealing how meditation practice can uniquely modify it, producing an ego no longer obsessed with its own solidarity (43).

In other words, Buddhism sees the healing of the psyche more as a shift in consciousness rather than uncovering or resolving our repressed conflicts as in Freudian psychoanalysis (Epstein, 5).

Psychotherapy since Freud

No one would argue that psychoanalysis was the most prevalent form of psychotherapy used in Clinical psychology during the first half of the twentieth century; however, in the past fifty years or so psychoanalysis has lost its grip as the dominant force within the field of mental health as different methods of treating mental illness are being introduced. Jeremy Safran, a student of both Buddhism and Psychoanalytical theory, describes the shift away from psychoanalysis in the following way. He states in *Buddhism and Psychoanalysis* that

In the 1960s psychoanalysis began to fall on hard times. Within the field of psychiatry it was superseded by the biological revolution. And as a form of psychotherapy, it was outflanked on the one side by the cognitive-behavioral tradition, with its pragmatic emphasis and its claim to scientific legitimacy, and on the other by humanistic psychotherapy emphasizing the fundamental importance of human dignity and potential (xvii).

Since the decline of traditional Freudian psychoanalysis, psychology has changed and continues to change up until today. Beginning with individuals such as Freud, the majority of early Western psychologists have primarily held a negative view of human nature and human potential, and as a result they have focused their attention and

research exclusively on psychopathology with a disregard for enhancing positive mental and emotional states; however, recent theories, such as the ones mentioned above, have broken away from this approach and are now studying human behavior in different ways and promoting alternative views on human nature and human potential.

An Overview of Clinical Psychology

Clinical psychology (often referred to as the field of Mental Health or Psychopathology) is the sub-field or branch of psychology that combines theories of human behavior with scientific and clinical knowledge for the purposes of understanding and treating mental disorders. There are two central components to this field: ***the psychological assessment*** and ***psychotherapy***.

Psychological assessment “refers to a procedure by which clinicians, using psychological tests, observation, and interviews, develop a summary of the client’s symptoms and problems” (Butcher, 106). Overall, the objective of the assessment process is to provide the clinician with two pieces of critical information: the *clinical diagnosis* and the *etiology*. In other words, clinicians want to know what the problem (diagnosis) is and what is causing the problem (*etiology*). On the other hand psychotherapy is concerned with the application and intervention of psychological

principles in a clinical setting (*treatment*) and the prediction of the patient's outcome (*prognosis*).

The Diagnosis

The *clinical diagnosis* is “the process through which a clinician arrives at a general ‘summary classification’ of the patient’s symptoms by following a clearly defined system such as DSM-IV-TR published by the American Psychiatric Association. In clinical psychology one usually has to give the patient an official diagnosis before treatment can begin. The diagnosis is the specific psychological disorder, or psychiatric syndrome, from which the patient is suffering. The DSM defines a psychological disorder as any dysfunctional behavioral, emotional, or thought pattern that causes emotional distress and/or impairment in social or occupational functioning (Butcher, 5).

Psychological disorders include mental afflictions or diseases such as *Obsessive-Compulsive Disorder (OCD)*, *Major Depressive Disorder (MDD)*, and *Substance Dependency* (generally referred to as addiction). The clinician concludes which psychological disorder the individual is suffering from by analyzing the patient’s problems, or more specifically by recognizing their signs and/or identifying their symptoms. A *sign* is something the clinician objectively observes while a *symptom* is a subjective complaint from the patient. In clinical psychology, symptoms

usually come in one of three forms: affect (mood), behaviors (actions), or cognitions (thoughts). A psychiatric syndrome, or mental disorder, on the other hand, occurs when a collection or pattern of symptoms is commonly seen together (Butcher, 131).

The Etiology

What is equally important in the assessment process is an explanation of what is causing the disorder. This is known as the *etiology* and it refers to the “factors that are related to the development (or cause) of a particular disorder” (Butcher, 58). Depending on one’s theoretical background, clinicians usually see disorders resulting from either biological or environmental factors or from some combination of both. The etiology considers both distal causes (events that happened early in life) and proximate causes (events that have happened recently) when explaining the onset of the illness. The etiology is perhaps even more important than the clinical diagnosis in regards to treating the disorder because it focuses on the origins of the disease rather than the manifestation of its symptoms. Understanding why the disease is present is usually valuable when treating the illness (Butcher, 107).

The Treatment

The *treatment* within psychotherapy refers to the techniques applied by the clinician to reduce or eliminate the problem. There are a variety of different types of psychotherapy including psychoanalytical, humanistic, and cognitive-behavioral

(CBT). The different types of psychotherapy coincide with different theories regarding human behavior and human nature. Even though psychotherapy can come in many forms, all types are based on the same conviction or assumption: the belief that individuals with psychological problems can change (Butcher, 568). In other words, people can learn more adaptive ways of perceiving, evaluating, and behaving. Whether it is acquiring better coping skills, overcoming past traumatic events, becoming more introspective and self-aware, or developing the ability to process information in a more realistic or rational manner, psychotherapy holds the conviction that all people possess the ability to make positive changes in life.

The Prognosis

On the other hand, the *prognosis* in clinical psychology refers to both “a prediction of the probable course and outcome of a disease and the likelihood of recovery from a disease” (Butcher, 109). In other words, the prognosis can be seen as the goal or aim of treatment and the probability that it will occur. The prognosis is usually intertwined with the specific treatment the clinician uses since different types of psychotherapy utilize different techniques and their results may vary. For example, some typical goals one may have when entering psychotherapy include: overcoming a fear of public speaking, accepting an unexpected and traumatic change in one’s life, increasing one’s self-acceptance, or learning to develop better communication skills.

Summary

Essentially, the field of Clinical psychology asks four basic questions: (1) What is the problem? (2) What is causing the problem? (3) Can we do anything about the problem? (4) How can we fix the problem? In the next section we will see the similarities and differences between these questions clinicians ask in Clinical psychology and the realizations discovered by the Buddha while on his quest for psychological and spiritual liberation.

PART II

The Synthesis of Buddhism and Western Psychotherapy

Chapter 3

THE UNFOLDING DIALOGUE

East Meets West

Simply put, both Buddhism and psychotherapy have a similar aim that should immediately be acknowledged. Both Buddhism and psychotherapy seek to understand the human mind in an effort to reduce the psychological suffering and mental anguish of human beings. The idea that these two disciplines have similar goals may not initially seem to be such a big deal to most people, but it becomes more astounding when considering their origins.

According to most scholars, the earliest Buddhist doctrine was first articulated in Southern Asia by Siddhartha Gautama somewhere between 600-500 B.C.E. In contrast, psychotherapy is a part of clinical psychology which is the branch of psychology that studies the causes and treatment of mental disorders and which originated in Northern Europe with the work of individuals such as Sigmund Freud in the late 19th century and early 20th century. Despite the fact that their roots are separated by about 2,500 years in time and about 6,000 miles in distance, and despite the fact that many classify Buddhism as an Eastern religion and psychology as a social/behavioral science, there seems to be considerable overlap in both theory

and practice between the two. The notion that these two schools of thought, widely separated by both space and time, could actually to a large degree parallel and enrich one another is an idea that is becoming more and more evident as scholars from both schools continue to exchange knowledge.

The similarities between Buddhism and psychology seem to date back to 1914 when C.A.F. Rhys-Davids published a work that emphasized the central importance of psychological analysis within Buddha's teaching in her work titled *Buddhist Psychology*. Since this time many psychologists have become interested in the parallels between the Buddha's teachings and western Psychology.

More specifically, the dialogue between Buddhism and psychotherapy began around the same time when Freud's former protégé Carl Jung wrote forewords to several books on Zen and Tibetan Buddhism published during the 1930s. Since this meeting of Eastern and Western ideas, the Buddha's teachings have influenced and continue to influence Western psychology as many psychotherapists have realized that many Buddhist insights and techniques could be used within clinical and health psychology.

Recent Encounters

Frits Koster, the author of *Liberating Insight*, believes that the changes that have occurred in our hectic Western society over the past 50 years created a growing need for new insights in the areas of dealing with stress, illness, and psychological

problems (12). He believes Eastern mysticism, more specifically Buddhism, is where these “new” insights can be and have been found. In his book, Koster lists several factors that he believes have contributed to this paradigm shift in this field of mental health in Western civilization.

Reasons Koster believes why Eastern mysticism has become more popular in our Western culture over the past 50 years are as follows:

- (1) The means of communication have increased so Western people have the ability to become more and more familiar with the oriental culture.
- (2) The Chinese invasion of Tibet forced many Buddhist monks to flee their country, and they ended up in places like the U.S. and Europe.
- (3) In the 1950s the so-called beat generation and then in the 1960s the so-called ‘flower power’ generation became interested in oriental forms of spirituality.
- (4) And finally since the 1970s there has been a reaction to the secularization and ‘technocratification’ of Western society and because of this new age movements have developed. These movements have stressed the unity and wholeness of man, nature, and the cosmos, and advocated an intuitive and sensitive approach to our stressful chaotic life that seeks a non-dogmatic, individualistic spiritual practice seen in different types of Eastern thought (12-13).

Koster believes Eastern insights, or more specifically Buddhist insights, have a lot to offer those in the West who are searching for a more simplistic and practical way to deal with our modern everyday stressors. In his book *Happiness: A Guide to Developing Life's Most Important Skill*, Mathieu Ricard discusses how Buddhism has been and can be used in different ways. He writes:

Buddhism has a long and rich history that can be viewed in a variety of ways: a pragmatic science of the mind, an altruistic art of living, a meaningful philosophy, and a spiritual practice that can lead to a genuine inner transformation (7).

As is apparent in this passage, the simplicity and flexibility that Buddhism offers is one of the reasons why it has become so popular in our Western culture.

More recently, the number of people exploring the relationship between Buddhism and modern psychology seems to be at an all-time high as more and more papers, articles, essays, and books are being published on the subject every year. No more has their mutual interest become more self-evident than the gatherings of the “Mind and Life Institute” that has met 23 times since 1987 in either India or the United States. For the past several decades, Western scientists have met with Tenzin Gyatso, or better known to the world as His Holiness the Dalai Lama. The Dalai Lama is the spiritual leader of the Tibetan world and the man many Tibetans believe to be the 14th reincarnation of the first Dalai Lama. Tibetans believe Gyatso is a living

Buddha and consider him to be the walking and talking epitome of Buddhist knowledge and ethics.

The purpose of these gatherings is to give Western scientists and the Dalai Lama a chance to meet and discuss the parallels between the knowledge found in Buddhist scriptures and recent discoveries made in modern science. This consistent open dialogue between Eastern and Western ideas clearly demonstrates how far Buddhism has come. Buddhism seems to have made its mark so emphatically on certain individuals that Arnold Toynbee went so far as to say that “future historians would conclude that the most significant event of our age was the introduction of Buddhism to the West” (Rubin, 3).

Common Grounds

Despite the fact that Buddhism and psychology arose from different historical, cultural and intellectual circumstances, they seem to have a great deal in common. The parallels between the two disciplines are gaining a lot of attention from the scientific community. In *MindScience*, the Dalai Lama points out some of the similarities between the two disciplines:

(1) They are motivated by an urge to relieve the hardships of life through a better understanding of the human mind.

(2) They are suspicious of notions of absolutes (creator, soul, etc.) but instead explain the world in terms of the natural laws of cause and effect.

(3) They both take an empirical approach to knowledge (Benson et al., 13).

In other words, Buddhist insights and scientific knowledge share many common principles. They both take an approach to knowledge based on pragmatic, not dogmatic, validity. This means that they both agree that the notion of “truth” should be whatever leads to predictable results, and they both believe truth and reality can be explained in pragmatic terms. As a result, their main objective is to solve problems or offer solutions to improve the human condition. Furthermore, both Buddhism and science use causality, not ontology, when explaining how the natural world operates, and both believe the only way of knowing something that has any validity is through direct experience and/or observation rather than relying on the words of others.

Buddhism seems to be in the unique and unusual position that lies somewhere between science and religion. Buddhism is not accepted by radical materialists because of its belief in the mind, and it is not accepted by other religions because it does not accept a God-like creator but focuses on self-reliance and the individual’s own power and potential. Moreover, unlike traditional Western thinking, Buddhism does not dichotomize between scientific and religious knowledge. Therefore, Buddhism can serve as a bridge between these two seemingly polar

opposites with the potential to benefit the well-being of humans everywhere (Benson et al., 13). Safran summarizes Buddhism's appeal by stating that

One of the appeals of Buddhism to a secular, psychoanalytical culture is that it is not a religion in the Judeo-Christian model, with belief in God and a theological doctrine demanding a leap of faith. Buddhism is a "religion without beliefs," or "a religion of no-religion." This makes Buddhism an appealing religion for the post-religious, postmodern person with a hunger for religion but no stomach for religious belief (2).

Buddhism's Influence on Western Psychologists

Buddhist scriptures have influenced various individuals within the field of psychology since its introduction into Western culture. Psychologists such as psychodynamic theorists like Carl G. Jung, Karen Horney, and Eric Fromm in the first half of the 20th century to humanistic/existential theorists like Abraham H. Maslow and Medard Boss, Mihaly Csikszentmihalyi (from the field of positive psychology) and transpersonal theorists Ken Wilber and Michael Washburn during the second half of the 20th century have all derived inspiration from Buddhist scriptures (Rubin, 38). I will go into more detail on a few of these pioneers and the individual contributions their theories have made within the field of psychology beginning with Neo-Freudian Carl G. Jung.

Carl G. Jung and Analytical Psychology

In regards to Buddhism and other Eastern ways of thinking, Jung “considered his own psychological system to be the closest Western analogue to, and the most useful vehicle for, understanding Eastern thought” (Forsyth, 83). Keeping in line with Buddhist approach to liberation, Jung believed developing the subjective realm of mind within oneself was essential for psychological freedom. Since the external world of appearances is deceiving by nature, higher human development can only occur when we turn away from the world of illusions towards our inner life. This attitude of searching for knowledge within our minds instead of relying on objective data extracted from the exterior world is foreign to many Westerners. Forsyth summarizes Jung by saying:

From the East the Western mentality can learn something on the healing power that comes from within, that is – in Western language – the unconscious. In Jungian theory the unconscious acts in an autonomous way to compensate for one’s conscious one-sidedness and thereby lead one to a state of greater psychological wholeness. It is precisely this state of wholeness that Jung sees as analogous to the Eastern goal of “enlightenment” or participation in “Universal Mind” – in Jungian terms, the collective unconscious (83).

For Jung, as in Buddhism, the search for wholeness must take place in the mind and whether one refers to it as enlightenment or as Jung calls it ‘individuation,’ this realization requires “a whole human lifetime, perhaps even many lifetimes, of increasing completeness” (Forsyth, 85).

Abraham H. Maslow and Humanistic Psychology

Maslow and other Humanistic theorists approached the study of human behavior in a way completely different from most mainstream psychologists at the time. Drawing on inspiration from Buddhist insights, humanistic psychologists believe human beings have the capacity for choice, growth, and psychological health. This perspective is in line with Buddhism's view of human nature and human potential. Both believe wholeheartedly that human beings must take personal responsibility for themselves since persons possess the ability to heal and transform themselves.

The self-actualized individual discussed by Maslow seems to have many similar characteristics with those who become enlightened. Maslow described the self-actualized individual as someone who is in the process of fulfilling his unique potential and his own creative and charismatic way. Some similarities include: an accurate perception of reality, a fresh appreciation of life, the development of a personal ethical and value system devoid of external pressures, and the acceptance of the world's imperfect and transient nature along with being comfortable with uncertainty and ambiguity in one's life (Maslow, 128-149).

Furthermore, both self-actualized and the enlightened individuals find themselves in the same paradoxical condition of being simultaneously independent and interdependent of others. They are independent by achieving psychological emancipation, or autonomy, where they no longer look to others to validate their self-worth and are not easily persuaded by the whims of the collective when deciding

on matters of right and wrong; however, they are also interdependent because they recognize their own interconnectedness to other beings. Through their empathy and compassion they experience a deep love and connection for other living creatures. This sentiment of connectedness, that replaces the customary feelings of separateness most human beings experience, motivates these individuals to help others and ease their suffering (Maslow, 128-149).

Finally, perhaps the most important similarity between the self-actualized and the enlightened individual is the propensity to repeatedly experience mystical moments of deep insight into themselves and the nature of the universe. Maslow called these moments of clarity “peak experiences” and believed, as Buddhists do, these moments are crucial if one is to develop the wisdom and compassion needed for psychological health (Maslow, 137-138).

In short, Maslow, along with the majority of Humanistic psychotherapists, have embraced Buddhism’s non-dualistic view of reality and the mystical experiences one finds in many Buddhist traditions (most specifically the Zen school found in Japan).

Ken Wilber and Transpersonal Psychology

Wilber, and other transpersonal theorists, developed this unique branch of psychology because they believed that “the existing psychologies neglected the full range of human possibilities including transcendent states” (Rubin, 45). As in

Buddhism, transpersonal psychology believes psychological health and well-being is most likely achieved when psychotherapy is combined with spiritual discipline.

Transpersonal theorists like Ken Wilber were among the first psychologists to study meditation and the transcendental states they could produce in a scientific manner in an effort to combine psychology and spirituality (Safran, 103). As Jeffrey Rubin states:

Wilber's psychology attempts to create a marriage between Western psychological perspectives on human development and psychopathology and Eastern contemplative understandings of consciousness and optimal states of health. His work exhibits encyclopedic scholarship, an exemplary groundedness in contemplative practices as well as theory, and an openness to diverse psychotherapeutic and spiritual traditions. In Wilber's work the quest to integrate Eastern contemplative and Western psychotherapeutic thought receives its most comprehensive and sophisticated expression (45).

Both Wilber's psychology and Buddhist psychology are aimed at achieving our "innermost consciousness," which they see as indistinguishable from the complete and definitive reality of the universe. Buddhist practitioners would agree with Wilber's belief that this state of consciousness is the only "real state of consciousness with all other states being merely illusory (Rubin, 45).

Chapter 4

BUDDHIST PSYCHOTHERAPY

The Fundamentals of Buddhist Psychotherapy

According to De Silva's view of Buddhist psychology, "the Buddhist perspective on therapy absorbs valuable insights of all Western therapeutic systems, and thus offers a point of convergence and integration." (110) For example, just like humanistic and cognitive psychology Buddhism emphasizes one's decisions and personal responsibility in the present moment, but at the same time Buddhism does not ignore the past and the complex character traits that emerged during development as seen in Freudian psychology (110). Buddhist psychotherapy is also concerned with one's conditioned behavioral responses as seen in Behavioral psychology, however, "unlike Behavior Modification Techniques, Buddhism accepts 'introspection' as a technique for self-understanding....while accepting the claim that conditioning is a powerful factor in the growth of habit-bound behavior, Buddhism prefers insight and self-understanding to processes like counter-conditioning and desensitization" (De Silva, 108).

Moreover, there seems to be an intimate relationship between Buddhism's treatment of mental illness and its ethical system. De Silva states that "While we are here focusing attention on the psychology of Buddhism, its philosophical underpinning cannot be separated. Perhaps in Buddhism we find a therapy integrated with an image of man which would interest those we are making a plea for widening the horizons of psychotherapy" (106).

Both Buddhism and Western psychotherapy agree that "the more deeply, intensely, and frequently we allow ourselves to feel any given emotion, the more habituated we become to it" (Ladner, 148). In other words, by experiencing an emotion we predispose ourselves to that emotion in the future. Traditional psychotherapy has always focused its attention on the former (alleviating mental suffering) rather than the latter (nurturing positive emotions and experiences). This is where Buddhism differs from the goals of traditional psychotherapy found in most Western cultures. "Just to be clear," Sharon Begley emphatically states concerning the idea of psychotherapy from a Buddhist perspective, "the goal is not merely the absence of mental illness, which seems to be all that psychiatric and psychological therapies strive for these days, but the enduring presence of robust mental and emotional health" (221).

For example, the psychology of the West distinguishes between normal consciousness and unhealthy forms of consciousness usually found in those

individuals who suffer from some type of neurosis or psychosis. Buddhists do differentiate between these states of consciousness, however; Buddhists recognize the higher or mystical state as well. Higher or mystical states of consciousness are not typically found in the literature of most traditional Western psychology outside of the Buddhist-inspired theorists discussed earlier such as Jung, Maslow, and Wilber (De Silva, 108). This higher or mystical state of consciousness is a prime example that Buddhists do not view the attainment of non-sickness as a sufficient goal of therapy. As Buddhist scholar Alan Wallace has put it,

Western scientists have an underlying assumption that normal is absolutely as good as it gets and that the exceptional is only for saints, that it is something that cannot be cultivated. We in the modern West have grown accustomed to the assumption that the 'normal' mind, in the sense of one free from clinical mental illness, is a healthy one. But a 'normal mind' is still subject to many types of mental distress, including anxiety, frustration, restlessness, boredom, and resentment (Begley, 250).

In other words, Western therapists like Freud have espoused the belief that human misery is a natural and normal, and most importantly, inevitable part of everyone's life. This view of unhappiness being an inevitable state for human beings clearly demonstrate his assumption concerning the human condition was overwhelming negative and cynical. In contrast, this premise is not accepted by Buddhist practitioners who believe a truly healthy mind does not fall victim to such undesirable states. However, this can only be achieved after people have developed and cultivated their mind through intensive mental training. Epstein continues this

thought by stating that “too often Western psychotherapists help people give up an old harmful pattern (which decreases suffering) without giving one the tools for approaching that area of their lives in ways that bring them real joy. Stopping the old pattern decreases suffering but does not by itself bring happiness” (201).

Even though Buddhism has many similarities with cognitive-behavioral therapy, there is a fundamental difference. The goal of CBT is to get people to a normal state of mind without regard for exceptional states of the virtuous mind; however, Buddhist take this concept of mental transformation a giant step further. Ladner states, “Meditative practice – mind training – is designed to bring about exceptional states of focused attention, compassion, empathy, and patience” (251).

Also, unlike Western psychotherapy Buddhism does not view all types of illnesses as always something terrible. According to Frits Koster, *samvega-vatthu* is an illness in Buddhist psychology that can be described as “an experience that calls for spiritual urgency.” Koster goes on to say, “The illness can offer us the opportunity to reconsider, and to begin a new, purified life. Many people experience a spiritual awakening during their illness or as a result of it, and they begin to look for deeper values in life. In this way illness can become a source of insight and compassion” (154).

Another essential aspect of Buddhism that differs greatly from Western psychotherapy is that in the West it seems that theories take precedent over practice. It is just the opposite in Buddhism. In other words, abstract theories are very much secondary to its application and the results they achieve. In other words, Buddhism does not believe in itself, it just believes it works; therefore, within the Buddhist approach, there seems to be a balance between theory and direct experience. This is especially true with regard to the training of psychotherapists. Buddhist practitioners are encouraged to observe their own mental processes during their meditative exercises to complement their theoretical understanding. This is not meant to imply that no experiential training exists in the training of Western psychotherapists, but, from the Buddhist standpoint, it is a distant second to psychological theory, and whenever direct experience is deficient, then the “study tends to be mainly memorizing terms and definitions, and trying to convince oneself of their validity”; however, “when balanced with meditative discipline, study takes on much more life and reality. It develops clarity about how the mind works and how that knowledge can be expressed” (Katz, 3).

In his *The Lost Art of Compassion*, Lorne Ladner quotes Lama Thubten Yeshe, who believes there is a major psychological component within Buddha’s message. He states that:

These days, people study and train to become psychologists. Lord Buddha's idea is that everybody should become a psychologist. Each of you should know your own mind; you should become your own psychologist. This is definitely possible; every human being has the ability to understand his or her own mind. When you understand your own mind control naturally follows (61).

Dr. Mark Epstein, the author of many books and essays comparing the relationship between Buddhism and psychotherapy, believes the essence of Buddhism is how people perceive and interpret the reality in which they live. He believes Buddhism has a lot to offer the traditional Western therapies, and he writes:

Changing the way we relate to what happens to us and in us makes a different relationship possible with transience and fragility. This change in perspective can be practiced and learned; it allows us not to retreat into nihilism or indulge mindlessly in materialism, but permits us to enjoy the preciousness of what our experiences have to offer while they are here. It is this positive stance that is essential to Buddhism and is the source of much of its appeal to the West (7-8).

This statement touches upon one of the misconceptions of Buddhism: the misunderstood concept of renunciation found in Buddhist literature. Many Westerners are turned away from Buddhism because they believe that its main objective is to give up all the things that bring us joy; however, this could not be further from the truth. Ricard explains that Buddhism "is not about giving up what is good and beautiful but from disentangling oneself from the unsatisfactory and moving with determination toward what matters most. It is about freedom and

meaning – freedom from mental confusion and self-created afflictions, and meaning through insight and loving-kindness” (3).

Furthermore, it is also important to note that the Buddha would only answer questions that lead to the extinction of pain and misery. The Buddha did not offer any insights into questions that would be likely to increase one’s suffering. For certain metaphysical questions like “Why are we here?,” “Who am I supposed to be?,” or “Is there a God?” the Buddha gave no response since knowing the answer to these questions (assuming one had the ability to answer these questions with any type of certainty) would not help to end one’s suffering. The Buddha did not make absolute claims regarding the self or reality. Instead the Buddha wants us to look at the world in such a way as to solve the problem of suffering.

Buddhists believe we don’t have to fully understand everything about ourselves and reality to properly conceptualize them. Epstein writes, “Buddhism wants to correct our Western drive for self-certainty and chart a course of integration where psychotherapy can still be imagined, even without the constraint of an intrinsically abiding self” (6). In other words, the need to let go is more important than the need for self-certainty. Buddhism teaches us that “it is not how much you know about yourself and the world, it’s how you relate to what you do know that makes the difference” (6).

The Four Noble Truths and Clinical Psychology

As with most forms of psychotherapy, Buddhism has a viewpoint or “theory” of human nature and man’s place in the universe from which to begin. Buddha’s view of the human experience is described within the Four Noble Truths. The Four Noble Truths are starting points in which Buddhist practitioners can begin the healing process. The belief behind the Four Noble Truths is that first one has to understand the nature of the problem before one understands the nature of the solution. Both Buddhism and psychotherapy attempt to foster the individual to become liberated from problems by increasing one’s self-awareness. However, since Buddhism does not believe there is an absolute, enduring self as seen in Western models of psychotherapy, what is exactly meant by the term *self-awareness* seems to differ in very fundamental ways. Despite this fundamental difference, “Buddhist therapy does not deny the sufferings of the self as it conventionally appears” (Epstein, 4).

Most people in the West use the term ‘therapy’ to refer to the processes involved in curing or healing some specific type of mental disorder; however, this is not the case within the framework of Buddhism. In the context of Buddhism, the therapeutic process is not aimed at necessarily treating a single specific mental disorder, but its goal is the underlying dilemma of inner turmoil and psychological conflict found deep within the human psyche which is the primary source of all

different types of psychiatric symptoms such as anxiety, depression, despair, addiction, frustration, etc.

Buddhism does not merely seek to rid the client of psychiatric symptoms that appear on the surface of the conscious mind in the form of a mental disorder (*dukkha*), but the Buddha wants to eradicate the causes of the symptoms (*samudaya*) so they do not reappear. For this to occur, one must follow and practice the treatment plan laid out by the Buddha himself (*marga*). If one follows the path of the Buddha, one can achieve not only freedom from suffering, but one can also develop the capability of consistently experiencing positive states of bliss, happiness, and euphoria as well (*nirvana*).

Dukkha as the Diagnosis

Buddhism does not follow the belief that some individuals are afflicted with mental suffering and some are not; therefore, *dukkha* can be seen as a universal description of all human beings, instead, Buddhism teaches that *dukkha* is symptomatic of all sentient beings and that all beings who are not yet liberated suffer from some type of mental affliction.

According to Dr. Rick Hanson, the cofounder of the Wellspring Institute for Neuroscience and Contemplative Wisdom, our suffering ironically stems from the

survival strategies we have developed over hundreds of years of evolution. They are the following:

- (1) Creating separations – in order to form boundaries between themselves and the world, and between one mental state and another.
- (2) Maintaining stability – in order to keep physical and mental systems in a healthy balance.
- (3) Approaching opportunities and avoiding threats – in order to gain things that promote offspring, and escape or resist things that don't (26).

These survival strategies have obviously been very useful as our ancestors have employed these methods for thousands of generations; however, they have come with a painful price. As with all animals, our motivation “to follow these strategies and pass on their genes, neural networks evolved to create pain and distress under certain conditions: when separations break down, stability is shaken, opportunities disappoint, and threats loom. Unfortunately, these conditions occur all the time, because everything is connected, everything keeps changing, and opportunities routinely remained unfulfilled or lose their luster, and many threats (aging, death) are inescapable” (Hanson, 26).

De Silva states, “All those who are dominated by craving and subject to the delusion of a permanent ego generate different degrees of discontent, despair, and/or anxiety. In those that take these to an excess, they come on the limits of

mental and behavioral disorders” (124). The three psychiatric disorders that are most conducive to the suffering and dissatisfaction discussed in Buddhist literature are addictions, depression, and obsessive-compulsive disorder (OCD). These three psychiatric disorders are extreme versions of the suffering that is universal to all human beings. The behaviors displayed by people with addictions, depression, and OCD are typical behaviors of a neurosis. A neurosis, or neurotic disorder, is the tendency to experience negative emotional states such as worry, sadness, cynicism, frustration, anxiety, etc.

For example, a behavior of someone with a neurosis would know rationally something cannot be true but due to their emotional attachment(s) they feel compelled to act on this belief as if it were an undeniable truth. A neurosis is a self-defeating disease on both a cognitive and an emotional level. The neurotic person, “Cognitively has a tendency to think negatively about oneself, to focus on faults, and to expect negative things in the future. Emotionally, it usually includes the tendency to get stuck in negative emotional states, focusing on them in a way that might be described as psychological self-torment” (Ladner, 28). Ruminating in negative emotions is often the result of self-hatred on the part of the neurotic individual (Ladner, 29).

As I mentioned earlier, an addiction is a habitual behavior where the individual has lost control and if the behavior is not fulfilled the individual

experiences emotional trauma (Butcher, 382). Throughout certain regions of the human brain we have dopamine sites, or “reward centers”, that become stimulated when we fulfill biological or psychological needs. When a need is fulfilled, we experience a feeling of pleasure. This is essential for our survival because if fulfilling a need were a painful or unpleasant experience our species probably would not have survived this long. The need, once fulfilled, activates the pleasure centers in our brain, causing the release of dopamine while our bodily systems return to that desired state of equilibrium, or homeostasis. This process can be very beneficial to the human organism until one forms an addiction to something such as food, alcohol, drugs, sex, etc.

Once an addiction is formed, the person’s brain is changed in fundamentally ways. Now the neurological system with our brains can only stimulate the pleasure centers when participating in a certain activity or using a certain substance. The more this occurs, the more the addict’s brain becomes wired in a dysfunctional way. The addict’s mind is no longer free and pure but is instead clouded with the obsessive thoughts of the desired substance or activity. Even though it is most likely that the addiction is not fundamental for the survival of the organism, substances such as drugs and alcohol stimulate the same brain regions as things conducive to our survival. After repetitive use, the addict’s brain is now wired to only stimulate these pleasure centers in the presence of the desired substance or activity. The addict now

needs the substance or activity to function or to feel normal. The longer addicts go without fulfilling this synthetic need, the more emotional trauma they will experience in the forms of physiological withdrawal and psychological cravings. The addict seems powerless to stop this habitual urge which has now taken control of the organism.

Drug addiction is an extreme form of maladaptive behavior and continues to be experienced by more and more people in our society. Even though it can be seen as extreme, a lesser version occurs in all beings that derive fleeting pleasures from external objects. All humans seek ultimate satisfaction in substances or activities that only last a short time and leave us angry and frustrated yearning for more in an endless cycle of short lasting pleasure followed by longer periods of suffering. Whether it is drugs, alcohol, sex, or material objects the root of addiction stems from the irrational belief that happiness can be obtained through external entities. Due to the combination of innate instincts and the way we socialize our youth our society seems to produce an inordinate number of addictive persons who live their lives (almost) always dissatisfied.

Second, depression is the loss of the ability to experience pleasure and, just as with addiction, involves mental, physical, behavioral, and social components. Depression can occur in many ways, but one common way depression arises is when someone experiences loss of some kind. Whether the loss one experiences is real (friend dies, object lost) or symbolic (status change, life's purpose), grief usually

accompanies this loss. Grief is a multi-dimensional response to losing someone or something to which we formed a bond or an attachment. Once again, we see that suffering occurs when we develop mental fixations and attachments to things that are fleeting or impermanent. Since many of us form an attachment to ourselves, we usually become depressed when we grow older, get sick, and/or experience the dying process.

In our society depression is the most common form of mental illness and will affect roughly 20% of the general population at some point in their lives. Depression is so common in Western society that clinicians are told to use their own judgment when diagnosing depression. Since depression seems to be a 'normal' part of our everyday lives as disappointments seem more and more inevitable, it is the job of the clinician to distinguish between clinical depression and 'normal' depression. The root of depression seems to occur in our society because of the transient nature of our relationships (romantic, friendships) and our material products (car, sofa, TV) and our attachment to them. Westerners are conditioned from a very young age that external objects or other people have the ability to make us happy; however, just as in addictions, these pleasures are short-lived and inevitably lead to more suffering. This dissatisfaction leads to more consumerism, and the cycle continues to repeat itself. Even though we rationally know all things will eventually come to an end due

to their transient nature, we still seem surprised and become sad when something does inevitably end.

Lastly, OCD consists of reoccurring thoughts that cause anxiety and repetitive behaviors that in some ways reduce the anxiety but in some ways increase it as well. OCD is a disorder where the person attempts (usually unsuccessfully) to repress an unwanted thought or feeling from arising into consciousness. Once again, the thoughts can come in many forms such as fear of germs, or the desire for symmetry. The patient with OCD is in a constant state of worry that something bad is going to happen to them or someone they know. In order to avert these self-imposed tragedies from occurring, they perform repetitive rituals as a form of prevention.

These actions are a product of an obsessed mind making a vain attempt to attain eternal stability or permanence in a transient, ever-changing reality. Buddhists see the root cause of OCD as our never-ending desire for an independent and eternal self. We are obsessed with the idea of self permanence and the thought of something occurring that would be detrimental to one existing as a stable, continuous, ever-lasting, unique, and independent self causes us extreme existential anxiety. In other words, we have this idealized image of who and what we are. Things that support this idealized image we see as pleasant/pleasurable; therefore, we are drawn towards them and are motivated to have repeated interactions with this object, person, feeling, etc. On the other hand, things that threaten our idealized

image we see as unpleasant/disturbing, and this puts us in an anxious state; therefore, we attempt to avoid these things and are motivated to repeatedly avoid interactions or confrontations with these things. This could include activities such as self-reflection or insight meditation.

The anxiety caused by this obsession with permanent self causes us to compulsively act in selfish ways that reaffirm the notion of self-hood. These compulsive acts can often provide short-term benefits; however, these acts will inevitably lead to suffering on a deeper level. Through our self-induced repeated experiences our selfish habits are developed and perpetuated.

Freud once noted that “the compulsion to repeat what’s familiar is so strong in humans that it often overrides the pleasure principle itself. Meaning, when a pattern of thought, feeling, or behavior is familiar people often repeat it even if it clearly is bringing them more suffering than pleasure” (Ladner, 221). This statement coincides with the Buddhist belief that human beings are ultimately responsible for their own suffering, as demonstrated by the three disorders discussed in this section.

Samudaya as the Etiology

Samudaya can be seen as a universal explanation of why human beings suffer. The etiology here contains an interaction between various causal factors, including biological (genes, instincts, chemicals), psychological (upbringing, early experiences,

psychological processes), and socio-cultural (society, media, cultural norms and values), as reasons why human beings suffer. Buddhists do not believe the causes and conditions that foster our mental afflictions should be viewed as separate from one another. They see the source of our suffering stemming from: (1) The relentless and unending thirst for pleasure and satisfaction. (2) The ignorance of, and our attachment to, the *self*. As I mentioned, the causal factors that lead to human suffering can be explained as the collaboration of instinctual drives, the structure and function of the psychic system, and our cultural norms and values in which we have been socialized.

Desire and Attachment

One reason for dissatisfaction is because many people believe happiness and pleasure are synonymous with one another. These concepts are often confused in our Western vernacular which is one of the primary reasons why so many of Westerners perpetually experience suffering in their lives. Ricard defines happiness in the following passage:

Happiness is a deep sense of flourishing that arises from an exceptionally healthy mind. It is not a mere pleasure feeling, a fleeting emotion, or a mood, but an optimal state of being. Happiness is a way of interpreting the world because while it may be difficult to change the world, it is always possible to change the way we look at it....Happiness consists of the purging of mental toxins (hatred, jealousy, obsessions) that literally poison the mind. Happiness occurs when we learn to put things

in proper perspective and reduce the gap between appearances and reality (19-23).

Ricard believes our misperception of the nature of reality is our biggest obstacle to achieving happiness, and it keeps us in a perpetual state of suffering.

In reference to the connection between happiness and pleasure, Ricard believes there is no direct relationship; however, he doesn't suggest we should deprive ourselves of the enjoyment of pleasurable sensations. He explains this seeming contradiction by saying, "Although intrinsically different from happiness, pleasure is not its enemy. It all depends on how it is experienced. If it is tainted with grasping and impedes inner freedom, giving rise to dependence, it is an obstacle to happiness. On the other hand, if it is experienced in the present moment, in a state of inner peace and freedom, pleasure adorns happiness without overshadowing it" (42-43). In other words, pleasure only becomes problematic when it upsets the mind's equilibrium by causing one to become obsessed with that perceived to be pleasurable and/or developing a disdain towards anything that prevents it (42-43).

The way we seek happiness in our Western society is the root cause of our suffering because the manner in which we have been socialized into seeking happiness arises from our desire. Anything born out of desire will lead to suffering because "desire does not lead to satisfaction; it leads to more desire" (Ladner, 64). This is evident in all forms of addictive behavior where the substance or activity that

is desired no longer gives the individual the pleasure it once did yet it continues just the same. The way this cycle of desire is perpetuated is to follow our society's lead and to simply avoid any type of deep introspection and to partake in the sensual pleasures that are readily available (Ladner, 53). However, only by means of deep introspection can we develop the ability to understand the nature of our suffering and ideally see through our mental projections we unconsciously place on persons/objects from our external environment.

Projections develop in the following manner: we have an experience or experiences with a certain person/object that creates either a pleasant, unpleasant, or neutral sensation. Due to the combinations of our experiences and our motives, we then mentally 'project' certain feelings onto this person/object, and now our future interactions with this person/object will be colored by these projections. The problem arises because we assume that how we feel about something is inherent in the person/object, and we fail to recognize that our perceptions are the product of our own minds. When this occurs, we focus our attention to certain aspects (the ones that confirm our biases) and ignore others (the ones that contradict our biases). Furthermore, once we see a person/object in a certain way we assume that they/it always exists in that constant state without the ability to change from something enjoyable to something terrible, or from something terrible to something enjoyable. Ricard writes:

If a person or thing gives us a pleasant sensation we will block out negative aspects of the object and focus exclusively on its positive attributes. We start seeing the object in an unrealistic, distorted way, viewing it as more valuable than it actually is and so develop desire and attachment. Since the object can never fulfill our expectations, what we did was take a pleasant sensation and unintentionally turned it into an occasion for suffering (98).

In other words, we create an idealized projection of a pleasant sensations and become attached to it which will lead to suffering; or, we create a devalued projection to an unpleasant sensation and become averse which will lead to suffering; or, we create a neutral projection to an indifferent sensation and become disinterested and not care about which will lead to suffering as well (Ricard, 99). Suffering will cease when we realize that how something appears to us is not so much a function of the thing itself but of recognizing that we are projecting our own emotions onto other people/things. Only when we “Free ourselves from these projections will we be able to enjoy life and care for others without creating complicated emotional and interpersonal problems” (Ricard, 101).

An obstacle that prevents us from freeing ourselves from our projections and the emotional response they invoke is that we rarely doubt or question our views even if our opinions are exaggerated or our knowledge of the person/object is incomplete (Ricard, 104). Whether it is attachment, aversion, or indifference, all three projections block the cultivation of a compassionate attitude and our ability to empathize with others’ points of view (Ricard, 103). Freeing oneself from these

projections would require an even-minded approach and an awareness of these feelings that pigeon-hole one's experiences. First, one should ask how this projection developed in the first place. Next, one needs to realize that feelings do not exist in a fixed state but are always subject to change or modification since all things and people are in a constant state of flux. If one approaches these feelings and projections as transient then there is no reason to become emotionally involved in them (Ricard, 103-104).

What is essential to understand if one hopes to adopt this even-minded approach towards people and things is how much our own thoughts, actions, and habitual emotional responses in the past are affecting our present view of the world. (Ricard, 111) In other words, our experiences help to create our beliefs; however, once formed, our beliefs help to create our experiences. Buddhist practitioners and teachers and Jung both agree that in order to free ourselves from the negative effects of the projection we need to let them go and understand that they are merely the product of our habitual tendencies to see the world in our own biased way. Jung went on to state that by analyzing our own projections we can discover something about ourselves that perhaps we have been suppressing. Furthermore, Jung notes that "as people make progress at withdrawing projections and integrating those parts of themselves into their personality, the result is a sense of wholeness" (119).

Pride and Ignorance

Simply put, human misery stems from a dysfunctional ego. The ego's role in the process of misidentification and its desire for permanence is the root cause of *dukkha*. As I mentioned earlier, the ego's job is to act as a lens and to filter inward to the psyche certain types of information that it selects from the environment; however, when the ego doesn't see the world the way it is and only sees the world the way it wants to see it, then this creates a distorted perception of reality. An individual ego is a very limited vantage point from which to view the world, but it is a perspective to which we become emotionally attached. Due to our ontological thirst, or our desire for a permanent existence, the ego quickly assumes, based on the experience of selfhood, that we have a separate and permanent self. This mistake is not only inaccurate, but it is also very harmful. The ego's misconception of the self is the heart of the problem. The ego believes it is the self and then acts for its own sake.

Narcissism, or self-centeredness, is another cause of our suffering and works in conjunction with projections. Narcissism stems from the need to be better than others that begins during infancy and persists throughout childhood into adulthood. Through our narcissism we believe that our view of the world/reality (*drsti*) is the only correct view and all others that are different are incorrect or completely false (Epstein, 38). We come to identify ourselves with our opinions and, in turn, we

become very attached to them, defending them at all costs as if by convincing others that we are right we will prove that we are better than others.

Narcissism works at an unconscious level and causes us to habitually think inaccurate thoughts such as “If I am perfect; I will be happy,” or “If I had more money, I would be secure in my life.” Here Buddhism and CBT parallel each other by stating we must allow ourselves to be aware of these cognitive “traps” that lead to desire and misery. Instead we must recognize these thoughts and counter them with realistic views that lead one away from being continually frustrated. This narcissistic voice does sound friendly and inviting; however, we must relinquish its control over us after we understand that this self-involved approach to life is the cause of our own suffering (Ladner, 199).

In summary:

Our attachment to the ego is fundamentally linked to the suffering we feel and the suffering we inflict on others. Renouncing our fixation of our own intimate image and stripping the ego of all its importance is tantamount to winning incredible inner freedom. When the self ceases to be the most important thing in the world, we find it easier to focus our concern for others...If the ego were really our deepest essence, it would be easy to understand our apprehension about dropping it. But if it is merely an illusion, ridding ourselves of it is not ripping the heart out of our being, but simply opening our eyes. (Ladner, 95)

Nirvana as the Prognosis

Nirvana can be seen as a universal goal of all human beings who experience the psychological suffering caused by desire, pride, ignorance, and attachment.

Nirvana can be seen as a moment of deep realization that the individual experiences with the potential to see through our mental fixations that keep them in their virtual endless cycle of suffering and bondage not just in this lifetime but in the next one as well. Buddhism does not just believe the goal of our treatment should only be the removal of negative mental or emotional states but also the ultimate goal should be to reach a positive state of mind where the individual experiences existence in a perpetual higher state of consciousness, thus transforming every aspect of one's life.

Simply put, *nirvana*, often called enlightenment in English, is the liberation from our self-imposed psychological bondage. It is the extinction, or cessation, of suffering and the causes of suffering, namely thirst, attachments, clinging to mental fixations, and the desire for a permanent existence. Epstein states:

In this way of understanding, nirvana came to represent the freedom that is possible when the self is no longer clung to as an absolute entity. The freedom of nirvana is the freedom that emerges when self-centeredness is no longer the organizing reality (10).

Just as the case with self-actualized beings, Epstein believes individuals who achieve this event perceive reality without distortion and represent the "ideal personality." In stark contrast to Western practitioners who are unfamiliar with this concept, Epstein believes these individuals no longer possess the possibility of developing the unpleasant and harmful mental states such as greed, hatred, conceit, envy, or doubt.

Due to the limitations of language, most people believe that *nirvana* is by its own nature is an ineffable experience only to be known by those who have the belief, courage, and desire it takes to accomplish it. This means that the understanding people have when they experience *nirvana* cannot be fully explained through a verbal description and any attempt to do so would demean, or reduce, the experience. Koster states, “This transcendental insight or enlightened state causes one to have an experience that bears no relation to any worldly experience and therefore cannot be directly described by a simple definition but can only be discussed through things such as stories, metaphors, allegories, and examples” (23).

Koster sees the enlightenment experience as a brief moment of clarity which he compares to getting “a glimpse of the sun on a cloudy day” (23) He goes on to say, “It is extremely liberating because for that moment previous blockages and troublesome forces like desire, hatred, and ignorance are completely extinguished” (23). Similar to awakening from a dream state the meditator who has experienced enlightenment returns back to their normal consciousness and contemplates the experience the same way one would think about the dream they just had. The gravity of the liberating insight that occurred moments before is only fully realized and understood afterwards. These moments of clarity cannot be experienced and understood simultaneously since at that instant the individual is completely and fully absorbed in the present moment.

Koster believes that, “the ordinary mental and physical processes totally disappear for a moment; at that moment there is complete and unconditioned harmony and peace” (98). After the moment passes and the individual returns to their mundane consciousness, they understand that “certain impurities in the mind have indeed been fully extinguished, or that other impurities are still present, so that there is still plenty of meditative work to be done” (98). One must use this experience as inspiration to carry on their work and efforts of achieving enlightenment further and continue on their quest for liberation. In *The Practical Science of Buddha’s Brain*, Hanson states:

Working with the mind and body to encourage the development of what’s wholesome – and the uprooting of what’s not – is central to every path of psychological and spiritual development. Even if practice is a matter of “removing the obscurations” to true nature – to borrow a phrase from Tibetan Buddhism – the clearing of these is a progressive process of training, purification, and transformation. Paradoxically, it takes time to become what we already are (15).

Nirvana is not about becoming something different or special; instead, nirvana is just a matter of becoming and doing what’s natural. All human beings can achieve nirvana because they are already in nirvana. Once the self-imposed obstructions are removed nirvana occurs naturally without effort.

Koster views the experience of enlightenment as the highest form of inner freedom one can achieve and the absolute objective of the 8-fold path. Koster

believes the insight that leads to psychological freedom to occur in four distinct stages.

- (1) **Stream winner** (*sotapanna*) – the stream of conditioned experience has been broken for the first time and three destructive or difficult tendencies are totally uprooted and extinguished in that person. First, the *ego* or *sense of self* we have previously identified with before the insight occurred. Next, the *skepticism* or *doubt* of the non-believers for our ability or capacity to achieve inner freedom. Lastly, the superstitious beliefs of participating in rites and rituals that we do not understand and that we engage in on ‘automatic pilot’.
- (2) **Once-returner** (*sakadagami*) – this is where sensual desire and the tendency to have feelings of hatred and jealousy are greatly reduced.
- (3) **Non-returner** (*anagami*) – those desires and tendencies mentioned above are completely extinguished.
- (4) **Fully-purified** (*arahat*) – this is the highest stage of enlightenment where there are no longer experiences any mental afflictions and his mind has become untainted and clean as a mirror. This is the point in the process where any physical, mental, emotional, or social damage ceases to be further perpetuated. (117-120)

Koster continues by recognizing that the fully-purified individual achieves four sublime states that are in direct contradiction to defilements or impurities of the mind. They are as follows:

- (1) **Compassion** (opposite of cruelty) – wanting to end suffering in ourselves and others.
- (2) **Loving-kindness** (opposite of hatred) – not being resentful or irritated and actively promoting the well-being of ourselves and others. Gentleness and kindness without expectation of anything in return.
- (3) **Sympathetic joy** (opposite of jealousy) – being happy and being happy for other’s successes.
- (4) **Equanimity** (opposite of desire) – the ability to see or judge people or situations appropriately with balanced and discriminating wisdom without being blinded by attachment or aversion. (Koster, 152)

These individuals are a “shining light in a neurotic society” (Koster, 120). Their mind is pure so they no longer contribute to suffering which becomes evident in their consciousness which is no longer burdened by selfish desires and impure thoughts. For them, “the whole process of cause and effect stops at the moment of death and liberation has become complete” (120).

Marga as the Therapy

The Noble 8-Fold Path is a total approach to life where the individual must work on all aspects of the path simultaneously. Buddhism does not believe people can achieve a state of good mental health unless they work on all levels of functioning – physical, mental, emotional, social, and spiritual – together. Buddhism does not believe that mental health can quickly be achieved by treatments such as taking medication to correct a chemical imbalance, using behavior modification to change a maladaptive or unhealthy habit, or by simply changing one's thoughts through cognitive restructuring. None of these treatments is sufficient enough to achieve the psychological liberation the Buddha talked about. Buddhism believes what is necessary to achieve bliss is the total transformation of mind, body, and spirit cultivated in the Noble 8-Fold Path.

Since Buddhism focuses on actions that are fitting and proper, the first question one would probably ask is: "Which actions are fitting and proper?" Simply put, Buddhists would answer by saying, "The ones that aid the ending of suffering." In other words, for one to end suffering and the causes of suffering and achieve enlightenment, one must follow the 8-Fold Path. Sharon Begley states that "the last of Buddhism's Four Noble Truths also invokes the power of mind, arguing that although life is suffering, and suffering arises from cravings and desires, there is a way out of suffering: through mental training and, specifically, the sustained practice

of meditation” (254). The last three guidelines of the 8-fold path (right effort, right concentration, and right mindfulness) directly refer to the practice and the benefits of meditation.

In general, meditation can be divided into two main categories. The first is tranquility or relaxation meditation (*samatha*) where the main objective is to develop one’s concentration to the point that he/she is completely free from distraction from internal or external environments and their mind becomes steady or complete within the moment (Koster, 52). Through self-induced calmness and relaxation one becomes both joyful and focused simultaneously. This dualistic state of being open and receptive combined with intense effort and single-minded focus can be seen as a deeper form of Csikszentmihalyi’s concept of flow (53-54). Flow is a concept studied by a new field of psychology called Positive Psychology. This relatively new branch of psychology focuses on human qualities and abilities (such as flow) that have implications for our physical and mental well-being. For flow to occur, the person must be involved in an activity by means of intrinsic motivation, or participating in an activity for its own sake, with an intense focus accompanied by creativity and near-ecstatic feelings (Zimbardo, 404).

The second type is insight or mindfulness meditation (*vipassana*). In this form of meditation one learns “to observe one’s own experience directly and without bias or preference” (Koster, 65). Insight meditation not only has a healing effect on our

psyche, but “it also provides us with intuitive insights into the impermanent, unsatisfactory and uncontrollable or ungovernable nature of life” (Koster, 63). In other words, the first type of meditation helps one to achieve an inner peace that is unaffected by internal or external distractions; this second type of meditation can help one attain true wisdom into the nature of life and reality and achieve true compassion for all living things. The main objective during insight meditation is to observe and register whatever sensations occur in the body and/or whatever thoughts arise in the mind. Through mindfulness we come to observe our experience directly without bias or preference (Koster, 65). “By becoming aware of the mental and physical phenomena in ourselves we can achieve a clear and liberating insight or understanding of how we as humans function, and this understanding can help us deal with the ups and downs in life in more skillful ways” (Koster, 65).

Mindfulness meditation can be very effective at eliminating the anxiety associated with obsessive and/or depressive thoughts, and the desire to engage in compulsive and/or addictive behaviors. Mindfulness meditation focuses on recognizing and accepting unwanted thoughts without denying or ignoring them. When a thought or craving arises, Mindfulness meditation teaches us “to observe and accept the presence of the thought while not over-identifying with it. In this way, one can acknowledge the reality of such thoughts while learning to refocus energy and intention elsewhere” (Morrell, 14). Whatever thoughts arise into consciousness

one can use it as an object of meditation that we can name or register. Koster sees many similarities between insight meditation and cognitive therapy. He states:

Very often we are not aware, or do not succeed in registering these mental activities, so we have the tendency to identify ourselves with them. We tend to think that there is an “I” who is thinking, planning, remembering, knowing, etc. We think there is a person who has lived and thought since birth, whereas in reality there are only these continuing and successive mental activities. The more we identify with experiences – our position in life, with things and people – the heavier our problems or the baggage we carry around with us become. When all these experiences disappear, dissolve or get lost, we begin to miss them, feel fear or anger because of our attachment to and identification with them. Therefore, it is advisable to name or note each and every cognitive activity the moment it is clearly recognized. It is a remedy for the universal human tendency of attachment and identification. Observing and registering all of these mental activities without attachment is the mindfulness of thinking (70).

Insight meditation and cognitive therapy are very similar, but they do have a major difference. In the practice of insight meditation, as opposed to most forms of psychotherapy, there is no need to go into the content of one’s thoughts or emotions. Instead of going into the content one can just observe and note them as they are without doing anything.

In insight meditation there is no analyzing, reflecting, or judging because this would imply a preference or bias, therefore making the awareness or observation no longer direct (Koster, 158). “Noting or naming makes the observation transpersonal because we no longer identify with the thought or the emotion. It is no longer our

sadness, anger, or fear, but a feeling or thought process which is observed and noted objectively.....And ultimately this will enable us to be completely purified of unwholesome forces of the mind” (Koster, 158-159). Mindfulness is a careful yet unforced presence of mind that protects us against unknowingly being more conditioned by thoughts, emotions, and sensory input, and against unwholesome mental states (86).

Furthermore, Ladner sees meditation as an essential ingredient in developing one’s compassion. In fact, he agrees with the Tibetan Buddhists who define meditation as “developing an understanding of your mind in order to decrease your negative emotional states (such as hatred, craving, and jealousy) and to increase positive ones (such as patience, contentment, and love)” (Ladner, xviii). Francisa Cho, a Buddhist scholar at George Washington University, says, “Buddhism is a story of how we are in pain and suffering but we have the power to change that.....By undergoing an emotional reeducation by meditative exertion and other mental exercises, you can actively change your feelings, your attitudes, and your mindset. Angry thoughts can be destructive to the untrained mind causing craving and hatred but mental training can allow us to identify and to control emotions and mental events as they arise” (Begley 13-14). Since stress and anxiety can block individuals from achieving genuine compassion, Ladner teaches his patients meditation during his psychotherapy sessions to keep them from falling into the same cognitive traps

and dysfunctional patterns that create stress and inhibit the opportunity for real happiness (17).

Even though most Westerners assume that emotional states inhibit one's the ability to think rationally, on the other hand from a Buddhist perspective

Healthy emotions like compassion are grounded in valid and reasonable thoughts about ourselves and others, while unhealthy emotions like hate or anxiety are grounded in mistaken, inaccurate thoughts. This is why Buddhism views wisdom and compassion as closely related; as we develop the sort of wisdom that correctly understands reality, we naturally become more compassionate, and as we become more compassionate we naturally become wiser and more reasonable in our approach to life (Ladner, 14).

The goal of cultivating compassion is to free oneself from suffering; however, because of our interconnectedness treating others with true compassion leads to our own happiness; one can say when you treat others with compassion you are ironically showing compassion for yourself (Ladner, 49). Rick Hanson goes on to say, "Compassion is a natural response to suffering, including our own. Self-compassion isn't self-pity, but is simply warmth, concern, and good wishes – just like compassion for another person. Because self-compassion is more emotional than self-esteem, it's actually more powerful for reducing the impact of difficult conditions, preserving self-worth, and building resilience" (45-46).

"Compassion," the Buddha taught, "comes from understanding impermanence, transience, and flow: how one thing passes into another; How

everything and everyone is connected” (Grubin, *The Buddha*). Once one appreciates our interconnectedness with all beings, one will naturally begin to empathize with them. Empathy is putting oneself in another person’s shoes and trying to understand what it’s like to be that person and what he/she has gone through. This attempt to see the world through another person’s eyes is the foundation of any meaningful relationship and is a prerequisite for a compassionate attitude. As Rick Hanson says, “Empathy allows us to stay present with the person because it restrains us from our old reactive patterns and emotional habits” (27). By not allowing oneself to repeat our dysfunctional emotional responses, this will free us to develop compassion for our own suffering and for the suffering of others.

Furthermore, Jung, Maslow, and Buddhism all view as healthy individuation in regards to compassion and empathy. All three would agree that although it is necessary to obtain the freedom and individuality to develop our own personal uniqueness, it must be accomplished through the framework of our ties and connections with others. Ladner states:

Buddhism strongly emphasizes that we exist interdependently, inextricably connected by complex relations of causality. Denying our interdependence means that we deny who we really are and how we actually exist. Healthy individuation recognizes our interdependence, allows for a compassionate mature sense of ethics, and taking responsibility for how our actions affects others (171).

If one were momentarily to forgo all of the philosophical and ethical reasons for practicing an authentic concern for the welfare of others and viewed this exercise in solely pragmatic or scientific terms, one would discover that practicing love and compassion leads to a life of peace and happiness while the alternative approach of being self-centered and narcissistic leads inevitably to suffering (Ladner, 187). In short, it “is essential to understand at the most fundamental level that all living creatures share our desire to avoid suffering and experience well-being” (Ladner, 203).

Furthermore, it seems that the key to our own happiness is authentically and genuinely working for the happiness of others, and the way to accomplish this practice in a genuine way is to view oneself, others, and the environment as sacred, and we will naturally want to help them or it (Ladner, 203). Koster concludes by stating that “Insight meditation can be seen as a radical transpersonal life therapy because all human experience is used as an object of awareness. Through the practice of Insight meditation eventually all worldly experience is transcended” (157).

In regards to our ability to change our experiences, many Buddhist practitioners including Sharon Begley agree with the cognitive model concerning mental health and illness. Both believe that our control over the outer world is minimal at best; however, “we can transform our inner worlds by changing how we process the incoming information. Buddhism teaches that by detaching ourselves

from our thoughts, by observing or thinking about them dispassionately and with clarity, we have the ability to think thoughts that help us overcome our mental afflictions such as hatred and anger” (14). In other words, by changing the way we relate to and experience our mental activity we can change our worlds. When this is practiced over a long enough period of time, it seems that this change is not merely reduced to a perceptual change, but it also seems that mental training can actually change the physical structure of our brain. Begley states:

Buddhist practitioners familiar with the workings of the mind have been long aware that it can be transformed through training. What is exciting and new is that scientists have now shown that such mental training can also change the brain. The brain adapts or expands in response to repeated patterns of activity, so that in a real sense the brain we develop reflects the life we lead. This has far-reaching implications for the effects of habitual behavior in our lives, especially the positive potential of discipline and spiritual practice (vii, ix).

It is beginning to appear that, in response to the actions and experiences of its owner, the brain can create stronger connections in circuits that underlie one behavior or thought and weaken others. In short, our brain seems to change as a result of the thoughts we have thought (Begley, 8-9). The discovery of the brain’s ability to alter itself through mental effort and focus leads us to analyze the changing face of neuroscience and the highly prevalent usage of psychiatric medications to treat mental disorders.

Buddhism and the Changing Face of Neuroscience

Neuroscience is a rapidly growing field that lies at the intersection of biology, behavior, and mental processes and attempts to explain the dynamic relationship between the neurological activity in one's brain and an individual's habitual patterns of thinking, feeling, and behaving. This is a new and vibrant interdisciplinary field within biopsychology that combines the work of cognitive psychologists, biologists, computer scientists, chemists, neurologists, and linguists. The findings in the field of neuroscience over the last few decades have had a tremendous impact on the field of psychology as many behavioral scientists have come to the conclusion that all behaviors must have a biological and/or neurological basis. Thanks in large part to the advances in computers and brain-imaging techniques that allow scientists to see the brain in action, neuroscience has become a hot and exciting area of research as we move into the 21st century (Zimbardo, 45).

Since neuroscience's introduction into the world of psychology, psychologists now have a better understanding of very complex topics that have previously caused a lot of confusion among researchers. Neuroscientists helped psychologists gain insight into things such as how our eyes convert light waves into vision, what brain activity occurs during dream states, how damage to specific areas of the brain can inhibit one's ability to speak, to remember, or to interact with others, and so on (Zimbardo, 25).

However, despite all of its tremendous success, understanding the relationship between the mind and the brain (it may be more accurate to say because of its tremendous success) a dogmatic belief system emerged that held two very strong and very troublesome convictions. First, neuroscientists came to the conclusion that the brain is the seat of the mind after they came to the conclusion that all thoughts, feelings, and actions seem to arise from the brain's activity. Second, the brain's neurological system can influence and change the way we think, but the way we think cannot influence and change the integrity of the brain's neurological system. This becomes even more problematic because many assumed that the brain's wiring was determined by a combination between our genes and our early childhood experiences, both of which are out of our control. Furthermore, once the brain matures after childhood and develops its neurological circuitry, there is little we can do to change it.

Therefore, it was believed that, for better or for worse, the brain we possess after a certain point of child development is the brain we are stuck with for the rest of our lives. These assumptions became the standard way of viewing the relationship between the mind and the brain for many years in the field of neuroscience. It was considered common knowledge in the field of neuroscience that the brain controls us, but we cannot control our brains and that by the time we become adults the brain has lost its ability to change itself and was seen as a fixed, static, inflexible

structure. However, recent discoveries within this field have led many to question the validity of this hypothesis, and if these new theories are proven to be correct the field of neuroscience can be on the verge of a paradigm shift of immense proportions.

The recent discovery with the ability to turn the field of neuroscience on its head that is gaining a lot of support and popularity is the possibility that the brain can reshape itself not just in childhood but at any point in one's life. This radical theory is known as neuroplasticity and if this is a real possibility that our brains are more malleable and flexible than previously believed, this would contradict the dogma of neurogenic determinism that most neuroscientists have espoused since the early 1990s. Neurogenic determinism "is propelled by the mysticism of modern genetics" and "ascribes inescapable causal power to the genes one inherits from one's parent" (Begley, 252). If there is a direct, one-way causal relationship between genes and behavior, then human beings would forever remain at the mercy of our neurochemical systems that are pre-determined by our genetic endowment. This theory views human beings as helpless victims with no possibility of transforming ourselves. In other words, if our brains are wired in such a way that predisposes us to negative emotional states and harmful behavioral patterns, there is little we can do to even produce the most modest of changes.

Neurobiologist Steven Rose of the Open University believes that “if the source of our happiness and our despair, of our compassion and our cruelty, lies in the twisting strands of our DNA, then it is to pharmacology and molecular engineering that we should turn for solutions” (Begley, 252-253). Rose then takes it another step further by analyzing what implications this has for free will and personal responsibility. He goes on to say, “If we are truly slaves to our neurotransmitters and to the neural circuits laid down in childhood by our genes, then the concept of personal responsibility becomes specious” (Begley, 252-253); however, according to recent discoveries, it now seems that this belief is not an accurate portrayal of the human condition. Furthermore, if one were to assume that neurogenic determinism is true without personally testing the validity of this claim, and in turn one believes mental states and emotional conditions to remain outside of one’s control, then this mindset would prevent us from liberating ourselves from emotional and psychological suffering and the chance to achieve sustained joy and happiness.

Sharon Begley sees a direct relationship between neuroplasticity and fundamental Buddhist principles. Both theories acknowledge that the human mind has tremendous potential to transform itself which, until recently, has been thought impossible by the scientific community. She goes on to say, when referring to the brain’s power over the mind that causality seems to have the ability to work in both directions:

Neuroplasticity and the ability of the brain to change as a result of mental training step between genes and behavior like a hero in front of a speeding locomotive. If the brain can change, then genes “for” this behavior are much less deterministic. The ability of thought and attention to physically alter the brain echoes one of Buddhism’s more remarkable hypotheses: that will is a real, physical force that can change the brain. Perhaps one of the most provocative implications of neuroplasticity and the power of mental training to alter the circuits of the brain is that it undermines neurogenetic determinism (253).

Far from the belief that an individual is limited by his/her genetic inheritance or that their mental and emotional experiences are hardwired into neural circuitry without the ability to change, Buddhist’s believe “one’s choice is not determined by anything in the physical, material world, including the state of one’s neurotransmitters or genes (not that traditional Buddhism had any inkling that brain chemicals or DNA even existed.) Instead, volition arises from such ineffable qualities as the state of one’s mind and the quality of one’s attention” (Begley, 254). In other words, our brains have the ability to change, and we can be active participants in this change.

Begley refers to recent studies that have demonstrated how psychotherapy can change the brain of depressed individuals to prove this point that the conscious act of thinking about one’s thoughts in different ways changes the very brain circuits that do that thinking. Even though a growing number of studies using neuroimaging have shown that these changes are real changes and no longer just the wishful thinking on the part of a few rogue neuroscientists, it is important to remember that if these changes were to occur they must arise from within. If the brain is to change

its very core structure thus altering it from the tether of neurogenic determinism, it will require a tremendous amount of training, effort, and focus (Begley, 254).

Francisca Cho eloquently summarizes the connection between recent discoveries in neuroscience and the traditional teachings of the Buddha by stating that:

The scientific findings about neuroplasticity parallel the Buddhist narrative of enlightenment because they show that although we have deeply ingrained ways of thinking and although the brain comes with some hardwiring, we also have the possibility of changing. The idea that we are constantly changing means there is no intrinsic nature to the self or the mind, which is what Buddhism teaches. Instead, both self and mind are extremely plastic. Our activities inform who we are; as we act, so we shall become. We are products of the past, but because of our inherently empty nature, we always have the opportunity to reshape ourselves (Begley, 13).

This stems from the Buddhist belief that although there is a close-fitting causal relationship between physical systems and mental activity that not all states of consciousness are dependent on the brain, and there are states of consciousness that are autonomous from the physical system and not dependent on brain function (Begley, 150).

Begley concludes by referring to the neurological effects of mental training on skilled Buddhist meditators as a window into what human beings can achieve. She states, “as the discoveries of neuroplasticity, and this self-directed neuroplasticity, trickle down to clinics and schools and plain old living rooms, the ability to willfully

change the brain will become a central part of our lives – and of our understanding of what it means to be human” (Begley, 254). Begley believes, along with a growing number of neuroscientists and mental health practitioners, that the future of realizing positive mental and emotional functioning relies upon harnessing the brain’s powers of neuroplasticity. Humanity no longer has to be content with trying to reach ‘normal’ levels of mental and emotional health achieved with the assistance of psychiatric medication, but through focus and attention to one’s thinking human beings can achieve exceptional mental and emotional states such as compassion, joy, and happiness (Begley, 251).

Medication to Meditation

As Pascual-Leone’s work with blind Braille readers and blind-folded volunteers pointed out in 2005, the major paradigm shift within neuroscience that could possibly change the way Western psychotherapists treat mental disorders such as OCD, depression, and addiction is simply “the potential of the adult brain to ‘reprogram’ itself might be much greater than has previously been assumed” (Begley, 130). The more the belief that deliberate mental training can produce results as good, or better, than psychopharmacology, the less dependent human beings will be on psychiatric medication to treat their mental illness.

Psychopharmacology is a method of treatment that uses biological interventions in the form of psychoactive drugs such as anti-depressants to treat

different forms of mental illness by correcting the patient's chemical imbalance. For example, certain anti-depressants work by increasing the production of the neurotransmitters that control mood such as serotonin or norepinephrine. In many regards this has become the standard treatment in the field of mental health. However, despite the fact that psychiatric medication has made tremendous advancements in the field of mental health since its inception during the 1950s, it seems this type of treatment can come with a price (Butcher, 590)

With varying results between different individuals, these drugs, and others that have followed, have improved the lives of many patients previously believed to be beyond help (Butcher, 590); however, since psychopharmacology holds a reductionist, and I believe a pessimistic view of the human condition, it lacks the ability to truly transform our experiences. Its basic assumption is by ingesting a pill one can alter one's brain chemistry (i.e. neurotransmitters) and in turn be free from mental distress and anguish.

Psychopharmacology began by treating psychotic disorders in the 1950s but eventually branched out to treat less 'serious' disorders like depression and OCD. The rapid transition from psychotherapy to drug therapy within the field of mental health that began midway through the 20th century became very evident during the 1980s. During this decade the use of anti-depressants like Prozac increased tremendously while the use of psychotherapy began to decrease. The overwhelming belief among

doctors at this time was that depression and OCD are caused by chemical imbalances (namely the neurotransmitter serotonin) and/or faulty wiring in the brain (the over or under activation of certain brain regions). Doctors began asking themselves, “What is the point of all that talking if you can just take a pill and it works better for your depression and no work is required” (Begley, 141)? This magic of modern science works very well in our quick-fix-with-little-effort society, but after decades of research it is beginning to seem that perhaps all of the glitter may not be gold.

The Brain and the Elimination of Negative Emotions

The effectiveness of psychiatric medication as the main approach to treating depression seemed to come with mixed results. It appears that drugs such as anti-depressants do produce initial results; however, studies have indicated that nearly half of the depressed patients who were prescribed anti-depressants are likely to relapse within two years of stopping taking their medications. It seems that Prozac produced initial relief but failed in many cases to yield a sustained recovery (Begley, 143).

Anti-depressants had even less success for treating the anxiety experienced by patients with OCD. According to a psychiatric study, anti-depressants only reduced about 1/3 of the symptoms found in 60% of OCD patients with the other 40% of the patients having no reduction of their symptoms (Begley, 138). On the other hand,

when patients were treated with CBT, there appeared to be less relapse among the depressed patients and the patients with OCD. Patients being treated with CBT were less likely in the face of minor setbacks to “trigger the negative automatic thoughts or the negative self-affirmations that trigger depressive episodes” (Begley, 144). Since CBT teaches patients a different way of approaching their thoughts, it can be seen as a form of mental training very similar to the mindfulness meditation espoused in Buddhism (Begley, 144). This gave way to a new type of psychotherapy that combines CBT and mindfulness meditation called mindfulness-based cognitive therapy.

According to brain-imaging studies, OCD is characterized by hyperactivity in two regions: the orbital frontal cortex and the striatum. The circuit connecting these two regions is known as the “the worry circuit” or “the OCD circuit,” and when this circuit is overactive, as seen in OCD patients, the individual has a constant feeling that something is terribly wrong (Begley, 138). In the late 1980’s neuropsychiatrist Jeffrey Schwartz and colleague Lewis Baxter of the University of California – Los Angeles conducted a study on the treatment of OCD (137). Frustrated by the inefficiency of the current available treatment of OCD, Schwartz decided to see if mindfulness-based cognitive therapy could help treat people with OCD. He wanted to test to see if mindfulness-based cognitive therapy could help patients experience the OCD symptom without reacting emotionally to it.

By using mindfulness training the patients learned to think about their thoughts differently. “Mindfulness, or mindful awareness, is the practice of observing their inner thoughts and experiences in a way that was fully aware but non-judgmental. You stand outside your own mind, observing the spontaneous thoughts and feelings that the brain throws up, observing all this as if it were happening to someone else” (Begley, 139). The results: mindfulness-based cognitive therapy succeeded where anti-depressants and other forms of psychotherapy have failed. Patients who practiced mindfulness training reported that they now had control of their disease instead of the disease controlling them (Begley, 140).

The first evidence that mental training can reduce the rate of relapse in depression was performed by Teasdale, Segal, and Williams in 2000 (Begley, 146). To measure the power of mindfulness to prevent the relapse of depression Teasdale and his colleagues studied 145 patients who had suffered from at least one episode of depression within the last five years. They arbitrarily assigned half of these patients mindfulness-based cognitive therapy as the experimental group and the other half served as their control group by giving them their usual treatment whether that was medication or some other type of therapy. The results concluded by Teasdale and his colleagues were amazing. According to their research, 66% (2/3) of the patients who received the mindfulness-based cognitive therapy did not report any relapse into

depression compared to 34% (1/3) of the patients who received their usual care (Begley, 147).

Why was there such a major difference between the patients? What does mindfulness-based cognitive therapy offer to patients with depression and OCD that medication does not? Simply put, the difference between psychiatric medication and mindfulness-based cognitive therapy is as follows: medication works using the philosophy of “bottom-up” plasticity whereas the latter believes plasticity is best achieved from the “top down”. In other words, drugs change our brains, and, in turn, this changes our thoughts and our emotional responses to them (i.e. the brain is in control of the mind). As I said earlier, this methodology seems to produce immediate results but lacks in long-term efficacy. On the other hand, mindfulness-based cognitive therapy approaches mental health from a different standpoint, focusing on the concept of “mental-to-physical causation – downward causation – in which activity at a higher level can bring about effects at a lower level” (Begley, 154).

Proponents of these tactics believe that if lasting change is going to occur, the focus should be on the training and the development of our mental activity. Zindel Segal was a young psychologist who worked with Teasdale on his famous study of the effectiveness of mindfulness-based cognitive therapy of the relapse rate of depression (Begley, 147). He believes “mindfulness works to keep you from triggering the depression network” because when patients have the ability to monitor their

own thoughts they are better equipped to prevent “dysfunctional products of their mind from cascading into full-blown depression” (Begley, 148). This procedure works the same with the obsessive thoughts that cause anxiety in OCD patients. Individuals should think of depressive or obsessive thoughts “simply as events of the mind” that they can watch go by without having to respond to them. In other words they are “thoughts not facts.” Individuals must recognize that their thoughts are not absolute truths but merely brain events that occur. The modification of perception on the nature of thinking can change how thoughts are experienced and as a consequence to this change emotional distress would decrease or disappear altogether (Begley, 146).

Mindfulness-based cognitive therapy strengthens emotionally healthy patterns of thinking by teaching people new ways to think/deal with their problems. By training individuals in different ways to relate differently to negative thoughts and feelings as they arise, one then develops the ability to forge new neuronal connections within their brain (Begley, 150). “Patients learn to regard their feelings and thoughts (especially the bleak, despairing ones) as merely transient mental events that happen to ‘come and go through the mind’ and that are no more significant than a butterfly floating into your field of vision” (Begley, 147). The goal of this type of therapy is to break the connection between momentary unhappy thoughts and the memories, associations, and patterns of thinking that inflate

sadness into depression which will in turn cause the brain to rewire itself (Begley, 146-147).

There is a saying in neuroscience that “neurons that fire together, wire together.” So what is essentially occurring here is that the individual is consciously breaking the connection between the thought and the emotion and then forming a new relationship between the two. This new relationship ideally does not cause one to experience emotional distress if certain thoughts were to arise. The recent research within neuroanatomy supports one of the central themes of Buddhism that practitioners have been expounding for over 2,000 years: one cannot separate emotions from cognitions, or another way of saying it, thoughts from feelings. According to Ricard, it appears that every region of the brain that has been identified with an emotion is intricately linked with some aspect of cognition as well. In other words, the neural networks that support emotions are interlinked with the ones that support cognition. Since most affective states seem to arise with specific thoughts, and vice-versa, Buddhism does not use separate terminology when referring to emotions and cognitions (Begley, 109). Begley states, “the realization that neuroanatomy confirms what Buddhism has asserted has instead prompted something more sophisticated: the idea that mental training, which engages many of the brain’s cognitive circuits, can modulate its emotional circuitry” (Begley, 232).

One way to eliminate negative emotions is to develop positive emotions. Both Buddhism and cognitive psychology agree that an individual cannot simultaneously experience two diametrically opposed mental processes/emotions within the same consciousness. Just as fire and water cannot occupy the same space so goes love and hatred, kindness and cruelty, joy and sorrow, etc. Ricard states that “by cultivating loving-kindness, the less space there will be for hatred in our mental landscape. It is therefore important to begin by learning the antidotes that correspond to each negative emotion and then cultivate them. These antidotes are to the psyche what antibodies are to the body” (Begley, 124).

The Brain and the Cultivating of Positive Emotions

After the realization that mindfulness-based cognitive therapy works well at reducing mental and emotional suffering, the next question is: Do there exist techniques of mental training that can alter the brain in a way that raises the intensity of emotions such as happiness, compassion, enthusiasm, and joy? To answer this question, we must consider two facts in regards to this issue. First, there are specific states in the brain that correlate with happy emotions, namely, the left pre-frontal cortex. Second, brain-activation patterns can change as a result of mental training (Begley, 220). Can this mean that people can actually willfully change their brain to become happy? We already have seen that mindfulness-based cognitive therapy can help to eliminate negative thinking along with the negative emotions

that accompany them, but can they actually achieve positive mental states? This is one of the major differences between Buddhism and traditional Western psychotherapy. Begley states that “CBT is primarily designed to get people up to normal, not to bring about exceptional states of compassion, of virtue. Buddhism is designed to heal the afflictions of the mind; however, meditative practice – mind training – is designed to bring about exceptional states of focused attention, compassion, empathy, and patience” (251).

According to the Dalai Lama, “the most powerful influences on the mind come from within our own mind. The findings that, in highly experienced meditators, there is greater activity in the left pre-frontal cortex imply that happiness is something we can cultivate deliberately through mental training that affects the brain” (Begley, 229). Matthieu Ricard set out to prove that this was indeed possible by monitoring the neurological activity of a group of people with and without mental training during sessions of compassion meditation.

Researching brain activity during mindfulness training focused on the area of the brain that controls the amygdala, the prefrontal cortex. This is. The participants were asked to look at a series of distressing pictures of individuals and asked to have the desire to end their suffering. During the compassion meditation exercise, electrodes were placed on the subject’s scalp so the researchers could determine which part of the brain was being used during the test. First, it is important to

remember that there are different degrees of compassion. The type of compassion that wishes to see others free from suffering and wanting to do something about it is the true form of compassion that the Buddhists' are talking about wanting to achieve. This type of compassion wishes to see all living beings free from suffering and can only be achieved through deliberate mental effort (Begley, 239).

Most people without mental training had the emotional response of disgust that is generated in the amygdala; however, after mental training, the subjects learned to change their emotional responses. Truly wanting to end their suffering instead of being disgusted activated the prefrontal cortex and deactivated the amygdala (Begley, 232-233). By practicing compassion meditation, the left pre-frontal cortex (the area of the brain that is activated during positive emotional states) is more activated (238). The meditative state leaves an imprint on the brain (the imprint of the compassionate state) even when the subject is not currently meditating. Therefore, by practicing compassion meditation, one can alter the neural pathways in the brain allowing certain parts (the parts that release chemicals that produce feelings of happiness and well-being such as oxytocin) to become more active (Begley, 236). The states of happiness and well-being occur more frequently the more one practices this type of meditation. This contradicts traditional Western psychotherapy where many in the field think that happiness is "not typically regarded as something trainable" (Begley, 229).

Buddhism believes the opposite to be true. The Buddhists say that “radical change is possible but that, in our Western culture, we have not given it a chance. But just as people now see the value of exercising the body consistently and for the rest of their life, it’s similar with emotional skills” (Begley, 240). Begley concludes by saying that there is a fundamental difference between exercising the body and exercising the mind. She states that, “In contrast to athletic training where there seems to be limits or a finite potential that the individual cannot go beyond there seems to be the potential for limitless enhancement for developing the qualities like compassion and loving-kindness” (240).

CONCLUSION

Final Thoughts

Now that I have come to the conclusion of this paper I hope that I have conveyed the urgency for updated empirical research on how Buddhist insights and techniques could help improve upon the current psychotherapeutic systems of today. However, if Western psychologists allow their bias and misconceptions towards this unfamiliar Eastern discipline to interfere with their research, the growth within this field may become stunted.

For years neuroscientists dogmatically believed that the brain's influence on the mind was a one-way street of causality and held a very cynical and deterministic view regarding the potential of the human mind and spirit. In other words, the prevailing belief was that the brain (neurological activity) can affect the mind (mental processes), but the reverse is impossible so there is no need to bother testing such an idea. Due to their preconceived notions about how the brain works, they held this belief despite the lack of empirical evidence to support this claim (Begley, 132). Many neuroscientists were so embedded in this belief that they found the reverse to be laughable as was demonstrated when the Dalai Lama suggested the possibility of mental processes influencing the brain in some type of two-way causality. This is just

one of many prime examples of why testing (not assuming) is essential if progress between these two fields is going to be made.

Traditionally, Western psychology has held a negative view of human nature and its capabilities, and it has largely devoted the bulk of research to studying individuals with some form of psychopathology with almost a complete disregard for individuals who consistently experience positive mental/emotional states. This approach is in direct contrast to the essence of Buddhist psychology; however, I believe that at the time this paper is written, the field of psychology is on the verge of a paradigm shift inspired by Eastern insights. It seems that throughout the history of Western psychology individuals have been inspired by Eastern insights in various ways; however, I believe that not just individuals but the entire field of psychology will be changed by these insights, and the result will be a progression of Western psychology's understanding of the human condition.

Questions to Consider for Future Research

At this point scientists do not have the answers to some very important questions: "Do the Buddhist insights and techniques discussed here have anything to offer problems that plague Western people?" "Can they provide at least partial solutions to our seemingly ubiquitous problems of dissatisfaction, mental illness, and social unrest?" "How is it possible that a mental state can act upon and change the physical matter of the brain?" "Can meditation really transform and purify the

individual's mind so that he/she now only experiences positive states such as happiness, equanimity, and joy?" "Can meditation really revolutionize the field of Clinical psychology, making individuals less dependent on pharmaceutical drugs?" "Can mental training change one's happiness set point?" and so on. From a scientific perspective, no one has definitive answers to these pressing questions; however, the research that has been conducted thus far seems to support the Buddhist idea that mental training can create observable changes in the human brain.

Even though the research in this area is still in its infancy, the results that scientists have gotten back are very encouraging. Furthermore, if these ideas are proven to be valid, the possibilities seem to be limitless. Begley believes that, "these repercussions will not be limited to our knowledge of the mind. They have the potential to be of practical importance in our understanding of education, mental health, and the significance of ethics in our lives. This new science of the mind will be able to guide and inform medicine, neuroscience, psychology, education, and human development (Begley, ix).

In his essay titled The Quiet Therapies, David Reynolds emphatically states such questions cannot be answered simply with thinking and writing about them. If Buddhist insights and techniques are going to contribute to solving the problems that plague so many in Western societies, then "they require experience; that is they require testing." I, along with many others, agree with Reynolds as he reflects on

Western society's current afflictions by saying that "Perhaps we cannot afford to delay their testing much longer" (Reynolds, 110).

I would like to end this paper with a quote from Sharon Begley that I think beautifully summarizes the possibilities that could occur if Buddhism and Western psychotherapy carry on an open dialogue and continue to share their ideas with one another. Begley states:

I believe that Buddhism has something to teach us as scientists about the possibilities of human transformation and in providing a set of methods and a road map to achieve that. We can have no idea how much plasticity there really is in the human brain until we see what intense mental training, not some weekly meditation session, can accomplish...As a neuroscientist, I have to believe that engaging in compassion meditation every day for an hour each day would change your brain in important ways. To deny this without testing it, to accept the null hypothesis, is simply bad science. I believe that neuroplasticity will reshape psychology in the coming years. Much of psychology had accepted the idea of a fixed program unfolding in the brain, one that strongly shapes behavior, personality, and emotional states. Neuroplasticity will be the counterweight to the deterministic view that genes have behavior on a short leash. The message I take from my own work is that I have a choice in how I react, that who I am depends on the choices I make, and that who I am is therefore my responsibility (242).

The idea that individuals have free will and can take personal responsibility for whom and what they are is an area that has been largely ignored and underutilized in Western science and medicine. Hopefully, as Buddhism continues to influence Western science and medicine, these neglected areas will become more and more a

topic of discussion. Simply put, the more contemporary mental-health practitioners research ancient Buddhist techniques, the more they will increasingly realize that Buddhism has empirically proven therapeutic value.

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