



The International Association of
Buddhist Universities
(IABU)

Buddhist Psychotherapy



Academic Papers presented at the 2nd IABU Conference
Mahachulalongkornrajavidyalaya University, Main Campus
Wang Noi, Ayutthaya, Thailand

**The International Association of
Buddhist Universities
(IABU)**

**Buddhist
Psychotherapy**

**Academic Papers presented at the 2nd IABU Conference
Mahachulalongkornrajavidyalaya University, Main Campus
Wang Noi, Ayutthaya, Thailand**



The International Association of Buddhist Universities

2012 IABU Editorial Committee:

Ven. Dr. Khammai Dhammasami

Prof. Padmasiri de Silva

Prof. Sarah Shaw

Dr. Dion Peoples

Jamie Cresswell

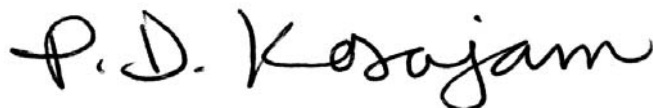
Preface

Mahachulalongkornrajavidyalaya University (MCU) has been privileged to witness and play an instrumental role in developing and hosting successful UNDV and IABU celebrations, annually. As always, we are all very grateful to the Royal Thai Government for its constant support, and thank the Thai Supreme Sangha Council for its blessings, guidance and support. We are indebted, also, to the United Nations for recognizing the thrice-sacred Buddhist holy day.

We had to delay the 2nd IABU Conference, due to the extreme flooding that shut down MCU for nearly two months. It has been 2600 years since the Enlightenment of our Great Teacher, and we have gathered here from across the globe, from many nations, to again pay tribute to his birth, enlightenment, and death – occurring on the same day in different years. The 2nd IABU Conference is running this year, due to the postponement, with the 9th United Nations Day of Vesak Conference. The IABU Secretariat now plays a major role in our celebrations, particularly in the academic program of the conference.

This publication could not have been possible without the persistence, hard work, and dedication of MCU's scholars and staff. I wish to thank all members of the International Council for The Day of Vesak and the Executive Council of the International Association of Buddhist Universities, and the other members of the Editorial Committee for their devotion. I am also grateful to our many donors, sponsors, and dedicated volunteers who return year after year to support the IABU and United Nations Day of Vesak Celebrations.

We all truly celebrate the Buddha's Enlightenment, and hope these words reach the hearts and minds of the readers.



The Most Ven. Prof. Dr. PhraDharmakosajarn
Rector, Mahachulalongkornrajavidyalaya University
President, ICDV & IABU

Contents

Preface

Table of Contents

Introduction

Buddhist Psychotherapy

1. *Ankaching Marma: Counseling and Its Importance: A Buddhist Perspective* 3
2. *Dr. Sarath Chandrasekara: Buddhist Pre Marriage Counseling* 19
3. *Petcharat Lovichakorntikul, John Walsh and Pacapol Anurit: Buddhist Social: Work A Case Study of the Samrong General Hospital* 27
4. *Ms. E.A.D. Anusha Edirisinghe, A.P. Gu nathilake: Role of Religion in the Rehabilitation of Off enders* 44
5. *Prof. Sumanapala Galmangoda: An Analytical and Creative Study of the Buddhist Theory and Practice of Psycho-therapy* 55
6. *R. M. Rathnasiri: Cognitive, Behavioral and Psychotherapeutic Aspects as Refl ected in Insight Meditation and Methods of Insight* 62
7. *Dr. Wasantha Priyadarshana: Psychotherapeutic Value of Visuddhimagga for the Enhancement of Modern Psychotherapy* 73
8. *Khann Sareth and Tanja E Schunert; Taing S Hun, Lara Petri, Lucy Wilmann, Vith Kimly, Judith Strasser, and Chor Sonary: Exploring the Utilization of Buddhist Practices in Counseling for Two Diff erent Groups of Service Providers (Monks and Psychologists) in Cambodia* 83
9. *Judith Strasser, Dr. Sotheara Chhim and Sopheap Taing: Narrative Exposure Therapy (NET): Culturally Sensitive Trauma Treatment for Khmer Rouge Survivors* 100
10. *Dr. Upul Priyankara Lekamge: Countering Old Age Loneliness at the Electronic Temple Through Dhamma Counseling* 105
11. *Venerable Kirimetiayawe Dhammasiri Thera: The Utility of Buddhist Psychotherapeutic Techniques for Liberation* 115
12. *Ashin Sumanacara: A Psychological Analysis of Physical and Mental Pain in Buddhism* 124

13. <i>Bhikkhu Nandisena</i> : Mental Illness according to Theravada Buddhism Towards a Theory of Mental Illness Based upon the Buddha’s Teachings	137
14. <i>Michael Franklin</i> : Karuna-Ahimsa-and Relational Aesthetics: Empathic Art Interventions for Contemplative Approaches to Psychotherapy	145
15. <i>Heather Marriott</i> : Cultivating Wisdom and Compassion in Relationships: Implications for Couples Therapy	155
16. <i>Dr. Dion Oliver Peoples</i> : Images of Anger & the Ramifi cations of Anger Management (with a focus on Domestic Violence)	175
17. <i>Maurits G.T. Kwee</i> : Psychotherapy By Karma Transformation	193
18. <i>Professor Padmasiri de Silva</i> : The Lost Art of Sadness: & the Meaning of Love and Grief	213
19. <i>Deborah Bowman</i> : Slang, Freud and Buddhist Psychology: Clarifying the Term “Ego” in Popular, Psychodynamic and Spiritual Contexts	227
20. <i>Caroline Brazier</i> : Other-Centered Approaches: Psychotherapy and a Buddhist Paradigm Caroline	240
21. <i>Barbara Wright</i> : A Buddhist Perspective on Trauma: Understanding, Forgiveness, and Atonement	253



2nd IABU Conference: Introduction to the Buddhist Psychotherapy Volume



Welcome to the 2nd International Association of Buddhist Universities Academic Conference on Buddhist Philosophy and Praxis. This conference seems like it has been a long time in the making, due to the extensive flooding that ravished Thailand, and certainly left Mahachulalongkornrajavidyalaya University, our gracious and great host, inundated with almost 2 meters of water. The university, where the IABU Secretariat is currently headquartered, has overcome this difficult situation, and we are now ready to hold this conference. The conference was originally scheduled for 16-18 December 2011, but to make this happen seemed like an impossibility. We are now here for the rescheduled date: 31 May – 02 June 2012. We have noticed that our 2nd IABU Conference coincides with the 9th United Nations Day of Vesak Celebrations – but our aims are different for this occasion. It's quite fascinating that a single university can host two large international conferences at the same time. We further give our humble respects to the Government of the Kingdom of Thailand and to the Thai Sangha Supreme Council for enabling this conference to proceed.

When this conference was in its planning stages, we had initial discussions on the main theme: Buddhist Philosophy – but we did not want papers that just gave idealistic proposals. Instead we aspired to gain papers that demonstrated philosophy in action, or the conversion of an idea into an actuality – and thus we wanted to implement or emphasize the aspect of praxis, into the conference. We had scheduled a practical meditation session, where elected Theravada, Mahayana and Vajrayana masters would hold a meditation session along with a question and answer period; but due to the merging of the two conferences: the 2ndIABU Conference and the 9th UNDV Conference – there was no longer enough allotted time for the meditation sessions, so it was regrettably eliminated. We hope that the gathering of academics took advantage of this expertise that availed themselves for this august gathering.

As all the scholars can surmise, there are several formats or applications of Buddhism, some are living-systems, and some have become either extinct or have merged with existing systems. Buddhist Philosophy is a vast topic that fills many bookshelves. Most of us have read texts on early-Indian or Vedic-philosophy and have seen the emergence into what we are discussing: Buddhism – but by no means are we holding a singular view of a Buddhism. The overwhelming amount of scholars present here surmise that dependent-origination is probably the supreme-teaching of the Buddha, or the one doctrine that gathers the most attention. The term: 'praxis' has caused some confusion amongst our scholars. If the term was defined: we could determine that praxis is the application or process through which the philosophical or doctrinal point becomes actualized or put into place (practiced) – it's about the endeavor. We might have taken the term from international-socialistic literature, which emphasizes that besides just having philosophy – the point of all of us studying the Buddha's preserved words is for the sake of improving our world – to eliminate suffering from the social experience. How have we actually done this?

Approximately 160 articles were received the 2nd IABU Conference from around the world. We have selected about 110 of them for presentation at the conference. There are articles from

different levels of scholars, ranging from the most senior of professors and on downward to undergraduates. Each of the articles have merits of interest within them. We decided on four programs (sub-themes). This is the volume for the session on Buddhist Psychotherapy.

PANEL SUMMARY - BUDDHIST PSYCHOTHERAPY:

Papers were to focus on any of the following thematic sections: (1) Buddhism & therapeutic traditions: e.g. Cognitive and Behavior therapy, Psychodynamic therapy, existential therapy, emotion-focused therapy; (2) application of Buddhist therapeutic resources to issues in mental health: e.g. suicide, addictions, depression, grief counseling, death & dying, traumas and counseling for environmental disasters; (3) application & development of Buddhist positive Psychology for developing positive qualities: e.g. working with families, couple relations, Buddhist social work, emotional intelligence in professions; and (4) Buddhist world view & philosophy & its implications for therapy; studies collecting resources in the suttas for issues in counseling. Buddhist Psychotherapy has become a hot topic during this contemporary time. Several conferences have sprouted since we announced our themes for this conference this year, most recently by the American Academy of Religion; moreover, with the postponement of our conference and the subsequent news announcement of the date-change, news of Buddhist Psychotherapy became more widespread, and it is likely that others have heard of our possible trailblazing activities, since the announcement was first spread on the web list-server, H-Buddhism. With many of our scholars discussing themes on Facebook and other social media platforms, someone was bound to stand upon our ideas, and generate their own. We increasingly witness that we cannot adequately cope with the changing social-environment, and from our failures at adaptation, we begin to have mental problems, stemming from our mismanagement of circumstances. We hope that these papers dearly address the dilemmas.

AnkachinMarma's paper on "Counseling and its Importance: A Buddhist Perspective" is a useful introduction to our panel, specially dealing with counseling learning and practice in the context of monastic education with reference to the techniques used by the Buddha.

SarathChandrasekera on "Buddhist Pre-marital Counseling" done with the help of case studies and also Buddhist traditional perspectives of the family is important, as today parents of children growing up in traditional Buddhist families also wish to supplement the advice of a monk with current resources in marriage counseling. The paper examines several theories about family structure and dynamics. The positive counseling model is based on the SigalovadaSutta.

PetcharatLovichakorntikul's paper jointly researched with John Walsh falls into the area of Human Resource Development focused on health care professionals. With the aim of developing the minds, attitudes and perceptions of healthcare professionals and invigorate Dhamma teachings and the resources in Buddhist ethics and meditation practice, it is a qualitative research study featuring face to face interviews at the Samrong Hospital. A very good model for Buddhist Social Work.

A.P. Goonathilake and AnushaEdirisinghe offer a useful study on the rehabilitation of offenders in the Bogamapara Prison in Kandy, Sri Lanka. Cases studies indicate that practice of meditation and the conduct of Buddhist religious activities do bring a change with a positive impact on their lives, though some of them are more focused on the reduction of the imprisonment period.

Sumanapala Galmangodapresents "An Analytical and Creative Study of the Buddhist Theory and Practice of Psychotherapy". He contends that concepts and practice of mental well-being, are necessarily connected to physical well-being, environmental and cultural factors. He presents a holistic concept of well-being drawing from his research from Buddhist canonical works. There is a focus on the conceptual framework of the mind, the interaction between mind and matter and the five aggregates and a kind of 'conceptual clearing' is an important stage in Buddhist psychotherapy.

R.M. Rathnasiri's paper on, "Cognitive, Behavioral and Psychotherapeutic Aspects as Reflected in Insight Meditation & Methods of Insight" offers an interesting perspective for those who contend that Buddhist psychotherapy goes much deeper than modern psychotherapy and for them, this study offers the sevenfold purity expounded in insight meditation. The paper is well documented with Buddhist sources. The question remains in the light of this paper, to what extent can we construct "A liberation-Oriented psychotherapy"?

Wasantha Priyadarshana has been researching the "Psychotherapeutic Value of the Visudhimagga" and he explores significant therapeutic resources in terms of character types, the client and therapist relationship, the techniques of temporary suspension, overcoming by the opposite, by tranquilization, by escape and by destruction of defilements. He also examines impediments to the therapeutic relationship.

Khan Sareth's paper on "Buddhism and Psychotherapy": He has worked with a group of therapists to create a curriculum for monks on Buddhism and Counseling as well as transfer a course on Buddhism and Counseling to Cambodian psychologists. As a result of the research project a M.A course on Buddhism and Psychology and a four day training program for monks were the tangible results of the project.

Judith Strasser and Southea Chhim: "Narrative Exposure Therapy (NET)—Cultural Sensitive Trauma Treatment for Khmer Rouge Survivors" appears to be a landmark study of the counseling context for people who suffered the atrocities of the Khmer Rouge regime. The moving counseling tenet in this study that the integration of religious and cultural practices are not merely shock absorbers but offer positive meaning making and coping strategies for the Cambodia's spirit-based culture.

K. Dhammasiri: Buddhist Psychotherapy Techniques and Its Utility for Liberation. This analysis is a textual study of canonical resources with special reference to the following suttas: *Sallekha, Madupindika, Vatthupama, Vitakkasanthana and Sabbasava*. As these techniques are mainly used to prevent the mind from unwholesome emotions, these sermons of the Buddha are relevant for both psychotherapy and liberation. Ethical purity, mental clarity and insight and wisdom are the Buddhist goals of liberation.

Ashin Sumanacara: A Psychological Analysis of Physical and Mental Pain. ABSTRACT not available

Michael Franklin: "*Karuna and Ahimsa and Relational Aesthetics: The Use of Empathetic Art Interventions in Suffering*" is the theme that Franklin develops, a theme that emerges out of a systematic awareness of human suffering and attuned communication of this empathetic awareness. The paper depicts how art is used to cultivate *prajna* and *karuna* within the therapist and therapist alliance. Franklin demonstrates how empathetic art interventions in the therapeutic context

“Lay the tracks for practicing the spiritual dimensions of contemplative psychotherapy”. He provides new vistas for Buddhist contemplative psychotherapy.

Bhikkhu Nandisena presents a paper on, “Mental Illness According to the Theravada Tradition”. He makes a distinction between physical and mental illness and uses these distinctions for the diagnosis of mental disorders and treatment. He relates the existence of mental illness to what are described as the defilements of the mind and through Buddhist practice direct awareness of the state of the mind is possible. He illustrates his study with Buddhist canonical resources.

Heather Marriott presents the value of “Wisdom and Compassion in Relationships and their Implications for Couple Therapy”. She observes that according to current research it is seen that the practice of mindfulness and loving-kindness increases relationship skills. Couples who are mindful are more intimate, have more developed relationship skills and more satisfied with their relationships. Self-compassion is also a valuable ingredient in a mature relationship. Heather cites valuable references from the current state of the art and presents her own case studies.

Dion Peoples: Images of Anger & Anger Management (with a focus on domestic violence). (1) First there is a wide-ranging, thought provoking phenomenology of the anger temperament (*dosacarita*): anger in the soldier, anger and disorder in the streets, inside private homes, avenues of inhibited anger in children drowned and yet refined by music, in social networks, kids playing war games, in heated conversation, the body in anger—all the idiosyncrasies of an anger-torn culture: each context is important and not to be drowned by the blanket term, ‘anger’. (2) The meditative culture symbolized by the phrase: “Holding anger, like a mother holding the baby...because loving kindness is us, but anger is also us-- So one part of us is taking good care of another”. The paper gives a detailed breakdown of mindfulness of anger techniques. Through meditation we develop the energy of understanding rather than accumulate reactivity.

Maurits G.T. Kwee: His paper on “Psychotherapy by Karma Transformation” explores the therapeutic potential of the Buddhist concept of karma. Karma Transformation begins with a focus on an unwanted emotional state or defilement and works at changing unwholesome (*akusala*) perception, cognition and behavior. Greatly influenced by cognitive behavior therapy, he blends CBT with karma transformation which is used for therapeutic changes, as well as preparing the mind by a shift towards the liberation ideal of emptiness and Buddhahood. The focus on intentional action and its karmic roots and results is an important contribution to Buddhist psychotherapy, as there is an understanding of the ‘immediate present’ movement as a focus for transformation, as important as the baggage that comes from the past.

Padmasiri de Silva’s paper on the “Lost Art of Sadness” is *first* a critique of the ‘medicalizing’ of human misery—locating states of intense sadness under the category of the clinical disorder of ‘depression’ and as Freud said in his “Mourning and Melancholia”, sadness is not a morbid condition for medical treatment. The paper focuses on the reflective, positive, healing and dedicatory qualities of grief/mourning. *Second* point is the exploring of Wolpert’s contention that ‘depression is a disorder of emotions’ and he uses the techniques of “Mindfulness-Based Emotion Focused Therapy” (EFT) to deal with negative emotions. *Third*, the paper briefly explores the subject of ‘collective sadness’ in panic cultures, using the novel “Guns and Roses”.

Caroline Brazier will speak on “Other-Centered Approaches: Psychotherapy & A Buddhist Paradigm”. This presentation will explore a other-centered paradigm in offering an alternative to the prevailing value systems found in Western psychotherapies, which often takes an individualistic turn. This approach views the self as dependently originated and constructed on the basis of object-related perception. This approach is similar to the approaches in Naikan and Morita therapy in Japan. Brazier has developed this therapy at the Amida Center in the U.K. It is an approach that would enrich our panel on Buddhist psychotherapy.

Barbara Wright’s “The Triangulation of Vectors Where Time Stops: The Source of All Suffering”, develops what she calls the ‘Metta Map’ as a therapeutic device to treat victims of trauma. Two definitions of trauma are given: the sudden and abrupt assault on individuals or organization; the neglected, prolonged assault with a cumulative and deleterious impact on individual, family, or organization. The goal of therapy is to maintain awareness and presence to life challenging situations and falling into the abyss of a fixed negative orientation, which is often identified with the sense of one’s ‘self’. The Metta map is used as multi-dimensional tool drawing elements from the Dharma.

Concluding the Conference Collection of Articles:

In this large conference, we have discussed many facets of Buddhism. From teaching Dhamma in places where Buddhism isn’t strongly established; to unifying the diverse Buddhist philosophical views; for Buddhist psychotherapy; and even Buddhist meditation and philosophy – many difficult ideas manifested. It seems the conference was a success. However, to be self-critical: did we miss the mark? There are many dimensions to discuss in a session about psychotherapy, so it’s a fair question to ask. Did we succeed in discussing Buddhist Philosophy & Praxis? Please take the time to read over all of these articles at your leisure and make these debate-pieces back at your institutions, make these pieces for conversations and for growth. Build upon these ideas for future situations. Are these pieces successful examples of real transformations? Do they transfer well from mere theory to applicable situations? We hope we have taken measures to improve your comprehension of Buddhism, through these multi-variety contributions. We hope we have improved upon Buddhist scholarship. Please enjoy the 2nd IABU Academic Conference and various papers on Buddhist Philosophy & Praxis.

Buddhist Psychotherapy



Counseling and Its Importance: A Buddhist Perspective



Ankaching Marma¹
Mahachulalongkornrajavidyalaya University

*“It is not our psychological theory that cures the patient,
it is the numinous that is the real therapy.”*

- Carl Jung

Introduction:

Modern counseling psychology developed after the World War II when soldiers were highly affected with psychological injuries. The provision of counseling was recorded as critically needed at that time.² Counseling has become important to the modern world when number of people suffer from anguishes at the increasing rate. People are facing more political, economic, environmental, and social problems due to the fast development of industrialization and globalization. These problems not only have tremendous impact on the physical and mental well-being of the people but also challenge the community of Buddhist monks as they also play a greater role to serving and healing people. As a social figure and a spiritual leader, the monks are expected to take responsibility in delivering counseling service for the welfare of the society besides their spiritual practices.

Buddhism emphasizes the importance of counseling to the people. It is the role of monks in the society as a spiritual instructor. ‘Counseling psychology’ integrated with Buddhist counseling would enhance the power of counseling and can be of another way to fulfill the social needs. *“It’s also a mistake to think that psychotherapy is only used to solve problems or end a crisis. Even a person is doing already well, therapy can be a way to promote personal growth.”*³ Therefore, counseling is not only for people who have problems in life but it can be also applied to common people in order to improve their life with well-informed choices and problem-solving.

This paper examines the contemporary mental health issues to raise awareness, among the Buddhist monks and educators, on the importance of counseling and learning ‘counseling psychology’. The paper also summarizes the available Buddhist theories and methods of counseling and how they can be put into practice. Besides the canonical methods of counseling, some effective techniques like mindfulness-based therapy applied by modern psychotherapist, psychologist, and counselor are explored

¹ Ankaching Marma studies in the International BA Program at MCU, from Bangladesh. I would like to express my heartfelt thanks to my teacher Dr. Dion Peoples for editing my paper with patience and also Venerable Aung Shing Marma and Dr. Montra Leoseng for their supports and comments. My especial thanks to Prof. Padmasiri de Silva for his helpful advice and generous gift of an insightful book on counseling, ‘An Introduction to Mindfulness-based Counseling’. The book is indeed a recommend for academic interest and also counseling guide in our daily life.

² McLeod, John, 2009, *An Introduction to Counselling*, Glasgow: Open University Press, p. 29-41.

³ Bloch. S., 2006, *Introduction to the Psychotherapies*, 4th ed., New York: Oxford University Press, p. 542.



What is Counseling?

Firstly, let's begin our discussion with a brief history of psychotherapy before explanation on the different definitions of counseling; because counseling develops on the basis of psychotherapy. This little glance on the history of psychotherapy will give some insights on the models and theories of therapy. Sigmund Freud is known to be the father of psychology. That's why the credit goes to him for the development of psychotherapy with his introduction to psychoanalysis. He found out the etiology of mental disorder is the repressed thoughts and memories which he termed as unconscious. The conflicted thoughts and memories are accessible through psychoanalysis by analyzing on dreams, fantasies and free association.

Aaron T. Beck developed Cognitive Therapy leaving psychoanalytic theory with influence of Albert's Rational Emotive Behavioral Therapy during 1960-1963. It examines cognitive content of client and introspect reaction when the client is in disturbing situation. This needs a team work of therapist and client to identify; and change the negative, dysfunctional thoughts, emotions and behaviors.

Person Centered Therapy was brought out by American psychologist, Carl Rogers in 1940s and 1950s. Some of mostly emphasized techniques of him are genuine warmth, accurate, nonjudgmental acceptance, and trust. He believes also that the clients have the capacity to heal by themselves when they know their problems.⁴

The above paragraphs discuss on the brief history of development of psychotherapy as well the models and theories. Many diverse models and theories are being introduced in the field of counseling by the psychologists but converging to one goal of healing.

Secondly, a short discussion on the definitions of the term 'counseling' would be helpful for us in understanding, 'What is counseling.' Counseling is, "the job or process of listening to someone and giving them advice about their problems (The Cambridge Advanced Learner's Dictionary, 2008) while the Oxford Dictionary of English (2005) defines it as, "the provision of professional assistance and guidance in resolving personal or psychological problems."

There are many definitions of the term 'counseling' by different experts of the field including offering advice and encouragement, sharing wisdom and skills, setting goals and resolving conflict, etc. Colin Feltham describes, "*It may be considered quite obvious that counseling is a form of help for people who need it; that counseling usually involves two people discussing the problems or concerns that one of them has and the other is willing to listen.*"⁵ Another definition of the term:

*Counseling denotes a professional relationship between a trained counselor and a client. This relationship is usually person-to-person, although it may sometimes involve more two people. It is designed to help clients to understand and clarify their views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and through the resolution of problems of an emotional or interpersonal nature.*⁶

⁴ de Silva, Padmasiri, 2008, *An Introduction to Mindfulness-based Counseling*, Sri Lanka: Sarvodaya Vishva Lekha, p.160-167.

⁵ Feltham, Colin, 1995, *What is Counselling?*, Trowbridge: Redwood Books, p. 5.

⁶ Burks, H.M. and Steffire, B., 1979, *Theories of Counseling*, New York: McGraw-Hill, p. 14.



Counseling is a process between a counselor and a client that focuses on enhancing the psychological well-being of a client. It takes place when the counselee seeks for counseling and the counselor, after a careful analysis, applies proper techniques in counseling process. Consequently, some positive outcomes can be achieved by any counselor though not all as Colin Feltham gives a list of fifteen benefits that a counselor can offer to.⁷

The Pali equivalent terms for counseling can be ‘*upadesa, anusāsana, mantanā, ovāda*.’⁸ These terms give almost same meaning as ‘giving instruction or counseling.’ Although there are many explanations of the term ‘counseling’, but the aim of both - the secular and Buddhist counseling are to help people to overcome their problems.

Counseling during Mental Crisis

The world has rapid with social, political, economic, and environmental crises. Therefore, mental illnesses; stress, depression, schizophrenia etc. are commonly observed and have a greater impact on livelihood of the people. Moreover, psychological factor is one of the causes for suicide besides social, biological, cultural, and environmental factors.

Depression and alcoholic disorders are major risks for suicide in North America and Europe.⁹ The Member Countries of the WHO (World Health Organization) South East Asian Region faces the worse situation from depression.¹⁰ According to the WHO, it is estimated the loss of 850000 lives every year due to depression. Only 30% cases worldwide, appropriate treatment is received despite the seriousness of depression. Depression was the 4th leading contributor to the global burden of disease in 2000 and by 2020 it will be in the 2nd ranking of DALYs (Disability Adjusted Life Years) calculated for all ages, both sexes.¹¹ The world humanitarian day celebrated on August 16th 2011 by the WHO in Geneva, WHO Assistant Director-General for Polio, Emergencies and Country Collaboration, Dr. Bruce Aylward says, “*In the last five years the psychological damage left in the wake of tsunamis, earthquakes, droughts and conflicts has proven as devastating as the physical damage.*” From the above statement, it is clear fact that the physical damage can cause psychological damage and psychological damage also can cause physical damage as we are composed of interdependent psycho-physical components.

The more human civilization develops with materiality, the lesser interest of spirituality will increase. The prediction that mental sickness: depression will reach to 2nd place of DALYs in 2020 would be correct because the human civilization will be more developed in materiality rather than in spirituality. If the rate of depressed people accelerates then there is possibility of losing of many valuable human lives in suicide increasingly. Emile Durkheim argued that religion could do

⁷ McLeod, John, 2009, *An Introduction to Counselling*, Glasgow: Open University Press Open University Press, p. 16-17. He listed number of aims of counseling which is possible by any counselor to achieve and this is the list of fifteen aims; (1) insight, (2) relating with others, (3) self-awareness, (4) self-acceptance, (5) self-actualization, (6) enlightenment, (7) problem-solving, (8) psychological education, (9) acquisition of social skills, (10) cognitive change, (11) behavior change, (12) systematic change, (13) empowerment, (14) restitution, and (15) generativity and social action.

⁸ Rhys Davids, T.W., & William Stede, 2004, *The Pali-English Dictionary*, New Delhi: Asia Educational Service.

⁹ http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/ - accessed on 20 Aug 2011.

¹⁰ http://www.searo.who.int/en/section1174/section1199/section1567_6741.htm - accessed on 19 Aug 2011.

¹¹ http://www.who.int/mental_health/management/depression/definition/en/index.html - accessed on 19 Aug 2011.



preventive actions on suicide by the strong social and moral ties to a religious community.¹² That can be one solution yet there is another effective alternative; bond to spirituality.

Emile Durkheim's argument on the bond of religion for suicide prevention brings questions to non-religious people or atheists: where and to whom they would go? How can they be prevented from suicide? In response to these questions, people can be spiritual rather than religious. To be spiritual, it is not necessary to be religious. In fact, spirituality is the basic foundation and element of all religions. It is born in the mind since we are born. It is within us always. The famous English phrase "I'm spiritual but not religious." means not belonging to any particular religious institution or belief. A beach will do.¹³ It can be developed through mindfulness meditation to connect oneself to the spirit; spirit of being non-self. Spirituality is without discrimination so as mindfulness meditation. To support this argument, I would like to quote what David Tacey says in his paper 'Spirituality and the Prevention of Suicide', "*We reach for the spirit, the not-self, only to find that it lies at the very core of the self. Buddhism grasps this paradox well, which is why it is so popular.*"¹⁴

There is then a hope for a healthy society if people are encouraged to be bond to religions or spirituality. Also, they have to be aware of being slave to materiality and educated on the danger of growing rate of depression in the world.

Buddha & Counselor's Qualities

There are many interesting stories in the biography of the Buddha from which some methods of counseling can be learned. He, having the noble qualities of a counselor, also prescribed some qualities that should be possessed by a good counselor.

1. Buddha as a Counselor

We should not forget to mention about the founder; the lord Buddha, discussing on the Buddhist counseling. He was not only a religious teacher, but also a great psychotherapist and counselor. He had consoled many individuals from every walk of life - normal and abnormal persons. He was therefore known as the *Anuttara Purisadammasārathi*¹⁵ (the incomparable charioteer of taming beings) which is one of the nine qualities of the Buddha. Furthermore, his unique characteristic of taming human and non-human is read in the *Jayamangala atthagatha* and some other discourses.

The healing of the Buddha to Kisagotami¹⁶ is one of the qualities that show his greatness as a counselor. The scenario of her shows vividly that she was totally mad. The cause of her neurosis

¹² Durkheim, Émile, 2005, *Suicide: A Study in Sociology*, London and New York: Routledge Taylor & Francis Group, p. 342-343, accessed on 10 Sept 2011, (See PDF <http://swaup.yolasite.com/resources/Durkheim%20-%20suicide.pdf>)

¹³ Blake, John, 03 June 2010, *Are there dangers being 'spiritual but not religious'?*, CNN Living, accessed on 22 Sept 2011, http://articles.cnn.com/2010-06-03/living/spiritual.but.not.religious_1_spiritual-community-religious-god?_s=PM:LIVING

¹⁴ Tacey, David, June, 2003, *Spirituality and the Prevention of Suicide*, ABC News, accessed on 20 Aug 2011, <http://www.abc.net.au/religion/stories/s972766.htm>

¹⁵ Rhys Davids, T.W., & William Stede, 2004, *The Pali-English Dictionary*, New Delhi: Asia Educational Service. It translates the term '*Purisadammasārathi*' as 'guide of men who have to be restrained.'

¹⁶ Burlingame, Eugene Watson, 2005, tr. *Buddhist Legends*, Part II, Delhi: Motilal Banarsidass Publishers Private Limited, p. 257-260.



is the death of her only dearest child. She ran from physician to physician, and spiritual teacher to spiritual teacher; just for waking up her child. None of them could console her despite surplus more pain and sorrow telling 'your baby is dead'. She, eventually, came to the place where the Buddha was and asked for his help. He was unlike to them, gave an assignment to bring master-seed from a house in which nobody had died. He gave a word of promise that if she could bring, he would cure her child. But there was no house wherein no one had died. Every house where she asked response either grandmother, father, brother or son died a few days back. These responses illuminated her to understand about impermanence of life; death is inevitable.

This technique of the Buddha highlights the importance of analysis and understanding of a counselee's condition. He did not directly respond her that her child was dead. If he did, she might not accept it. He knew that advising or teaching her right the way would not be an effective way. Instead, he tried to calm down her powerful defilement of grief and sorrow by giving an assignment.

Another salient example of his great quality of taming is the drunken and the furious elephant, Nalagiri.¹⁷ The drunken elephant lost its sense and rushed towards the Buddha furiously to attack him. Everyone was shouting and crying, but the Buddha was silent and compassionately looking at it. Nonetheless, it came furiously rushing at him; he tamed it by the noble weapon of empathy and compassion upon it. HSS Nissanka, a Sri Lankan psychotherapist has researched and experimented on these virtues.

*On seeing the suffering that is there in the patient, 'Karuna' sympathy and concern will be generated in the heart of the therapist and the radiation of it will be noticed by the patient. Seeing the suffering of the patient thus will bring about a transformation in the hearts of the patient and the therapist and that will prevent even transference.*¹⁸

Furthermore, there are a number of western psychotherapists, like Rogers who has explored and experimented empathy in psychotherapy. He discovered a similar meaning to Buddhist empathy that " ...the most effective approach was to listen for the feelings, the emotions whose patterns could be discerned through the client's words...the best response was to "reflect" these feelings back to the client."¹⁹

2. Counselor's Qualities

Both Buddhist and Carl Rogers share striking similarities on the qualities and personalities of the counselor with some slight differences. The major similar qualities of genuineness, non-judgmental acceptance, and empathy are proposed by both schools. Some qualities of a good counselor are read in early Buddhist scriptures, like *Udayi-sutta* of the *Anguttara-nikaya*.²⁰ This Sutta demonstrates five effective qualities of a good counselor.

¹⁷ Op. Cit. Part I, p. 236.

¹⁸ Nissanka, HSS, 2009, *Buddhist Psychotherapy*, Dehiwala: Buddhist Cultural Centre, p. 60.

¹⁹ Rogers, C.R., 1975, *Empathic: An Unappreciated Way of Being*, California, accessed on 10 Sept 2011, (See also PDF http://www.sageofasheville.com/pub_downloads/EMPATHIC_AN_UNAPPRECIATED_WAY_OF_BEING.pdf)

²⁰ Hare, E.M. tr., 1995, *The Book of the Gradual Sayings*, Vol. III, Oxford: Pali Text Society, p. 135-136. The Pali terms are taken from <http://tutor.ksana.tw/cgi-bin/accelon3.cgi/ksana?db=tipitaka.adb>, with Pali commentary <http://tipitaka.org/romn/> - accessed on 11 Aug 2011.



Gradual talk (*Anupubbikatham*): A counselor possesses the quality of presenting the dharma in a gradual way according to the level of the defilement in the patience like from talk of giving to morality then to four noble truths.

1. Talk on sequence (*Pariyāyadassāvī katham*): A counselor should have the quality of giving the dharma in whatever is good and showing the cause.
2. Compassionate talk (*Anuddayatam paṭicca katham*): A counselor should cultivate compassion towards the counselee and treat him/her with the sense of helping.
3. Talk without material expectation (*Na āmisantaro katham*): A counselor should help the client with compassion without expectation of material gains.
4. Non-judgment (*Attānañcaparañca anupahacca katham*): A counselor should not compare himself/herself with others and praise himself/herself.

In contrast to the exposition of Carl Rogers on the personality of the counselor, he proposes six conditions that should be adopted by the counselor. He found that these conditions are necessary to be implemented and sufficient for the process. The below is list of conditions.²¹

1. Relationship of client and counselor: The most important condition has to establish, initially, psychological contact between the client and the counselor.
2. Client's incongruence: The state of incongruence of the client is vulnerable to anxiety which helps to develop relationship.
3. Genuineness of counselor: The counselor should be honest and genuine with his/her experience, deeply and freely involved himself/herself in order to promote relationship.
4. Unconditional positive regard: The counselor should adopt non-judgmental acceptance towards the client; without judging what the client says or does, is good or bad, etc.
5. Accurate empathy: It is understanding and awareness of the counselor whenever the client is experiencing any moods or feelings.
6. Client's perception: The client's perception on the unconditional positive regard and accurate empathy of the counselor.

The personalities of genuineness, non-judgmental acceptance, and empathy are very common to both Buddhist and Carl Rogers. Buddhist gradual talk and sequential talk can be compared to Carl Rogers's genuineness where the counselor expresses the genuine experience to the client. The talks on four noble truths and cause and effect of Buddhism are the genuine expressions on the real nature of the world. The experience of suffering is exposed and the way of overcoming from it by the pragmatic method of cause and effect action-based is taught by the counselor.

The personality of non-judgment is also prescribed for the counselor in both schools. The counselor should not judge the client whether he/she is good or bad and compare himself/herself or other clients. Because the counselor's expression of judgment and comparison can be sensed by

²¹ Rogers, C, *The Necessary and Sufficient Conditions of the Therapeutic Personality Change*, American Psychological Association, 1992, Accessed on 25 Sept 2011, <http://person-centred.co.uk/pdf/%20props/necessary%20and%20sufficient.pdf>

the client and the process of therapy possibly would fail. Instead the warm and non-judgmental acceptance of the counselor is encouraged regardless of the client's personality.

The quality of empathy can be compared to Buddhist compassion where the radiation of compassion is perceived by the client. It is the empathic understanding of the client's conditions and taking the clients' problems as his/her own problems but without attaching to it. It is just like the simile of a dustbin without bottom where the rubbish slip out from the bottom likewise the counselor should act like this; accepting the rubbish but without keeping them.²²

There are also some differences in the adaptation of the necessary conditions in two schools. The client's incongruence and perception is not mentioned in the Buddhist personalities of the counselor. The Buddhist personalities of the counselor are more focused on the counselor side over the client. But it does not mean that Buddhist counselor is not aware and concerned for the client. Another difference is the material un-expectation in Buddhist counseling because the Buddhist monks are not supposed to be professional careers.

The personalities of genuineness, non-judgmental acceptance, and empathy are key roles of a counselor. Both schools strongly accept these conditions are necessary in the counseling theories because they are reflected by the counselee during the therapy process. The reflections of these by the counselee are important to build trust and confidence in the counselor.

Counseling through Mindfulness

The practice and study of mindfulness meditation is expanded beyond that it has intervened as a treatment in the mainstream medicine. It is being studied in universities and colleges and used in hospitals and prisons. Modern scientists have discovered the power of mental culture and mindfulness in the art of living a worry-free life and healthy life. The mindfulness-based therapy has being used to treat patients and shown some positive results.

According to Roga-sutta, it is difficult to find one person who is healthy in physically and much more difficult to find one who is healthy in mentally for even one moment, "*Monks, there are to be seen being who can admit freedom from suffering for one year...hundred years. But, monks, those beings are hard to find in the world who can admit freedom from mental illness even for a moment.*"²³ Indeed it is true. How many of us in the world are freed from worries, tension, obsession, etc.? We worry, in every second, minute, and day, of past what has already gone, present what is happening and future what is still to come. Are we healthy in mentally? In the words of Padmasiri de Silva, "*In one sense everyone is subject to 'mental disease', except the arhants who have destroyed the āsavas.*"²⁴ The mind is a forerunner of thoughts and actions²⁵ which are basically motivated by craving (*tanha*) of wholesome, and unwholesome; sexual driven (*rāga*), angry driven (*dosa*), and deluded driven (*moha*).²⁶ It is often dominated by defilements (*āsava*) and hide individual

²² Brahm, Ajahn, 2008, *Opening the Door of Your Heart*, Australia: Hachette, p. 97.

²³ Woodward, E.L., 1995, tr. *The Book of Gradual Sayings*, Vol. II, Oxford: Pali Text Society, p. 146.

²⁴ de Silva, Padmasiri, 2005, *An Introduction to Buddhist Psychology*, London: Palgrave Macmillan, p. 123.

²⁵ Sri Dhammananda, K, tr., 1992, *The Dhammapada*, Kuala Lumpur: Sasana Abhivurda Wardhana Society, p.41.

²⁶ deSilva, Padmal, 2010, '*Buddhist Psychology: Exploring Practical And Theoretical Aspects*', New Horizons in Buddhist Psychology, Kwee, Maurits G.T. ed., Ohio: Taos Institute Publications, p. 96.



from knowing and seeing the real nature of the mind. Though everyone is subject to mental disease but the mental disease would become worse if it is not taken care. Therefore, *Mahasatipatthana-sutta* offers four foundations of mindfulness as a therapy for mental illness and also for complete psychological liberation, *Nibbana*.

*There is, monks, this one way to the purification of beings, for the overcoming of sorrow and distress, for the disappearance of pain and sadness, for the gaining of the right path, for the realization of Nibbana- that is to say the four foundations of mindfulness.*²⁷

Buddhist psychotherapy and counseling have been practicing in East and West. Many experiments have been already carried out, by the modern psychologists on the effectiveness of mindfulness meditation.²⁸ HSS Nissanka, in his book 'Buddhist Psychotherapy', proves ten successful case studies using Buddhist techniques of counseling and therapy. Some of the patients where they could not be cured by Western psychotherapy were cured by Buddhist psychotherapy under him. The Mindfulness-Based Stress Reduction (MBSR) was developed by Kabat Zin based on Buddhist philosophy of meditation in 1979. It offers healing to variety of disorders and diseases of participants by developing awareness of body and mind. He defines mindfulness in MBSR as a moment-moment non-judgmental awareness by paying attention²⁹. Subsequently, the Mindfulness-Based Cognitive Therapy (MBCT)³⁰ program was founded by Zindel Segal, Mark Williams, and John Teasdale based on Kabat Zin's MBSR³¹ program which integrates with cognitive therapy and mindfulness. It aims clients accepting the problems without judgment and making friendship with them instead of rejecting and pushing them away. The client in this program is taught to do mindfulness meditation and to be in the present moment, watching what is happening and accepting the feelings and emotions rather than suppressing them. Recently mindfulness-based therapy is also being intervened to other types of diseases like HIV, cancer, rheumatoid arthritis, chronic lower back pain, and hot flash.

Depression is one of the most world burdens of disease. Worse thing can be happened to depressed person is suicide. There are various types of treatment introduced for the treatment of depression like antidepressant drugs and psychotherapy. One of the most often use treatment is antidepressant drug where the patients are given to take drugs. All though many patients are cured by those treatments but still many are vulnerable to depression after few weeks of recovery. Studies found out that 50% of patients will have depression episode, subsequently, after initial treatment of depression episode and 70-80% of patients is likely to have relapse in their lifetime. The interventions are not very effective in the sense that they are not effective to fully recovery. The risk of relapse is very high. In response to the relapse of depression, modern psychologists have intervened mindfulness-based therapy to do prevention from relapse. It is found in the research that it is an effective technique to reduce the risk of relapse in depression.³²

²⁷ Walse, Maurice, tr., 1995, *The Long Discourses of the Buddha*, Boston: Wisdom Publication, p. 335.

²⁸ <http://www.mindandlife.org/about/mission/> - accessed on 12 Sept 2011.

²⁹ Kabat Zin, *Mindfulness Stress Reduction and Healing*, 8 March 2007, Online video clip, YouTube, <http://www.youtube.com/watch?v=rSU8ftmmhmw> – accessed on 14 Dec 2011.

³⁰ <http://www.mbct.com/> - accessed on 11 Aug 2011.

³¹ <http://www.mindfullivingprograms.com/whatMBSR.php> - accessed on 11 Aug 2011.

³² Segal, Zindel V., J. Mark G. Williams, John D. Teasdale, 2002, *Mindfulness-based Cognitive Therapy for Depression*, New York: The Guilford Press, p. Google Book Search, accessed on 29 Sept 2011

Stress is common to everyone in everyday life. It becomes big issue only when it is ignored. As Padmasiri de Silva said, *“It is rather the way we respond or react to them.”*³³ It depends on how one response to it. If one mismanages it carelessly then it can be damage to one’s mind and body. It is manageable when one pays attention and mindful of the stressful situation. Even sharing stress problems with friend, counselor, or monk is also a good technique. Padmasiri de Silva also has given some cases studies and concluded *“Cohesive and lively family relations and good friends are great resources for living in a society undergoing rapid changes. There is empirical and experiential evidence that the patient and less deliberately modes of mind like mindfulness practice are effective when dealing with stress, disorder, chaos and uncertainty.”*³⁴

Mindfulness-based therapy is also intervened to cancer patients. Some studies have found that psychological disorder like depression can be caused of cancer. It is also proved that patients with high depression die sooner than less depression. Though cancer is physical illness but due to psychological factors it can worsen the conditions of the cancer. Therefore, mindfulness-based therapy is offered to cancer patients with mainstream treatment as productive union. The below quote is “How can mindfulness help you to cope with cancer?” and how it is beneficial for the client.

*We don’t offer you mindfulness as a cure for yours disease. Rather, it holds the possibility of vastly enriching your life, helping you cope with symptoms and side effects, and improving the quality of your days. Mindfulness also enhances your immune system’s performance and help harmful levels of stress hormone in your body, changes can be only beneficial.*³⁵

A study on the HIV patients shows some effectiveness of intervention of mindfulness-based therapy. Besides, the attack of HIV to CD4 T cells of immune system, there is also another attack from psychological disorder like stress and depression that leads to loss of CD4 T cells. Creswell and his colleagues have examined a group of HIV positive patients for eight weeks by intervening MBSR (Mindfulness-based Stress Reduction) and found out that CD4 T cells are not attacked to declination by HIV. In contrast, the control group of patient lose their CD4 T cells.³⁶

Above all, my own experience would be more accurate for my deeper understanding on the mindfulness meditation. I have been suffering from lumbago since fifteen and never went to see medical doctor except traditional doctors. A few days of treatment were given; massage on painful area of my lower back. It was painful to twist the body left and right, bending forward and backward etc. During the ten days course of meditation held by our university annually from 18th to 28th December 2012, I have experienced an effective response from the meditation retreat; reduction of pain on my lower back. Mindfulness was placed on rising and falling of my abdomen. As my stomach pushed forward and backward, it massaged the painful area of my back diagonal to front abdomen. After several times of mindfulness practice, my body could be bended and twisted without pain.

The technique of mindfulness meditation would be the most effective though there might be other techniques. It is because mindfulness meditation or mental culture purely deals with

³³ de Silva, Padmasiri, Op. Cit, p.18.

³⁴ Ibid, p.25

³⁵ Carlson, Linda, Speca, Michael, 2010, *Mindfulness-based Cancer Recovery*, Oakland: New Harbinger Publications, p. 3, Google Book Search, Accessed on 30 Oct 2011.

³⁶ Wheeler, Mark, Practice of Mindfulness Meditation Slows the Progression of HIV, Study Shows, 24 July 2008, <http://newsroom.ucla.edu/portal/ucla/mindfulness-meditation-slows-progression-53819.aspx> – accessed on 29 Sept 2011.



the mind. And it is the mind which is the root of all the mental illnesses though causes can be influence by outside factors. So mental illness should be treated with mental treatment rather than psycho-surgery, chemotherapy, or electroconvulsive therapy. More importantly, counseling through mindfulness emphasizes on the self-healing by the individual counselee himself/herself. It is true according to the words of Jung who said that it is individual numinous that cure the patient. Ultimately, it is individual's effort and spirit who cures himself/herself through a kind of self-healing.

The ancient practice of mindfulness is coping with the modern world and importantly its blend to modern sciences. The expansion of mindfulness meditation to other field of sciences would enrich the studies and experiments of those sciences and also study of mindfulness meditation. Scientists and researchers should be encouraged to continue their experimentations with the mindfulness meditation so that it can be applied as a useful tool in human society.

Counseling through Instruction

When talking about the techniques of Buddhist psychotherapy or counseling, people usually think of mindfulness techniques only. There are other techniques of counseling found in Buddhism like counseling through instruction which can be brought into play to modern psychotherapy and counseling like mindfulness meditation is being blended. The methods of counseling through instruction are instructions; guidelines, advice, suggestions, etc. that are counseled to the clients. The followings are the different methods of counseling through instruction that are found in various occasions of the Buddhist scriptures.

Progressive talk (*Anupubbikathā*): - This technique is given to the counselee who is with powerful defilements in order to calm down them. Level of intelligence and defilements determine type of a person. A person, with low intelligence and more defilement, needs to go in gradual process so that he/she could grasp the conversation. In the procedure of gradual talk, the counselor could talk about generosity, compassion, eight worldly conditions, morality, etc. According to David J. Kalupahana, by this method of instruction, the counselee can lead towards to psychological balance, *"This is often achieved by indicating the possibility of attaining freedom and happiness through gradual path of mental culture toward psychological balance that begins with the cultivation of simple virtues such as sympathy, generosity, charity, etc."*³⁷

The story of Suppabuddha³⁸, the leper, is a good example of this technique of gradual instruction. The Buddha used this method to teach him because he was suitable with this progressive talk. He could catch what is giving and its good effects, moral conduct and its benefits, etc.

The talk special to the Buddhas (*Sāmukkaṅṣikā*): - Gradual talk is the preparedness of the mind of the counselee. After the gradual talk, the counselee is given this method of instruction. At this level, the counselor can talk on four noble truths. It can be instructed in a very practical way. Here, the counselor can counsel on the illness of the counselee, causes of mental disorder/illness, cure of illness, and way of curing illness. Thus, when the counselee knows about his/her illness and way to solve it, it gives hope of recovery in her/him.

³⁷ Kalupahana, David. J., 2010, 'Miracles: An Early Buddhist View', New Horizons in Buddhist Psychology, Kwee, Maurits G.T. ed., Ohio: Taos Institute Publications, p. 178.

³⁸ Ireland, Jonh D. tr., 1997, *The Udāna and Itivuttaka*, Kandy: Buddhist Publication Society, p. 66.

HSS Nissanka, in his counseling of cases, uses the technique on talking impermanence. He convinces the patient that his/her illness is also impermanence as everything is impermanence. It is not permanent which means his/her illness can be recovered.³⁹

Through the dialogue of question and answer: - This is a friendly dialogue between these two: counselor and counselee. The counselor puts questions in order to diagnose the cause of counselee's problem and to distinguish the type of the individuals. Basically, there are three types of individuals: greedy type (*lobha*), violent type (*dosa*), and sexual driven type (*moha*). The counselor, after understanding the problems of the counselee, employs appropriate treatment and advice to deal with it. On the other hand, the counselee is also freed to ask concerning her/his problem. In this way, communication between counselor and counselee is developed.

Through audio and visual aids: - This method can be used as an alternative approach in counseling. At the age of IT (Information Technology), the counselor gives some audios or video tapes such as *paritta* chanting, lessons and instructions to be exercised at home. The recent study, on the effects of the body and mind by listening to *Paritta*⁴⁰ chanting, shows some positive results. As Chandana Jayaratne observes in his survey that listening to *Paritta* chanting benefits the listener with a calm mind, slow heartbeat, increase of the body's immune system and IQ level, learning ability and problem-solving capability, relief of insomnia, sustained positive thoughts, cultivation of compassion and production of happiness, etc.⁴¹

There are many stories of the Buddha's counseling by using the method of audio and visual aids like showing the deformed monkey and celestial nymphs to Nanda⁴² and the monk Cullapanthaka,⁴³ who could not memorize even one verse in four months, a dull person. He was frustrated and decided to leave the monkhood life. Eventually, he was awakened from boredom while rubbing the piece of white cloth which was given by the Buddha. Boredom is an emotional state experienced when individual is lack of interest in and difficulty concentrating on the current activity.⁴⁴ Padmasiri de Silva proposed the way out of boredom "*Thus clarity of understanding, transparency, self-knowledge and wisdom present the way out of boredom and misery.*"⁴⁵

The talks on talk on the four noble truths related with the concept of impermanence have to adopt by the counselor so that hope of recovery will arise in the mind of the counselee. And the gradual talk which talks on morality and generosity can further be guided the counselee for an ethical life even after recovery.

³⁹ Nissanka, HSS, Op.Cit. p. 55-56.

⁴⁰ Paritta suttas are set of discourse of protection delivered by Buddha for the monks and laypeople to be recited orally when they are in fear, danger, ill etc. as means of protection and build of confidence. The Gilana sutta proves that the Buddha himself have listened to Paritta by a monk to cure from an illness.

⁴¹ Dr. Jayaratne, Chandana, 2010, '*Buddhist Pirit Chants for Mental and physical Well Being- A Scientific Approach*', Global Recovery: The Buddhist Perspective, Conference Volume, Dion Peoples, ed., Ayutthaya: Mahachulalongkornrajavidyalaya University, p. 550.

⁴² Ibid, p. 217-225.

⁴³ Burlingame, Eugene Watson, tr., 2005, *Buddhist Legends* Part II, Delhi: Motilal Banarsidass Publishers Private Limited, p. 299-310.

⁴⁴ http://en.wikipedia.org/wiki/Boredom#cite_note-3 – accessed on 11 Sept 2011.

⁴⁵ de Silva, Padmasiri, 2010, '*The Joyless Economy: The Pathology of a Culture which calls for an Awakening*', Global Recovery: The Buddhist Perspective, Conference Volume, Peoples, Dion, ed., Ayutthaya: Mahachulalongkornrajavidyalaya University, p. 572-573.



Role of Monk as Counselor

The monks play a very important role as counselor in the society. The lay society has greater expectation from the community of monks to serve the society as laity serves them. Their guidance and contribution on the path of spirituality would have a greater impact in the society. In this respect, their contribution will not be efficient unless they have a clear understanding of the secular world and the current world. Therefore they need to be educated in Buddhism integration with worldly subjects like counseling psychology.

It is also common understanding that in Buddhist society, monks are considered as spiritual teachers and instructor of the society. The laity when they are in trouble, they also approach to the monks. They seek console and advice thinking that they can help them. So the monks have to deal and cope with problems of the laity. Ajahn Brahm, shares his experience the role of a monk as a counselor, “*Monks and senior monks especially, have to sit in their monastery, listen to people’s problems and accept all their rubbish. Marital problems, difficulties with teenage children, rows with relations, financial problems- we hear the lot.*”⁴⁶ It is difficult for them dealing with secular problems such as marital problem, relationship problem, etc. Sometimes they fail to give appropriate instruction to laity’s satisfaction. It is may be due to lack of experience and knowledge.

The limited subjects taught to monks are not sufficient in such a globalized and competitive world today. Buddhist monks have to approach to modern issues. It would not possible to respond to modern issues without the knowledge of modern sciences. In order to help the society with such issues, monks also need to learn modern subjects as part of their education (*pariyatti*). The combination of both traditional and modern education would be very helpful for a proper understanding of the modern issues. Veerachart Nimanong, in his paper ‘Educational Inequality of Buddhist Monks and Novices in Thailand’, found out that according to the young monks and novices both traditional and university systems have to promote side by side. Their mutual integration supports for a better understanding of Buddhism and also secular problems.⁴⁷ In recent times, Buddhist has realized that the monastic curriculum needs to be expanded, “*the traditional monastery education...had failed to achieve these ends. The old system was too diffused, too fragmented, and too independent-minded to meet the needs of times.*”⁴⁸ And the modern Buddhist institution also tries to expand the curriculum with some new subjects. Counseling psychology could be added to monks’ education because it has become part of the monks’ life in the society.

The interdependent nature of the society is clearly demonstrated in *Sigalaka-sutta*⁴⁹. There are five duties of the laity towards the monks and six duties of the monks towards the laity. The laity supplies the monks with physical and material supports including the daily offering of food and the donating of other requisites when needed. In return, the monks provide mental comforts to laity by means of counseling and teaching them the Dharma. These six duties of the monks towards the laity are concerned with ethical, spiritual and mental supports. Monks have to point out them what is wrong and encourage them living a good and ethical life. When they are in conflicts, they

⁴⁶ Brahm, Ajahn, 2008, *Opening the Door of Your Heart*, Australia: Hachette, p. 97.

⁴⁷ Nimanong, Veerachart, 2002, *Educational Inequality of Buddhist Monks and Novices in Thailand*, Graduate School of Philosophy and Religious Studies, Assumption University, accessed on Aug 28 2011, (See also PDF http://assumptionuniv.academia.edu/veerachart/Papers/532404/The_Educational_Inequality_of_Buddhist_Monks_and_Novices_in_Thailand

⁴⁸ McDaniel, Justin Thomas, 2009, *Gathering Leaves and Lifting words*, Bangkok: Silkworm Books, p. 109.

⁴⁹ Walse, Maurice, tr., 1995, *The Long Discourses of the Buddha*, Boston: Wisdom Publication, p. 335.

have to show compassion and set out resolving conflicts. The Buddha advised monks to go and teach Dharma for the welfare and benefits of the society as found in *Mahavaggapali*:

*“Walk, monks, on tour for the blessing of the manyfolk, for the happiness of the manyfolk out of compassion for the world, for the welfare, the blessing, the happiness of devas and men.”*⁵⁰

Therefore, the integration of both religious and secular subjects like psychology, counseling, sociology, etc. would help the monk students to understand the current problems of the world better and applicable of knowledge to solve the modern issues.

Conclusion

The reflection of today society and its problems show that there are millions people suffer from depression and unbalance of psychological domain besides physical tortures. Importantly, Buddhism teaches to be the master of oneself nonetheless one's mind is bigger than himself. We often meet people who fail to maintain one's mental health and infected by psychological domain. They have enough wealth for physical needs, but never enough for psychological needs (lobha, dosa and moha). Buddhism as a religious institution of mental healing has being always offered canonical counseling techniques: the mindfulness meditation and through teachings. These help not only healing mental illness, but it improves a qualitative livelihood as well. In addition, the Buddhist teaching of dharma leads the people to right attitude and positive thoughts by handling badly accessing emotions. People would be benefited with moral standard by the bond to Buddhism as a spiritual path or religious institution. We can expect for healthy society balancing both spirituality and materiality by expanding mindfulness meditation to other field of treatments and peoples' art of living.

According to research findings, the importance of counseling is an indispensable service to the modern day and learning it by monks is crucial. The young generation of monks has understood that the wounded world needs to be healed. Therefore, at this gathering of the International Association of Buddhist Universities (IABU), I would like to take the opportunity to suggest the Buddhist universities to integrate counseling psychology as a part of monastic education.

⁵⁰ Horner, I.B. tr., 1993, *The Book of Discipline*, Vol. XIV, Oxford: Pali Text Society, p. 28.



References

Primary Sources

- Bhikkhu Nanamoli & Bhikkhu Bodhi, trs., 2005, *The Middle Length Discourse of the Buddha*, Boston: Wisdom Publications.
- Burlingame, Eugene Watson, tr., 2005, *Buddhist Legends Part I, II*, Delhi: Motilal Banarsidass Publishers Private Limited.
- Hare, E.M. tr., 1995, *The Book of the Gradual Sayings*, Vol. III, Oxford: Pali Text Society.
- Horner, I.B. tr., 1993, *The Book of Discipline*, Vol. XIV, Oxford: Pali Text Society.
- Ireland, Jonh D. tr., 1997, *The Udāna and Ittivuttaka*, Kandy: Buddhist Publication Society.
- Walse, Maurice, tr., 1995, *The Long Discourses of the Buddha*, Boston: Wisdom Publication.
- Woodward, E.L. tr., 1995, *The Book of Gradual Sayings*, Vol. II, Oxford: Pali Text Society.

Secondary Source

- Brahm, Ajahn, 2008, *Opening the Door of Your Heart*, Australia: Hachette.
- Carlson, Linda, Specia, Michael, *Mindfulness-based Cancer Recovery*, Oakland: New Harbinger Publications, 2010, Google Book Search, Accessed on 30 Oct 2011.
- Bloch. S., 2006, *Introduction to the Psychotherapies*, 4th ed., New York: Oxford University Press.
- Burks, H.M. and Steffle, B., 1979, *Theories of Counseling*, New York: McGraw-Hill.
- Feltham, Colin, 1995, *What is Counseling?*, Trowbridge: Redwood Books.
- de Silva, Padmasiri, 2005, *An Introduction to Buddhist Psychology*, London: Palgrave Macmillan.
- de Silva, Padmasiri, 2010, 'The Joyless Economy: The Pathology of a Culture which calls for an Awakening', *Global Recovery: The Buddhist Perspective*, Conference Volume, Peoples, Dion, ed., Ayutthaya: Mahachulalongkornrajavidyalaya University.
- de Silva, Padmal, 2010, 'Buddhist Psychology: Exploring Practical And Theoretical Aspects', *New Horizons in Buddhist Psychology*, Kwee, Maurits G.T. ed., Ohio: Taos Institute Publications.
- de Silva, Padmasiri, *An Introduction to Mindfulness-based Counseling*, Sri Lanka: Sarvodaya Vishva Lekha, 2008
- Jayaratne, Chandana, Dr., 2010, 'Buddhist Pirit Chants for Mental and physical Well Being- A Scientific Approach', *Global Recovery: The Buddhist Perspective*, Conference Volume, Ayutthaya: Mahachulalongkornrajavidyalaya University.

- Kalupahana, David. J., 2010, '*Miracles: An Early Buddhist View*', New Horizons in Buddhist Psychology, Kwee, Maurits G.T. ed., Ohio: Taos Institute Publications.
- McLeod, John, 2009, *An Introduction to Counseling*, Glasgow: Open University Press Open University Press.
- McDaniel, Justin Thomas, 2009, *Gathering Leaves and Lifting Words*, Bangkok: Silkworm Books.
- Nauriyal, D.K., Drummond, Machael S. & Lal, Y.B. eds., 2006, *Buddhist Thoughts and Applied Psychological Research*, London and New York: Routledge Taylor & Francis Group.
- Nissanka, HSS, 2009, *Buddhist Psychotherapy*, Dehiwala: Buddhist Cultural Centre.
- Rhys Davids, T.W., & William Stede, 2004, *The Pali-English Dictionary*, New Delhi: Asia Educational Service.
- Segal, Zindel V., J. Mark G. Williams, John D. Teasdale, 2002, *Mindfulness-based Cognitive Therapy for Depression*, New York: The Guilford Press, Google Book Search, accessed on 29 Sept 2011.
- 2005, *The Oxford Dictionary English*, 2nd ed. Soanes, Catherine & Stevenson, Angus, eds. New York: Oxford University Press.
- 2008, *The Cambridge Advanced Learner's Dictionary*, 3rd ed. Singapore: Green Giant Press.

Electronic:

- Durkheim, Émile, 2005, *Suicide: A Study in Sociology*, London and New York: Routledge Taylor & Francis Group. (See also PDF: <http://swauop.yolasite.com/resources/Durkheim%20-%20suicide.pdf>)
- Blake, John, 03 June 2010, *Are there dangers being 'spiritual but not religious'?*, CNN Living, accessed on 22 Sept 2011, http://articles.cnn.com/2010-06-03/living/spiritual.but.not.religious_1_spiritual-community-religious-god?_s=PM:LIVING
- Nimanong, Veerachart, Dr. 2002, *Educational Inequality of Buddhist Monks and Novices in Thailand*, Graduate School of Philosophy and Religious Studies, Assumption University, (See also http://assumptionuniv.academia.edu/veerachart/Papers/532404/The_Educational_Inequality_of_Buddhist_Monks_and_Novices_in_Thailand)
- Kabat Zin, *Mindfulness Stress Reduction and Healing*, 8 March 2007, Online video clip, YouTube, <http://www.youtube.com/watch?v=rSU8ftmmhmw> – accessed on 14 Dec 2011.
- Rogers, C.R., 1975, *Empathic: An Unappreciated Way of Being*, California, accessed on 10 Sept 2011, (See PDF http://www.sageofasheville.com/pub_downloads/EMPATHIC_AN_UNAPPRECIATED_WAY_OF_BEING.pdf)
- Tacy, David, June, 2003, *Spirituality and the Prevention of Suicide*, ABC News, accessed on 20 Aug 2011, <http://www.abc.net.au/religion/stories/s972766.htm>



Wheeler, Mark, *Practice of Mindfulness Meditation Slows the Progression of HIV*, Study Shows, 24 July 2008, <http://newsroom.ucla.edu/portal/ucla/mindfulness-meditation-slows-progression-53819.aspx> – accessed on 29 Sept 2011.

Boredom, Wikipedia, Wikipedia: The Free Encyclopaedia, Wikimedia Foundation, Inc., accessed on 11 Sept 2011: http://en.wikipedia.org/wiki/Boredom#cite_note-3

Mindfulness-Based Cognitive Therapy, accessed on 11 Aug 2011: <http://www.mbct.com/>

Mind and Life Organization, accessed on 11 Aug 2011: <http://www.mindandlife.org/about/mission/>

TheIndependentNews, accessed on 26 Aug 2011: <http://www.independent.co.uk/news/uk/this-britain/the-happiest-man-in-the-world-433063.html>

What is Mindfulness-Based Stress Reduction?, accessed on 11 Aug 2011: <http://www.mindfullivingprograms.com/whatMBSR.php>

World Health Organization, accessed on 20 Aug 2011: http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

WorldHealthOrganization, accessed on 19 Aug 2011: http://www.who.int/mental_health/management/depression/definition/en/index.html

World Health Organization, accessed on 19 Aug 2011: http://www.searo.who.int/en/section1174/section1199/section1567_6741.htm

World Health Organization, accessed on 19 Aug 2011: http://www.who.int/mediacentre/news/releases/2011/humanitarian_relief_20110819/en/index.html

Buddhist Pre Marriage Counseling



Dr. Sarath Chandrasekara
Sri Lanka International Buddhist Academy

Marriage is an important step in one's life. Marriage helps one to maintain happiness, though sharing life with another may become troublesome for various reasons. More than ever before, young people pay attention to Pre Marriage counseling because of those very problems which arise from sharing life. It is also noticed that some people attend counseling prior to their marriage because it provides support and guidance necessary to resolve both potential and actual problems. In all of this the family as an institution provides the basis for one's personal development. When families are disturbed in their development, people seek family counseling. If one family member becomes seriously ill, it impacts everyone in the family. Family counseling can be applied to families in various ways, either with individual family members or as a group with many family members who experience the same problem within the family or even with additional families who experience similar problems. The important points to examine when providing Buddhist Pre Marriage counseling are; what does the family mean to each of the members? How do they maintain the family as a group? What are their common goals? And what is the objective of the counseling? Generally, the main goal of Pre Marriage counseling is directed at establishing equilibrium within the family.

Family is a complex unit characterized by several orders and sub orders. Through counseling, family members become conscious of their roles, which is essential in maintaining the equilibrium. According to Mehler, the family can be viewed in two units namely parents and children, and husband and wife. The harmony between the family members is highly dependent on their ability to communicate effectively among themselves. It is often noted that in dysfunctional families, sound communication is lacking and it is due to the lack of ability to communicate that families are falling apart. Through counseling, the stress and mental pressures that arise through unhealthy family dynamics can be resolved, leading to a balance and harmony between the family members. Thus, an important task in succeeding as a family is effective communication.

Often, parents expect their off spring to achieve the dreams that they could not achieve for themselves. Therefore, the parents make decisions on behalf of their children in order to achieve their lost dreams. If children do not agree with the decisions made by parents, there will be conflicts between the two groups. When expectations remain unfulfilled, both parties become frustrated. Also in these matters the home, school, parents and teachers bear a huge responsibility in the individual development of a child. In such cases counseling must be done individually. Another aspect of family counseling is establishing mutual relationship between family members. A problem that the counselor may encounter is the difficulty in getting all the family members to a single meeting due to various reasons. However, difficult it may become, such meetings need to be arranged to help rebuild relationships between the parents and the children, which remains an important task in counseling.

The concept of family receives significant attention from both sociologists and psychologists. Their approach to resolve family issues are known as family therapies which constitute treatments in which the whole family is the focus, rather than an individual family member. Social scientists have shown that there are three basic human expectations namely safety, satisfaction of the basic needs



and undisturbed life. Also the dynamics arising from emotional states and interpersonal relationships among the family members contribute to the personal development and the welfare of each and every family member. For example, Murray Bowen explains that the family must be examined as a system with chronic anxiety as the basis of unhealthy family dynamics in which the place of siblings is given an important role. The structural theorist Salvador Minuchin explains that attentions must be paid to role relationships within the hierarchical family structure in family counseling. Jay Haley's strategic therapy looks at the family issues from a problem solving perspective. Virginia Satir, a feminist family theorist, examines family issues through interpersonal communications. These are indications that there are numerous ways to look at families in resolving unhealthy dynamics. A healthy family is the corner stone of a society and thus contributes not only to the progress of an individual and the society but also to a country at large. The two elements, the individual and the society are interdependent where one needs the other to survive. Social development evolves as a result of their interactions within this relationship. All these different methods provide an in depth understanding of family dynamics for the purpose of counseling and therapy.

Long before all these counseling methods were known, the Buddha, knowing that every human being wishes a peaceful and happy life, offered several discourses on healthy family dynamics and successful family Marriage life. Before we get marriage getting ready for the marriage is most important aspects and then we can learn many things in advance to the marriage. In achieving a peaceful and a happy life, the Buddha had shown a young Count Singāla a distinct path as discussed in the *Sigālovada Sutta*¹ of the *Dīgha Nikaya (D.N.)*. Singala had the habit of waking up in the wee-small hours, taking a bath and in soaking wet clothes, worshiping six celestial directions namely the East, the South, the West, the North, the Bottom and the Top, seeking progress and happiness as a family tradition. After seeing this unrewarding activity, the Buddha strategically recommended to Singala to replace the six directions of worship with six groups worthy of respect, attention and support and to follow them in his search for peace and happiness. The recommended replacements were the Parents to the East, the Teachers to the South, the Family to the West, the Friends to the North, the Servants to the Bottom and the Noble Clergy to the Top. In this discourse, the Buddha spoke clearly of sixty one duties and responsibilities for the individual toward the above mentioned groups promoting harmony in the family and justice to the society. This list includes almost all the factors that are being discussed in the modern day family counseling and therapies.

In the Pali Suttas, the world family may be referred as *Kula*, *Vamsa* or *Gotta*.² Though *Sigālovada Sutta* takes a prominent place in Buddhist Family pre marriage Counseling, several other *Suttas* and *Jātaka* Stories on this subject can be found in the *Pāli Canon*. Some of them are as follows: *Mahaparinnibbana sutta*, *Aggannu Sutta*, *Uggaha Sutta*, *Pattakamma Sutta*, *Migasāla Sutta*, *Sabrahamma Sutta*, *Vasala Sutta*, *Parabhava Sutta*, *Mahagovinda Sutta*, *Sattabhariya Sutta*, *Culavyuha Sutta*, *Mallikā Sutta*, *Cullavedella Sutta*, *Vatthu Sutta*, *Natthiputta Sutta*, *Dhitu Sutta*, *Vepulla Sutta*, *Vaniija Sutta*, *Vyaggapajja Sutta*, *Kinti Sutta*, *Parisa Sutta*, *Kosambi Sutta*, *Mahanama Sutta*, *Sakkanamassa Sutta*, *Itthibandhana Sutta*, *Purisa Bandhana Sutta*, *Sama Jataka* and *Māthuposatha Jātaka*

¹ D.N.Sigālovada sutta

² Pali English Dictionary p.528

Parent – Children Relationships

The Buddha used the analogy of the celestial direction east to depict the cardinal importance of parents in one's life. As the sun rises from the East depicting its cardinal importance as the first indicator of directions at dawn, there is none more valuable than one's parents in one's world. Parents give birth to their off-spring, bring them up and show them the right direction in this world, sacrificing for their growth and development. The Buddha mentioned that it is never possible for one to completely re-pay one's parents for these gifts and sacrifices. This becomes clear in the *Sabbrahma Sutta*³ of the *Anguttara Nikāya* in which the Buddha pays tribute to parents as “*Brahmāthi bikkhave māthupittunna metan adhvachanan pubbhadevathi, ahuneiyathi, bhikkave mathupinnametan adhvacanan*”. This means that the Buddha strategically endorsed parents in the place of Brahma ascribing them holiness. According to the Hindu philosophy the world is created by the Brahma. In this context, the parents who possess such Brahma qualities should be honored as such. His discourse on parents as “*matapitanukampitassa mahanama kulaputtassa vuddhiyeva paticanha na parihan*” stated also in the in the *Anguttara Nikaya Panch Vagga*. This means that the individual who receives the wholesome blessings of the parents can anticipate wholesome progress rather than unwholesome demise.

If we take note of the Buddha's biography, it becomes evident how the Buddha treated his parents. Subsequent to his mother *Queen Maha Maya's* rebirth, He appeared in the *Tusita Divine Abode* to expound dhamma to her joy and comfort and to help her reach enlightenment. When *King Bimbisara*, His father, was sick, he expounded dhamma to help him heal his illness. The Buddha also helped his step-mother *Queen Maha Prajapathi Gotami* not only to enter but also to establish the Order of Bikkhunis. All of these depict examples of how He respected his parents.

In the *Mahā Mangala Sutta*, it is expounded that looking after the parents constitutes a major factor in happiness of an individual. Those who do not look after their parents cater to their down fall and suffering as discussed in the *Vasala Sutta*. According to *Pattakamma Sutta*, looking after the welfare of parents (*matapitharan sukkheti pinethi*) constitutes a responsibility of the children. From children, the parents have only a few expectations. The children are supposed to support them (*bahathone karissati*); perform duties incumbent upon them (*kaccena thesan karissati*), keep up the lineage and good tradition (*kulavansam thapessati*), be worthy of their heritage (*dayajjan patijjati*), and transfer merits in due time (*petanan kalakantananan dhakkinan anupadassati*).

There are also expectations of the children from their parents. They are: restrain children from evil (*pāpā nivarenti*), exhort them in virtue (*kalyāna nivesanti*), give them skills for a wholesome profession (*sikkhan sikkhappenti*); encourage them to a suitable marriage (*patirupena dārena sanjojenti*) and the timely hand over of inheritance.

Husband –Wife Relationships

In pre marriage counseling, pay more attention to learn the relationship between the partners. The trust between the husband and the wife is the basis for the welfare of the other family members. In the *Singāovada Sutta*, the Buddha discusses five factors for the husband to uphold and treat his

³ A.II.Sabrahma Sutta p. 132



wife. They are namely showing respect (*sammāna*), being courteous (*avamānna*), being faithful (*anatichariya*), handing over authority of the household management (*issariya vossaggaha*) and providing her with adornments (*alankāranappadanena*).

It is the duty of the husband to honor, love and care for his wife. In our society every one of us likes to be respected and honored. Similarly the same should not be denied to the wife when it's due. Also the husband shall not insult his wife nor shall he speak roughly or use foul language to hurt her feelings. A husband shall avoid involving in extramarital affairs. Now-a-days, such relationships could lead to sexually transmitted disease and many other illnesses such as Hepatitis B among others. These kind of unwholesome activities lead to disharmony and distrust between the partners and make the family unit dysfunctional. They may end up in divorce, irreversibly destroying the relationship. The wife also has five duties and responsibilities toward her husband. They are namely performing her duties (*susanvihita kammanta*), showing hospitality to relatives of both sides (*susangahita parijana*), watching over the goods brought home (*samhatan anurakkhanti*) and enthusiastic and skillful discharge of all her duties (*dakkhava hoti anlasa sabbanivesu*). These duties and responsibilities need to be taken seriously in order to create a harmonious environment for family members to grow. For example, the wife could take a lead role in the manner in which the family treat their friends and relatives; especially when treating relative on the husband's side. When neglected, this leads to a lot of dysfunction in all these areas, giving rise to stress and unpleasantness resulting in conflicts among family members. These things can adversely affect the individual development of the family members. It is the wife's responsibility to take care of the wealth earned and spend it in a manner to promote and achieve success of the family in terms of the family's future economic development and personal growth. The economic stability of families can be a strength for resolving family conflicts. It may also enable them to achieve unity and harmony among family members, when in conflict.

The Buddhist pre marriage Counseling is based on resolving issues before they turn into nasty conflicts. It's an approach based on problem prevention rather than conflict resolution. It addresses the root causes and effects and finds ways to prevent issues from becoming a conflict. If the husband and wife attend to their duties and responsibilities, their family experiences harmony and progress. This is the balance or the equilibrium conducive for the family to grow. This is the goal of the Buddhist pre marriage Counseling.

Though proclaimed 2600 years ago, the Buddha's teaching is aimed not only to achieve Nibbāna, but also to contain invaluable and significant socio-psychological guidelines toward a pragmatic approach which remains applicable to family life even in modern day society. The Buddha appreciated the advisory guidelines given to Visākha, the prominent lay female attendant at the time, by her father prior to her marriage. They are as follows:

- The issues or problems arising within the household should remain and resolve within the family democratically. (it is not about secrecy within a few family members)
- The issues or problems from outside the family should be left outside
- Give loans only to those who can afford to pay back.
- Do not give loans to those who cannot afford to pay back.
- Give to those who deserved to be given within the affordability without anticipating anything in return.

- Sit in a place that enables one to stand up when an elder arrives
- Eat healthy
- Sleep healthy
- Support your husband in all his right and appropriate efforts
- Care for and be hospitable to the parents of the husband

The Buddha also describes seven different types of wives in the *Sapthabhariyā Sutta*.⁴ Accordingly, they are as follows:

- *Vadhakasama Bahriyā* (Hostile wife): The wife who insults the husband and has unethical relationships with other men.
- *Chorasama Bahriyā* (Stealing wife): the wife is similar to a thief and spends and destroys the wealth earned by her husband.
- *Aiyasama Bahriyā* (Uncomfortable wife): the wife who speaks foul language and puts her husband in a very discomfoting and an embarrassing position.
- *Matusama Bahriyā* (Motherly wife): the wife is similar to the mother of the husband who safeguards all earnings of the husband and taking care of him like a child.
- *Bhaginisama Bahriyā* (Sisterly wife): the wife who is like a sister and takes care of the husband similar to how a sister looks after a brother.
- *Sakisama Bahriyā* (Harmonious wife): the wife who becomes happy even at the sight of the husband and is happy all the time and maintains happiness of the husband.
- *Dasisama Bahriyā* (Servant wife): the wife serves like a servant attending to all duties and looks after the husband.

In the *Sanvāsa Sutta*⁵, the Buddha noted that the mutual relationship that exists between the man and wife may take the following characteristics.

A corpse like man (*chovo*) lives with a corpse like wife (*chāvā*)

A corpse like man (*chovo*) lives a with a goddess like wife (*devi*)

A god like man (*devo*) lives a with a corpse like wife (*chāvā*)

A god like man (*devo*) lives a with a goddess like wife (*devi*)

The most harmonious couple is the god like man lives with a goddess like wife. This compatibility helps a family to develop family harmony, promoting individual growth while becoming a blessing to society. In promoting happiness in married life, the late Venerable Dr. K Sri Dhammananda⁶ wrote the following to describe the mutual relationship that should exist between man and wife. A wife should provide the husband with love, attention, family expectations, trust, care of the children, household efficiency, food preparation, help to resolve problems, and the support he needs. In the same manner the husband has to fulfill toward his wife certain duties such as kindness, courtesy, socialization, safety, fairness, affection, honesty and civilized behavior and support.

⁴ A.IV.SattabhariyāSutta pp 414

⁵ A.II.Samvāsa Sutta p.110

⁶ K.Dhammananada. A Happy Married Life, pp 25-26



The emotions such as love, affection and care are clearly explained in the *Purishabandana Sutta*⁷ and *Itthibandana Sutta*⁸ of the *Anguttara Nikaya*. The emotion of love between the man and women arises through the experiences involving the five senses: namely the figure, the smile, the talk, the tears, the clothes and the apparel, the voice and the touch. According to the Teachings of the Buddha, the powerful emotion of love evolves mutually in both individuals in the background of these experiences and progresses as a strong force incomparable to any other forces known to humans. The mutual love, care and trust are fundamental to the existence of a family. All of their problems can be resolved through effective and open communication as partners. This gives rise to happiness and balance. The Buddha has recommended ten points for the civic life of the average householder (*prutagjana*). They are as follow:

- Attend to the needs of your parents
- Devote yourself for the wellbeing of your children
- Provide safety and welfare to your wife
- Maintain mutual understanding and civic duties of the married life
- Look after the needs of your relatives
- Respect the elders
- Invite divine beings to rejoice in your wholesome deeds
- Bless the departed to be well, happy and peaceful
- Abide by the law of the land and
- Ground your family in a harmonious way of life free of unworthy efforts.

Once it was brought to the attention of the Buddha the question of an old man marrying a very young woman. In one of the *Suttās* in the *Anguttara Nikaya*, The Buddha points out that due to mental and physical tensions and the distractions in these circumstances, the family life cannot be maintained successfully. In the same *Nikāya*, it is mentioned that when a person is born to a harmonious family, this person becomes a blessing not only to the family but also to their environment of friends and others similar to the summer rains that make the crops thrive while generating a “good feeling” all around. In the *Migāsala Sutta*, the Buddha applies the term “*sadāra santushti*” to explain that with harmony, husband and wife gain the maximum benefits of their sexual life, the pinnacle of married life. The successful married life or a harmonious family is a blessing not only to the people around them but it is also a state to which even the divine beings pay respect, according to the *Sakkaanamassa Sutta*.⁹

Writing an analytical account of *Singālovada Sutta*, S. Daya Fernando¹⁰ explains that the wife shall not be understood to be a slave of the husband while both of them enjoy equal rights in the partnership which becomes a close association of two trusting friends.

The book “The Chicken and the Duck”, of *Ajahn Chah* provides a good anecdote for pre marriage and family counseling. A newly married couple went for a walk together in a wood, one

⁷ A.V.Purisa Bandhana Sutta p .80-81

⁸ A.V.Itthibandana Sutta p.80-81

⁹ S.I Sakkanamassa Sutta .p.416

¹⁰ S.Daya Fernando. Budu Samaye Desapālana Cintanaya (Sinhala Edition)p.175

fine summer's evening after dinner' They were having such a wonderful time being together until they heard a sound in the distance:

"Quack! Quack"

"Listen, said the wife, that must be a chicken"

"No no' that was a duck," said the husband.

"No, I'm sure that was a chicken," she said.

"Impossible, Chickens go 'Cock a doodle doo' ducks go 'Quack, Quack!'" That's a duck, darling," he said, with the first signs of irritation.

"Quack! Quack" It went again.

"See! It's a duck" he said.

"No dear' that's a chicken. I'm positive" she asserted, digging in her heels.

"Listen wife! That is a duck. D-u-c-k, duck! Got it? He said strongly.

"But it's a chicken" she protested.

"It's a friggin' duck, you, you..."

And it went "Quack, Quack! Again before he said something he oughtn't.

The wife was almost in tears. "But it's a chicken"

The husband saw the tears welling up in his wife's eyes and, at least, remembered why he had married her. His face softened and he said gently, "Sorry, darling, I think you must be right. That is a chicken."

"Thank you darling," She said and she squeezed his hand.

"Quack! Quack!" came the sound through the woods, as they continued their walk together in love.

The insight that the husband finally awakened to was this: who cares whether it is a chicken or a duck? What was much more important was their harmony together and that they could enjoy their walk on such a fine summer evening. How many marriages are broken over unimportant matters? How many divorces cite "chicken or duck" stuff.

When we reflect on this story, we will remember one's priorities. The marriage is more important than being right about whether it is a chicken or a duck. And besides, how many times have we been absolutely, certainly, and positively convinced that we are right- only to find out later, we were in fact totally wrong? Who knows, that could have been a genetically modified chicken made to sound like a duck!

Throughout this paper I have attempted to point out the importance of the Buddhist principles in pre marriage counseling. Therefore, in concluding, it becomes obvious that maintaining the functionality of families impacts society because the family is the smallest unit of society. The family unit provides a conducive environment for the emergence of a united and just society. In the Buddha's Teachings, we recognize the concept that each person is responsible for his/her own actions and behavior and must accept the accompanying results whether good or bad. The teachings also recommend guidelines to lead a harmonious family life, as an average householder, with wholesome outcomes indicating that this Teaching is not only about human suffering and reaching



Nibbana. The importance lies in the fact that these principles of counseling are focused to alleviate root causes in an approach to prevent problems from arising, rather than problem solving. It's a way of family health promotion. Though the goal of this Teaching is achieving enlightenment, the same concepts can be applied to maintaining a harmonious life. From this discussion it becomes evident that most of the concepts of modern psychology and sociology are similar to the Buddha's Teachings. Only through analytical discussions can the Buddhist concepts be explained to the benefit of people who need help in healing and achieving inner peace and happiness.

Buddhist Social Work: A Case Study of the Samrong General Hospital



*Petcharat Lovichakorntikul¹, John Walsh², Pacapol Anurit³
School of Management, Shinawatra International University*

Prelude:

Human Resource Development (HRD) is a crucial element in contemporary organizations and determines their future to a significant extent, especially in the healthcare business, which has been changing and developing according to emerging trends such as the problems of insufficiency and the inequitable distribution of healthcare professionals, as well as certain morality and ethical issues. While the public perception is that healthcare professionals who are working to heal patients and save lives must have kind and generous minds, this is not always the case and, in HRD, it remains necessary to develop the minds, attitudes and perceptions of healthcare professionals to be ready to serve others. Many Thai people are very familiar with Buddhism because most ceremonies and ways of life are related to Buddhist cultural practices. Buddhist teachings are implanted into their minds as well as the understanding that their ancestors followed the same methods and principles. Some believe that the nature of belief is changing along with changes in contemporary society, which privileges material goods above spiritual ones. In response, it is necessary to reinvigorate Dhamma teaching so that it speaks more clearly to present generations. This research is, therefore, based on certain Buddhist ethical principles, such as the five precepts (*Pañcasīla*), the basis of success (*Iddhipada 4*), the sublime states of mind (*Brahmavihāra 4*), and meditation. These have been implemented in a Samut Prakan province hospital since its inception. Hospital founders concentrated on creating ethical and potential human resources rather than creating task-specific activities. This is a qualitative research study featuring management level and operational level employees in in-depth face-to-face interviews together with a focus group with relevant participants exploring the Buddhist social work scheme in this hospital. Findings and recommendations from the research are presented.

1. Introduction

Once newly graduated students change the academic life for the working world, most of them look for satisfying jobs. Important factors include being well-known and secure companies offering reasonable salary. However, they are rarely able to obtain what they want because most companies wish to minimize their costs and maximize their profits. Some organizations, especially in Asian countries, require employees to be responsible for multi-tasking. For instance, one person could occupy more than two positions with diverse duties. Previously, especially in Japan, high levels of loyalty to firms were engineered. It was common for people to work for one company from graduation to retirement. Moreover, they might serve that company through three generations. However, many

¹ Petcharat Lovichakorntikul is a Doctoral Candidate at Shinawatra International University, Bangkok, Thailand

² Dr. John Walsh is an Assistant Professor, School of Management, Shinawatra International University

³ Dr. Pacapol Anurit is an Assistant Professor, School of Management, Shinawatra International University



of these attitudes, values and lifestyle have changed. New generations do not care to work for a single large company for their whole career. Owing to economic and social development, they have better opportunities to vary their working lives, start their own businesses or create their own working environment. This has changed recruitment patterns. Some companies have responded by promoting the idea of lifelong employment to attract new graduates. The Samrong General Hospital, for example, brings Buddhist principles to the workplace and promotes socialization in Buddhist concepts for staff members. The founders and top executive management perform as if they were parents of their staff members and create a “paternalist” environment. They feel happy to work there under Buddhist doctrines that they practice in their real daily lives both for personal and working reasons.

2. Literature Review

There are many subdivisions within Buddhism, but most can be classified into three major branches: Theravāda (“Way of the Elders”), Mahayana (“Greater Vehicle”) and Vajrayana (“Diamond Vehicle”). Theravāda is the older version of Buddhism which believes in nibbāna, that everyone can attain it by purifying the mind and abandoning all worldly pleasures. This school follows the basic principles of the Pāli canon and, by this standard, may be identified with primitive Buddhism. Large numbers of people in India, Sri Lanka, Myanmar, Thailand, the Lao People’s Democratic Republic and Cambodia are Theravāda Buddhists. Mahayana has been subdivided into several diverse schools, such as Zen, Pure Land and Nichiren, with the purpose of reinterpreting the Buddha’s esoteric doctrines to gain universal acceptance. The People’s Republic of China, Japan, Korea and Vietnam are within the Mahayana sect and exhibit a more liberal interpretation of the Buddha’s teaching. Vajrayana Buddhism tradition is an esoteric sect that is predominant in Tibet, Mongolia and Nepal and promotes the idea of enlightenment being achievable as if being struck by a lightning bolt (Anonymous; Anonymous, Religion Facts, 2007).

Brummans and Hwang (2010) conducted an empirical research study into Mahayana Buddhism concerning the organization of everyday practices within the Buddhist Compassion Relief Tzu Chi Foundation, which is a Taiwanese Buddhist nonprofit voluntary organization. They found that the practice of Buddhist compassion and wisdom were implemented in an organizational context, showing significant interactions between Buddhist philosophy and organizational activities. In Thailand, the majority of the population is Buddhist and, thus, most ethical principles come from Theravāda Buddhism, its beliefs and faiths which are the basic foundations influencing Thai people’s thoughts, personalities and actions. The Buddhist philosophy is both simple and very practical. It has been applied to some organizational contexts (Lovichakorntikul & Walsh, 2011). Wongphaet (2010) described the “Five Precepts” as a foundation to develop peoples’ minds with a direct impact upon job performance. Further, the “*Iddhipāda* 4” inspires aspiration, effort, dedication and investigation and is a core part in the working life. The “*Brahmavihāra* 4” is composed of loving-kindness, compassion, sympathetic joy and neutrality. It is at the heart of the issues involved in people living together. At the Samrong General Hospital, when there is a meeting, this is also an opportunity to provide *Dhamma* teaching and give their employees various insights and suggestions (Lovichakorntikul & Walsh, 2011).

Buddhist Principle: The Five Precepts (Pañcasīla)

The Lord Buddha stressed to all people the importance of trying to develop the soul in the midst of the hardships of life on earth. People can develop themselves to win the bliss of enlightenment or the highest level possible in the next world, which is also known as eternal bliss or nibbāna (Cittasobhano, 1982). In addition, to protect lives, property, family, true information and the wisdom to which human beings can aspire, the Lord Buddha has laid down the five precepts or *Pañcasīla* as a human virtue that is part of the basic morality of the Buddhist philosophy. Phrabhavanaviriyakhun (2010) interpreted the meanings of each precept in different aspects as explained in the table below:

Order of Precepts	Explanations
1. To abstain from killing any living beings	To give life safety to oneself by not killing other people/animals
2. To abstain from stealing or taking what is not given	To give property safety to oneself by not stealing others' belongings
3. To abstain from sexual misconduct	To give spouse safety to oneself by not have sexual relationship with others' spouses
4. To abstain from telling a lie, false speech	To give faithfulness to oneself and others
5. To abstain from intoxicants causing carelessness	To give consciousness to oneself and others

Source: Phrabhavanaviriyakhun (2010).

This concept is similar that of Thanissaro Bhikkhu (2011), who explained that if we maintain the standards of the precepts, as the Buddha mentioned, we are providing unlimited safety for all lives, particularly the first precept. We also provide unlimited safety for other possessions and sexuality, and unlimited truthfulness and mindfulness in our communication with them. When we find that we can trust ourselves in matters like these, we gain an undeniably healthy sense of self-respect. In this interpretation, the concept of reciprocity is made very clear. The actions of an individual will rebound directly and proportionately in the future. The temporal delay is uncertain but causality is certain. While it may appear that unjust acts are not being punished, this may be an issue of temporality. The same, presumably, must be true for rewards to be received for virtuous acts performed. It may also be the case that the reward for the act will not arrive in the same form in which the original act manifested itself (Lovichakorntikul & Walsh, 2011). Keeping the five precepts in daily life means not only avoiding antagonism but also protecting other people's lives by giving them safety in these five aspects. Consequently, the society would be peaceful and orderly.

Normally, working in a healthcare organization, to maintain the first precept is not a problem. Wongphaet (2011) observed “We do not kill anyone, instead we help patients to be safe and save their lives also. But most interviewees agreed that taking the fourth precept is a really difficult one since they always talk nonsense, chatter or sometimes they have to comfort patients or soothe them. This is relevant to the business world as well. In this particular situation, the teaching from Phramongkolthepmuni (Mata, 2010) is a good example stating that the holy speech is worth doing because one will have a holy word from telling the truth and not be incoherent. People who observe the fourth precept will apparently have nice white teeth and a good smell. He or she will have holy and powerful speech which leads to success and truthfulness in the next life, if it can be sustained in this life.

Buddhist Principle: The Basis of Success (Iddhipāda 4)

It is the basis of success or path of accomplishment (Phradhammapīṭaka, 2003) which consists of 1) *Chanda*: will, zeal, aspiration; 2) *Virīya*: energy, effort, exertion, perseverance; 3) *Citta*: thoughtfulness, active thought, dedication; and 4) *Vīmaṃsā*: investigation, examination, reasoning, testing. Whereas Phra Buddhadasa Bhikkhu (1957) identified that *Iddhipāda 4* is the chain of continuous righteousness and each form of goodness has its own particular duty starting from *Chanda*, which is the basic foundation supporting other virtues. *Virīya* is how to pursue until one reaches the target by acting bravely. *Citta* is the intention within one’s mind and not giving up from doing, including the sense of concentration. The last one, *Vīmaṃsā* is the way to investigate causes and effects and improve to the better and the best ultimately by having totally wisdom. With this virtue, it will take anyone to be successful in worldly life and in attaining the nibbāna at large (Phrarajabhavanavisudh, 2004).

Buddhist Principle: The Sublime states of mind (Brahmavihāra 4)

This virtue is composed of 1) *Mettā*: loving-kindness, friendliness, goodwill; 2) *Karuṇā*: compassion; 3) *Muditā*: sympathetic joy, altruistic joy, no envy; and 4) *Upekkhā*: equanimity, poise, neutrality (Phradhammapīṭaka, 2003). *Brahmavihāra 4* means the Dhamma of *brahma* which is the Dhamma principle for human beings and it will help us to have purely lives. Whoever can keep his or her mind neutrally, he or she can maintain the precepts at all times and might subsequently attain the wisdom within (Anonymous, 2004).

3. Methodology

This paper is an empirical case study, consisting of research using a qualitative method along with the secondary data in order to scrutinize facts from the real situation in the Samrong General Hospital. Interviews were conducted in person and on an in-depth basis, in addition to focus groups; which were recorded and subsequently transcribed. Some interviewees were contacted in advance for interviews, so as to obtain the right and relevant participants. Other respondents were contacted by chance to balance the data, not to receive only well-prepared information and to address overly

homogeneity of data. The Managing Director, the Human Resource Manager, chiefs of various departments, and operational staff members were interviewed by answering specific questions. Further, their body language was also observed and it was found that this was meaningful to these findings. Secondary data from articles, Dhamma books, online accesses and thesis papers have also been integrated into the research.

4. Analysis - Overview of the Samrong General Hospital

The hospital was established in 1981 by a couple of medical doctors who desired to have a place to save the lives of patients and injured people in Samut Prakan province. Before that, it was very difficult to access remote hospitals in Bangkok and many patients would die before being able to receive medical treatment. When they opened the private clinic, there were only two hospitals available but now there are 26 private hospitals nearby. Thus it is highly competitive for the healthcare business in that area but the 250-bed Samrong General Hospital remains one of the leading medical institutions in Samut Prakan province because of its policies, management principles and, it is claimed, Buddhist-based organizational practices.

Founders Dr. Sutep and Dr. Prapa Wongphaet graduated from German universities and had a clear vision that: “This hospital will save patients’ lives and help them to get better, we do not want to make any business or aim for profits from patients’ lives.” Consequently, they have never ever asked any patients before helping them that “Do you have money?” or asked them to make a deposit in advance (Wongphaet, 2011; Wongsutal, 2011). The first thing for all employees to do for patients is to help and save their lives.

More than 600 staff members, including physicians, nurses, nursing assistants and back office staff members serve about 1,800–2,000 outpatients daily. Approximately 60% of them are patients with the social security fund program, of whom some 110,000 people are registered with Samrong General Hospital. More than 600,000 patients are treated annually. From an internal survey, it was determined that patients were impressed with staff members and services.

In 2000, the Samrong General hospital was the first in Samut Prakan province to receive ISO 9002 certification and was recertified in 2006; it was also accredited by the Healthcare Accreditation Institute, receiving Hospital Accreditation (HA), again the first hospital to do so in Samut Prakan. In 2009, it was the first hospital in the province to receive ISO 9001 certification and, in 2011, HA reaccreditation was received. Since 2006, the hospital has received best organization award in Labour Relations for five years consecutively, which brought them pride. With a good relationship between employers and employees, this corporation sees no need for a labour union in its workplace. Thai law is very repressive towards freedom of association, freedom of speech and collective bargaining in the workplace.

Organizational Policies

The first crucial policy of the Samrong General Hospital is to refuse to perform procedures which they consider to be morally questionable, such as abortion and sexual reassignment surgery.



They claim they wish only to do ‘good’ and ethical actions, including “transparency” with respect to accounting and financial systems. In addition, they have just one accounting system for submission to the Revenue Department (RD) of Thailand ever since their establishment. As a result, Ms. Laiyankurn (2011) indicated that this accounting and taxation system for the RD represents her most proud lifetime achievement. Being an honest person makes her feel comfortable and happy to work with and, consequently, the Government Saving Bank is in the process of providing Samrong General Hospital with a “Good Governance” award in the year 2011.

This policy also applies in the marketing department, in which they claim or launch any programs to customers, then they meant as they stated to them. As a Marketing Manager who has been with this organization since she was a trainee in the accounting section in 1982, Ms. Krigchak (2011) felt very proud of working in this hospital since she has never told a lie to her patients. Whatever she promises to her clients, she can do it without any change. She is happy with her life that she does not make any sins by breaking the fourth precept because of the hospital’s policy.

With the original intention, the founders wished to be a “safe shelter” for patients and employees in Samrong district. Moreover, they think that the hospital is a place that they could earn more merits because it is a place to save patients’ lives. Once the Social Security Office operated in 1991, the Samrong General Hospital accepted employees and people who have a medical care service in 1992. Since then, they have been serving this group more than 20 years with as the same standards as other patients. Because of the large numbers of patients in this group and also other patients, the revenue could cover all expenses and make them pursue their objective.

To expand their business is not the main idea for them. They would prefer to have a small size that they can take a “closed-look” and prolong the family-like or paternalistic environment in their organization. Hence, they stress on “quality” more than “quantity.”

For the master plan, everyone in the hospital participates in order to share their ideas and suggestions. They have plans for building up new generations to replace the old staff who are going to retire in the future by connecting them with Buddhist principles particularly the “*Brahmavihāra* 4.” Especially the loving-kindness, Mr. Wongphaet (2011) stated that it would help his new staff members who work for the operational level dramatically. According to the new employees, most of them are still young. They need to learn and have more responsibilities. Regularly they make some mistakes by their carelessness or being late to work, fortunately he handles these problems by having the senior staff to be in charge of this section. With her mercy and warm-hearted, she could sit in their hearts by means of giving sweets and snacks to them; understanding them; and talking with them nicely.

Organizational Cultures

The dominant organizational culture of this firm is to train its employees to be “good, smart, and happy” persons respectively. To compare the healthcare business staff with other fields such as the manufacturing or factory staff, the conspicuous point is people who work for hospitals are likely to have tender minds and soft characters. It is much easier to train them. Therefore, it reflects to the organization’s cultures at some degrees.

The Managing Director has expressed that every policies and projects should get started from the top and senior executive management going down to the operational level. The role model persons play a vital part for their subordinates to follow, then they should pay respect to everyone including their followers, and not look down to them. Subsequently, it will be like a chain reaction that will get back to the senders. As a small piece of jigsaws, everyone goes to the same direction and ultimate goal, eventually they will reach their aim. And it will be a nice “whole picture” of the corporate.

To support doing good deeds is a positive thinking to create a nice working atmosphere in the Samrong General Hospital. They encourage their employees who come up with good ideas and give them a chance to do so. Not only for the organization’s projects but also for employees’ benefits, for instance, they have a “handicraft club” to teach participants having more skills, producing some products, and earning some money for a side-line job. Whereas some off-duty staff members could set up booths at the hospital to sell their goods.

Management Styles

The organization chart is a horizontal-oriented. They do not have several lines of commanders in order to have rapidness and flexibility in management and making decisions. Hierarchy is one of the obstacles in organizational management. According to Kettley (1995) explicates the components of human resource management strategy which typically accompany the move to a flatter structure are: 1) a greater emphasis upon team working; 2) cross functional working; and 3) employee involvement or empowerment. At the Samrong General Hospital, everyone can come and talk to the Managing Director directly.

One-minute meeting every morning is one of their strategies to implement in the hospital. Only the urgent issues or updated information will be reported to the Managing Director. Thirty-minute meeting will have every week for each department and One-hour monthly meeting is for the management team. Every six months, they will hold an executive meeting for a few days to examine, analyze, and plan ahead for hospital’s directions (Wongphaet, 2011).

Managing people is the first priority to do before managing tasks, therefore, they emphasize on souls and minds of their employees by applying the Buddhism into their working environment. SHA (Wongphaet, 2011) stands for Sustainable Health Care and Health Promotion by Appreciation and Accreditation that the management team has designed for its work. Furthermore, they encourage their employees to create the learning organization, and to understand life and working approach by applying consciousness, supporting concentration, and implementing their wisdom to solve problems acquiring benefits for all.

Once they face with problems or obstacles, they will communicate and search for causes. After that they will analyze, adjust, and correct them. Back to 2006, Ms. Nijjanpansri (2011), the Human Resource (HR) Manager expressed that the HR department had surveyed and found out that more than 90% of their staff indicated that they were happy in their lives and working with this organization. These happiness indexes showed for 5 years consecutively. With the effort of HR department, they were working on the survey again, but on the other hand they were looking for the hardship of their employees and finally they came up with the problem of their debts. Hence, they



set up “The Samrong General Hospital Saving Cooperative Limited” to solve financial situations of their employees. It was a good example that they managed and tried to please their staff.

Projects/Activities

The organization has provided several projects/activities for their staff members to support them working happily. Most of them are base on the Buddhist principles as follows:

1. Internal Projects/Activities

- “Inexpensive Lunch Project” has been operating about 10 years ago. It costs only Baht 5 per meal. This program helps employees to save their money on living. In reality some staff quit from this hospital, then they came back again because of this program since they could save more money if they work here. For instance they have 3 meals/day, it will be only Baht 15.
- “Half-price Rental Apartment” provides for employees who have a salary less than Baht 10,000 which means employees pay for the rental charge only 50% and another 50% will be paid by the hospital. And another good advantage for this program is that they can only walk from their residency to the workplace, then they can save for the transportation charges as well.
- “Half-price Shoes” is another project that the firm would like to give more benefits to staff members, so they pay only a half price of their shoes and the hospital pay the rest for them.
- “Free 3 Uniforms” for one year and a half to their employees. Some companies give 2 uniforms to their staff every year but this idea is more reasonable. Since Thai people rarely use the dryer machine, once their uniforms get wet, then they will get troubles with the shortage of their uniforms.
- “Scholarship” for employees and their children which is no obligations and conditions. More than 20 years ago, the founders had a broad vision by sending their employees to study at a master’s level. All of them still have been working for the hospital until now.
- “Making Merits” on a monthly basis for ones who were born in each month operated by the HR department. The activities include making donation (*Danā*), praying, listening to Dhamma sermons, and meditation. This is to emphasize that their career is a merit making one which they will receive good things from their good deeds every day and to assure them to be proud of themselves. It is such a good activity and help participants feel happy and get a chance to do good deeds together on their special occasions.
- “Practice Dhamma and Meditation” on the first day of every month. According to they will have new employees start working on that day. This is kind of a Dhamma orientation for them as well, in the mean time other staff members can attend this program and will not count as absentees.
- “Dhamma Retreat” will provide for supervisors, leaders, and ones who are interested in Dhamma practices. This program will arrange for 7 days with the Young Buddhist Association Under Royal Patronage in Pathum Thani province, and will not count as absentees. The corporate will provide a ride and support all expenses for attendants.

- “Retirement Plan” for staff members who are going to retire, Mr. Wongphaet will give them suggestions and plan for their future. Some want to extend working, while someone want to further their study to be an instructor. They will get support from the organization.

2. External Projects/Activities

- “Health Education” is to promote how to take care of good health to the community in Samrong District.
- “Free Physical Check-up” to nearby community and policemen in that area.
- “Anti-Drugs” is a program that the Samrong General Hospital provides for schools and community and gives knowledge on drugs in order to prevent them from drugs and to help addicts stop taking drugs. The Samrong General Hospital is a “White Hospital” in Samut Prakan province as well.
- “Samrong Ruamjai Foundation” was established in 1983 and has been helping the needy since then.
- “Scholarship” to youths on the Children’s day and other occasions in community around Samut Prakan area and also donating book supplies and stationery to schools.
- “Mobile Blood Donation”
- “Vocation Education” is a teaching program to housewives to learn how to develop themselves and improve their skills to earn more money.

Spiritual Environment and Development

With their objectives to be “A giver” to their employees and community, it was explicit that the founders and top executive management have been performing this scheme since then. They would like to help miserable patients to be happy, and in case they could not help and they would be dead, they desire to help them to be rest in peace. And the patient’s relatives feel good that the hospital gives a good treatment. Moreover, the staff on Intensive Care Unit (ICU) of the Samrong General Hospital was trained to know-how of giving good suggestions and taking care of patients who are going to pass away, comforting them to be calm down, also inviting the Buddhist monks to preach them and pray for them.

On the back of employees’ identification card (ID), there are 6 declarations: 1) Be loyal to the organization; 2) Be nice to all patients; 3) Love and honor all co-workers like a “Samrong Family”; 4) Follow the rules and regulations of organization; 5) Be diligent, honest, and responsible; and 6) improve oneself to develop the corporate. Thus, this is a statement that will remind all of staff members to perform good deeds everyday when they put on their ID.

Besides, the HR department showed the movie “*Departures*” to staff members. It was a Japanese movie which won the academy award winner for best foreign language film in the U.S. and received 10 Japan academy prize awards in 2009. It was about an encoffineer who performed his duties with his heart and devoted all his effort to decorate corpses beautifully. The main idea



from this movie was that although they were dead, but he prepared the dead bodies be ready for the cremation. He did not behave in a bad manner or neglect to them; in the mean time the staff members are in charge of persons who are still alive. After watching this film, most of employees got in tears and made a resolution to take a good care of their patients. It was very touching and useful to cultivate senses of morality by this method (Nijjanpansri, 2011).

In addition, the HR department provides a basic course for their new employees training them to be good helpers with their pride such as one staff member working in a service aid department for 3 years, Mr. Wongsutal (2011) pointed out that “I’m very proud of my job to help patients and save their lives. I’m doing like “a giver” and I give help to everyone without any prejudice, unfairness, and discrimination. And I never expected to get anything back from them.” Before working here, he had experienced as a salesman, chef, and clerk in various places. Finally he decided to follow his father who has been working with this hospital for 18 years and he said that he is happy every day and he does not want to change to other jobs or even change to another department in this firm because at his point only 3 minutes he can save others’ lives. Thus, it is very important for him to do so. Once he helps these people, he feels happy within. During the interview, he always had a big smile on his face and his eyes.

The persons who give out with their pure intention will get good things in return. It was proved by Mr. Wongsutal (2011) that his patients always come back to visit him and buy some snacks for him treating like he is their child or relative. One kind of situations that happens quite often is that he has free meals because the food owners in that area do not charge it. They told him that he took a good care of them when they were in the hospital.

Not only the aspects from their patients, but also the warm feeling from their employees will be the happiness index that indicates how working environment of this firm would be. Ms. Suwannawin (2011) addressed her feeling that she is eager to work every day, with her 18 year-experiences. During her weekends, she is looking for Mondays to go to work. She feels like this is her family. Similarly, Mr. Wongsutal (2011) said that “We spend time working here more than we are at home, so I feel like this in my second home. We are brothers and sisters. Everybody gives hands to help each other. We are happy here.” Additionally, Ms. Kongpreecha (2011) added that “Working at this hospital for 30 years, it likes a love-bondage and makes me feel that this organization is more than my house.” Further, Ms. Roadduang (2011) impressed on organizational culture that everyone greets and bows to each other both in the morning and in the evening. She feels like being in a warm family. The corporate also gives a chance for employees to study and practice Dhamma. Hence, they could calm down their minds, and have more consciousness (Onanong, 2011; Roadduang, 2011).

Likewise, Ms. Onanong (2011) explained to her subordinates that “We are so lucky to have a good boss who is generous to us and to our patients so we have to do our best for our hospital.” In addition, she also shares Dhamma teachings with her patients and patients’ relatives by praying and meditating with them (Seangtharathip, 2011; Onanong, 2011). Correspondingly, Ms. Wongsirinopakun (2011) indicated that her department always sponsor for the Dhamma books providing for patients free of charge. This method helps her staff to read more Dhamma teaching as well. Once the staff members have Dhamma inside their minds and they practice in everyday life, then they can serve patients with fully service-minded which come out of their pure intentions as Swanson and Holton (2001) cited that the HR professionals use a tool for the benefits of the organization. With this method, however, it is beneficial to both employees and the corporate.

From the internal projects such as the “Inexpensive Lunch Project” and “Monthly Making Merits” providing for their employees, the HR department has extended these 2 programs to be successful in 2011 as following:

1. “Full of Merits” is the project that supports any staff members who practice 3-minute meditation in each department every day. They can do it 3 times a day: morning, noon, and afternoon. Once one does it, he or she will receive a “meal coupon” amounting Baht 5. Then they will get meal for free and if they practice meditation 3 times/day, totally they will have 3 coupons. It means they can save their money in each day. Ms. Nijjanpansri (2011) and the HR department emphasize this project by following up to each department and taking pictures of these activities and post on the board. It was a good encouragement.

At first, some departments could not make it, for example the ICU section, thus they take turn to do so (Seangtharathip, 2011); the security guard section has no place to meditate, then they just sit on the floor in front of the Chinese spirit house next to the hospital (Nijjanpansri, 2011); for the service aid section, they have to be ready to serve patients all the time, as a result they have a standing-meditation for 3 minutes after 1-minute morning meeting (Wongsutal, 2011). Whereas at the beginning some departments get against from young members, however the head of that department encourage them to try and later on they could meditate longer starting from 3 minutes to 5 minutes and up to 10 minutes which they themselves ask for it (Laiyangkurn, 2011; Seangtharathip, 2011).

For the back office staff members, they get together at 7:45 am at the conference room on the 7th floor to do the morning chanting and meditation from Mondays to Fridays every week (Charoenchai, 2011; Laiyangkurn, 2011). From the record of HR department, it showed that the numbers of coupons is increasing originating from 3,440 coupons in April to 4,364 coupons in May and up to 4,752 coupons in June 2011 (Nijjanpansri, 2011).

This program is very successful that each department could gain more “free meal” coupons and they have a “coupon box” in each department, whenever anyone get a coupon, he or she will drop it in that box to share to others. And the one who needs to get a meal, he or she will draw one coupon from the box. Some departments use these coupons to buy some special foods to eat together occasionally. During the focus group interview, some departments realized that the service aid staff members really need to have more meal coupons, so they will share to them later on. (Kongpreecha, 2011; Laiyangkurn, 2011; Nijjanpansri, 2011).

2. “Monthly Making Merits” started from the HR Manager. She thought that in the previous year, employees learned how to receive from others on their birthdays such as getting a birthday gift from the HR department, receiving blessing and Dhamma sermon from the monks. Hence, in this year she would like them to be “a giver” instead (Nijjanpansri, 2011).

This project will be held on the forth Friday of every month for everyone who is interested in making merits not only for the birthday people. They will meditate and



listen to Dhamma sermons from Buddhist monks. Further, the alms offering will be prepared by the donors. This is the more advanced stage that they have cultivated to their employees' minds. Mr. Wongphaet (2011) stated that our lifetime is very short, we should have a clear objective in our life. To purify our minds is a good thing to do so and our minds today should be better and purer than yesterday. This is kind of a spiritual development in our everyday life (Phrarajabhavanavisudh, 2004).

5. Discussion and Conclusion

The Samrong General Hospital applies both approaches: the Buddhist principles, and the Innovative management approaches in managing their human resources as below:

1. The Buddhist principles: basically they base on Buddhist principles since the beginning as the statement of Phradharmakosajarn expressed in the 30 years of the Samrong General Hospital book (2011) that "The Wongphaet family has been supporting Wat Prayurawongsawas Waraviharn before 1957. This family is aware of the importance of Buddhism. It is noticed that they all support and take good care of Buddhist monks and laypeople. Besides, they bring Buddhist doctrines and implement them by inviting monks to give monthly Dhamma lecture to their employees. In addition, they also promote staff members to make donation, take five precepts, and meditate in order to develop their quality of life. It is such a good work to create a peaceful world." It would claim that this corporate has truly built a "Buddhist Social Work" in their workplace.

From observation, the researcher found out that the most conspicuous of Buddhist principles that is applies in this firm was *Mettā* or loving-kindness. The teaching of Phramongkolthepmuni (Mata, 2010) clarified about the powerful of *Mettā* that everyone can do it. We all have loving-kindness to others as if mothers love their children, in other word, we will get tremendous of loving-kindness in return. For the Samrong General Hospital, starting from the founders passed along to the second generation, the Managing Director. One of the interviewees showed her impression of the top management level by giving a case of one staff members who got pregnant and found out that her child had a thalassemia. Once Mr. Wongphaet had known about this issue, he told her not to get an abortion and he would support all treatment expenses. As a result, that child is still alive until now.

Particularly, *Mettā* from the Managing Director, there were two more witnesses, Ms. Charoenchai (2011) and Ms. Laiyangkurn (2011) who felt very impressed and appreciated in his mercy and support both verbally and performingly. Ms. Charoenchai got a breast cancer, brain tumor, and thyroid but she used Dhamma and medical treatment to heal her symptoms. Sometimes, she felt suffered but Mr. Wongphaet gave her warmed words, cheered her up, and concerned about her health. This was the same as Ms. Laiyangkurn who also got a brain tumor. At this present, both of them are normal. They can work regularly and also give Dhamma talks to the sufferers by showing their cases to them.

From the employees' impression, it presented that leadership is truly vital in each organization especially the leaders who have morality in their minds and apply

to management policy. Moreover, leaders handle and organizes thing with their ethical thinking, then come out through their speeches, and finally transit into their actions. Subordinates could perceive and touch by their hearts as well (Krigchak, 2011; Onanong, 2011; Suwannawin, 2011; Wongsirinopakun, 2011).

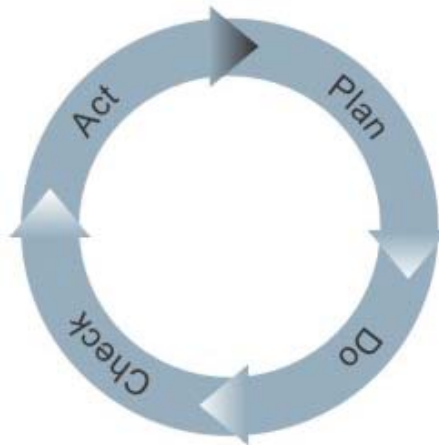
2. The HR management approaches: according to Stone (2009), he indicates how to manage human resources especially on-the-job experience which starts from:
 - 2.1 **Coaching** is planned one-to-one instruction. The coach sets a good example of what is to be done.
 - 2.2 **Mentoring** involves the creation of a learning relationship with the mentor acting as a coach and role model.
 - 2.3 **Behavior Modeling** or observational learning is how people learn from others' experience.

As the above method, the Samrong General Hospital always follows this step by step and also showed in its policy.

3. Another perspective from Mr. Wongphaet (2011) was a linkage between the Plan-Do-Check-Act cycle (PDCA) or the Deming Wheel which is used for the quality management approach (Anonymous, Mind Tools) and *Iddhipāda 4*. Additionally, the HR department implemented this approach in its practices, analyzing from several programs and activities. The four-step in the PDCA clarifies as follows:
 4. **Plan:** Identifying and analyzing the problem.
 5. **Do:** Developing and testing a potential solution.
 6. **Check:** Measuring how effective the test solution was, and analyzing whether it could be improved in any way.
 7. **Act:** Implementing the improved solution fully.

These are shown in Figure 1 below.

Figure 1: The Plan-Do-Check-Act Cycle



8. Since the Samrong General Hospital is a service firm in the healthcare business, due to the five dimensions of service quality or “Servqual” which measures the service quality in various service organizations (Looy, Gemmel, & Dierdonck, 2003), the researcher analyzed from their practices from Buddhist doctrines such as *Iddhipada 4* and *Brahmavihāra 4* related to the five factors of Servqual as following:
 - 8.1 **Tangibles** – the appearance of physical facilities which provides for services and communication material. In this case, this year they just renovated the emergency room for this purpose because their location is in the industry zone and vocational schools, most of their patients get an accident or are injured. Moreover, they also decorated new rooms for inpatients feeling comfortably like in their home.
 - 8.2 **Reliability** – consistency of performance and dependability. This framework was approved by the Marketing, and Accounting and Finance department that assured on the “transparency” policy.
 - 8.3 **Responsiveness** – the willingness to help customers, prompt service. One example was staff members both the front-office and the back-office who keenly offered help to patients and the researcher. During the walk around the hospital, sometimes the employees asked for a permission to stop walking and greeted to their familiar clients.
 - 8.4 **Assurance** – knowledge and courtesy of employees and their ability to inspire trust and confidence. The researcher could affirm on their politeness from her observation.
 - 8.5 **Empathy** – caring, individualized attention to customers. This was implanted and cultivated to their employees since they first entered to this corporate and emphasize to them regularly by training courses and everyday working life.

However, as Looy et al (2003) stated about three different models of human resources management: the Michigan model, the Harvard model, and the Warwick model in terms of defining what needs to be done, and summarizing what is best for one company will not necessarily be best for another. That perhaps concludes into the criteria on Buddhist social work in each organization, yet it still depends on several factors which the top management team must integrate in terms of its context and practices base on human resources who play a crucial role in the healthcare business.

Nevertheless, one main factor that the Samrong General Hospital could create and maintain its Buddhist social work environment like this because the top executive level realize how its efficiency and potential to do so, with a certain number of employees. In the case of expanding business, they prefer not to do it at this present. The one who succeeds in one's life, he or she should know oneself thoroughly.

Notwithstanding, at this moment the Samrong General Hospital has reached its goal at some levels, but with the faith that "Today is better than yesterday, and tomorrow will be better than today." The researcher truly believes that they are on their way to still serve community and employees with their wholehearted basing on Buddhism principles. According to the research, Anson (2000) and Vestal et al (1997) identified that HR's role is critical in building an adaptive, learning culture with the capacity for rapid change by creating right values and behaviors in healthcare workers. In this research, the HR department of this firm was one of the good role models to demonstrate that they truly cultivate ethics and morality to their staff employees including increase the better way of their lives. The researcher also agreed that the Samrong General Hospital is on the right track to its target by creating a Buddhist social work and "warm" atmosphere in its workplace.

References:

- Anonymous. (n.d.). Mahayana Hinayana Buddhism. Retrieved September 29, 2011, from I Love India: <http://festivals.iloveindia.com/buddha-purnima/mahayana-hinayana.html>
- Anonymous. (n.d.). Mind Tools. Retrieved September 27, 2011, from Plan-Do-Check-Act (PDCA) Implementing New Ideas in a Controlled Way: http://www.mindtools.com/pages/article/newPPM_89.htm
- Anonymous. (2004). Palungjit. Retrieved September 27, 2011, from Brahmavihāra 4 Part 1: <http://www.palungjit.com/smati/books/index.php?cat=142>
- Anonymous. (2007, March 3). Religion Facts. Retrieved September 29, 2011, from Buddhist Sects, Schools & Denominations: <http://www.religionfacts.com/buddhism/sects.htm>
- Anson, B. (2000). Taking Charge of Change in a Volatile Healthcare Marketplace. *Human Resource Planning*, Volume 23, Issue 4, 21-33.
- Bhikkhu, B. (1957). Iddhipāda 4. Retrieved September 26, 2011, from Buddhadasa: <http://www.buddhadasa.com/rightstudydham/itibath4.html>
- Brummans, B., & Hwang, J. (2010). Tzu Chi's Organizing for a Compassionate World: Insights into the Communicative Praxis of a Buddhist Organization. *Journal of International and Intercultural Communication*, Volume 3, Issue 2, May, 136-163.
- Cittasobhano, P. (1982). *Buddhism and Thai Culture*. Bangkok: International Buddhist Students Association Annual Magazine .
- Kettley, P. (1995, July). Is Flatter Better? Delaying the Management Hierarchy. Retrieved September 26, 2011, from Institute for Employment Studies: <http://www.employment-studies.co.uk/pubs/summary.php?id=290>
- Looy, B. V., Gemmel, P., & Dierdonck, R. V. (2003). *Services Management an Integrated Approach (Second Edition)*. Harlow: Pearson Education Limited.
- Lovichakorntikul, P., & Walsh, J. (2011). Buddhist Principles for Human Resource Development Professionals in the Healthcare Business in Thailand. *Res Manageria* Volume 2 Issue 2, 1-9.
- Mata. (2010). *The Teaching of Luang Pu in the Contemporary World (คำสอนหลวงปู่สุโลกปัจจุบัน)*, Second Edition. Bangkok: O.S. Printing House.
- Phrarajabhavanavisudh. (2004). *Dhamma for Laypeople (The Blessing Life) No. 6*, First Edition. Bangkok: Rungsilp Printing (1997).
- PhraDhammapitaka, P. (2003). *Dictionary of Buddhism*. Bangkok: Mahachulalongkornrajavidyalaya University.
- Stone, R. J. (2009). *Managing Human Resources: an Asian Perspective*, First Edition. Singapore: John Wiley & Sons Australia, Ltd.

- Swanson, R., & Holton III, E. (2001). *Foundations of Human Resource Development*. San Francisco: Berrett-Koehler Publishers, Inc.
- Thanissaro Bhikkhu, G. D. (2011, March 8). *The Healing Power of the Precepts*. Retrieved September 26, 2011, from Access to Insight: <http://www.accesstoinsight.org/lib/authors/thanissaro/precepts.html>
- Vestal, K., Fralicx, R., & Spreier, S. (1997). *Organizational Culture: the critical link between strategy and results*. *Hospital and Health Services Administration*, Volume 42, Issue 3, 339-365.
- Wongphaet, S. (2011). *The 30 Years of the Samrong General Hospital*. Bangkok: Giant Point.

Role of Religion in the Rehabilitation of Offenders



*Ms. E.A.D. Anusha Edirisinghe
Dept. of Sociology
University of Kelaniya, Sri Lanka*

*A.P. Gunathilake
Chief Jailor, Remand Prison
Trinkomalee, Sri Lanka*

Introduction

As crime prevention and control of the re-imprisonment of offenders is a serious problem in Sri Lanka. In analyzing the number of convicted and un-convicted prisoners through the statistics of the Prison Department, Sri Lanka those show that there are different tendency patterns. Majority come from urban areas and relationship between education and criminal behavior. The following table shows the number of prison inmates from 2002 to 2010.

Table 1: The number of convicted and un-convicted Prisoners¹

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
Convicted	25023	27681	26898	33034	28732	31306	33566	37872	32128
Unconvicted	82187	88535	87456	96007	89190	99513	102245	108868	100491
Total	107210	116216	114354	129041	117922	130819	135811	146740	132619

There is an intolerable congestion in Sri Lankan Prisons due to the large number of convicted and un-convicted male and female prisoners are held together. This fact itself creates a lot of problems as they are to socialize back after the judgment is served. Some have to serve the sentence in short period whereas the rest have longer durations. Especially when selecting the convicted prisoners for rehabilitation the prison authorities have to face a lot of problems. Imprisonment has not been an effective way of controlling or preventing crimes.

To rehabilitate the offenders there are numerous programs. The researchers found out that the religious rehabilitation proved to be very effective than the vocational rehabilitation. Even though the rehabilitation programs are conducted, the prison authorities revealed that there is a tendency of fifty percent [50%] of inmates getting re-imprisoned.² It is an indication that the effectiveness of the rehabilitation programs is very low.

¹ Department of Prison Statistics, 2007, p.13- 45; www.prisons.gov.lk,09.10 2011

² Kodippili P.W,12.09.2011

This study was organized and conducted to have a scientific understanding of religion based rehabilitation of prisoners in a selected prison in Sri Lanka. Bogambara prison located in Kandy, Sri Lanka was selected prison in and the annual meditation program conducted to sort term convicted prisoners and long term convicted prisoners. It has supported to rehabilitation of prison jailed or capital punishment and other serious crimes. Vipasshana Bahavana was annually practiced for ten days and over 100 inmates were participated it. This study mainly concerned ten days meditation programs and other religious activities inside and outside of the prison. These programs were really supported their behavioral changes of inmates.

Methodology of the Study

The research area is a closed, main prison at Bogambara, Kandy, Sri Lanka. Convicted prisoners higher than the un-convicted prisoners in the Bogambara prison. There are more than 2000 convicted prisoners and 700 un-convicted prisoners in Bogambara prison. Purposive Sample 40 inmates were selected for data gathering in section of “G” ward. G ward was selected for the sample most of inmates representative ten days meditation program. The tools of in-depth interview and observation methods were applied to gather data for this study. Data gathered through those techniques were properly processed and analyzed to understanding the nature of the role the religion in rehabilitation of offenders.

Limitation of the Research

Limitations of the research were that only the offenders were selected because only they are selected for the rehabilitation program. Those who are serving death penalty were also selected. The collection of data from all prisoners was difficult but it was understood that there is a tendency for the religious rehabilitation program by those prisoners who serve long-term sentences and death penalty. Since the others are selected for many other rehabilitation programs they were not considered.

Personal Information of the Respondents

In this research there were both married and unmarried respondents. Out of the forty respondents thirty seven [37] were married and the rest were unmarried.

Table 2: Marital Status of the Respondents

No. of inmates	Married	%	Unmarried	%
	37	92.5	03	7.5

Those who are married are the head of the households in their families. As they get imprisoned there is certain negative effects work on their families. Therefore, it is of great importance that they should be rehabilitated soon before they get back to the society. The age group of the majority of the offenders was between 41-50 [52.50%]. There were 27.50% who are between the ages 30 to

40 years of age. Another 20% was those who are over 50 years of age. Within this group there are many who were convicted for grave crimes of rape and murder.

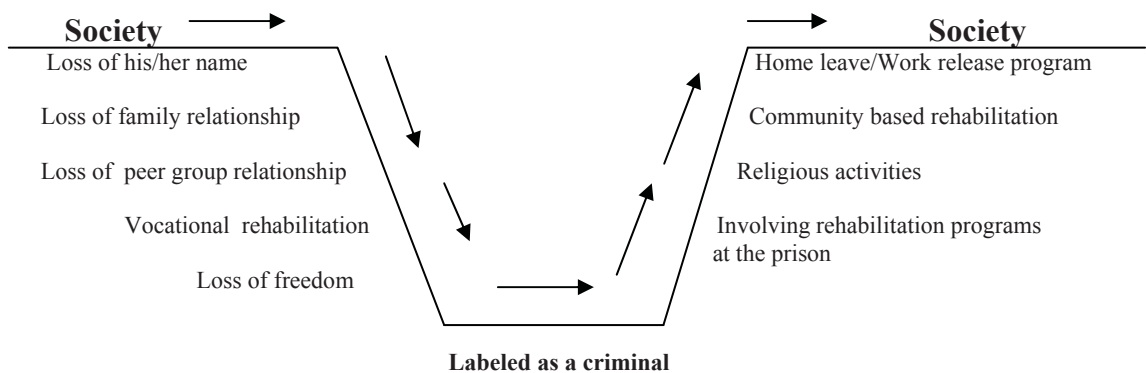
The level of education was also an important element in evaluating the anti-social behavior of the offenders and planning the rehabilitation programs. There were thirteen [32.50%] inmates who did not have the literacy capability at all. There are another twenty three [57.50%] who had studied up to GCE O/L and they had some literacy capabilities. Those who did not have literacy got the religious knowledge from those who have the literacy and there were certain attempts to get the younger inmates into these religious programs with the support of the leaders who represent the older generation. All the respondents were Sinhalese Buddhists and the observations and interviews aimed at the Buddhist religious rehabilitation programs.

The Need for Rehabilitation

Since inception the Prison authorities have understood the value and the importance of a correction process for both minor and major offenders. Rehabilitation has been conducted in various ways within the prison system and the religious aspect of rehabilitation is given a priority. Vocational rehabilitation helps the inmate to have a better future economic security by learning a specific skill that he or she can utilize in the world of work as the inmate is released. The religious rehabilitation conditions the mind of the inmate by achieving self-control in many ways. The change of behavior in general inmates and the conditioning of the mindset of the inmates who have received a death sentence are the basic objectives of religious rehabilitation.

When an individual gets imprisoned he loses his identity, in many ways. First, he loses his name instead he is given a number in the prison. Second, he loses his intimate relationships with family members, kith and kin. Further to a great extent he loses most of his basic human rights like freedom. In a social setting he or she has to face labeling and social stigmatization which could have greater effects even after his release as a convict or innocent non-convict. During the time the inmate stays at prison the prison authorities try to counter all these negative effects that could affect the character of the prisoner.

Figure 1: Model of Rehabilitation



It is believed that in any rehabilitation process there should be a process that helps the individual to develop his self-confidence back and the increase of social recognition. Further it should be able to inculcate new set of values top the inmate and develop the ability to foster social relationships. The main objective behind the rehabilitation process in the prison is to integrate the individual back into the society as he or she was before. It should not make him feel that he is an unwanted or a different individual even after this rehabilitation process³.

The religious programs conducted in the prison aimed at convincing the inmate the wrong act he or she has committed and to rebuild his or her life by understanding the failure or failures in his decision making process that led to the imprisonment. In the research it was understood that the religious programs facilitated in developing the personality of the inmates. Through the initial interviews the researcher could find out that the inmates have developed anger against the society at the initial phase of conviction. All inmates in the sample revealed that they were suffering from a psychological trauma. To counter all these psychological conditions the religious programs were of immense help to the inmates. During the data collection process the researchers received a firsthand experience of the value of the religious program conducted at the Bogambara prison in inculcating self-control to improve self-discipline.

Religious Programs on Rehabilitation:

Vipassana Meditation Program

Meditation is a system of mind cultivation or mental training literally meanings mental development. It is mental activity and eradicating woe and sorrowful situation. Another benefit of meditation is not getting perturbed in the day today life, resulting overcome mental problems and reduce the risk of developing some physical illness such as heart attack, blood pressure. Direct approach to the path leading to the liberation and correct understanding mind and body. According to Buddhism there are three basic principles of Meditation namely Seclusion (Viveka):

- Kaya Viveka (Liberation of the body feeling)
- Citta Viveka (Liberation of the mind from negative situation)
- Upadhi Viveka (complete liberation of the mind from normal activities the mind experience)⁴

Vipassana means to see things as they really are, not only as they seem to be. The technique of Vipassana is based on the Sathipatthana Sutha. Sathipatthana means the establishing of mindfulness.⁵ According to the psychologists the proper practice and application of meditation enables one to solve many problems. Vipassana mediation. It is treatment for physical and mental ailments it is similar to using a certain medicine for a particular disease.

Vipassana is an art of living. It is technique of self – observation, truth observation and self-exploration by oneself only. Vipassna frees the individual from all the negativities of Mind such as

³ Karunathilake k, 1991,131

⁴ .Gammanpila M, 2008,p.69

⁵ Ahir D.C,1999,p.09



anger, greed, and ignorance. It leads happiness, liberation and full enlightenment.⁶ Therefore a Vipassana meditation directs to change behavior of the prisoners.

Vipassana meditation program is an annual program conducted formally at the Bogambara prison in Kandy, Sri Lanka. The ten day Vipassana Bhavana [meditation] program is conducted by the Dhammakuta Meditation Center at Hindagala, Peradeniya and the first three days are reserved for the Anapanasati Bhavana.⁷

Anapanasati is a very important practice to all, in order to develop concentration. Anapanasati meditation supports cultivation of the mind in order to acquire peace and happiness during all times of the day.⁸ It is very important to buildup peaceful environment in the prison. All those who have joined this program said that during these three days they found it very difficult and it was both physical and mental training. Further they told that the initial uncomfortable nature began to reduce regularly from the fourth day onwards. From fourth day onwards they have to practice Vipassana Bhavana and the last day is reserved for Maithree bhavana. That is the day of Metta. During the first nine days the participants cannot talk to each other and the last day they are allowed to do so. On the last day they are allowed to spend the day with their family members also. The environment for the entire program was arranged by the prison authorities themselves. There is a specific diet selected for the entire ten days. Twelve instructors from the Dhammakuta Meditation Center at Hindagala, Peradeniya, Sri Lanka arrived at the prison and the inmates can get the help from them. All the participant inmates are allowed to talk to them only. The meditation program commenced each day at 4.30 am and concludes at 9.30 pm. Every hour ten minutes break was given and during that time all the problems or inconveniences of the participants can be informed to the conductors of the meditation program. It was aimed at changing the behavior of the participants by following a regular pattern during the entire time period.

The inmates who participated in this program confessed that it gave them effective results in getting their behavior changed. Rather than being a part of any other rehabilitation program this specific Vipassana Bhavana program gives a better mental and moral training to the participants.

Out of the sample 31 inmates [77.50%] were directly engaged in this program. The rest [22.50%] did not have the opportunity to join the same due to the demand it has but they are following the same under the guidance of those who are privileged to participate in it. The Senior Welfare officer of the Bogambara prison in Kandy, Sri Lanka explained the researchers that a large number of inmates apply for the program but due to the limited space and the resources it has the authorities have to limit the intake to one hundred participants. During data collection it was found out that all the respondents too have applied for the program.

According to the responses of the inmates the researcher could formulate an idea of the nature of the program. Out of 31 respondents [26%] said that they have taken part in the same four times. Eight respondents 08 [26%] of inmates have participated in either two or three times. Only fifteen inmates [48%] have participated in it once. According to the responses the researchers could understand that there is a tendency to participate the program repeatedly. Further it was found out that there has been a behavioral change of those who have taken part in that. The respondent 'I' who had the opportunity to participate in the program mentioned that:

⁶ Shah S,1999,p.101

⁷ www.dhamma.org,06.10.2011

⁸ Wijetillake D.G.,2004,p.60

*"I have done something evil knowingly or unknowingly. I corrected myself and got to know where I have gone wrong. Religion helped me a lot in that. At the initial days at prison I was totally helpless"*⁹

The response given by the inmate 'III' too is vital in understanding the changes taken place in behavior.

*'I was very angry as I was imprisoned. I did not do anything wrong. I envied the lawyers. But a good friend met at the prison changed everything. He introduced me into meditation and meditation has changed my life a lot now'*¹⁰

He has served as a police officer and convicted for death penalty charging the murders of a Professor of a higher educational institute and his wife. When he was on leave at home he had heard these two murders and has gone to report it. Allegations have been leveled against him for being in the place where the murders have committed. It was informed to the researchers by the prison authorities that he has changed his unruly behavior shown at the beginning to a highly disciplined form of life at prison now. The inmate 'III' too was in the opinion that the meditation process has a significant influence on his life in general and behavior in particular. The inmate 'IV' summarized in a few words the effect of the program.

'I got maximum use out of what the prison gave me, that was the Vipassana bhāvana, means meditation'.¹¹

Majority of respondents who have followed the Vipassana meditation program had been doing well and were extremely helping the day-to-day activities of the prison.

Those who serve the death penalty have come to the conclusion that they have no opportunity to get back into the mainstream society again. Therefore, to reduce the psychological trauma generated out of that condition religion is the only alternative mean. Religion helps to rebuild his lost mentality and understand the reality of life. So it is proved that the religious rehabilitation programs would bring remarkably effective results on those who are convicted. Those who have got the opportunity to participate in this Vipassana Bhavana program had added that into their daily routine.

The number of inmates [29] who practice meditation within the cell is [72.50%]. The rest conduct many other religious activities even though they do not practice meditation. Other than the main shrine room there is a separate shrine room in each and every building.

Reading Dhamma Texts

Out of the total number of inmates at Bogambara prison in Kandy, Sri Lanka the majority is Buddhists. How they are rehabilitated through religion or how religious programs cater to their rehabilitation process was the main objective behind this study. All the respondents [40] who participated in the in-depth interviews claimed that they have understood the real nature of religion

⁹ Indepth Interviews, 2010

¹⁰ Indepth Interviews, 2010

¹¹ Indepth Interview, 2010



after they enter the prison. Most of them were literate and they have cultivated the same during their stay at prison. Most of those who have received death sentence got used to utilize the library to a great extent because they are not made a part of any other rehabilitation process. So they have used their time to read books. During the time in the library they have read the books written on *Tipitaka*, *Abhidhamma* and meditation practices by Sri Lankan Buddhist monks and due to this their knowledge on religion has got improved remarkably. Since they have got the basic background knowledge needed for meditation practices the rehabilitation programs conducted were very much facilitated from the part of the inmates. All 40 [100%] respondents acknowledged that their self-control was mainly achieved through the knowledge they received from these Buddhist books.

Chanting Pirith at the Cells

The number of inmates who chant *pirith* within their own cell is 15 [37.50%]. In Sri Lankan society there are lay groups who chant *pirith* other than Buddhist monks and those who chant *pirith* in the prison act as a lay *pirith* chanting group. They help the prison authorities in specific occasions when their services are needed. For example, during the times of the heightened ethno-national conflict this group has engaged in chanting *pirith* in honor of the soldiers who have been sacrificing their lives for the integrity of the motherland.

Sila Program

Buddhists believe that observing *Sila* helps one to discipline one's behavior to a great extent. *Sila* controls the mind, body and the word. The researchers understood that the *Sila* program is another successful religious activity conducted at the Bogambara prison to correct the behavior of the inmates. Out of those who have received the death sentence there are thirty six [90%] who join the *Sila* program. Generally sort term convicted prisoners, the remanded prisoners to join the program. The prison authorities supply all the facilities needed to make this a success. All *poya* day programs commence at 6.30 am and a Buddhist priest from a neighboring temple is invited to deliver the sermon. All the inmates get together to participate in this program and they listen to and watch the religious programs broadcast on radio channels and telecast on television channels.

The main Buddhist religious festivals like *Vesak* and *Poson* are celebrated with a lot of glamour and *Sila* programs are successfully conducted during these days. Each *Vesak* *poya* day the President grants freedom to a large number of inmates who serve terms for minor offences. So the inmates consider this also as they stay within the prison. Some who have received short-term sentences earn for this forgiveness granted each year. The Welfare Unit of the prison informed that between two hundred to three hundred inmates take part in this.

Dhamma School on Sundays

In analyzing the prison statistics of those who get imprisoned, it was learnt that there is a high tendency to get those who have not attended a school at all and those who have attended only up to grade six.¹² Simultaneously it was revealed that these inmates have not attended the dhamma schools. Therefore, to change the behavior pattern of these inmates there are specific programs are conducted in Bogambara Prison in Kandy, Sri Lanka.

It was learnt that most of the inmates who constituted the sample had not attended the Dhamma School. A very few respondents like six [15%] had connections with the temple from childhood but the rest were not socialized through the temple. But there is a group of nine young inmates who are really interested in the Dhamma School and the percentage is [22.50%]. One of them sat the Final Examination of the Dhamma School. The Buddhist priests in the neighboring temples and the lay people reside in the area help the prison authorities to continue the Dhamma School.

Bodhi Pooja Program

This is one of the programs that the inmates take part regularly. It helps to console the mind of the inmate. Out of the sample 28 [70%] participate in this activity. The morning session is attended by many inmates rather than the evening session. The cleaning of the area is also done by the inmates themselves before they commence the Bodhi pooja. After the Bodhi pooja the inmates engage in their regular day-to-day routines.

Dhamma Sermon on Sundays

There are some inmates in the sample who have made it a habit to listen to the sermon broadcast on radio channels on each Sunday and this number is thirty four [85%]. They commented that it helps them immensely to formulate their behavior better. Few of them cited as examples the *Jataka* stories that helped them to understand how to behave in critical situations countering the mistakes they tend to commit. So it was revealed that the religious programs were of paramount importance in shaping personalities of the inmates by bringing in positive changes. Since they were not inculcated with the differences between good and evil and merit and sin during childhood, this kind of exposure had been extremely good to change the attitudes, norms, mores and values. As they learn these things and internalize the training and the knowledge they receive, those would help them as they get back into the mass society.

¹² Prison Statistics of Sri Lanka, 2007



Given up Bad Habits

A majority of the respondents [22] in the sample were vegetarians [55%]. Most of them have to abstain from smoking and liquor as they have to spend a life in relation to religiosity. But it was understood that some inmates use certain illegal means to have drugs within the premises for their own consumption. Even though some inmates were unable to move away from the deviant behaviors that they have got used to before they were convicted, the prison authorities take a great interest in curbing the reach of drugs to the prison premises. The prison authorities believe that at the initial stage the inmates too find it difficult to get adjusted to the new situation but as time goes on other than a very few most of the adhere to the rules and regulations pertaining to the prison life.

Rituals conducted at the Temple of the Tooth

The Bogambara prison inmates have the opportunity to engage in the religious activities take place at the Temple of the Tooth. The Temple of the Tooth is in a close proximity to the prison. People from time immemorial consider that serving the Temple of the Tooth is a meritorious act. The prison authorities give an opportunity for the inmates to join the annual August procession of the Temple of the Tooth. From one hundred and fifty to two hundred inmates serve the initial preparation workload of the Kandy *Esala Perahara*. This is a good opportunity for the inmates because they are hoping to get back to the mass society. As the general prisoners encounter with the other people from time to time they are having an opportunity to mix and work with the others. The participation of the ritualistic activities at the four *devalas* allows the inmates to get their mental stress, anxiety and complications reduced.

Other Religious Activities

The role religion plays in converting the individual to a better social status can be accepted without doubt. The inmates in the prison belong to different religions and the prison authorities have arranged various religious activities allowing all inmates to take part in the religious programs of each and every inmate's specific religion. For the eighty [80] Christian inmates in the prison there are specific religious programs on Saturdays and Sundays and they are allowed to celebrate Christmas with all the glory and the grandeur.

There are hundred and twenty [120] Hindu inmates and they take part in their respective religious activities every day. For them there is a specific Dhamma school also conducted at the prison and the arrangements are made by the Welfare Unit of the prison to have the services of external visiting teachers who are excelled in the knowledge of Hindu religion.

Around two hundred [200] Islam inmates too have the opportunity to take part in their particular religious activities mainly on Sundays and the other days too. The prison authorities have arranged the visit of a religious leader from the main Mosque in Kandy on Fridays to conduct special religious praying. Other than that the Islamic inmates are provided with the opportunities to celebrate their main religious festivals like Ramalan, Id-Ul-Fitr, and Milad-Un Nabi, The Holy Koran

has given to them for their religious praying. In this study the main focus is laid on the Buddhist inmates at Bogambara prison in Kandy, Sri Lanka

Conclusion and Recommendation

It was found out that the religious rehabilitation programs conducted at the prison had a tremendous influence in changing the characters and the behaviors of the inmates. The Vipassana Bhavana, which is the main religious event in the religious rehabilitation program had greater effects on the personality formation of the inmates. Meditation has given them a sense of training for self-control and it has helped them to realize the nature or reality of life. Further these religious programs have minimized inter-personal conflicts that could arise at the prison life. All forms of sentences; short-term, long-term or even those who have received death penalty too get a kind of a consolation from these programs. The steps should be taken to have a formal and systematic evaluation of each and every inmate those who get back into the society to verify whether they continue the training or the discipline they have received during prison life.

References

- Ahir D.C., (1999), "A Universal Buddhist Technique of Meditation, Vipassana, Sri Satguru Publication, Delhi, India.
- Gammapi M, (2008), The Direct Approach to the path leading to Liberation in Buddhism Basic Principles, Theory and Practice, Author Publication, Sri Lanka.
- Karunathilake K, (1991), Crimes, Child Delinquency and Rehabilitation, Malinga Publisher, Kadawatha, Sri Lanka.
- Kodippili P.W, Commissioner of General (12.10.2011), Speech on National Prisoners Day, Prison of Kegalle, Sri Lanka.
- Prison Statistics, (2007), Dept. of Prison Headquarters, Colombo, Sri Lanka
- Shah S Pravinchandra, (1999), "Vipassana Meditation And Its Application In social Change Vipassana, Sri Satguru Publication, Delhi, India.
- Wijetillake D.G, (2004), Buddhist Path to Freedom, Godage International Publication, Sri Lanka.

Websites Visited

www.dhamma.org, 06.10.2011 & www.prisons.gov.lk, 09.10.2011.

An Analytical and Creative Study of the Buddhist Theory and Practice of Psycho-therapy



Prof. Sumanapala Galmangoda
Director, Postgraduate Institute of Pali and Buddhist Studies
University of Kelaniya

The teachings of the Buddha¹ originally delivered to the people in India in the 6th Century B. C. have been further analyzed and interpreted over a long period of time in many countries such as Sri Lanka, Burma, Thailand, China, Korea and Japan. The purpose of this noble endeavour was to provide people with a right understanding which is beneficial for their well-being in this life, life here-after and final freedom.

The Buddhist traditions though vary in terms of interpretations commonly accept that the mental aspect of human personality plays the most important role in human behavior. According to the Buddhist analysis of five grasping groups (pañca-upādānakkhandha)² mentality is explained under four groups and physical aspect represents only one group. The Abhidhammic analysis of the five groups ascribes 89 or 121 types of consciousness and 52 psychic functions to the mentality in relation to the feelings, perceptions, dispositions and consciousness. The physical or material aspect is analyzed into about 14 parts in early Buddhism and its Abhidhammic interpretation into 28 material elements. Mental and physical aspects though analyzed as two separate groups for the sake of easy understanding their mutual inter-dependent nature is emphasized.³

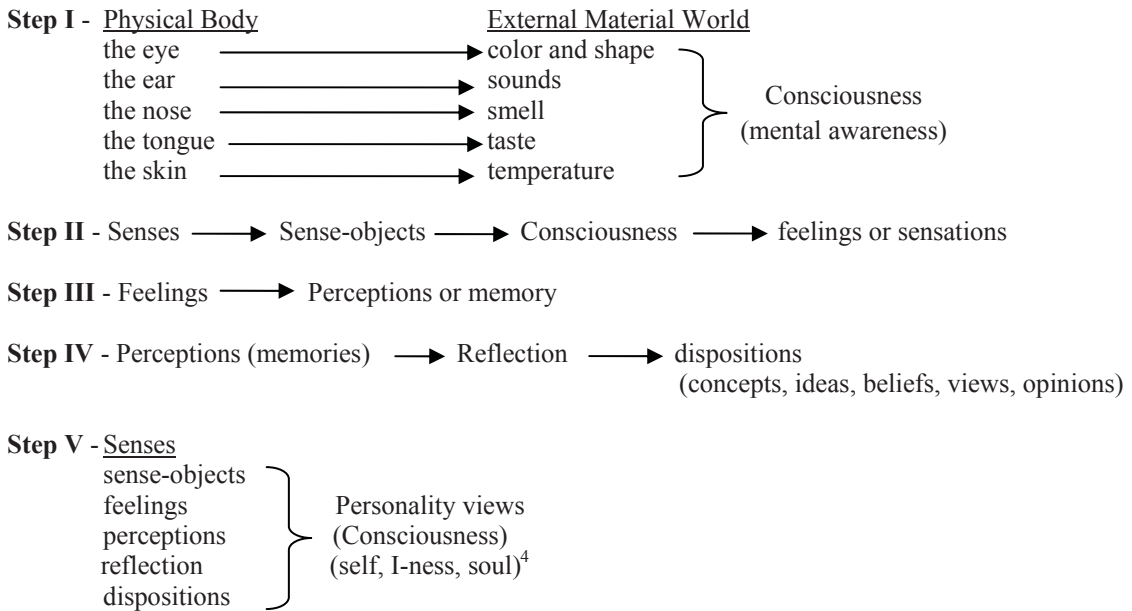
¹ Except otherwise indicated all references refer to the editions of the Pali Text Society, London

² S. 111., p. 101; D. 111., p. 233; M. 1., P. 190; A. V., p. 52

³ Sumanapala, G. D., Abhidhammic Interpretations of Early Buddhist Teachings, Singapore, 2005, pp. 12-14



The interdependent process of psycho-physical function of human personality in relation to the external world is explained in the early Buddhist discourses as follows:



It should be stated here that the term “Consciousness” occurs two times in the above process. It stands for the Pali term “viññāṇa”, The usage of the term “viññāṇa” in the discourses does not refer to one and the same thing. In the Step I the term refers to the initial mental awareness as a response to the contact with external objects of the senses. The term in the Step V refers to the self-view or personality view that people construct in their day-to-day life. Without the confirmation of this personality view they cannot survive in the world because the world including human beings is subject to constant change. Momentary change of psycho-physical world motivates people to establish themselves permanently in the world by means of building up a personality view out of their experiences. This is the reason for their existence continuously in the worlds in terms of birth and death. The complete stop of this process is called final freedom or liberation in Buddhism.

The same psycho-physical process of human personality is given in a wider context in Theravada Abhidhamma as follows:

- Step I:** stream-consciousness, its vibration due to the contact between senses and sense-objects and the breaking of stream-consciousness
- Step II:** mental awareness arising of particular thoughts regarding the objects in relation to one of sense faculties due to the contact of the objects
- Step III:** Reflection on the sense-objects in terms of accepting, investigation and determining the nature of objects

⁴ Sumanapala, G. D., Early Buddhist Philosophy and Social Concepts, Singapore, 2001, pp. 8-11

Step IV: Mental experience or enjoyment of the sense-objects in terms of rapid succession of seven thought-moments

Step V: Registering of the sense-experience in terms of two thought-moments⁵

The above mentioned Abhidhammic analysis of psycho-physical process includes seventeen thought-moments. The complete process does not occur in regard to all experiences of sense-faculties. The moments of thought-process may vary in accordance with the extent of experiences. And the mind also as a sense-faculty contacts with mental objects or ideas directly.

This mental process is different from the above to some extent. But this mind-door process is very important as far as the Buddhist psycho-therapeutic methods are concerned. Ven. Nyanatiloka gives in brief the process as follows:

“The process of the inner, or mind consciousness, i.e. , without participation of the five physical senses, is as follows: in case mind-object entering the Mind-door (manodvārāvajjana), the ‘Impulsive Stage’ and the ‘Registering Stage’, before finally sinking into the subconscious stream”.⁶ A large number of mental problems in modern society is caused by thinking or reflecting over the concepts created through the sense data. The concepts created through the sense-perception process can be identified as mentality, mental concomitants or thoughts explained in Abhidhamma as fifty-two cetasikās. Out of the fifty-two cetasikās the karmically unwholesome cetasikās become the psychological basis for many mental problems. The 52 cetasikās are analyzed under the following categories:

- | | | | | |
|------|----------------------------------|---|----|-------------------|
| i. | Karmically wholesome or neutral: | } | 25 | = 52 ⁷ |
| ii. | Karmically unwholesome: | | 14 | |
| iii. | Karmically neutral: | | 13 | |

The unwholesome thoughts are mainly related to greed, hatred and delusion. They become the basis for innumerable number of mental illnesses. The wholesome thoughts together with relevant behavior provide a good ground to get rid of all such problems.

According to early Buddhist teachings human beings possess two mental tendencies by birth. Simply they are likes and dislikes. These are mental reactions and they are extremely useful and essential for the survival of beings. Further they are not harmful defilements. But the problems arise out of them when they are developed without limits.

The unlimited growth of these two aspects can be given as follows:

Normal level	Middle level	Final level
likes	greed	covetousness (discontent)
dislikes ¹	hate	malevolence (desire to injure)

⁵ Sumanapala, G. D., An Introduction to Theravāda Abhidhamma, Singapore, 1998, 135-137

⁶ Ven. Nyanatiloka, Buddhist Dictionary, Singapore, 1946. See under Viññāṇakicca

⁷ op. cit., See under Cetasikā

The middle level tendencies are considered as mental disorders or unwholesome mental roots and the final ones are treated as unwholesome mental functions.⁸ As a result of unlimited development of greed and discontent one wishes to get everything that he or she likes. Due to the changing nature of the world no one is able to get everything that he or she wishes. Therefore as a result of the failure in this regard delusion arises in the mind. On the other hand due to the development of hate and malevolence though he or she wishes to keep away everything that he or she does not like, this attempt also becomes unsuccessful due to the impermanent nature of the world. So the result is same as in the first case. So delusion or mental disorder (confusion) becomes a common factor of all unenlightened beings. Hence the Buddhist saying that all ordinary beings are like mad people.⁹ Together with this madness there arises another defilement called conceit¹⁰ in the mind as a result of some achievements in those reactions. The delusion and conceit are the basic factors of mental disorders. All the mental problems whether they belong to psychosis or neurosis can be explained in relation to the above mentioned mental reactions. In brief this is the theory of psychotherapy in Buddhism.

Before we turn to the practice of psychotherapy in Buddhism it is not out of context to point out some specific characteristics that serve as the basis of the therapeutic methods.

- i. All psycho-therapeutic methods in Buddhism are directed towards nibbāna extinction of all defilements as the goal. The actual experience of the goal is to give up everything in order to make an end to the suffering caused by repeated existence or rebirth. The patient who holds this view is able to bear up any problem with patience and satisfaction because he or she is trying not to gain anything but to give up everything.
- ii. In Buddhism even a single mental illness is not named. Instead the basic or root elements of mentality are explained mainly with reference to the above mentioned unwholesome and wholesome roots. All other mental problems arise depending on these basic elements.

There are three main reasons for not naming the mental illnesses.

1. Physical illnesses are durable and they can be easily identified while the mental illnesses are momentary and cannot be identified with certainty.
2. It is the nature of human beings that they always depend on concepts indicated by specific terms of language in order to confirm their existence in the momentary world. Once they attach to a particular concept or word such as stress, depression or phobia referring to a mental illness the same word becomes a mental problem.¹¹ It cannot be easily removed from the mind. Further the mental illness though we identify with some characteristics they never exist permanently. Searching for characteristics to identify mental illness is a deliberate attempt to deceive oneself. But the problem is that without naming an illness one cannot prescribe medicine. The delusion is that they believe mind is related to brain. As to Buddhism mind is a specific faculty in human personality and it is not only related to brain but to all the five physical sense faculties.

⁸ Akusalamūla, Akusalakamma

⁹ ummattako viya hi puthujjano, MA. 1., ed. Hevawitharana, Colombo, p. 23

¹⁰ māna, D. 111., p. 234

¹¹ Adhivacanasamphassa, D. 11., p. 62; M. 1., p. 113 D. 111., p. 86

3. Buddhist psychotherapeutic methods are mainly directed to change the mentality of persons and they do not pay much attention to change the environment or other external or physical factors so as to bring the mentality into a calm status.

Practice of psycho-therapy is also based on a simple formula which can be expanded and extended to meet with any mental problem of beings. The practice has three gradual stages:

- i. development of moral behavior - behavioral therapy
- ii. development of concentration - psychological therapy
- iii. development of understanding - cognitive therapy

The first type of therapy refers to the restraint of the five senses which are mainly responsible for the physical and verbal behavior of man.¹² The second type refers to the restraint of the above mentioned mental disorders namely greed, hatred and delusion-conceit.¹³

The third type of therapy concerns the development of understanding of people regarding the true nature of the world of experience.¹⁴ These three stages are mutually interconnected and they support for the restraint and development of each aspect gradually. Therefore, in Buddhist practice these three stages should be connected with every method of psycho-therapy.¹⁵

It is not out of context to mention the relationship of physical body with the above stated three aspects of mental defilements namely greed, hatred and delusion. The Bhesajjamañjusā, the one and only Āyurvedic Pāli work available at present, states at the beginning that mental health should be maintained in accordance with the Tripiṭaka and Bhesajjamañjusā instructs to establish physical health. According to the Āyurveda all physical illnesses are related to imbalance of the three humors - phlegm, bile and air. The Visuddhimagga mentions that these three humors are connected with mentality as follows:

- greed - phlegm
- hatred - bile
- delusion - air¹⁶

Although there are many other causes and conditions that influence the physical health such as environment and food the mental condition plays a prominent role in balancing the physical condition.

It is a fact that any theory cannot be put into practice as it is. So the well educated Buddhist psychologists can devise and develop various methods to be used in Buddhist psychiatry. All of them should be in conformity with the above mentioned basic elements of Buddhist theory and practice of psycho-therapy. And also it should be emphasized that all such methods bring temporary effects and the complete recovery of all mental problems can be achieved only through the realization of nibbāna, the summum bonum of Buddhist path to freedom. Until the final realization we should use such methods and I have developed some such methods depending on the Buddhist

¹² sīla, D. 111., p. 235

¹³ samādhi, A. 111., p. 12

¹⁴ paññā, D. 1., p. 245

¹⁵ S. 111., p. 83

¹⁶ Visuddhimagga, ed. Ven. Saddhatissa, Colombo, 1914, p. 76



cultural accounts and they are given below as an example. It should be stated that these methods are taught in the postgraduate courses in our university and they have already been used in Sri Lanka in the counseling programmes for over three years.

- i. **Confession:** This method is derived from the practice of “āpattidesanā” followed by Buddhist monks and nuns. If they commit anything wrong they have to declare it in front of another member of the Saṅgha society before the dawn of the next day. Accumulating the experiences of wrong actions create mental problems. So it is better to purify one’s mind by declaring every such incidents as a daily practice.
- ii. **Imitation:** Ālavaka and Aṅgulimāla, well-known two characters in Buddhist canon were tamed by the Buddha first by agreeing with them. Ālavaka saw the Buddha sitting in his cave and ordered him to go out. Buddha followed three times his order finally he was converted to Buddhism. As to this method first of all we should agree with the behavior of the mental patient. Otherwise we cannot control the patient as we wish.
- iii. **Generalization:** Some people think that the mental problems affect them only. They become calm when they understand that such problems are common to many people in the society. Kisāgotamā who was mad with the death of her son, realized the common nature of death for all beings when she was asked by the Buddha to bring some mustard seeds from a house where no one is dead.
- iv. **Kamma:** The Buddhist theory of Kamma is a good therapeutic method that can be adopted successfully. There are some mental problems that cannot be analyzed properly revealing all causes and conditions. In such cases we can explain them that Kammās related to former lives may influence the present life. After experiencing the effects of such Kammās we will be released from such effects in the future. This way of thinking in accordance with the theory of Kamma has created a contented society for over two thousand years in Buddhist countries.
- v. **Dialogue:** In many discourses of the canon such as Kasbhāradvāja and Aggañña friendly dialogues of the Buddha with people occur and they are logical and philosophical. These dialogues have influenced much for eliminating the mental problems of various types of persons. So we can use this method especially for educated people to help them to get rid of their mental problems.
- vi. **Noble silence:** In some cases the best method of treatment is to maintain complete silence without responding to the complaints made by patients. This method has solved many social and individual problems in Buddhist society.
- vii. **Psycho-analysis:** With reference to Madhupiṇḍika, Mahānidāna sutta etc. we can introduce this method in which the counselor should analyze the psychological process of the patient in order to clarify the causes and conditions of the problem.
- viii. **Right motivation:** According to the famous event of Nanda, he was taken to heaven by the Buddha in order to detach him from Janapadakalyāṇi by showing damsels. The theory of this method is that one cannot be totally detach from one concept at once. So the person should be motivated to achieve a higher goal and from there he or she should be directed to desired object.

- ix. **Logical analysis:** Some educated people like to argue with others. So the method of argument can be adapted to eliminate their problems. This also applies to educated people. Vāseṭṭhasutta and Aggañña sutta are good examples in this regard.
- x. **Innocent punishment:** Brahmaḍaṇḍa is a punishment in which all other members do not talk with the patient. This can be used mainly regarding persons with personality disorders such as anger and arrogance. The main feature of these punishments is that they never hurt the patient physically.
- xi. **Praising:** Some people are suffering due to the lack of appreciation for their service or work. Such people should be directed to suitable environment where they are appreciated. Before passing away Buddha did not forget to appreciate Ven. Ananda's service and the benefits of the last meal given by Cundakammāraputta.
- xii. **Friendly meeting:** Some people suffer mentally due to the lack of association with other people. They should be provided with such friendly meetings with suitable persons.
- xiii. **Creating religious emotions:** Pilgrimage is one of the most suitable way of creating religious emotions in order to get rid of mental problems such as worry, guilty-conscious, sorrow, etc.
- xiv. **Creating emotion and intellect:** this concept is called "*vedalla*" and the patient should be provided with occasions where they can experience happiness and knowledge together. Reading novels, watching drama, singing, dancing, etc. can be used in this regard.

The above mentioned methods are given as examples and they are not adequately explained.

Cognitive, Behavioral and Psychotherapeutic Aspects as Reflected in Insight Meditation and Methods of Insight



R. M. Rathnasiri
Buddhist and Pali University of Sri Lanka

Objective:

The exposition of the universally applicable potentiality of cognitive and behavioral psychotherapeutic aspects reflected in Insight Meditation in order to alleviate, attenuate, prevent and heal mental problems and abnormal behaviors in the modern society is the main objective of this article.

Background and Nature of Mind

The Abhidhamma Piṭaka contains a highly systematized psychological analysis of human behavior and mind. According to Roga Sutta¹ and Salleka Sutta², every individual except Arahant suffers from mental problems. According to commentaries, all worldlings are deranged (Sabbe puthujjanā ummattakā).³

Individual's mind is beleaguered by The Noxious Trio - greed-hatred-delusion (lobha-dosa-moha) (Mūla Sutta).⁴ According to Loka Sutta⁵, this triple root, when arising, causes harm, stress and discomfort. Mind is deluded with ignorance (avijjā), the primary root that causes vipallāsa (perversions - saññā-vipallāsa, citta-vipallāsa and diṭṭhi-vipallāsa)⁶ leading to form four perversions which take what is impermanent (anicca) as permanent; what is painful (dukkha) as pleasant; what is without a self (anattā) as a self and what is impure (asubha) as pure.⁷ The three levels of perversions which are fundamental to the Buddhist notion of ignorance or delusion are cyclical, and so the perceptions are formed in the context of one's views, which are strengthened by his thoughts, and all the three work together to build the cognitive systems which make up his personality. Vipallāsa caused by ignorance due to the Noxious Trio veils individual's mental eyes and prevents the knowledge of the Four Truths, and this is conducive to diverse problematic mentality and behavior.

The rapid modernization and the accelerated pace of life enveloped in the 'modern' economy, polity, technology and education incur unwholesome impacts on the minds of people, causing: pressure, boredom, tension, anxiety, depression, frustration, unrest, obsession, disappointments, etc.; and unwholesome behaviors like alcoholism, drug addiction, sexual harassment, polygamous or polyandrous conduct, sadism, gambling etc. The culture of violence that has arisen as the outcome

¹ Aṅguttara Nikāya, PTS, IV.157.

² Majjhima Nikāya, 8, PTS: M i 40.

³ Vibhaṅga Aṭṭhakathā, PTS /Visuddhimagga Vol. II, Page. 208. Line 13, 6th Syn. Edition.

⁴ Aṅguttara Nikāya. 3.69, PTS: A i 201.

⁵ Saṃyutta Nikāya. 3.23, PTS: S i 98, CDB i 189.

⁶ Aṅguttara Nikāya. 4.49, PTS: A ii 52.

⁷ Manual of Insight by Ledi Sayadaw-WHEEL, 31/32, P. 5.



of commercially exploited sadism in numerous unethical entertainments, popular unscrupulous literature, and the sophisticated technology through which they are distributed on a global scale creating an international culture of unwholesome life patterns that produce psychological problems and abnormal behaviors. As a result of the unawareness of Buddhist concepts that can be adopted to prevent or heal them, these problems get aggravated causing severe detriments to individual, family, society and the world as a whole.

Buddhist Meditation

According to Suttas like: *Sabbāsava*, *Sāmaññaphala*, *Jāliya*, *Mahāli* of Dīgha Nikāya; *Kandaraka*, *Ariyapariyesana*, *Atthakanāgara* of Majjhima Nikāya; *Jhāna Saṃyuttaya* of Saṃyutta Nikāya; *Satipatthāna* of Dīghanikāya and Majjhimanikāya; also *Dhammasaṅganī* and *Vibhaṅga* of Abhidhamma Piṭaka; and commentaries like *Visuddhimagga* and the *Atthasālinī* - the basic meaning of bhāvanā, as a whole, can be rendered as the development of spiritual qualities or wholesome potentialities (*sattabodhyaṅga*) or development of wholesome doctrines “*Bhāveti kusaladhamme vadḍhetī bhāvanā*.”⁸ The Right Mindfulness and the Right Effort in the Noble Eightfold Path are the two principles that embrace the entire field of meditation common to both systems - Samatha and Vipassanā.

The Two Kinds of Meditation Designated in Buddhism

Samādhi-bhāvanā (Tranquility or Calm meditation) that cultivates concentration (*citta-ekaggatā*) suppresses mental defilements. The development of Calm or Tranquility meditation creates concentration for making the mind peaceful, strong, and happy, as well as freeing it from all mental hindrances. Samatha, a pre-requisite for meditation lays the foundation for practicing Insight meditation which is the direct way to eradicate all the mental problems.

Vipassanā-bhāvanā that develops insight in the context of the Three Universal Characteristics helps one to eradicate the defilements by dispelling ignorance and uprooting causes of miseries. Insight meditation helps one to develop true wisdom and to see all things as they really are, until one can get rid of the defilements and attachments to everything.

In *Sāmaññaphala Sutta*⁹, the Threefold training with *Sīla* as the preliminary phase, the practice of *Samādhi* as the second and *Paññā* as the means of attaining ultimate release from *Āsavās* (mental taints). *Paññā* is developed by Insight. *Sabbāsava Sutta*¹⁰ deals with seven ways of eradicating defilements that cause mental and physical problems. Among them, the first method is *dassanā* –understanding and the last method is ‘bhāvanā’. The highest stage of understanding is wisdom which is the realization of all the mental and physical phenomena. Hence, meditation is the means of transmuting the ordinary consciousness to the higher state.

⁸ Buddhist Meditation Methods & Psychotherapy, Galamangoda Sumanapala, P. 17.

⁹ Dīghanikāya 2 PTS: D i 47

¹⁰ Majjhimanikāya, 2 PTS: M i 6



The Sevenfold Purity Expounded in Insight Meditation

Rathavinīta Sutta¹¹ expounds sevenfold purity—*satta visuddhi* (elaborated in the *Visuddhimagga* and in *Abhidhammatṭha-saṅgha*) as the seven successive methods of purification in Insight meditation:

1. Purity of Morality: *Sīla-visuddhi*
2. Purity of Mind: *Citta-visuddhi*
3. Purity of Views: *Diṭṭi-visuddhi*
4. Purity of overcoming Doubts: *Kaṅkhāvitarāṇa-visuddhi*
5. Purity of Knowledge and Vision of what is Path and Not-Path: *Maggāmagga-ñānadassana-visuddhi*
6. Purity of Knowledge and Vision of the Way or Progress: *Paṭipadā-ñānadassana-visuddhi*
7. Purity of Knowledge and Insight: *Ñānadassana-visuddhi*

Each of them purifies body, mind and thoughts in a gradual process. The *Dasuttara Sutta*¹² of *Dīghanikāya* explains the Sevenfold Purifications among nine factors of endeavor leading to purification (*pārisuddhi-padhāniyaṅga*), out of which the last two are purification of wisdom and purification of emancipation. In the context of the seven successive methods of purification, purity in a nutshell means the elimination of unwholesome factors repugnant to purification.

Methods of Insight Meditation in brief

Insight Meditation (*Vipassanā Bhāvanā*) comprises of many methods developed on the basis of the last five of the Sevenfold Purity through the contemplations of transience, unsatisfactoriness and non-self (*aniccānupassanā*, *dukkhānupassanā* and *anattānupassanā*). The practice of *Vipassanā* begins at the Fifth Step of Purity (*Maggāmagga-ñānadassana visuddhi*) with the Contemplation of Groups (*kalāpa-sammasana*) that results in developing insight into Knowledge of Determination (*Sammasana-ñāṇa*). It is the knowledge that determines all that is in the present, past and future, internal or external, coarse or delicate, low or eminent, near or far is impermanent (*anicca*), suffering (*dukkha*) and non-self (*anatta*). This is elaborated in the *Visuddhimagga*.¹³

Rathavinīta Sutta (The Discourse on the Relay of Chariots) shows the causal relations of each stage of purity - each stage of purity is to be accomplished for the sake of the other stage of purity.¹⁴ Thus, the sevenfold purity is the true knowledge of phenomenal existence, and it is linked with the Four Noble Paths that lead directly to ultimate realization.

The Buddha emphasized the importance of the contemplation of *pañcaskhandha* in the forty aspects of it explaining an advanced knowledge of insight known as *anuloma-khanti* which is adaptive knowledge of balance applied to absolute certainty (*sammattaniyāma*) of the First

¹¹ Ibid 24, PTS: M i 145

¹² The Long Discourses of the Buddha, Tr. by Maurice Walshe, 34, P. 511.

¹³ The Path of Purification, Tr. by Bhikkhu Ñānamoli, Chapter xx, 6, p.706.

¹⁴ *Majjhimanikāya* 24. PTS: M i 145

Path (*sotāpatti-magga*). The Paṭisambhidāmagga gives this list of forty items of contemplation in the context of the Five Aggregates (*pañcaskhandha*) establishing absolute certainty. These Forty Subjects for meditation¹⁵ known as kammaṭṭhāna in seven divisions¹⁶ are explained in the Path of Purification.

The Visuddhimagga, the Great commentary elaborates two aspects of kammaṭṭhāna in Insight Meditation as Rūpa-kammaṭṭhāna and Arūpa-kammaṭṭhāna¹⁷ which should be contemplated in terms of the Three Universal Characteristics of material aggregates and mental states respectively.

The Visuddhimagga exposes Eighteen Principal Insights (*Aṭṭharasa mahāvīpassanā*)¹⁸ which dispel mental states that impede higher progress. In the development process of these eighteen insights, a contemplation known as sammasana-ñāṇa as mentioned above (determining of all phenomena of existence as anicca, dukkha, anattā), the beginning of insight which is still mundane is reached. This is the first stage of the development of insight.

The Paṭisambhidāmagga explains that a contemplation known as udaya-vaya anupassanā-ñāṇa (the knowledge and insight into rise and fall of the Five Aggregates of present existence) is attained. This is the second stage which leads to the manifestation of insight. In this process, the rise of mind-and-matter (Nāma-rūpa) in twenty five aspects and the fall of mind-and-matter in twenty five aspects in relation to their causes and conditions are contemplated. It is at this stage that the Ten Defilements of Insight (Vipassanā-kilesa)¹⁹ arise. With the overcoming of the Ten Defilements of Insight, the Purity of Knowledge and Vision of the Way or Progress (Paṭipadā-ñānadassana-visuddhai) is attained. The continuous practice in relation to the Four Supra mundane Paths leads to the attainment of Purity of Knowledge and Insight (Ñānadassana-visuddhi).

The mental development with insight in the process of suppressing, alleviating and eradicating all defilements or taints (sabbāsava) can also be attained through the following.

1. The Contemplation of the Body (Kāyānupassanā)
2. The Contemplation of feelings (Vedanānupassanā)
3. The Contemplation of the state of consciousness (Cittānupassanā)
4. The Contemplation of the mind-objects (Dhammānupassanā)

¹⁵ The Path of Purification, Tr. by Bhikkhu Ñānamoli, Chapter xx, 18, PP. 710-711: Impermanent, suffering, disease, boil, arrow, calamity, affliction, alien, disintegrating, plague, disaster, terror, menace, fickle, perishable, unending, no protection, no shelter, no refuge, empty, vain, void, not self, danger, subject to change, no core, root of calamity, murderous, due to be annihilated, subject to cankers, formed, Māra's bait, subject to birth, subject to ageing, subject to ailment, subject to death, subject to sorrow, subject to lamentation, subject to despair, subject to defilement.

¹⁶ Ibid, Chapter III, 104, P. 112: Ten Kasīṇas (totalities), Asubhas (foulness), Ten Anussatis (recollections), Four Brahma-vihāras (the Four Sublime Abodes), Four Arūpas (four immaterial states), Āhāre-paṭikkūla-saññā (perception of loathsomeness of food), Catu-dhātu-vavatthāna (analysis of the four physical elements).

¹⁷ Ibid, Chapter XIV, 11, P.482.

¹⁸ Ibid, Chapter xx, 89, P. 732.

¹⁹ The Path of Purification, Chapter xx, 105, P.739.



The Sevenfold Purity and Its Cognitive, Behavioral and Psychotherapeutic Aspects

1. Purity of Morality (Sīla-visuddhi) is the purification attained through refraining from bodily and verbal misconduct as well as from unwholesome livelihood. It is the non-transgression through body or speech of the basic precepts regulating the moral life, developing into the habitual conformation to the principles of righteous conduct. It is not the mere outward behavioral control. The moral purity which is of deeper and more psychological significance is the inner purification of character. Thus, the two-dimensional quality of moral purity is the purification of conduct and the purification of character.

Morality (Sīla) which is the conscious and intentional restraint from unwholesome deeds is volition (*cetanā*) manifested in speech and bodily action, and it is the foundation of entire Buddhist practice. Moral purity is one of the three constituents of the Noble Eightfold Path (*sīla, samādhi* and *paññā*). They are Right Speech, Right Action and Right Livelihood. The development of moral purity - the basic morality of Five Precepts (*pañcasīla*) for laity, the basic morality of Eight Precepts (*aṭṭha-sīla*) for laity, The Ten Precepts (*dasa-sīla*) for novice monks and nuns, and 227 moral rules for fully ordained monks (*bhikkhu pātimokkha*) and 311 moral rules for fully ordained nuns (*bhikkhunī-pātimokkha*) is the overall ethical behavior. The Virtue of the Fourfold Purification (Catupārisuddhi-sīla)²⁰ designated for monks is known as Sīla Visuddhi.

Moral intention is Cetanā Sīla, mental concomitants are Cetasika Sīla, moral restraint is Saṃvara Sīla, and not breaking any precepts is Avitik-kama Sīla. Moral intention (Cetanā) is one's intention not to commit evil conduct in act and in speech, but to follow the seven wholesome courses of action (abstention from killing, stealing, adultery and improper speech such as lying, backbiting, divisive speech and gossip).

Moral abstinence (Virati) is refraining from all unwholesome courses of action and speech along with other immoral behavior. Virati also includes mental actions or thoughts which are refraining from covetousness, ill will and wrong view. As the Buddha preached, "Monks, he who eliminates covetousness will have moral mentality." This is Cetasika Sīla.

2. Purity of Mind (Citta-visuddhi) signifies the purification attained through cleansing the mind from attachment, aversion, torpor, restlessness and conflict. It is of eight attainments: Four rūpa Jhānās and Four arūpa Jhānās (asta samāpati) with access-concentration (upacāra –samādhi) which has the capacity to suppress the Five Hindrances (pañcanīvaraṇa)²¹.

3. Purity of Views (Diṭṭi-visuddhi) implies the understanding the combination of mind and matter (*nāma-rūpa*) or the Five Aggregates (*pañcaskhandha*) dispelling erroneous conceptions or perversions (*vipallāsa*) of individuality and attainment of real vision of mind and body and their relation to phenomenal existence through the comprehension of mind-and-matter (*nāma-rūpa*) by the analysis of the Four Elements (*bhūta*) or by contemplation of the thirty two constituent parts of the body (*kuṇupa*) or by Eighteen Elements (*dhātu*), the six senses, the six sense-objects and

²⁰ Visuddhimagga, Chapter I, 42, PP. 16-17. Virtue of Restraint of monks' Disciplinary Code (*Pātimokkha saṃvara sīla*), Virtue of Restraint of the sense faculties (*Indriya saṃvara sīla*), Virtue of Purification of livelihood (*Ājīva pārisuddhi sīla*), Virtue of concerning Requisites (*Paccaya sannissita sīla*).

²¹ Dīghanikāya Poṭṭhapāda Sutta 9 PTS: D i 178 / Aṅguttaranikāya 9.64 PTS: A iv 457: Sensual Desire (kāmacchanda), Ill-will (vyāpāda), Sloth and Torpor (thīna-middha), Restlessness and Worry (uddhacca-kukkucca) and Skeptical Doubt (vicikicchā).

the six kinds of consciousness corresponding to them or Twelve Sense-Bases (*āyatana*): the six sense-organs and the six sense-objects and the entire mental process attached to it with all their characteristic transience.

4. Purity of overcoming Doubts (Kaṅkhāvitaraṇa-visuddhi) is the conquest of all doubts regarding the phenomenal existence through the comprehension of the causal relation of mind and body (*nāma-rūpa*) understanding their causes and conditions in the context of saṃsāric existence. The knowledge of discerning conditionality sees only a conditioning body-and-mind process and a conditioned body-and-mind process. In other words, it is the knowledge that comprehends the law of kamma and its result in the context of mind and body and the comprehension established by dispelling doubts about the three phases of time - past, present and future by discerning the conditions of mentality-materiality.

5. Purity of Knowledge and Vision of what is Path and Not-Path (Maggāmagga-ñāṇadassana-visuddhi) denotes the attainment of knowledge or insight into the Right path and Wrong path. That means it is the understanding that distinguishes the difference between the direct path and the misleading path. The practical method is known as comprehension by groups (*kalāpa-sammasana*) which is the contemplation on body and mind in their Three Universal Characteristics (*anicca, dukkha and anattā*). Here, the knowledge of Arising and Passing away of mental and material phenomena (*udaya-vaya*) occurs in two phases: undeveloped phase and mature phase. In the undeveloped phase, the Ten Imperfections of Insight²² (*dasa vipassanā-upakkilesa*) occur. These Ten Defilements of Insight, forming the Not-Path, which mislead insight, impede the progress in meditation. The realization of these imperfections is the purification by knowledge and vision of Right Path, and the avoidance of the imperfections leads to the attainment of true insight. Besides this, three kinds of mundane full-understanding²³ are attained and a part of the Eighteen Principal Insights²⁴ is attained by means of full-understanding as abandoning.

6. Purity of Knowledge and Vision of the Way or Progress (Paṭipadā-ñāṇadassana-visuddhi). At this stage, with the absence of the inimical influences of the Ten Imperfections of Insight, insight reaches its culmination through a gradual and steady progress (known as *paṭipadā*) which consists of the Eight Knowledges²⁵ with Knowledge in Conformity with Truth (*saccānulomika-ñāṇa*), as the ninth. This is the knowledge adapted to the Four Noble Truths. The knowledge of contemplation of dissolution (*bhaṅgānupassanā-ñāṇa*), one of the Eight Knowledges is conducive to eight advantages:

1. Elimination of wrong views regarding becoming
2. Abandoning the craving for life

²² Visuddhimagga.xx,105, P.739- illumination (*obhāsa*), knowledge (*ñāṇa*), zest (*pīti*), serenity (*passaddhi*), bliss (*sukha*), resolve (*adhimokkha*), exaltation (*paggaḥa*), mindfulness (*upaṭṭhāna*), equanimity (*upekkhā*) and attachment (*nikanti*).

²³ Ibid, xx 3, P.704 - Ñāṭapariññā-full understanding as the known, Tiraṇa-pariññā- full understanding as scrutiny, and full understanding as abandoning.

²⁴ Ibid, Chapter xx, 89. P.732.

²⁵ Ibid, Chapter xx (I) 93, P. 734, Chapter XXI (II)3, P. 746 - Knowledge of contemplation of rise and fall (*udayavayānupassanā-ñāṇa*), Knowledge of contemplation of dissolution (*bhaṅgānupassanā-ñāṇa*), Knowledge of appearance as terror (*bhayatūpaṭṭhāna-ñāṇa*), Knowledge of contemplation of danger (*ādīnavānupassanā-ñāṇa*), Knowledge of contemplation of detachment (*nibbidānupassanā-ñāṇa*), Knowledge of desire for deliverance (*muñciturakamyatā-ñāṇa*), Knowledge of contemplation of reflection (*paṭisaṅkhānupassanā-ñāṇa*), Knowledge of equanimity about formations (*saṅkhārupekkhā-ñāṇa*).



3. Constant application in what is suitable
4. Purity of livelihood
5. Elimination of anxiety
6. Expulsion of fear
7. Possession of patience and self-control
8. Overcoming of dissatisfaction

7. Purity of Knowledge and Insight (Ñānadassana-visuddhi): This is the complete purity gained through the knowledge of the Four Noble Paths – the path of Stream-entry, the path of Once-return, the path of Non-return and the path of Perfect Holiness.²⁶ The knowledge of these Four Supra mundane Paths that lead to the total eradication of all defilements is the purity of Knowledge and Insight.

Cognitive, Behavioral and Psychotherapeutic Aspects as reflected in Insight Meditation

The first step of Satta Visuddhi, Sīla visuddhi (Purity of morality) illustrates the behavioral therapy which is the preparation for the foundation of Insight, and the other steps of Satta Visuddhi depict the cognitive and psychotherapeutic aspects in Insight meditation.

1. Purity of Morality

Behavioral and Psychotherapeutic Aspects of Morality

Morality or *Sīla* is the foundation of all meritorious actions. *Sīla* helps create a state of the mind that is not overwhelmed by fear, anxiety, remorse and confusion. *Sīla* strengthens our courage and ability. It lays the foundation for meditation practice and provides psychological strength. It is this foundation that is absolutely necessary to gain concentration. In a way, morality prepares the ground for planting the seeds of mental cultivation which gives rise to the tree of wisdom.

Morality enables a person to feel the basic level of safety and security that is a requisite for the practice of mental cultivation and wisdom. *Sīla-visuddhi* (Purity of morality) leads to purity of mind. Purity of mind (*Cittavisuddhi*) which is the basic foundation for penetrating the Four Noble Truths as well as all conditioned phenomena and the unconditioned which is *Nirvāna*.

The Therapeutic Rewards and Blessing of Morality

Freedom from remorse, acquisition of Joy, Rapture, Tranquility, Happiness, Concentration, Vision and knowledge according to reality, Turning away and detachment, The vision and knowledge with regard to Deliverance,

²⁶ Visuddhimagga. Chapter XXII, 1, 2, P.785. sotāpatti-magga, sakadāgāmi-magga, anāgāmi-magga and arihatta-magga

Five Advantages through the Practice of Morality

The Buddha preached the following five benefits gained through the observance of the precepts. Great increase of wealth and prosperity through diligence, Noble reputation, Confident deportment without timidity in every society, Serene Death after a full life-span, Re-birth in a happy state or in a heavenly world.²⁷

The Wholesome Results gained by keeping the Five Precepts:

The First Precept – no physical disabilities, no dry and wilted look, no weakness and sluggishness, no fear of dangers, no fear of being killed by others and committing suicide, no lots of diseases, no loss of friends and no short life.

The Second Precept – no poverty, no loss of your belongings to the Five Enemies (water or flood, fire or conflagrations, thieves, tyrants or bad leaders and unloved heirs like bad sons and daughters).

The Third Precept – not hated by many, no lots of enemies, peace, happy family, no shame and embarrassment, no physical deformities, no much worries, no separation from your loved ones.

The Fourth Precept – no unclear speech, no crooked teeth, no foul mouth, no dull senses, no lack of honor, no roughness in speech, no lack of calm.

The Fifth Precept – no loss of judgment, not being lazy, not being forgetful, not being insane, sense of gratitude, moral shame and moral fear.

Behavioral, Cognitive and Psychotherapeutic Process of Sīla

By abstaining from immoral speech, actions and livelihood, the quality of blamelessness with non-remorse as the benefit can be achieved. One who observes the precepts is dear and loved by his companions holding him in high esteem. Non-remorse leads to joy (*pīti*) and bliss (*sukha*), followed by tranquility (*passadhi*), the proximate cause of concentration (*samādhi*). With concentrated mind, one is able to penetrate into the true nature of things (*yathābhūta-ñāna*) through Insight (*vipassānā*) and attain the Path and Fruition Knowledge (*magga-phala ñāna*). Thus, Sīla is of many therapeutic aspects beginning with non-remorse and ending with the realization of *Nibbāna*. The Moral Purity purges the mind of its inferior, mean and inimical propensities and paves the way for inward purification.

2. Purity of Mind

The following mental disorders suffered by the Deluded-natured (*moha-carita*) are brought into diminution by Purity of Mind.

- *thīna-middha* - sloth and torpor (3rd of the Five Hindrances),
- *uddhacca* - restlessness (one mental hindrance and also one of the Ten Fetters)²⁸,

²⁷ Visuddhimagga Chapter I, (IV), 23, P.9.

²⁸ AN 10.13 PTS:Av 17 Saṃyojana Sutta, (sakkāya-dīṭṭhi, vicikicchā, sīlabbata-parāmāsa, kāma-rāga, vyāpāda, rūpa-rāga, arūpa-rāga, māna, uddhacca and avijjā).



- *kukkucca* - wrongly-performed-ness like scruples, remorse, uneasiness of conscience, worry *vicikicchā* - skeptical doubts (one of the three fetters)

3. Purity of Views

Due to *Diṭṭhi Visuddhi*, one attains the view of reality or seeing things as they are (*yathābhūta-dassana*) that avoids falling into extremes and forming perversions or distortions of views (*diṭṭhi-vipallāsa*). The misconception that causes one to think as “I-ness” or “I am-conceit” (ego-conceit, *asmi-māna*) is eliminated. Seeing the transience of the Five Aggregates and their relation to phenomenal existence, he is not worried by the vicissitude of the world. A potentiality to face and overcome sorrow and lamentation is developed, and mindfulness to understand the truth that everything is impermanent including our own lives is developed. A wakefulness that everything is changing all of the time is created. By seeing this truth of impermanence of all worldly vicissitudes, our mind is trained to maintain equanimity leading to balance of our mind.

The Overall Therapeutic Benefits of Insight Meditation

- Decreasing and ridding the mind of various kinds of mental defilements which cause suffering.
- Increase of happiness with the reduction of suffering.
- Becoming detached from all the matters to which one used to be attached and as a result, being free from disturbances by worldly currents.
- Firm establishment of mind and development of wisdom to see things as they really are. As a result, one is unruffled, not swinging either way by worldly conditions - gain or loss, honor or dishonor, praise or blame, happiness or suffering - the vicissitude of the world.
- Decrease of selfishness and increase of sacrifices for the benefit of others.
- Development of a much more refined mind endowed with virtue in proportion to the level of practice reached.
- True peace of mind endowed with happiness which is unperturbed by secular matters.

Ten *Asubhas* (objects of impurities) and *Kāyagatā-sati* (mindfulness of body) are a therapeutic methods for mental disorders suffered by the Lust-natured (*rāga-carita*) such as hallucinatory habits (*māyā*), fraudulent tactics (*sāṭheya*), pride in all actions (*māna*), delight in sinful actions (*pāpicchatā*), unlimited desires (*mahicchātā*), unsatisfactoriness (*asantutthitā*), deep rooted defilements in every action, vacillation in duties (*cāpalya*), no fearing of any sinful action (*anottappa*), lack of moral shame in any sinful action (*ahirika*), infatuated mood in any function (*mado*), unconscious mind (*pamāda*).

Four *Kasiṇas*: *nīla*, *pīta*, *lohita* and *odāta* and the *Brahma-vihāras* are a therapy for mental disorders suffered by the Hate-natured (*dosa-carita*) such as provocation in day today life actions (*kodho*), hatred (*upanāha*), covering others’ good qualities (*makkhī*), comparing one’s good qualities with himself (*palāsa*), intolerance of others’ wealth (*issā*), hiding his wealth from the others (*macchariya*).

Ānāpāna-sati: is a therapy for the mental disorders possessed by the Deluded-natured (Moha-carita) such as sloth and torpor (thīna-middha), restlessness (uddhacca), scruples, remorse, uneasiness of conscience (kukkucca), skeptical doubts (vicikicchā).

Six Anussatis: Buddha, Dhamma, Saṅgha, sīla, cāga, devatā are a therapy for the mental disorders possessed by Saddhā-carita.

Maraṇa-sati: upasamānussati, āhārepaṭikūla-saññā, catudhātu-vavatthāna - Buddhi or Intelligence.

Six Kasiṇas: paṭhavi, āpo, tejo, vāyo, ākāsa, āloka, and Four Arūpas – Sabba-carita or mixed character.

The psychotherapeutic aspects as reflected in the Eighteen Principal Insights

1. The contemplation of Impermanence (aniccānupassanā) abandons the perception of permanence.
2. The contemplation of Suffering (dukkhānupassanā) abandons the perception of pleasure.
3. The contemplation of Not-self (anattānupassanā) abandons the perception of self.
4. The contemplation of Dispassion (nibbidānupassanā) abandons delighting.
5. The contemplation of Fading Away (virāgānupassanā) abandons greed.
6. The contemplation of Cessation (nirodānupassanā) abandons originating.
7. The contemplation of Relinquishment (paṭinissaggānupassanā) abandons grasping.
8. The contemplation of Destruction (khāyānupassanā) abandons the conception of compactness.
9. The contemplation of Fall (of formations) (vayānupassanā) abandons the accumulation of kamma.
10. The contemplation of Change (vipariṇāmānupassanā) abandons the conception of lastingness.
11. The contemplation of the Signless or the unconditioned (animittānupassanā) abandons sign.
12. The contemplation of Desirelessness (apaṇihatānupassanā) abandons desire.
13. The contemplation of Voidness (suññatānupassanā) abandons misinterpreting (insistence).
14. The development of the Insight into phenomena (higher understanding or wisdom) (adhipaññā-dhamma-vipassanā) abandons misinterpreting (insistence) due to grasping at once.
15. The development of Correct Knowledge and Vision (yathā-bhūta-ñāḍassana) abandons misinterpreting (insistence) due to confusion.
16. The development of Danger or Misery (ādīnavānupassanā) abandons misinterpreting (insistence) due to reliance.
17. The contemplation of Reflexion (paṭisankhānupassanā) abandons non-reflexion.



18. The contemplation of Turning Away (*vivaṭṭanānupassanā*) abandons misinterpreting (insistence) due to bondage.

The Overall Therapeutic Results of Insight Meditation

The behavioral problems caused by the adverse actions and evil speeches (detrimental bodily activities and malevolent verbal expressions) which are inimical to individual and society can be overcome through the Moral Purity, and this can be taken as an aspect of *Vikkhambhana-pahāna*²⁹ - overcoming by suspension or repression (a temporary suppression of taints which lead to mental problems).

The adverse ideas and erroneous views are overcome through the Eighteen Insights, and this way of overcoming (the idea of permanence by impermanence, the idea of pleasure by suffering, self by Not-self, *etc.*) is known as The Overcoming by the Opposites – *Tadāṅga-pahāna*³⁰

The mental problems caused due to attachment, aversion, torpor, restlessness and conflict are overcome by the Purity of Mind (*Citta-visuddhi*) through eight attainments -four *rūpa Jhānās* and four *arūpa Jhānās* (*asta samāpati*) with access-concentration (*upacāra –samādhi*) which has the potentiality to suppress the Five Hindrances (*pañcanīvaraṇa*). The overcoming by tranquilization is *Paṭipassaddhi-pahāna*.

All the behavioral and mental problems are completely overcome by the complete purity gained through the knowledge of the Noble Paths with the final attainment - *arihatta-magga* leading to the total eradication of all defilements through the Purity of Knowledge and Insight. This is known as the *Samuccheda- pahāna* –overcoming by destruction.

Conclusion

Modern psychoanalysis works on the assumption that when the origin of a mental disorder is revealed, its influence on unconscious motivation will automatically disappear. Such psychoanalysis has so far not been successful in diagnosing the root causes that bring into being mental problems and unwholesome behaviors. Hence, modern psychiatry or psychotherapy is incapable of the total eradication of problematic mentality that causes problematic behavior.

Buddhism which analyses the root causes of problematic personality in the context of the Noxious Trio – greed, hatred and delusion exposes a highly systematized psychological analysis of human mind and behavior with the prominence to the mind (*mano pubbaṅgamā dhammā – mano seṭṭhā manomayā*)³¹. The cognitive, behavioral and psychotherapeutic aspect reflected in Insight Meditation is that when the mind is gradually purified, body and speech are cleansed. The total purity of mind brings about the complete eradication of all taints or cankers putting an end to all types of mental disorders and problematic behaviors. Eventually, the cognitive, behavioral and psychotherapeutic methods reflected in Insight Meditation can profusely be adopted to cure mental problems and abnormal behaviors in the modern society.

²⁹ Buddhist Dictionary-Manual of Buddhist Terms & Doctrines by Nyanatiloka, P. 353.

³⁰ Ibid, P.365.

³¹ The Dhammapada, K. Sri Dhammananda, verse 1–Yamaka Vagga P. 41.

Psychotherapeutic Value of Visuddhimagga for the Enhancement of Modern Psychotherapy



Dr. Wasantha Priyadarshana
Postgraduate Institute of Pāli & Buddhist Studies
University of Kelaniya

Introduction

The Visuddhimagga written by Ven. Buddhaghosa could be recognized as the Manual of Theravāda Buddhist Psychology due to its salient psychological theories discussed therein. It is mentioned in the Mahāvamsa, the Great Chronicle (the greatest historical record of Ceylon) that the Visuddhimagga came into being as a result of commenting upon two stanzas from Saṃyutta-nikāya in order to get the permission from Mahāvihāra authority for translating Sinhalese commentaries into Pāli language.¹ At the inception of the Visuddhimagga, the objective of composition is explained as to prescribe treatments for: the inner tangle (antojatā) and the outer tangle (bahijatā) faced by the ordinary man (putujjanā).²

And on the other hand, a special attention should be paid on why this compendium was named as the Visuddhimagga. In the early Buddhist context, the term “visuddhi” has been utilized to render the meaning of Nibbāna (*summum bonum*). As far as the entire meaning of the term “Nibbāna” is concerned, it provides the meaning as happiness, contentment and peace.³ Nibbāna is so called because; it blows out the fires of greed, hatred, and delusion.⁴ When these fires are blown out peace is attained, and one becomes completely cooled (sitibata). The individual who experienced “Nibbāna” in this very life is called as sitibhūta⁵, cooled person. The reason why this person is known as sitibhūta means, because he/she completely eradicated noxious trio (desire, hatred and delusion) which makes a person hot, restless and induce him/her into problematic behaviors (pāpakāri) and various types of mental disorders (cetasikorogo).⁶ Taking this entire meaning of the term “Nibbāna” into consideration, Ven. Buddhaghosa names this compendium as Visuddhimagga. Psychotherapeutic strategies revealed by commentator Buddhaghosa are centered on three fold training⁷ (morality, concentration, and wisdom). This Threefold training elaborated in Visuddhimagga, in terms of sattavisuddhi (sevenfold purification), tries to transform three aspects of the individual as a therapeutic means. And on the other hand, various psychotherapeutic strategies advocated by the commentary

¹ Extended Mahāvamsa, Malalasekara, P.T.S, 1988, Chapter, xxxvii verse, p. 215

² Saṃyuttanikāya, i, P.T.S, 1973, P.165: *anto jatā bahijatā jatāya jatita pajā taṃ taṃ go tama pucchāmi koimaṃ vijataye jatā.* There are these two tangles, the inner tangle and the outer tangle. The people are enmeshed in these two tangles; and I ask thee Gotama, this question, who succeeds in disentangling these tangles”.

³ Suttanipāta, ed, D, Andersen and H. Smith, P.T.S, 1931,p. 235

⁴ Saṃyuttanikāya, iv, P.T.S, p.19

⁵ Suttanipāta, ed D Andersen and H.Smith, P.T.S, pp. 542, 642

⁶ Aṅguttaranikāya, ii, P.T.S, pp. 142, 143

⁷ Saṃyuttanikāya, i, P.T.S, 1973, p. 165. “*sile patiṭṭhāya naro sappañño cittaṃ paññaṅca bhāvayaṃ atāpi nipako bhikkhū soimaṃ vijataye jaṭaṃ.*” When a wise man establishes well in virtue, develops his mind and attains wisdom, such a Bhikkhu ardent and sagacious, succeeds in disentangling this tangle” –Visuddhimagga.



show us various significances that are so relevant to this modern world. Therefore, the objective of this research paper is to disclose how far these strategies could be adopted for the enhancement of the repertoire of modern psychotherapy.

Psychopathology and Visuddhimagga

In the third and twenty second chapters of Visuddhimagga, the basic features of Theravāda Buddhist Psychopathology have been discussed. It is evident from these chapters that the entire scope of Psychopathology also has been well elaborated in terms of three categories. They are as follows.

- Psychological influence of noxious trio⁸
- Physical influences of four elements and three humors.⁹
- Kammic influence of previous causes.¹⁰

Psychological Influence of the Noxious Trio

Commentator, Ven. Buddhagosa discusses with a great exposition the entire psychological background of defilements (kilesa) and its provocations towards various problematic behaviors and Psychiatric disorders.¹¹ Desire (rāga), hatred (dosa) and delusion are the central intrinsic defilements in the field of Theravāda Buddhist philosophy. Further, various aspects of these three elements are discussed in Theravāda Buddhist philosophy in terms of various generic terms, namely, ten fetters (dasasamyōjanāni), the ten corruptions (dasakilesā), ten wrongnesses (dasamichattā), four perversions (cattāravipallāsā), forties (cattāroganthā) four injustices (cattāsoagati), four cankers (cattāroāsavā), four floods (cattāroogha), five hindrances (pañca nīvaranāṇi), one adherence (parāmāso), four clinging (cattāriupādāna), seven inherent tendencies (sattānusayā), three stains (tinimalāni), ten unwholesome courses of action (dasa akusalakammaphathā), and twelve unwholesome thought arisings (dvādasākusalacittuppādā). Although these defilements (kilesa) are discussed in terms of various generic terms, in the context of psychological analysis, all these elements come under three crucial ingredients as desire (lobha) hatred (dosa) moha (delusion). The nature of desire (dosa) and its function has been graphically elaborated in the early Buddhism as impulse (kāmacchanda), excitement (rāga) enjoyment (nandi) love (sineha) thirst (pipāsa) consuming passion (parilāha) etc. According to the psychological analysis of Visuddhimagga, desire acts as a primordial essence which is conducive to provide happy and unhappy destinies.¹² It is very clear from the psychological analysis of Visuddhimagga that “desire” (lobha) has various functions leading human beings to acquire their primary and secondary needs. But in the actual world, individual is unable to acquire their wants and needs. The reason is the inevitable fact known as anicca or impermanence. In front of their failures due to impermanence (anicca), the next psychological reaction that originates in the mind is known as “dosa” or hatred. The individual who fails to acquire his/her wants and needs and provoked by dosa or hatred differs from a clam person. According to early Buddhist explanations,

⁸ Visuddhimagga Tr. by Bhikkhu Ñānamoli, Taipei, Taiwan, R. O. C. 1956, xxii pp, 798,806

⁹ Ibid iii, pp,102,104

¹⁰ Visuddhimagga Tr. by Bhikkhu Ñānamoli, Taipei, Taiwan, R. O. C., 1956, iii, pp,104,105

¹¹ Ibid, xxii, pp,798,806

¹² The Dynamic Psychology of Early Buddhism, R.E.A Johansson, Oxford, 1978, P, 105

an individual influenced by hatred does not restate to get revenge from himself (attaṃtapa) and from the society (paraṃtapa).¹³ As a result of this revengeful situation,¹⁴ the individual led by hatred cannot understand the natural circumstances as they are. This infatuated situation of individual has been graphically discussed in the Theravāda Buddhism as the condition of moha (delusion). This infatuated mentality leads persons into various problematic behaviors and many psychiatric disorders.

Kammic Influences as a Crucial Ingredient of Psychopathology

Kammic influences belong to previous existences are concerned here as a central element that can affect present physical and mental performances. Kammic influence plays here an important role as the significant ingredient that represents cultural, spiritual, and ethical consciousness of the individual. The very significant teaching both in early and Theravāda Buddhism is the Rebirth consciousness. As it is mentioned in the Visuddhimagga, individuals possess desire, hatred, deluded, faithful, intelligent and speculative characters in this present life due to the Rebirth consciousness. This resultant consciousness brings various behavioral patterns and thinking patterns that belong to previous existences (puṇābhava). The Visuddhimagga says “Apparently one of greedy temperaments has formerly had plenty of desirable tasks and gratifying works to do, or has reappeared here after dying in a heaven. And one of hating temperament has formerly had plenty of stabbing and torturing and brutal works to do or has reappeared after dying. And one of deluded temperament has formerly drunk a lot of intoxicants and neglected hearing and questioning, or has reappeared here after dying in the animal existence. It is in this way that they have their source in previous habit”. It is very evident that the author gives an ethical analysis of individual regarding their previous cultural, spiritual, sociological conditions. The analysis of mental dispositions preoccupied by previous habits and their relevance to present problematic behaviors and to mental disorder is a very unique teaching in the field of psychotherapy revealed by Theravāda Buddhism.¹⁵

Influences of the Four Elements and the Three Humors as Physical causes to Various Problematic and Psychiatric Disorders

As it is discussed in the Visuddhimagga, the physical elements of individual are formed with the help of earth (paṭhavi) water (āpo), fire (tejo) and wind (vāyo).¹⁶ And on the other hand it is very clearly explained here that the proper function of the physical body exists on the equilibrium of three humors known as phlegm, wind, and bile. The imbalance of these four elements and three humors

¹³ The mind in Early Buddhism, Bh. Thích minh Thánh, New Delhi, 201, PP,145,149.

¹⁴ Aṅguttara Nikāya, i. Pali Text Society, p. 149: He who is overwhelmed by hatred plans to his own harm, to the heart of others to the harm of both. He performs immoral acts in deed, words and thought, He cannot understand, as it really is his own profit, that of others, or that of both hatred is the cause of blindness, of not seeing, of not knowing, of loss of understanding: it is associated with trouble and does not lead to Nibbāna.

¹⁵ Visuddhimagga Tr. by Bhikkhu Ñānamoli, Taipei, Taiwan, R. O. C, 1956, pp. 104,105.

¹⁶ Visuddhimagga Tr. by Bhikkhu Ñānamoli, Taipei, Taiwan, R. O. C, 1956, xi, pp. 380, 384

Whatever is “characterised by hardness” (thaddha lakṣhaṇa) is the Earth or solid Element; by cohesion (ābandhana) or fluidity, the water – Element: heating (paripācana) the fire or heat Element: by “strengthening” or “supporting” (vitthambhana) the wind or motion- Element. All four are present in every material object, though in varying degrees of strength. If, for instance. The Earth Element predominates, the material object is called ‘solid’ etc.



are conducive to problematic behaviors and psychiatric disorders.¹⁷ It is said in the *Visuddhimagga* “then a person is of deluded temperament because two elements are prominent, that is to say the earth element and fire element. He is of heating temperament because the other two elements are prominent. But he is of greedy temperament recourse all four are equal. And as regards the humors, one of greedy temperament has phlegm in excess and one of deluded temperament has wind in excess or one of deluded temperament has phlegm in excess and one of greedy temperament has wind in excess. So they have their sources in the elements and the humors they say.”¹⁸ According to the above mentioned expositions, it is very obvious that the psychiatric perspective of *Visuddhimagga* is very comprehensive. A part from that biological and the psychological causes have been highly concerned here in the context of psychopathology.

Personality and Character Analysis

According to the psychology of *Visuddhimagga*, individual means a psychophysical causal process which is analytically explained as the five aggregates (*khandha*), the twelve bases (*āyatana*), the eighteen elements (*dhātu*) and is synthetically discussed in the formula of conditioned genesis (*paṭiccasamuppāda*) as an ever changing and mutually conditioned series of phenomena.¹⁹ Concerning the early Buddhist expositions, Ven. Buddhaghosa explains that the combination of psychophysical causal existence comes as a whole, as an individual. But according to this analytical and synthetic explanations, it is emphasized that no any permanent or everlasting existence in this transitory world that could be known as soul. The axiom of *Tilakkhaṇa* is also utilized here to avoid the delusive permanency of individual and any kind of permanent soul (*anatta*). Commentator Buddhaghosa, following early Buddhist teachings of the five aggregates (*khandha*), the twelve bases (*āyatana*) and the eighteen elements (*dhātu*) illustrate that, in the process of personality development, the psychological existence represented by the term *nāma* must be developed significantly than physical concern. Quoting *Āhāra Sutta*, the commentator emphasizes here that when edible food is provided to physical existence, three types of food known as *phassāhāra*, *manosaṃcetanikāhāra* and *viññāṇāhāra* should be provided for the existence of the mentality. These three foods do not represent the edible foods but totally mental.²⁰ Though Early and Therāvada Buddhist teachings accept the interaction of these physical and mental elements, the predominant place is given to the existence of mentality and its development as a means of everlasting solution to every human predicament. This is a theory of paramount importance, both in early Buddhism and in Theravāda Buddhism because it is very impossible to eliminate every human problem in the absence of the proper mental development. Therefore, in the analysis of personality development, the mental development is much more highly emphasized than the physical nourishment. This mental transformation is discussed here as the one and only way that could be adopted to prevent every kind of human predicament.

In the Theravāda Buddhist exposition, the knowledge of physical age and the objectives related to relevant physical age are very helpful to understand the personality and its various disorders. The entire human lifespan is discussed in the *kammatthānaniddesa*. The lifespan of every individual is of tenfold. They are as follows:

¹⁷ Ibid iii, p. 80.

¹⁸ Ibid iii, pp. 79,81.

¹⁹ Ibid xv, pp. 552, 558

²⁰ *Visuddhimagga* Tr. by Bhikkhu Ñānamoli, Taipei, Taiwan, R. O. C., 1956, xi, pp. 372, 374.

- Childhood (maṇḍa, 1 -10)
- Adolescence (kiddā, 10 - 20)
- Adulthood (vaṇṇa, 20 - 30)
- The period of the establishment of mundane life (bala, 30, 40)
- The period of wisdom (paññā, 40, 50)
- The period of physical decay (hāyana, 50, 60)
- The period of distortion of physical body (pabbāra, 60, 70)
- The period of having crooked body (vaṅka, 70, 80)
- The period of mental distortion (momuha, 80 - 90)
- The period of occurring death (sayana, 90, 100)²¹

According to above mentioned exposition, it is apparently proved that the Theravāda aim of providing counseling and psychotherapeutic knowledge to present world is not limited to certain period of life, but to the entire life span of the human being.

Six character types discussed in Visuddhimagga give a significant value in understanding their various behavioral and thinking patterns. Each six characters can be distinguished from others, in terms of five points. As mentioned in the Visuddhimagga: desire (rāga), hatred (dosa), deluded (moha), faithful (saddhā), intelligent (buddhi), and speculative (vitakka) characters can be known with reference to their different types of postures, actions, eating patterns, modes of seeing and with their various mental states.²²

Problematic Behaviors and Psychiatric Disorders According to the Six Characters

Out of six characters, faithful and intelligent characters are considered as healthy. But other four characters possess various problematic behaviors and psychiatric disorders. The very significant point that should be mentioned here is every problematic and mental disorder is again subdivided into very subtle categories. But it is very difficult to mention them all. Hence, abstract form of them is discussed here.²³

²¹ Dr. Wasantha Priyadarshana (edited by: Dr. Dion Peoples): “The Buddhist Concept of Conflict Resolution (An Approach To Global Recovery Through Mental Well-Being), inside: Global Recovery: The Buddhist Perspective, for the 7th United Nations Day of Vesak Conference, 2010, pp. 711, 712

²² Guide through Visuddhimagga, V. Dhammaratana, Sri Lanka, 1964, pp. 34-36: The temperaments may be ascertained with reference to five points. They have been stated in the following gathā: “*iriyapathato kiccā bhojanādassanāditto dhammappavattitoceva cariyāyo vibhāvaye*” The temperaments may be known with relevance to posture, action, eating, seeing etc, and the mental states, For more details please see Visuddhimagga, III chapter, from pages 106-112.

²³ Dr. Wasantha Priyadarshana (edited by: Dr. Dion Peoples): “The Buddhist Concept of Conflict Resolution (An Approach To Global Recovery Through Mental Well-Being), inside: Global Recovery: The Buddhist Perspective, for the 7th United Nations Day of Vesak Conference, 2010, pp. 711, 712



Unhealthy Characteristics Possessed by Desire Character (rāga)

- Hallucinatory habits (māyā)
- Fraudulent taxies (sātheya)
- Pride in all actions
- Delight in sinful actions (pāpicchatā)
- Unlimited desires (mahicchātā)
- Unsatisfactoriness (asantutthitā)
- Deep rooted defilements in every action (singa)
- Vacillation in duties (cāpalya)
- Not tearing of any sinful actions (anottappa)
- Shamefulness in any sinful action (ahirika)
- Infatuated mood in any functions (mado)
- Unconscious mind (pamāta)

Unhealthy Characteristics Possessed by Deluded Character (moha)

- Sloth and torpor in physical and mental performances (thīnmiddha)
- Restlessness (uddhacca)
- Scrupulousness
- Uneasiness of after doing actions
- Skeptical doubts (vicikicchā)
- Dogmatism

Unhealthy Characteristics Possessed by Hatred Character (dosā)

- Provocativeness in day to day life patterns
- Imbalance of controlling hatred (upanāha)
- Covering others good qualities (makkha)
- Comparing one's good qualities with himself (palāsa)
- Intolerance of other wealth and progress (issa)
- Hiding his wealth from the others

Unhealthy Characteristics Possessed by Speculative Character (vitakka)

- Excessive talkativeness
- Fondness for society
- Dislike for wholesome practices
- Unsettled in all his doings
- By night he broods over what to do next day
- By day he carries out last night's plans.
- Aimless rushing about.

Treatment Theories

As discussed in the analysis of Psychopathology, individuals vary from each other due to their biological, Psychological, ethical, spiritual and cultural states. In the process of prescribing meditative subjects (kammaṭṭhānas) for six characters, these differences are highly concerned here. As an eminent Psychiatrist, commentator Buddhaghosa prescribes in the Visuddhimagga very significant treatments regarding the effects from biological, sociological, ethical, cultural and psychological status of each six characters.²⁴ Since, there was a highly propagated indigenous medical science; Ven. Buddhaghosa has merely mentioned few treatments regarding the biological conditions. And on the other hand his main aim was not to discuss biological background of individual but to discuss and provide the knowledge that could be adopted to behavioral and cognitive transformation as the definite solution for every human predicament. That is the understanding of the things as they are or which is known as paññā (wisdom)

But in this very limited biological analysis, the value of keeping in touch with the balance of three humors²⁵ has been well explained, And in the second step, the value of having suitable diet which helps to keep four elements in a healthful condition which can keep the body free from Physical problems is discussed. According to the early Buddhist expositions, this physical wellbeing of individual is conducive to achieve healthful mentality.²⁶ Taking these significant factors into consideration, Ven. Buddhaghosa mentions some biological treatments in order to attain mental wellbeing.²⁷ But in the entire content of Visuddhimagga, Ven. Buddhaghosa gives much more priority to ethical, spiritual, and psychological treatments more than biological treatments, providing more concerns to ethical background which is directly connected with causes of problematic behaviors and psychiatric disorders. Ritualistic performances full of psychotherapeutic values like pilgrimages, worshipping Buddha statues, and charity (dāna) are advocated as ethical treatments. In course of time, having understood the Psychotherapeutic significance of these ritualistic performances, Astrology

²⁴ Vimuttimagma and Visuddhimagga, A comparative Study, Bapat, P.V. Poona, 1937, pp. 35, 36

²⁵ Visuddhimagga Tr. by Bhikkhu Nānamoli, Taipei, Taiwan, R. O. C, 1956, pp. 104, 105

²⁶ The Dhammapada, Nārada, Sri Lanka, 2000 p. 177: "ārogyaparamālabhā san tuṭṭhi paramamḍhanam viśāsapuramāñati nibbānam paramam sukham" Health is the highest gain. (Contentment is the greatest wealth. The trust is the best kinsmen Nibbāna is the highest bliss. Therefore, it is very evident that without this psychical health the attainment of Nibbāna known as the highest mental purity is impossible.

²⁷ Ibid III, pp. 110, 111.



came into being as a salient feature of Sri Lankan Psychotherapy.²⁸ Previous causes (pubbāciṇṇa – nidāna) are also given a significant place in Visuddhimagga as a central fact which is conducive to various mental problems.²⁹ Therefore, with an idea of minimizing this kammic effects or previous causes, moral discipline (sīla) is recommended here as a therapeutic means. It is said that, by practicing moral discipline one can change some undesirable behavior patterns connected with previous causes.³⁰ In order to change wrong thinking patterns and the cognitions which cause many psychiatric disorders and problematic behaviors, meditation³¹ full of psychotherapeutic values is advocated in the Visuddhimagga as the sole solution for every human predicament. The above mentioned treatment process is further elaborated here in terms of sevenfold purification (satta-visuddhiyo): (i) purification of virtue (sīla – visuddhi), (ii) purification of mind (citta – visuddhi), (iii) purification of views (ditṭhi – visuddhi), (iv) purification of conquest of doubts (kaṅkhā - vitarāṇa – visuddhi), (v) purification of knowledge and insight into the right and wrong path (maggāmagga - ñāṇadassana – visuddhi), (vi) Purification of knowledge and insight into progress (paṭipadāṇanadassana – visuddhi). (vii) Purification of knowledge and insight into the noble path (ñāṇadassana – visuddhi). It has to be noted here that the first and the second purifications are represented by sīla and samādhi and the last five by paññā; and the transformation of thinking patterns is aimed at the first and the second purifications. But much emphasis is given to cognitive development with the last five purifications.³² When a client is directed along with these seven purifications, he or she is able to prevent the above mentioned problems with different levels. These different kinds of therapeutic levels are elaborated in terms of five steps: (i) Overcoming by Repression (vikkhambhana – pahāna), (ii) Overcoming by the opposite (tadaṅgapahāna), (iii) Overcoming by tranquillization (paṭipassaddhi – pahāna), (iv) Overcoming by Escape (nissaraṇa – pahāna), (v) Overcoming by Destruction (samuccheda – pahāna)³³

Relevance to Mental Health Prophylaxis

The above mentioned therapeutic theories have been well discussed with several practical strategies. They are as follows.

- Practice of sīla for behavioral modification.
- Practice of Ascetic Practices (dhutaṅgas) for minimizing unlimited desires
- Understanding impediments (palibodhas) and leaving them in order to achieve clam environment.
- Meeting a suitable spiritual preceptor as a psychotherapist or psychologist counselor.

²⁸ See for more details, A celebration of demons (Exorcism and the Aesthetics of healing in Sri Lanka) Kapferer, Bruce, Bloomington, 1983.

²⁹ Visuddhimagga, pp. 35,36

³⁰ Guide through Visuddhimagga, pp. 1, 13.

³¹ Psychotherapeutic significances of Buddhist meditation, including the aspects of both samatha (tranquility) and vipassanā (insight) have been well discussed by several scholars. For more detailed discussion read, Carrington, P. (1984) Modern forms of meditation. In R.L wool folk and P.M. Lethers (Eds), Principles and Practice of Stress Management New York: Guilford press, Carrington, P. (1987) managing meditation in clinical practice. In M.A, west (Ed) The Psychology of Meditation, Oxford: Clarendon press.

³² For detailed discussion of Satta Viuddhi please see, Guide through Visuddhimagga written by Dhammaratana ,v.

³³ Buddhist Dictionary, Nyanatiloka. Singapore, p. 121

- Keeping a good therapeutic relationship between the spiritual preceptor and the candidate.
- Following suitable meditative objects (kammaṭṭhānas) prescribed by the spiritual preceptor. There are 40 kammaṭṭhānas. The following kammaṭṭhānas have been suggested for the temperaments concerned:
-

Temperaments	Kammaṭṭhānas
desire (rāga)	Ten unpleasant objects (asubbhās) and mindfulness with regard to the Body.
hatred (dosa)	Four sublime abodes (brahmavihāras) and four vaṇṇakasiṇās.
deluded (moha)	Mindfulness on in and out breathing (ānāpānasati)
faithful (saddhā)	Six kinds of Recollection (anussati) (recollection of the Buddha, Doctrine, his noble disciples, of morality, liberality, Heavenly beings.
intelligent (buddhi)	Reollection of Death (maraṇānussati, Recollection of the peace of nibbāna (upasaṃnussati) Analysis of the four Elements (catudhātuvavatthāna)
speculative (vitakka)	Mindfulness on in and out breathing (ānāpānasati)

Nibbāna, the ultimate goal of Buddhism is to be attained with aid of a continuous practice focused on behavioral and cognitive transformation. One of strategies suggested by Buddhism in order to achieve behavior modification is moral discipline or moral culture. Providing high threshold under the category of sīla – visuddhi (moral purification), Buddhaghosa explains that sīla can minimize and calm down three types of internal fires known as the fire of attachment (rāgaggi), the fire of antipathy (dosaggi) and fire of ignorance (mohaggi). These three fires cause internal burns. But various moral disciplines introduced to laity, monk, and novice can minimize those internal burns with their behavioral transformation. When a laity observes moral discipline introduced as five precepts, he or she has to safe guard his or her body, speech, and mind from unwholesome actions. As it is discussed in early Buddhism, killing, stealing and adultery are known as unwholesome bodily actions. The unwholesome verbal actions are: back-biting, speaking harsh words and gossiping. And on the other hand, avarice, ill-will and false-views are known as threefold unwholesome mental action. At the first step, the particular moral disciplines known as the beginning of life of purity (ādhībrahmacariyakasīla) and the virtue of good behavior (ābhisamācarikasīla) are constructed as a result of practicing the five precepts. In the code of discipline, there are certain rules which have a direct bearing on the social behavior of a man. And there are others which have their bearing on his moral conduct alone. Keeping in view these two sets of rules in the Buddhist tradition, a distinction has been made in the context virtue of good behavior (ādhībrahmacariyakasīla) and that of the beginning of life purity (ābhisamācarikasīla), one is related to the social behavior and

etiquette, while the other is related to the moral conduct. It is the observance of the latter that keeps the moral purity of a man. Therefore, sīla or moral conduct plays an important role as a strategy that could be used to change unwholesome conduct of an individual into a wholesome conduct. It is very evident that moral discipline that can be adopted as a self control or self development strategy in the field of mental health lies in the area of prophylaxis. There are various psychotherapeutic strategies scattered in the Visuddhimagga and so it is very hard to elaborate every strategy in this kind of concise essay. Therefore, the relevance of Psychotherapeutic values has been briefly noted above. Every strategy constructed in the Visuddhimagga is expected to explain briefly at the presentation.

Exploring the Utilization of Buddhist Practices in Counseling for Two Different Groups of Service Providers (Monks and Psychologists) in Cambodia



*Khann Sareth and Tanja E Schunert¹;
Taing S Hun, Lara Petri, Lucy Wilmann,
Vith Kimly, Judith Strasser, and Chor Sonary²*

*The suffering of Cambodia has been deep.
From this suffering comes great Compassion.
Great Compassion makes a Peaceful Heart.
A peaceful Heart makes a Peaceful Person.
A Peaceful Person makes a Peaceful Community.
A Peaceful Community makes a Peaceful Nation.
And a Peaceful Nation makes a Peaceful World.
May all beings live in Happiness and Peace.
--Samdech Maha Ghosananda, Cambodia*

The above quotation sets the objective we advocate and work for in Cambodia.³

Introductory analysis

Background and current situation:

Cambodia's history of political unrest, socioeconomic struggle and traumatic genocide under the Khmer Rouges (KR) has disrupted and destroyed many grown structures of resources, such as the foundations of sufficient health care, education and deeper knowledge of Buddhist and Hindu, animistic traditional practices and cultural legacies. Normal patterns and habits of daily life have been torn apart and resulted in low indicators of development. Cambodia was ranked 137th out of 182 countries according to the United Nations Human Development Index (2009) and struggles still with providing a minimum of health services and standards especially in the field of mental health.

¹ Department of Psychology (DP), Royal University Phnom Penh (RUPP), Phnom Penh, Cambodia and German Civil Peace Service of GIZ (Gesellschaft fuer internationale Zusammenarbeit)

² Transcultural Psychosocial Organization (TPO), Phnom Penh, Cambodia and German Civil Peace Service of GIZ

³ This paper presents a joint project from the Department of Psychology (DP) at the Royal University of Phnom Penh (RUPP) and the Transcultural Psychosocial Organization (TPO) in Cambodia. To fathom Cambodian Buddhist resources for psychosocial work in the face of the immense need of help regarding the upcoming trials for case 002 at the Khmer Rouge Tribunal interviews with eight monks in and around Phnom Penh have been conducted. From this, an ample literature research and discussions with different stakeholders the development of a training curriculum for monks and materials for the master's program at RUPP emerged. They aim to integrate Buddhist practices and mindfulness skills and Western basic interviewing and counseling techniques and are presented in this paper as well.

Problems such as poverty, lack of gender parity, mistrust and suppressed anger, domestic violence, child and sex-trafficking, substance abuse, and other issues which continue to undermine movements for national reconciliation, are common (Human Rights Watch, 2010; Humeniuk, Ali, & Ling, 2004; UNIAP, 2008; van de Put & Eisenbruch, 2002). Preliminary results from a nationwide survey conducted by the Department of Psychology (DP) at the Royal University Phnom Penh (RUPP) in August 2011 show a high percentage of people worrying about their daily survival and how to pay back debts as well as a high incidence of aggressiveness. Additionally, the still widespread confusion about and inexplicability of how these atrocities could happen and who is to blame for them seems to frustrate many and lead to amplifying somatic symptoms (see also: Perry, Oum, & Gray, 2007).

In 2006 the special tribunal sponsored jointly by the United Nations and the Kingdom of Cambodia known formally as the “Extraordinary Chambers in the Courts of Cambodia” (ECCC) but commonly referred to as the “Khmer Rouge trials” was established to try the main responsible KR leaders. With the pending trials regarding case 002 at the ECCC, non-governmental organizations (NGOs) such as the Transcultural Psychosocial Organization (TPO) are confronted with a number of no less than 3866 recognized civil parties that urgently need psychological preparation to prevent re-traumatization during the hearings. Most of these applicants come from rural areas where there is hardly any psychological support available.

But help is not only urgently needed in this area, but also in the field of severe mental disorders such as psychotic disorders, which are subject to stigmatization and helpless actions of putting the ill into cages or on chains. Often families spend their whole savings and belongings on ineffective treatments without being referred to an appropriate service.

Resources in mental health:

During the Pol Pot era (1975-1979), it is estimated that approximately 2 million Cambodians died. Only 50 physicians out of 1,000 before 1975 survived this period, with no mental health professionals among them (Stewart, Yuying & Phan Chan, 2010). Furthermore another million of Cambodia’s population was killed during the period of civil war prior to and following the KR era (Berthold & Gray, 2011). The United Nations Development Program estimated in 1989 that no more than 300 qualified persons of all disciplines were left to serve the country (Bit, 1991). Cambodia had never developed concepts and a system of mental health care until 1993 and depression and trauma resulting from the long lasting civil war largely went untreated. The culture has not provided socially accepted ways of expressing and releasing anger and frustration supported by the belief that such emotions do not fit with Buddhist principles. At the same time Buddhist principles seemed to foster an acceptance of suffering as the expected order of life (Bit, 1991).

In 1994 the International Organization for Migration (IOM) and the University of Oslo in cooperation with the Ministry of Health in Cambodia initiated the first training of psychiatrists after the Khmer Rouge regime. Up to now 49 psychiatrists (11 females according to information from the University of Health Sciences that has set up a training program and 45 psychiatric nurses have been trained and work in mental health facilities and/or private practice in Cambodia (information from Ministry of Health). In addition mental health care has also been integrated into primary health care by the Ministry of Health since 2002 with 297 trained physicians and 270 trained nurses. Mental

health outpatients services are available at 45 out of 84 referral hospitals nationwide and at 18 out of 967 health centers (Stewart, Yuying & Phan Chan 2010). Psychiatric education doesn't however include extensive training in counseling and psychotherapeutic skills. Educational trainings comprising an undergraduate and master's program are well established at the Departments of Psychology and Social Work at RUPP. However psychologists are so far not often involved in governmental institutions such as hospital care although the Cambodia's Ministry of Health is currently planning this.

The DP at RUPP exists since 1994 and offers an undergraduate and masters program to meet the great need for well-trained psychologists and counselors in Cambodia's rural and city areas. The vision includes setting up a cooperation-network with a wider range of governmental and non-governmental institutions to bundle energies and enhance sustainability and efficiency. Over 660 students have graduated with a Bachelor's degree in psychology from the undergraduate program at RUPP. Since 2008, the Department offers a Master of Arts in Clinical Psychology and Trauma Treatment which provides an educational environment in which graduate students can learn advanced concepts and principles of psychology, psychotherapy, counseling and the methods of scientific inquiry into the behavior of individuals, groups and society. The goal is to train psychologists with a special focus on trauma/therapeutic approaches with a strong integration of traditional Cambodian cultural ways and forms of support. From the first promotion 13 students have successfully graduated with a master's degree and many of them are working in private practice and as program coordinators and counselors in the field of trauma and mental health. Some have started setting up a mobile team serving other provinces. The second cohort of students started its studies in February of 2011. The department aspires to reach excellence in research and education.

In addition to the DP at RUPP, limited clinical services are provided by some other organizations. The largest number of individuals seen by NGOs is probably served by TPO. TPO is a well-respected local non-governmental organization founded in 1995 which provides culturally appropriate psychological services to Cambodian individuals, families and communities who are subject to long-term stress and trauma. The organization runs an outpatient clinic in Phnom Penh and implements several community mental health programs at community grassroots levels. Following a multi-disciplinary approach, TPO's outpatient clinic in Phnom Penh includes psychiatrists, psychiatric nurses and clinical psychologists. The clinic offers the following services: counseling services, psychiatric consultations, one-time consultations and Testimonial Therapy for KR survivors. In 2010 TPO's outpatient clinic provided services to 601 new clients, 61 percent of which were female. The number of consultations has significantly increased from 591 in 2005 to 5070 in 2010. TPO further provided 545 phone-counseling sessions and around 100 face-to-face counseling sessions in 2010. TPO also provides ongoing psychological and psychiatric services to inmates in Phnom Penh's prisons and to victims of human trafficking.

Several other organizations such as Social Services of Cambodia (SSC), Maryknoll, Enfants et Development, Pour un sourire d'enfant and the Caritas Child and Adolescent Mental Health Clinic (CCAMH) are providing mental health care in smaller and bigger amounts.

As almost all fifteen Cambodian and expatriate mental health professionals from a qualitative study on mental health care in Cambodia noted that the entire population is underserved with mental health services with a particular lack in treatment of children, women, rural populations, persons with disabilities, sex workers, street children, prisoners, and persons struggling with substance abuse

one can see the importance of the work done by the above mentioned organizations in the field of mental health in Cambodia (Stewart, Yuying & Phan Chan, 2010).

Buddhist particularities in Cambodia

Bit (1991) noted that “The merging of classical Buddhist thought with animistic and Brahmanist traditions produces patterns which are quite atypical of Buddhism as practiced elsewhere” (p. 21). This has led to a diffusion of helpful powers and arbitrariness of spiritual protection, further promoting the widespread fear stemming from the experience of almost total paralysis by fear and terror during the nameless, faceless and ever-present danger of the KR regime (Bit, 1991). In addition, Cambodia has seen the merging of various different cultural influences from India, China, Thailand, Lao and France which has proceeded without an in depth adaptation (or rejection) of previous beliefs and thus has resulted in a co-existence of partly contradictory norms and values. A habit to submerge deep differences inside surface similarities has emerged and in turn, has led to a subsequent loss of the capacity to analytically connect theory with outcome, actively make choices and has increased the readiness to trust in and (in psychological terminology) “identify with the oppressor” in Cambodia (Bit, 1991). Theravada Buddhism in Cambodia has developed in a somewhat isolated vacuum with hardly any ties to developments in other Buddhist countries. In this process other influences have partly offset the ascetic requirements for laity and strict concepts and principles of traditional Buddhism. “Buddhism has been used by every ruler in the modern times, from Sihanouk, Lon Nol to Pol Pot and the present regime to legitimize their political control. In the process, the integrity of Buddhist principles as the spiritual foundation of Cambodian culture has been sacrificed.” (Bit, 1991, p. 35). In addition, the KR era has led to a great loss of educated monks and a certain discontinuity of practice.

Cambodia’s Cultural Context in the Field of Mental Health

Approximately 85% of Cambodians live in rural areas and whilst the urban population becomes increasingly open to western views and concepts of psychology, mental disorders in the countryside are often attributed to the involvement of ancestral spirits or the Buddhist concept of Karma: determining the state of one’s well-being based on acts in a previous lifetime. Until recently there were no professional counseling services available in Cambodia. Cambodians therefore often seek the assistance of monks, traditional healers, *kru khmer*, or mediums to alleviate their symptoms through prayer and blessing ceremonies, healing techniques such as “coining” or “cupping”, or communication with ancestral spirits (Bertrand, 2005; van de Put & van der Veer, 2005; van de Put & Eisenbruch, 2002). Many rural Cambodians only have access to traditional modalities of healing (Berthold & Gray, 2011). “Monks... with their perceived high level of moral development, often serve as life-long mentors to their parishioners, advising them on all matters of life decisions and personal behavior” (Bit, 1991, p.74). Cambodian nationals inside and outside the country have been found to develop several culture bound syndromes. Some examples are the “weak heart” syndrome (*khsaoy beh doung*), which resembles a mix of PTSD and panic disorder and involves the belief that “excessive bodily wind” causes a breakdown in functioning of the heart, caused by psychic distress and bodily fatigue and the “wind attack” (*khyâl*), which is comparable to a panic attack (Hinton et al.

2002, Hinton & Otto, 2006, Hinton et al. 2010). Cambodia's long history includes an authoritarian submissive nature, uncritical acceptance of a strong leader who takes over decisions and therefore an over-responsiveness to external social pressure has evolved. Thus negotiation and communication skills, active listening skills and the search for consensus seem to be underdeveloped. Disputes that aren't satisfactorily resolved by power often lead to a deep sense of distrust and resentment that may block many future attempts at communication.

Qualities such as introspection, independent thinking, creative imagination and compassion are not traditionally valued and supported in the Cambodian culture, yet they inherently emerge out of Buddhist practice and have been discovered and utilized in many western approaches in cognitive behavioral therapy during the last decades.

The DP's and TPO's cooperation project

The idea of integrating pagodas and Buddhist monks into the mental health care systems emerged in the context of the psychosocial work with KR survivors in times of case 002 at the KR Tribunal (ECCC). TPO and its partners are not able to deal with such a high number of traumatized survivors. Community-based support structures are highly needed. Monks and nuns are central resource persons for rural, older Cambodians, but often do not have much knowledge in mental health and counseling. The analysis described above as well as many practical experiences at our institutions have brought up some important themes relevant to treating Cambodian clients. These include:

- a lack of collaboration between different stakeholders and professions (Stewart, Yuying & Phan Chan, 2010)
- an enormous lack of mental health services especially in rural areas and a missing system of appropriate referral for severely mentally ill
- a huge challenge to ensure psychological support for 3866 civil parties and the population in general during the upcoming trials in case 002 (Pham, Vinck, Balthazard & Hean, 2011; discussion at the workshop on "Reparation and Rehabilitation of Victims of Severe Human Rights Violations", on the 20th of September 2011 by Rehabilitation and Research Centre for Torture Victims and TPO)
- a mentality of widespread mistrust and deep-rooted habits of keeping thoughts and feelings to oneself- stemming from the horrifying experiences of the past
- cultural factors impacting mental health treatments in Cambodia, including cultural norms against sharing private information with a stranger, avoiding "losing face"; maintaining social roles; cultural stigma; imbalanced hierarchy of therapeutic relationship (Stewart, Yuying & Phan Chan, 2010)
- Western concepts of mental health , which often employ a biomedical approach, not fully applicable within a culture that often does not distinguish between the mind and the body, and incorporates spiritual beliefs much more into the concept of well-being
- a need to develop culturally appropriate ideas for a community mental health approach and a mix of "Western" and "Eastern" mental health treatment theories and techniques that would fit the Cambodian context" (Stewart, Yuying & Phan Chan, 2010, Hinton, Hinton, Eng & Choung, 2011)



- monks with their perceived high morality being among the first to be addressed for help by the Cambodian population
- a wide variety and sources of helpful beliefs and practices inherent in Buddhist concepts of mindfulness and awareness for psychological stabilizing interventions discovered and utilized by many third wave cognitive behavioral psychotherapies

From these key points we derived the following hypotheses:

- There probably is an insufficient awareness of, and a missing connection to, the above mentioned Buddhist resources in the monks' communities and in professional counselors and psychiatrists in Cambodia at present.
- Informing, educating and practically training these groups of possible key players in mental health about these resources may connect with the traditional culture in Cambodia and be acceptable, applicable and fitting to the Cambodian context.
- Training monks in basic mental health issues and counseling skills may help to diminish the huge gap between demand for help and available resources at the moment and utilize a potential that yet is in limited use.
- It may strengthen identity, role and self-confidence of monks rendering them more competent and flexible in addressing their clients/ parish's needs.
- It may link the Buddhist movement and society back to the worldwide Buddhist movements and developments.
- Master students in psychology will also be linked to culturally fitting, but also modern and advanced useful therapeutic skills and interventions, connecting them to the special situation and traditions in Cambodia.

We believe in the healing power of sharing and communicating. Our programs and curricula therefore focus on training master students and monks in a more balanced type of therapeutical relationship allowing the client to feel accepted, respected, valued and supported, on psycho-education and encouragement to share stories and information many Cambodian clients experience already as very relieving and on the development of self awareness and awareness raising practices derived from Buddhist practices and the so called "third wave" of cognitive behavioral therapies.

In January 2011 the DP at the RUPP and TPO started a joint project exploring the links between Buddhism and Psychology/Counseling.

Objectives:

- to uncover overlapping interests and areas of intervention and explore needs via a series of interviews with Cambodian monks
- to explore the use of Buddhist practices and concepts in western psychotherapeutic approaches and transfer knowledge
- to find ways to reintroduce and strengthen communication and listening skills in the Cambodian society to enhance conflict resolution

- to create a training curriculum for monks on Buddhism and Counseling
- to support the empowerment of monks by a Buddhist network and encourage monks to engage in services such as group meditation for their parish
- to transfer knowledge about Buddhist resources for psychotherapy to Cambodian psychologists via a course in Buddhism and Psychology as part of the MA in Clinical Psychology and Trauma Treatment at RUPP (see: www.masterpsych-rupp.webs.com)

Methodology

The chapters of Methodology and Results will be divided into 3 parts: part A refers to a pilot study, in which Buddhist monks were interviewed, part B refers to the development of the monks' training curriculum and part C refers to the development of the master's curriculum at the DP/RUPP.

Part A:

A working group of TPO interns, the master's coordinator and the German advisors to the programs at the DP at RUPP and TPO created (based on the above mentioned hypotheses) a qualitative semi-structured interview to explore the practices, needs and interests of monks. The interviews included the following topics: knowledge about mental illnesses, previous experiences, Buddhist ceremonies and customs, interventions and overlap with psychology. They were either translated into English simultaneously by a translator, or recorded, translated and later transcribed. The interviews with 8 monks in and around Phnom Penh were completed between 4th and 22nd of February 2011 at the following pagodas: Wat Botum, Wat Choeung Ek, Touol Sangke, Wat Samrong Andek by DP and TPO interns and staff. The researchers explained the purpose of the study and asked the monk's permission to interview him about his experience with clients, practices and interests. The interviews took between 45 minutes and 1.15 hours. The answers were coded and evaluated with a qualitative data-analysis, using Microsoft Office Excel 2007.

Part B:

After a brainstorming meeting attended by a Buddhist member from Paññāsāstra University of Cambodia and coordinating member of the Buddhist Coalition for Social Development (BCSD), that works closely with three centers (Santi Sena in Svay Rieng, Prom Vihearthor in Kah Kong, Samakithor in Battambang) the Alliance for Conflict Transformation (ACT) and another major Buddhist network called Buddhists and Khmer Society Network (BKS), the coordinator of the master's program, the GIZ (civil peace service of German international cooperation) advisors to the DP and TPO and a freelance Dutch psychologist it was agreed to create a training curriculum for monks which should be integrated into a wider training in peace building and conflict transformation already existing. This offers a good gateway for the DP and TPO to approach some people already aware of the broad possible areas for social engagement.

A working group of the DP master's coordinator and advisor and TPO staff met regularly to work on a curriculum for the training of monks as multipliers and distributors of basic psychological knowledge and practices such as listening and communication skills as well as Buddhist awareness and mindfulness skills with some external consultation of Buddhist players and foreign consultants. Further discussions of contents and structure took part via e-mail and Skype sessions.

Part C:

The coordinator of the master's program and lecturer of the future course in Buddhism and Psychology and the German advisor to the master's program conducted a vast literature research on the topic and included their own work experience (e.g. with several years in DBT) as well as results of discussions with colleagues. From this they created materials in form of figurative illustrations to visualize the theoretical background, roots and concepts of Buddhism and some "third wave" cognitive behavioral therapies. Also a collection of interesting and useful practical exercises were compiled.

Results

Part A:

We will present the results question by question. The answers we have noted, are representative of the answers that the majority monks provided.

1. **What do you know about mental illness?** Four out of 8 monks stated that mental illness occurs because of suffering related to the Khmer Rouge, as well as anger and revenge. Two other monks replied that mental illness is due to past traumatic events. A variety of explanations for mental illness were mentioned: poverty, society, economy, politics and war, parents, rape and sexual violence. It is noteworthy to mention that some monks replied that mental illness/trauma affects people in their daily life and decreases their daily functioning.
2. **How does Buddhism view people with mental illness?** Here monks gave **contradictory answers**. On the one side, people with mental illness cannot influence their illness, their suffering is due to Karma and their mistakes in their past life. On the other side, people can influence their lives and well-being through doing good. Then they will receive good things in return. It was also mentioned that there is no healing practice for mental illness in Buddhism. Three out of 8 monks replied that Buddhism sees mentally ill people as humans with a disturbed mind.
3. **Why do people come to you/What problems do they tell you about?** Most people come to the monks in order to seek causes for their problems, they want advice and emotional support and want to receive a solution for their problems. Four out of 8 monks said that people come to them because of relationship problems, and 3 out of 8 monks replied that people seek advice related to alcohol problems. Other issues noted were domestic violence, mistakes/sins, death, birth, job problems and depression.
4. **What is the role of Buddhist ceremonies in regard to mental health problems?** The majority, 5 of 8, said that Buddhist ceremonies have an educative effect on people. 5 out of 8 monks replied that the ceremonies, especially meditation, relieve stress and negative feelings, bring happiness and help to clear the mind. Ceremonies also help strengthen social networks and have a transformative effect.
5. **What are the most important beliefs and customs in Buddhism?** The majority of the monks replied that doing good (offerings, good deeds etc.) and receiving good is the most important belief in Buddhism. Following the 5 precepts (*Do not kill, Do not steal,*

Do not betray your family, Do not lie, Do not drink alcohol or other drugs as well as the eightfold path (*right understanding, right thought, right speech, right action, right living, right effort, right mindfulness, right meditation*) is also important in this religion. The water ceremony and Buddhist chanting are other important customs described. Further important beliefs are black magic and protective symbols, although these beliefs do not belong to traditional Buddhism. They are still important today, and most monks respect these beliefs.

6. **What kind of interventions do you offer for specific problems?** First of all, most monks gave the advice to follow Buddhist principles. People with problems should do good things in order to receive good. When it came to problems involving illness (e.g. cancer) and death (e.g. suicide, death) monks advised the people to remember fugaciousness (things in this world are not stable). People who are suffering should remain hopeful and balanced and try to work hard to achieve their goals (e.g. suicide attempt).
7. **Do you feel overwhelmed sometimes?** Four out of 8 monks replied that they feel overwhelmed when dealing with people and their problems.
8. **Do you have ideas how one could integrate Buddhist beliefs and customs and Psychology? Which ceremonies could be utilized in the field of mental health?**
Field of mental health: The majority of monks replied that it is important to explore the causes of the problem before giving advice to the person. Also, it is important to develop mind and consciousness, one monk replied that self-exploration for therapists and monks is important. Buddhist beliefs and customs: The majority of the monks said that following the 5 precepts is the most important belief which should be integrated in Psychology.
9. **Would you like to receive training to help you deal with mental illnesses?** All monks said that they would like to receive some training.
10. **Are there specific topics and areas related to mental health that you would like to know more about?** The monks named the following topics of interest: loss/grief, counseling, psychological development, crisis management, special illnesses
11. **Do you share knowledge on this matter with other monks/with monks from other countries?** Five out of 8 monks communicate with other monks.

Summary and Conclusions for part A:

From this small scale survey it was found that the monks' general knowledge concerning mental health is limited. Most monks did not know about specific disorders, although they now and then encounter clients with specific problems. All monks would be interested in receiving a training to gain knowledge in the field of mental health. Even though we only questioned 8 monks, the information we received was already redundant. This might lead to the conclusion, that further interviews may not be needed.

The results of the interviews also show that the advice the monks give to people is restricted to theoretical Buddhist beliefs and the monks hand out very general advice and problem solving solutions. Awareness and mindfulness exercises weren't mentioned (Hypothesis 1 was confirmed

regarding monks). Since the monks reported that they do have people coming to them with a large variety of problems (e.g. alcoholism, domestic violence, depression) and also want direct advice and a solution for their problems, we were supported by our impression that it would be important to expand the monks' knowledge regarding specific mental disorders (e.g. depression, anxiety, alcohol abuse, anger management) in order to ensure in time referral to psychiatrists or counselors and also regarding counseling and Buddhist practice skills e.g. on mindfulness. This way they can be trained to give people a more personalized form of advice and help to expand general knowledge in mental health and save people from wasting money on inappropriate interventions.

Part B

As a result of part A the following curriculum was agreed upon by the research group for a training of monks:

Training Objectives	Topic
<ul style="list-style-type: none"> ➤ To provide a concept of mental health ➤ to equip with knowledge about how to identify some severe mental illnesses ➤ to equip with knowledge about how and where to refer clients 	<ul style="list-style-type: none"> ➤ Signs and symptoms of: <ul style="list-style-type: none"> • Schizophrenia/Psychosis • Addictive disorder (Alcohol, drug, gambling) • Trauma Disorder • Depression • Anxiety • psychosomatic disorders ➤ Possibility of referral ➤ Resources and risk factors for mental health
<ul style="list-style-type: none"> ➤ To teach the monks about basic psycho-education on some mental health diseases 	<ul style="list-style-type: none"> ➤ Causes of and coping strategies for psychosis, depression, anxiety, addictive disorders and trauma disorders
<ul style="list-style-type: none"> ➤ To equip the monks with basic counseling skills to help people with minor problems 	<ul style="list-style-type: none"> ➤ Listening Skills ➤ Questioning Skills ➤ Empathy ➤ Assessment of problems and factors that contribute to the presented problem
<ul style="list-style-type: none"> ➤ To equip monks with skills in stabilizing overwhelmed and hyper-aroused clients 	Stabilization techniques: <ul style="list-style-type: none"> ➤ grounding techniques ➤ safe place/ inner helper imagination ➤ utilization of resources
<ul style="list-style-type: none"> ➤ To introduce participants to Buddhist concepts with regards to western psychology 	<ul style="list-style-type: none"> ➤ ACT (Acceptance commitment therapy) ➤ DBT (Dialectic Behavioral Therapy)
<ul style="list-style-type: none"> ➤ to practically train monks how to apply Buddhist practices to help people 	<ul style="list-style-type: none"> ➤ Practical exercises (Awareness, mindfulness, body scan, non-judgmental, breathing exercise (*introduction and practice in between other topic))

In order to give further insights into our Monk's Training, Appendix A presents four of the images and exercises developed for the training.

Part B and C

As a result of extensive literature review and own experiences we present some example of the information developed for the training of monks and master students:

Using Mindfulness in mental health

Mindfulness is a “hot topic” in Western psychology right now - increasingly recognized as a powerful therapeutic intervention for everything from work stress to depression - and also as an effective tool for increasing emotional intelligence.

What is mindfulness?

Mindfulness is a mental state of awareness, focus, openness and curiosity- which allows you to engage fully in what you are doing at any moment. In a state of mindfulness, difficult thoughts and feelings have much less impact and influence over you - so it is hugely useful for everything from full-blown psychiatric illness to enhancing athletic or business performance.

The Benefits of Mindfulness

- to become more connected to yourself, to others and to the world around you
- to become less judgmental
- to increase self-awareness
- to become less disturbed by and less reactive to unpleasant experiences
- to learn the distinction between you and your thoughts
- to learn that everything changes, thoughts and feelings come and go like weather
- to have more balance, less emotional volatility
- to develop self-acceptance and self-compassion

Part C

The following presents an example from the curriculum for Master Students at the DP/RUPP:

How Mindfulness can potentially help traumatized clients

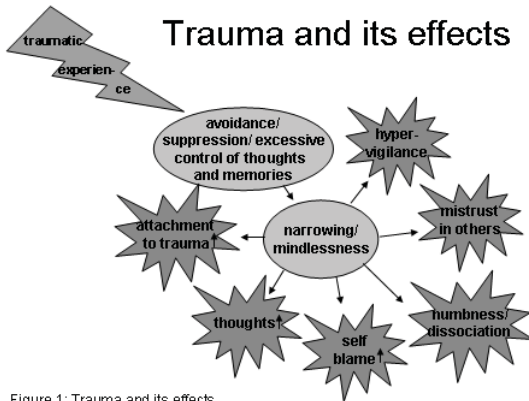


Figure 1: Trauma and its effects (Schunert 2011)



Figure 2: Adding mindfulness (Schunert, 2011)

Discussion

The project described in this paper is an ongoing process. The start of the implementation of the developed curriculum for master students is taking place in November 2011. The implementation of the training for monks will start with a pilot phase conducted by TPO staff and following further implementation with help from master psychology students. The experiences we will gather then will lead to further adjustments and fine-tuning of the trainings to best meet the needs of the two target groups (monks and psychology master students). The DP at RUPP and TPO are planning further evaluation and continuous improvement of this project.

Many factors have been found to contribute to mental health problems in Cambodia. Among these are an historically grown willingness to blindly accept authority, leaving little space for self-development and feelings of self-efficiency, a massive burden of past atrocities during the KR regime that's known as one of the most destructive and harmful experiences in 20th century besides the Holocaust (Bertold & Gray, 2011, Boehnlein & Kinzie, 2011), the following struggle to find justice and reconcile and the impact on social society and infrastructure with an enormous percentage of poor people. On top of the immense psychological needs and demands resources in mental health are very scarce again partly due to the extinction of intelligentsia during the KR period.

Facing this situation and the fact that Cambodian concepts and beliefs regarding mental health are greatly differing from the west, a search for useful alternatives was undertaken by the DP at RUPP and TPO. This led to the idea of resurrecting, spreading and utilizing Buddhist mindfulness and awareness concepts in addition to other simple counseling tools in order to advocate general mental well-being, self-awareness, compassion and self-esteem and thus prevent and alleviate mental

illness respectively. Simultaneously this offered the opportunity to train monks, a group already commonly approached by Cambodians for help in the field of mental health, as possible “multipliers” or distributors of knowledge and utilize this extensive cultural resource.

Another study interviewing Buddhist monks in a large Cambodian community in the United States about their perspectives on anger regulation similarly revealed the frequent approach of monks by community members regarding psychological problems and identified Buddhist practices as possible helpful contributions to mental health (Nickerson & Hinton, 2011) The monks in this study advise the use of Buddhist teachings, meditation/mindfulness, herbal medications and holy water to relieve clients from anger.

Our pilot study confirmed the need of training for monks which generally felt a lack of preparedness to offer adequate help and response to their clients. The knowledge and application of practical mindfulness and awareness skills amongst Cambodian monks especially in contact with clients seems nearly non-existent in spite of great potential benefit. For example the propagation and broader circulation of mindfulness skills by monks via meditation groups could help to stabilize the Cambodians mental health and foster psychological well-being. Further development of this project will show whether the planned training will be welcomed and reach the expected effects or not. Follow up trainings and supervision groups shall be established if the project shows positive results.

Appendix A: Exercises and images developed for training of the monks.

An example deriving from DBT:

Affective modulation to enhance emotional awareness and and the regulation feelings

- train to communicate about feelings
- start with positive everyday feelings
- there are no wrong or right feelings
- feelings are ok, they are no actions and not harmful
- encourage verbalization of feelings

distance yourself (DBT)

- I am not my emotion
- I have an emotion
- I can react according to it or not

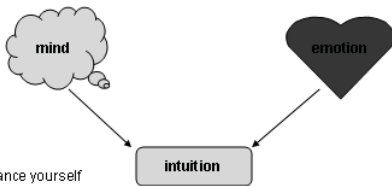


Figure 3: distance yourself (DBT)

Counseling basic concepts



Figure 4: Counseling basic concepts (Schunert, 2011)

Buddhism – Counseling similarities and differences

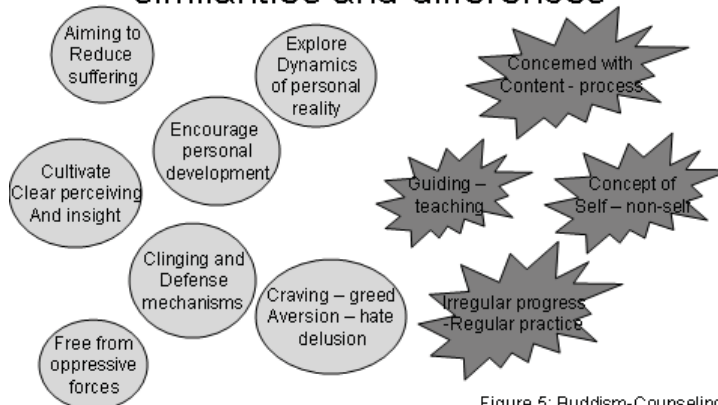


Figure 5: Buddhism-Counseling (Schunert, 2011)

Exercises

The exercises designed and/or selected for the training course come from various Buddhist sources as well as other materials developed for trainings in basic counseling and interviewing skills. In Table 1 we present some of the exercise titles:

Table 1. Training exercises used in the training of monks and master's course.

Source	Name of exercise(s)
Thich Nath Hanh	reincarnation candle image, the elements in our body, grounding touching the earth with ancestors, peace contract, compassion for self and others, delusion story
DBT	letting go of emotional suffering, radical acceptance
ACT	ACT explanation flipchart role-play, Just noticing exercise, Journaling continuous reactions
A. Berzin	self-reflection on sensitivity, quiet the mind, sensitive communication
Cordova	conscious breathing
Counseling and listening skills developed by our institutions	role-play: attending and listening skills characteristics of effective counseling, self-experience, self-reflection, trust building group exercises

References

- Berzin A. (2011) DEVELOPING BALANCED SENSITIVITY, Practical Buddhist Exercises for Daily Life www.berzinarchives.com (retrieved 20.08.2011)
- Berthold S. M. & Gray, G. (2011) Post-Traumatic stress reactions and secondary trauma Effects at tribunals: The ECCC example. In Van Schaak B., Reicherter D., Youk C. (Eds.) Cambodia's Hidden Scars: Trauma Psychology In The Wake Of The Khmer Rouge, Documentation Series No 17 – Documentation Center of Cambodia (www.dccam.org)
- Bertrand, D. (2005). The therapeutic role of Khmer mediums (kru boramei) in contemporary Cambodia. *Mental Health, Religion & Culture* , 309-327
- Boehnlein J. K. & Kinzie J. D. (2011) The Effect Of The Khmer Rouge On The Mental Health Of Cambodia And Cambodians. In Van Schaak B., Reicherter D., Youk C. (Eds.) Cambodia's Hidden Scars: Trauma Psychology In The Wake Of The Khmer Rouge, Documentation Series No 17 – Documentation Center of Cambodia (www.dccam.org)
- Bit, S. (1991). *The Warrior Heritage: A psychological perspective of Cambodian trauma*. El Cerrito, CA: Seanglim Bit (self-published).
- Cordova, N., Keep Your Eyes on the Moment- A lesson in mindfulness for Rohatsu, including tips for beginners. Retrieved from <http://www.beliefnet.com/Faiths/Buddhism/2004/12/Keep-Your-Eyes-On-The-Moment.aspx?p=2> , October, 7th 2011
- Hinton, S., Hinton, D., Um, K., Chea, A., & Sak, S. (2002). The Khmer 'Weak Heart' syndrome: Fear of death from palpitations. *Transcultural Psychiatry* , 323-344.
- Hinton D., Otto M. (2006). Symptom Presentation and Symptom Meaning Among Traumatized Cambodian Refugees: Relevance to a Somatically Focused Cognitive-Behavior Therapy, *13(4) Cognitive and Behav. Prac.* 249
- Hinton D., Pich V., Marques L., Nickerson A., & Pollack M. (2010). Khyâl attacks: A key idiom of distress among traumatized Cambodian refugees. *Cultural Med. Psychiatry*, 34(2), 244.
- Hinton D., Hinton A., Eng, K-T., & Choung S. (2011). PTSD Severity And Key Idioms Of Distress Among Rural Cambodians: The Results Of A Needs Assessment Survey. In Van Schaak B., Reicherter D., Youk C. (Eds.), *Cambodia's Hidden Scars: Trauma Psychology In The Wake Of The Khmer Rouge*, Documentation Series No 17 – Documentation Center of Cambodia (www.dccam.org)
- Human Rights Watch. (2010). "Skin on the Cable": The Illegal Arrest, Arbitrary Detention and Torture of People Who Use Drugs in Cambodia. Washington, D.C.: Human Rights Watch.
- Humeniuk, R., Ali, R., & Ling, W. (2004). Substance use and treatment options in Cambodia. *Drug and Alcohol Review* , 365-367.
- Mc Cay, M., Wood, J.C., Brantley, J., (2007) *The dialectical behavior therapy skills workbook-practical DBT Exercises for Learning Mindfulness, interpersonal Effectiveness, Emotion Regulation & Distress Tolerance*, Oakland: New Harbinger

- Nickerson A., & Hinton, D. (2011). Anger regulation in traumatized Cambodian refugees: The perspectives of Buddhist monks, *Cultural Medical Psychiatry* 35, 396–416.
- Perry, C. T., Oum, P., & Gray, S. H. (2007). The body remembers: Somatic symptoms in traumatized Khmer. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* , 77-84.
- Pham, P. Vinck, P. Balthazard, M., & Hean, S. (2011). After the first trial: A population based survey on knowledge and perception of justice and the extraordinary Chambers in the Courts of Cambodia. Published report. Berkley, CA: Human Rights Center, June.
- Stewart, J., Yuying T., & Phan Chan, P. (2010). Mental Health in Cambodia: A Qualitative Evaluation. Unpublished report by the International Organization for Migration (IOM), Pepperdine University, and the Royal University of Phnom Penh (not published so far)
- Thich Nath Hanh, (2004), *Jeden Augenblick genießen. Übungen zur Achtsamkeit*, Berlin: Theseus Verlag.
- UNIAP. (2008, March). SIREN human trafficking data sheet. Retrieved August 24, 2010, from United Nations Inter-Agency Project on Human Trafficking: http://www.no-trafficking.org/reports_docs/cambodia/datasheet_cambodia_march08.pdf
- United Nations Development Program. (2009). Human development report. Retrieved August 24, 2010, from http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs_KHM.html
- van de Put, W., & Eisenbruch, M. (2002). The Cambodian Experience. In J. de Jong, *Trauma, War and Violence: Public Mental Health in Socio-Cultural Context* (pp. 93-156). New York: Kluwer Academic/Plenum Publishers.
- van de Put, W., & van der Veer, G. (2005). Counselling in Cambodia: Cultural competence and contextual costs. *Intervention* , 87-96.

Narrative Exposure Therapy (NET): Culturally Sensitive Trauma Treatment for Khmer Rouge Survivors



*Judith Strasser¹, Dr. Sotheara Chhim²
and Sopheap Taing³*

Introduction

In Cambodia, pragmatic, community-based and culturally sensitive trauma treatment approaches are needed in order to assist survivors of mass atrocity and civil war. Narrative Exposure Therapy is a short-term trauma treatment approach deriving from Cognitive Behavior Therapy and Testimony Therapy. The Transcultural Psychosocial Organization Cambodia (henceforth ‘TPO’) has been developing a cultural adapted version of Narrative Exposure Therapy by integrating Buddhist and traditional practices. In 2010, a treatment study was conducted aiming at evaluating the efficacy of the original Narrative Exposure Therapy version and the newly developed culturally adapted approach in post conflict Cambodia. 75 Khmer Rouge survivors, who presented with posttraumatic stress symptoms, were offered and accepted participation in the treatment study. Both approaches demonstrate a significant reduction in posttraumatic stress symptoms and depression scores, but TPO’s cultural adapted approach proved to be more effective as evidenced in a steeper decline in Post Traumatic Stress Disorder (PTSD) symptoms relative to the original Narrative Exposure Therapy counterpart. The results indicate that the integration of religious and cultural practices and rituals is an important element in the process of meaning making and coping with loss and trauma in Cambodia’s spirit-based culture.

Background

Modern Cambodian history has seen some of the worst horrors of the 20th century. After becoming embroiled in the international conflict in Indochina Cambodians experienced appalling atrocities committed by the Khmer Rouge genocidal regime from 1975 to 1979. The Khmer Rouge communist leaders turned Cambodia into a killing field where nearly 2 millions Cambodians, fully one quarter of the population, were killed or died by execution, starvation, exhaustion from forced labor, malnutrition and torture.⁴ Hundreds of thousands fled across the border into neighboring Thailand. The Khmer Rouge (henceforth ‘KR’) imposed radical social transformations to Cambodians traditional society and dismantled people from their spirit-based culture contributing to mental health disorders as people were not allowed to address monks as resource persons and as families,

¹ Senior Advisor of the Civil Peace Service “Deutsche Gesellschaft für Internationale Zusammenarbeit” (GIZ) and Transcultural Psychosocial Organization Cambodia

² Managing Director, Transcultural Psychosocial Organization Cambodia

³ Research Assistant, Transcultural Psychosocial Organization Cambodia

⁴ Chandler, D. (1998). The Burden of Cambodia’s Past. In Frederick Z. Brown & David G. Timberman (Eds.), *Cambodia and the International Community: The Quest for Peace, Development, and Democracy* (pp. 33-47). New York: Institute of Southeast Asian Studies.



the main social units in Cambodia that offer emotional support, were viciously attacked and supplanted by collectives. Many Cambodians refer to the period of Democratic Kampuchea as “the regime of three years, eight months and twenty days”, as if every single moment of that period has been permanently seared into their memories.

Brutal and arbitrary executions carried out by KR cadres against perceived subversive elements or during purges of their own ranks between 1976 and 1978 are considered to have constituted genocide. The Khmer Rouge government arrested, tortured and eventually executed anyone suspected of belonging to several categories of supposed “enemies”, e.g. anyone with connections to the former or with foreign governments, intellectuals (in practice this included almost everyone who could read and write), ethnic Vietnamese, Chinese, minorities in the eastern highlands, Cambodian Christians, Muslims and Buddhist monks. Beside the well-known torture center S-21 in Phnom Penh, where app. 14.000 persons lost their lives, security centers were widespread across the rest of the country. The Documentation Center of Cambodia lists up at least 195 documented torture and death centers⁵.

In recent years, reconstruction efforts have progressed and some political stability has returned. However, despite significant assistance from bilateral and multilateral donors, the devastation wrought by the KR regime continues to haunt the country and paralyze its development efforts. The population of Cambodia is 14.8 million (UN, 2005) and gross national income per capita is US\$380 (World Bank, 2006). Measured by both income and broader human development indicators, Cambodia is among the poorest countries in the world, e.g. it ranks 121 of 162 countries in the world on the human development index, lower than Myanmar, Indonesia and Vietnam.

The high level of exposure to war trauma affected Cambodia’s population on multiple levels. A recent population-based study by Sonis demonstrates that 14% of Cambodians over 18 years suffer from Post Traumatic Stress Disorder (PTSD)⁶, whereas de Jong estimates that two out of five Cambodians suffer from mild to severe mental and psychological problems⁷.

On 30 March 2009, the Extraordinary Chambers in the Courts of Cambodia (henceforth ‘ECCC’) commenced its first trial in the case against Kaing Guek Eav, alias Duch. The ECCC, also known as the Khmer Rouge Tribunal, is a hybrid international tribunal established in 2006 to try senior leaders of the KR and those who were most responsible for “the crimes and serious violations of Cambodian penal law, international humanitarian law and custom, and international conventions recognized by Cambodia, that were committed during the period from 17 April 1975 to 6 January 1979.”⁸

In contrast to other international tribunals, the ECCC offer a unique and unprecedented mechanism for victims to participate directly in the proceedings as Civil Parties. The Civil Party mechanism gives key beneficiaries of ECCC proceedings – the victims – direct access to justice

⁵ <http://www.dccam.org/Database/Geographic/Index.htm>

⁶ Sonis, J. et al. (2009). Probable Post Traumatic Stress Disorder and Disability in Cambodia. Associations with Perceived Justice, Desire for Revenge and Attitudes Toward the Khmer Rouge Trials. *Journal of the American Medical Association*. Vol. 302 No.5: 527-536.

⁷ de Jong, J. (2002). *Trauma, War and Violence*. Springer

⁸ Royal Government of Cambodia, ‘Law on the Establishment of the Extraordinary Chambers in the Courts of Cambodia for the Prosecution of Crimes Committed during the Period of Democratic Kampuchea’, NS/RKM/1004/006, 27 October 2004, available online at <http://www.eccc.gov.kh/en/document/legal/law-on-eccc> (last visited 12 June 2011), at Art. 1.

and the opportunity to present their personal experiences, views and concerns. In Case 001 90 KR victims have been accepted as civil parties. Their example has given rise to an enormous interest by KR victims to apply as Civil Parties for the upcoming Case 002. More than 3.800 KR victims have been recognized as Civil Parties in Case 002.

But what effect will the trials have on survivors? Some have suggested that countrywide mechanisms for dealing with legacies of widespread violence, such as tribunals, may help reduce mental health symptoms and associated impairment.⁹ However, others have suggested that trials may actually increase PTSD prevalence and severity by 're-traumatizing' survivors. As stated by Stover, "...one can hardly expect victims and witnesses to come to a state of 'psychological healing' after recounting a highly traumatic experience in a public setting that in and of itself might be threatening."¹⁰ In his recent population-based study Sonis points out that although Cambodians have positive attitudes towards the trials, most were concerned that the trials would bring back painful memories.¹¹ Stammel found, that KR victims, who applied as Civil Parties, experienced more traumatic events than other KR victims and have higher rates of PTSD symptoms. Consequently, she points out that psychological assistance is urgently needed, especially for those, who are participating actively in the tribunal's proceedings.¹²

TPO is currently the only actor providing psychological services to Civil Parties at the ECCC. Searching for pragmatic, effective and culturally sensitive trauma treatment methods for KR survivors TPO developed a culturally sensitive trauma treatment approach. The paper will present the approach and discuss results of a treatment study with KR trauma survivors.

Narrative Exposure Therapy (NET) – Culturally Sensitive Trauma Treatment for Khmer Rouge Survivors

i) Rationale for the treatment study:

In recent years research on therapy of PTSD has made a considerable progress. Cognitive behavioral exposure techniques have proven to be the most successful interventions in treating PTSD¹³. However, exposure techniques applied to clients suffering from traumatic stress in industrialized countries cannot be easily transferred to victims of mass atrocity and war. Current research emphasis is now more than ever being placed on developing appropriate interventions that address the needs of survivors experiencing a range of symptoms after trauma exposure. Given the pervasiveness of war and conflict-related trauma, especially in resource poor countries, interventions tailored to suit the circumstances of the overwhelming number of such survivors are especially in demand. However, treatment outcome studies in this field are still few.

⁹ Sonis, J. et al. (2009)

¹⁰ Stover, E. (2005). *The Witnesses. War Crimes and the Promise of Justice in The Hague*. University of Pennsylvania Press, Philadelphia: p. 82

¹¹ Sonis, J. et al. (2009)

¹² Stammel, N. et al. (2008). *Readiness to reconcile and mental health in the context of the Khmer Rouge trials in Cambodia*. In press.

¹³ Foa, E. B., & Meadows, E. A. (1997). Psychosocial treatments for posttraumatic stress disorder. *Annual Review of Psychology*, 48: pp. 449-480.

In Cambodia only few KR victims are able to attend counseling sessions on a regular base, necessary for the application of conventional therapies. Most conventional psychological therapies require weekly or fortnightly attendance by the client, with a minimum length of 6 months for the therapy process. This is rarely possible in rural settings, where people only attend health care facilities that are in close proximity to their homes and do not have financial resources to travel to the capital. Given large numbers of people and limited monetary resources any psychotherapy that will take place must be brief and pragmatic. In addition, the method must be adaptable to the Cambodian cultural environment and easy for local personnel to learn. It is therefore important to identify short-term, community-based, culturally sensitive, psychosocial interventions, which can easily be implemented by mental health workers, community workers or human rights activists and do not require large staff numbers.

ii) Methodology

TPO uses a trauma treatment approach that was specifically developed for the treatment of posttraumatic stress resulting from organized violence: Narrative Exposure Treatment (NET).¹⁴ NET is a standardized and manualized version of the ‘Testimony Therapy’ approach first described by Lira and Weinstein (published under the pseudonyms Cienfuegos and Monelli, 1983) in Chile and since been tested in different socio-cultural settings.¹⁵ NET is a short-term treatment approach to trauma that integrates therapeutic components deriving from Cognitive Behavior Therapy and Testimony Therapy. The focus of the therapy procedure is twofold: As with exposure therapy, one goal is to reduce the symptoms of PTSD by confronting the patient with the traumatic memories. However, recent theories of PTSD and emotional processing also suggest that the distortion of the explicit autobiographic memory about traumatic events leads to a fragmented narrative of traumatic memories, which results in the maintenance of PTSD symptoms.¹⁶ Thus, the reconstruction of autobiographic memory and a consistent narrative should be used in conjunction with exposure therapy. NET places a focus on both methods, that is, the habituation of emotional responding to reminders of the traumatic event and the construction of a detailed narrative of the event and its consequences.

Based on its organizational mission - to combine western and local approaches to trauma healing - TPO has been adapting the testimonial method by integrating traditional and religious practices in cooperation with local pagodas and Buddhist monks. The integration of traditional and religious practices - chanting of monks, blessing and purification rituals, the use of protective strings - reflects the significance of traditional coping mechanisms in Cambodia’s spirit based culture. The worldview of individuals is shaped by the classical Theravada Buddhist doctrine and its understanding of Karma as much as the belief in the supra-natural world. These beliefs influence people’s responses to misfortune, poverty, psychosocial misery and mental disorder¹⁷ and have implications for trauma theory and interventions.

¹⁴ Neuner, F., Schauer, M., Elbert, T., & Roth, W. T. (2002). A narrative exposure treatment as intervention in a refugee camp: A case report. *Journal of Behavioral and Cognitive Psychotherapy*, Vol. 30: 205-20.

¹⁵ For further details on NET and publications see: <http://www.vivofoundation.net/>

¹⁶ Ehlers, A. & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behavioral Research and Therapy*, 38: 319–345.

¹⁷ Van de Put, A. C. M. & Eisenbruch, M. (2002). The Cambodian Experience. In: de Jong, J. (2002). *Trauma, War and Violence*. Springer, New York.

In TPO's culturally adapted NET approach, KR victims are invited to talk about their traumatic experiences. In cooperation with a therapist they restore their painful memories and convert them into a written document: a testimony. The testimony is read aloud and delivered to the survivors by monks from a local pagoda in a Buddhist delivery ceremony in presence of other survivors, relatives and/or community members. The therapeutical effect of this practice is multi-layered: The public delivery of the testimonies in presence of Buddhist monks, other survivors and community members promotes acknowledging of suffering and the de-stigmatization of victims and thereby allows survivors to restore their dignity. It further allows survivors to ease the suffering of the spirits of ancestors and to pay honor to deceased relatives. According to Buddhist beliefs, the spirits of deceased persons have difficulties in transmigration from one lifetime to the next, if funeral rites cannot be accomplished. As most KR survivors do not know how and where their family members came to death, the subsequent conduction of ceremonies and offering of goods is a way to satisfy the demands of the spirits, so they can exert their positive influence on the left-behind survivors.

75 Khmer Rouge survivors, who presented with high scores of posttraumatic stress disorder (PTSD) symptoms according to the Post Traumatic Stress Disorder Checklist (PCL-C), were offered and accepted participation in the treatment study. Participants were randomly assigned to either the original NET approach or TPO's adapted NET version. Symptoms of PTSD (PCL-C) and depression (Hopkins Symptom Checklist-25; HSCL-25) were assessed prior to treatment and after a 3 and 6 month follow-up. Additional measures were applied to examine unresolved grief and continuing bonds to deceased relatives. A number of qualitative measures were used to explore victims' perception of the testimony as well as the elements of the Buddhist ceremonies.

Results

Both approaches produced a significant reduction in the posttraumatic symptoms and depression scores. However, TPO's cultural adapted NET version proved to be more effective as evidenced in a steeper decline in PTSD symptoms relative to the original NET counterpart (final quantitative results will be presented). The findings also demonstrate that producing and receiving a testimony that documents traumatic experiences is an essential element in promoting rehabilitation for victims of severe human rights violations. The qualitative results further indicate that coping with political violence is centrally linked to cultural and societal constructions of meaning. The Western individualistic, bio-medical approach to trauma as represented by the concept of PTSD is ill suited to describe suffering in Cambodia's spirit-based culture. The continuing bonds to the ancestors help survivors to deal with and make sense of personal losses: "The importance of relations with the ancestors helps explain the suffering of people who were never able to organize for the necessary rituals at the death of family members. The notion of 'making merit' and the effect it may have on the next life, as well the certainty that no deeds will remain without consequences, are important notions in understanding psychological problems as well as potential solutions."¹⁸ Offering goods to the monks is perceived as producing merits, which are sent along to the dead in order to ease their suffering and to make their future existence as good as possible. As the dead are still connected to the living, the quality of these relationships and dynamics is essential in understanding and influencing survivors' mental well-being. Combining trauma exposure techniques with the promotion of social acknowledgment and the integration of religious and traditional practices seems to be a promising approach to address the multiple aspects of traumatization caused by political violence in Cambodia.

¹⁸ Ibid: p. 116.

Countering Old Age Loneliness at the Electronic Temple Through Dhamma Counseling



*Dr. Upul Priyankara Lekamge
Royal Institute of Colombo, Sri Lanka.*

Introduction

One common social phenomenon regularly observed among the aged individuals in urban Sri Lanka has been that the interaction they increase with the media; newspapers, radio and television. To counter some of the aspects that are associated with modern, urban life style, the aged individuals seek the comfort of media. Many sociologists such as Abercrombie (1996), Carey (1989), Fiske (1987) and Lull (1995) have studied the effect or the relationship of media with culture to find out the effect of media on individual's life. In this study it was studied that how the Sri Lankan urban Buddhists counter loneliness that is associated with their old age by using the television [electronic temple] in receiving Dhamma counseling. In conducting this study fifty males and fifty females from urban areas [Kandy and Colombo] were selected. After a preliminary literature survey, in-depth interviews were conducted to find out their world view, the type of psychological conditions that they experience, their ideas of Buddhist philosophy and what type of spiritual solace that they seek from the religious programs that are telecast in different Sri Lankan television channels. From a sociological perspective both functionalism and symbolic interaction theory and from the perspective of media the social action theory were considered.

Discussion

Ageing has been a critical issue in Sri Lanka like that of the global level. Jary and Jary (2005) define ageing as 'the chronological process of growing physically older' (p. 8). The population statistics released by the Department of Statistics, Sri Lanka has shown that the percentage of aged people increases each year.¹ World Bank and United Nations reports claim that Sri Lanka has continuously experiencing one of the fastest ageing populations in the developing world and in the South Asian region.² Siddhisena (2004, p.2) cites that 'the proportion of the population over 60 years has increased from 5.3 in 1953 to 10.8% in 2003 and it will further rise to one quarter of Sri Lanka's population by 2030'.

In demography a society is considered an ageing society when a decreasing birth rate and the increase of life expectancy proportionately contribute to the higher number of elderly people in that society. Along with this phenomenon there are novel social conditions that are on offer for the Sri Lankan social scientists to study. Jary and Jary mention that the older people tend to develop 'negative stereotyping and diminished social status' (2005, p. 9). In general usage the older people

¹ Depat. of Census and Statistics, Sri Lanka. 2004a. 'Bulletin on Official Poverty Line for Sri Lanka', Colombo.

² Report No. 43396-LK, Sri Lanka Addressing the Needs of an Aging Population, May 28, 2008, Human Development Unit, South Asia Region and United Nations, 2001, *World Population Prospects-The 2000 Revision*, New York, United Nations. - retrieved on 15 August 2011 at 9.00 am



is considered a burden and dependents signifying that there are some negative economic, political, social and cultural benchmarks. Abercrombie et al (1988) cite that the mainstream sociology has neglected the general area of social ageing until the late 1960s. As the ageing population increases in modern industrial societies each year there emerged the disciplines such as ‘Sociology of ageing’ and ‘Social gerontology’ to study the consequences of the ageing scientifically. Social gerontology treats ageing in four different dimensions as follows³:

- a. a contingent process relating to the social and demographic structure of human groups
- b. as an aspect of personal status in the life cycle
- c. as the dynamic component of social stratification in terms of generational membership and
- d. as a contemporary social problem raising questions about exploitation, victimization and stigmatization.

In this specific study the second and fourth dimensions are of greater importance. It is understood that in sociological analysis the sociologists are not interested in age as a chronological category but the social and cultural values and expectations attached to it. The values changed in relation to the social changes have developed certain doubts whether the elders are more prone to be away from work, social commitments as in their youth and high degree of sociability.

The traditional Sri Lankan social structure has been in transition after it was subjected to westernization which led to both industrialization and urbanization. As the society has been in transition many elements that it comprises began changing. The family structure, gender roles, occupational patterns and the role of media were some of the elements that were under the influence of this initial social change. The nature of the family moving from an ‘extended’ to the ‘nuclear’ status was a crucial point. In social research the historical debate discusses that the changing social status of the elderly against the processes of modernization and industrialization. The loss of extended family established the elderly without the support of a large number of kin who are around them.

In the study it was found out that most of the households had three generations where the children of the older parents live with their children. Many second generation families had either one or two children. In only five instances there were three children in the family. There were two ‘empty-nest’ families in the sample. Even though there are three generations present, the family structures convince that the elderly people do not have inmates to foster mutual social relationships as in traditional societies. Further it was noted that all urban houses are covered with walls denying the freedom of nurturing inter-personal, informal relationships as they wish. It was noted that mostly there were formal relationships as some families have got settled in urban areas recently.

Table 1: Sample of the study

	Colombo	Kandy
Male	25	24
Female	25	26
Total	50	50

³ (Abercrombie et al, p. 7)

Table 2: Number of elderly parents in a family

Gender	Colombo		Kandy	
	Male	Female	Male	Female
Single parent	10	10	06	08
Both parents	15	15	18	18
Total	25	25	24	26

Most of the urban parents who had been spending their old age after retirement find that their children and in-laws are on work and the grandchildren either schooling or perusing tertiary education in here or abroad. So till the grandchildren return after school or institution at two thirty pm or four or five pm and their own children return after work at four or five pm the parents are lonely. So the old age in an urban setting is a life of isolation. Loneliness has become the most intimate and the treasured friend of most of the retired elders in urban Sri Lanka. Tabor's Cyclopedic Medical Dictionary (2002, p. 1255) defines loneliness as 'the anxious, depressed or dysphoric mood that occurs as a result of physical or psychic isolation'.

The deterioration of the physical appearance, physical ability and the mental status may affect the life of an elderly person to a great extent as he is aged. Different males and females in the sample revealed that they had numerous psychological, cultural, social, economic, generational and educational disagreements at the domestic sphere that affected their identity. This is not a sudden development in their personality and this is the continuation of the phenomenon 'midlife crisis'. Midlife crisis is defined as 'the doubt and anxiety experienced by many people in their fifth decade' (Jary and Jary, p. 389). As the youth is now a thing of past, the middle aged individual begins to feel differently about life. So it makes anyone to look back and reflect upon the successes and failures of oneself, education, career, social position and future. In this process he or she begins to develop a form of uncertainty about the future. Children leaving family to form neo-local residences and migration are some other instances that the elderly parents undergo a transition in their personalities.

A considerable number of parents [20, 20%] in the sample were lonely during the day time, and a few others [80, 80%] were fortunate to have the company of the servants. Some have been spending the old age in a calm and quiet way enjoying the effects of loneliness [66, 66%] whereas a few could not bear the loneliness they were experiencing and incidentally all of them were single parents, means either the husband or wife is dead [34, 34%]. Grief generated out of bereavement was their main cause. While living in a life of isolation the old parents have a few alternatives to resort to. According to their own voices those are 'to relive in the sacrifices made for the children in the past, helplessness at present and the uncertain future; mainly the life after death'. Many of them are anxious of their 'salvation' and this feeling itself drives them to seek the solace of a spiritual life.

Weber explored John Calvin's (1509-1564) concept 'Salvation anxiety' in explaining how individuals feel about their fate and it is relevant to the sample studied here. The Buddhists are also afraid of what would happen to them after death. The sins committed and the merits accumulated during one's life time decide where the one will be born; heaven or hell, after death. As one gets old he or she begins to think of the merits accumulated during the past. Most of the respondents in the sample had one common idea that their lives were extremely busy committed to the family and

the children so other than religious formalities they have not done anything significant. As now they are in retirement they have more time to devote for religious activities. Weber believed that religion became a driving force or a source of motivation in secularized capitalist societies. In relation to the Sri Lankan context a similar atmosphere is seen. In such a context the Buddhist religious programs telecast in the Sri Lankan television channels have been a blessing in disguise for the religious quest that these individuals need to satisfy.

Television has become the most prominent cultural artifact of the late 20th century. It is important not only as a form of entertainment but also as an information provider to its viewers. It can introduce new value systems, modify the existing attitudes and challenge the belief systems, norms and mores of the viewers. Commercialism has changed the outlook and the rationale behind the television programs. Because of the success and the power the television began to enjoy, the television channels became the medium of transmitting and inculcating religious knowledge. Garrod and Lawson (2007) present televangelism, which was extremely popular in America, as ‘the use of television to reach a mass audience for the preaching of evangelical or fundamental Christianity’ (p. 277).

Television was introduced to Sri Lanka in 1979 and the state-owned Independent Television Network (ITN) launched its operations on 13th April. By now there are twenty three Analog Terrestrial Networks, seventeen Local television channels on Satellite or Cable Networks and Four Sri Lankan Owned, Pay Television Networks. This fact itself shows that the expansion of the electronic communication system in Sri Lanka and Hettige et al (2001) discuss the impact of television on Sri Lankan culture, its change and new identity formation. The Buddhist Channel also enjoys a prominent place among Buddhists in the country and abroad. The Sri Lankan television channels cater to the majority Buddhists as the target viewers. The more the number of viewers it has the advertisers are interested in those channels. The researcher compared the total television time against five main leading television channels in Sri Lanka against the time devoted for religious programs. It was noted that in poya days which the most important religious day is for Buddhists in each month the television channels allocate more time and it is a significant increase.

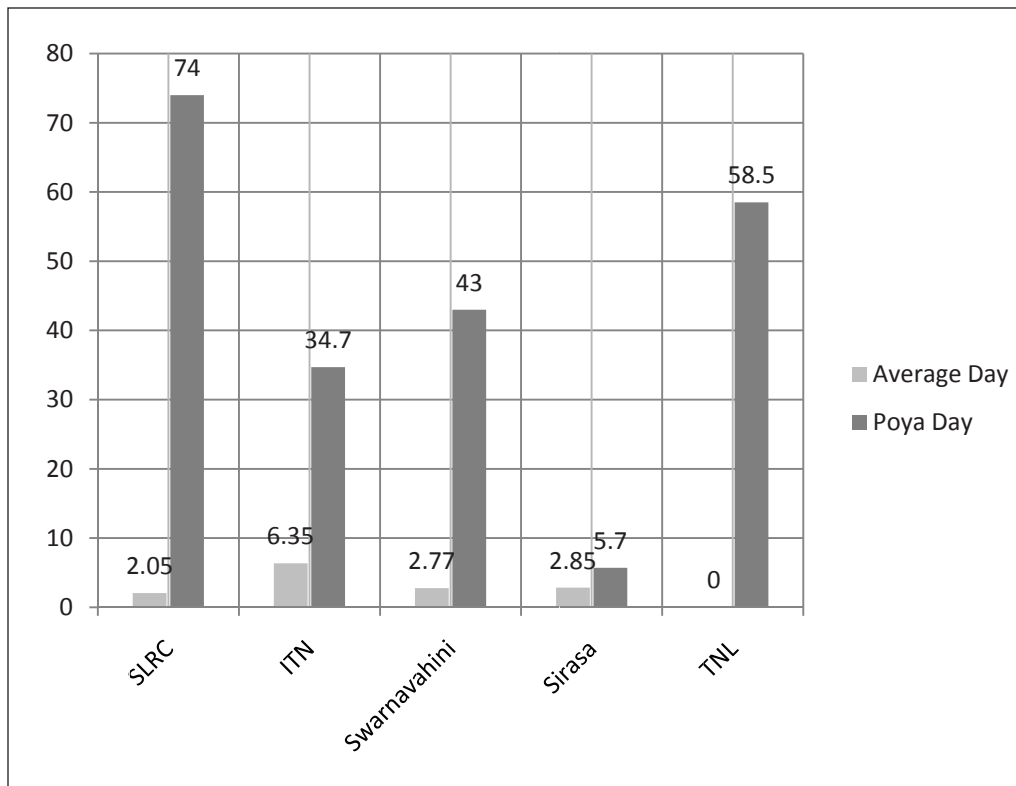
Table 3: Total Television Time against the Religious Programs on Five Different Channels on an Average Day and a Poya Day

Channel	Average or Poya Day	Total television time in minutes [a]	Total time on religious programs in minutes [b]	% of [b] against [a]
SLRC	Average Day	1215	25	2.05
	Poya Day		900	74
ITN	Average Day	1180	75	6.35
	Poya Day		410	34.7
Swarnavahini	Average Day	1080	30	2.77
	Poya Day		465	43.0
Sirasa	Average Day	1050	30	2.85
	Poya Day		60	5.70
TNL	Average Day	692	---	---
	Poya Day		405	58.5

The above Table shows the remarkable increase of time allocated for religious programs on poya days.⁴ The specific Buddhist religious days like Vesak and Poson, the television channels allocate more time telecasting live programs such as delivering sermons by eminent priests, pirith chanting, documentaries on sacred places in Sri Lanka and abroad, Jataka story or any other drama that has a moral value and Dhamma discourses. Both Sri Lanka Rupavahini Corporation (SLRC) and ITN are state owned television channels whereas the other three are private channels. The Directors and the program producers of each channel have responded to the majority Sri Lankan Buddhists' religious sensitivity.

⁴ Sunday Observer TV Guide, Sunday September 11, 2011, Vol. 94, No. 37., pp. 119-120.

Figure 1: Total Television Time against the Religious Programs On Five Different Channels on an Average Day and a Poya Day



During the preliminary survey the researcher understood that most of the aged parents who live in urban areas have got used to the television for religious activities. It does not mean that they never frequent to the temple for religious purposes but the life style at present in the families and their personal reasons have made their attendance to the temple limited at times. The reasons given by different parents are significant. A mother from Colombo said that:

‘My son works in a private firm, so even on Poya days he has to work. He does not like my going to the temple which is two kilometers away since I suffer from arthritis. When he comes home it is too late to go to the temple. So I am used to the television to watch a lot of things and I learn a lot’.

A father from Colombo also expressed the same idea.

‘I am very old now and I have many ailments. So if I go to the temple it is a trouble for me and others. So I prefer to stay at home because there are many religious programs on different television channels’.

Many old parents from Colombo and Kandy said that they are unable to attend the temple due to various reasons so they are restricted to residences. The sufferings from many diseases, their children being busy and the availability of numerous television programs have made them think that they are not going to lose a lot. After the preliminary survey the researcher found out that many aged parents are happy with the role played by television on their lives. The researcher was informed that most of these aged parents have made it a habit to watch and listen to the religious programs telecast or broadcast on television and radio early in each day. So it means that there is a positive social aspect of the television. A father from Kandy mentioned that:

I studied religion at school from grade three onwards, after O/Ls we did not pay much attention to religion even though we attended temple on poya days and participated in religious festivals and processions. During A/Ls religion was neglected totally. While employed there were very few times we engaged in religious activities and we were thinking of building our own house and the education of our children. But now we are old. As we get older we feel insecure. When we think of death and life after death we think of being religious. Television gives a good opportunity because I always watch Dhamma discourses. Many intellectuals representing lay and the clergy take part and we learn the complex aspects of religion in a simple way’.

The above example summarizes the world view of the Buddhists. All Buddhists believe that being born a human is a rare opportunity. With the influence of Hinduism they firmly believe in rebirth also. What one does in this life will decide one’s life in next birth. So they have to accumulate merits when they can, to have a better life after death. A mother from Colombo replied that:

‘I believe in rebirth, if I do good only I will have a better life in my next birth. So I want to do good to be born in a better place. I always remind myself the good things I have done in this life. I think I will be born in a good place’.

In analyzing the answers received from the respondents the researcher could formulate how individuals use, perceive, interpret and respond to the media. The media dependency theory developed by Sandra Ball-Rokeach and Melvin DeFleur (1976), the Cultivation theory developed by George Gerbner et al (1986) and the Social action theory developed by Anderson and Meyer (1988) have certain relevance to the social conditions experienced during the study.

The social action theory developed by Anderson and Meyer, suggested that media has hidden messages that influence their audience. Unlike the original research the media content has a positive influence on the viewer. According to them the meanings arise in relation to the ‘intentions of the producer, the conventions of the content and the interpretations of the receiver’ (p. 48). In all these religious programs the main aim was to win the people for the channel and they have used different methods to attract the audience. Since the individual is unable to visit some important places the television crew visits the specific place and bring it live to the sitting room of the viewer. So the viewer actively participates in the programs that are telecast. John Fiske (1990) was also in the opinion that the television viewers involve in creating meaning and interpreting the program’s text. A comment made by a mother from Colombo was a real testimony to this.

I wanted to visit India before I die. But I don’t have money. My children also cannot spend a lot of money on that pilgrimage. The television brought all those places I wanted to visit

during the last poya day and now I am very happy. I feel like I have been to the place. I saw places like Bodhgaya, Kusinara, Lumbini and many other places I have learnt and read. If I can watch that program again I am happy’.

So it was understood that most of the Sri Lankans during their old age wish to go to the birthplace of the Lord Buddha and many sacred places associated with the life of Gautama Buddha. But due to financial restrictions, they are incapable and they do not want to be a burden to their children reminding the media dependency theory. According to the media dependency theory developed by Sandra Ball-Rokeach and Melvin DeFleur (1976) audiences depend on media information to meet needs and reach goals. In this context the need is the spiritual satisfaction of the aged individuals. The goal is to counter loneliness through Dhamma counseling. The elders have more knowledge through books and religious newspapers and the content of media messages and their effects on audiences are vital. The main idea of the Cultivation theory developed by George Gerbner is that the ‘persistent long term exposure to television content has small but measurable effects on the perceptual worlds of audience members’. In doing this the social institutions and media systems interact with audiences to create needs, interests, and motives in the viewer. The most important fact to note was that most of these theories consider the effect of media as negative but the researcher identified the opposite.

The researcher got to know that almost all in the sample have similar views in analyzing the type of the psychological conditions the aged people undergo. All of them were suffering from different psychological conditions but in a wider range. They were suffering from loneliness, insecurity, depression, anxiety, stress and social isolation. A considerable number of respondents voiced their opinions about the existing conditions. A father from Colombo explained:

‘True we are old and suffer from many diseases. Those are natural. But I think while having medicine for the body we need a special therapy for the mind. The best mental therapy comes out of religion. The best treatment for the dejected mind is Buddhism’.

A mother from Kandy replied that:

‘No use of taking medicine. As you become old the sufferings are natural. I know some of these things do not have medicine. Best thing is to accumulate merit for the next life’.

So, many of them were in the opinion that the freely available religious programs in the television find them solace in their old age. Thompson (1995) mentions this type of interaction as mediated quasi-interaction. The aged people foster a monological relationship with the television. Some admitted that they have one-way communication while watching the program and later a discussion with oneself over the matters learnt. Normally counseling takes place as one is ‘listening to someone and giving them advice about their problems’. In this context it is the aged individual listening to the television program and receives the advice given by the venerable Sangha or any other lay intellectual. The Dhamma counseling takes place in relation to technology. The electronic temple; television, has become the source of religion, guide and advice for the problems created by the old age.

It was noted that irrespective of the level of education and socio-economic background all the respondents in the sample were aware of the ideas of Buddhist philosophy. They knew that the solution to all these problems is to live an exemplary life, which means, a principled life.

The cycle of life – the journey of Samsara, should be stopped. Many of them have become vegetarians and are devoted to meritorious acts. They cherish Dhamma as the most important thing in their lives. Nearly fifty percent in the sample had cassettes, DVDs, CDs, books and newspapers to watch, listen and refer as they want. Rather than visiting the temple and getting the doubts clarified by the priest they have used to use the technology available. A very few (5%) have joined the internet websites that cater to Buddhist philosophy. A mother from Colombo mentioned that:

'I need something to engage in when I do not have anything specific to do. That is why I ask my children to get me these books. They are highly valuable and I have a very good collection of Buddhist resources. I share those with my friends who are also like me. We talk about these things. Now we realize that only thing one can take with oneself is the good things one does'.

Many aged individuals in the sample confirmed that they have nothing to achieve other than a peaceful death. Almost all were happy that they had produced worthy children and they perform well in the society. They are happy with the grandchildren and ready to leave this world for somewhere which is beyond their comprehension. The only hope is the hope for a better life after death. The only way to achieve that is to remain the rest of life in a responsible manner. In obtaining that they need to utilize everything that they can have and one way is to utilize the religious programs to improve their spirituality. The spiritual solace would eventually lead to their destination. A father from Kandy stated that:

'Death is inevitable. We have to face that reality. If we have not done anything wrong we should not be afraid. But as lay people we all wish to be born in heaven. That is also craving in one way. Yet according to Buddhism it is the thought process at the decisive moment takes one to heaven or hell. That also we cannot control. I take it as it is'.

Conclusion

Old age is a critical phase in anyone's life. It is assumed that any lay person gets disturbed when he thinks of death. Since he cannot avoid he has to face it. Like in many other challenges in life the respondents have decided to take this challenge also. In meeting this uncomfortable experience they have to have a clear mindset. Loneliness associated with the old age aggravates the fear of death and uncertainty of life. The aged individuals convinced the researcher that they use religion to condition their minds on brevity of life, impermanence and transience. The most powerful medium for this is the religious programs telecast by television. The audio-visual effects internalize the religious teachings in their minds in a very powerful manner. At this moment they need an amicable counselor who can share their sentiments. Even though the television is inanimate the aged individuals consider television as the counselor that can pave way for them to their salvation.

References

- Abercrombie, Nicholas., Hill, Stephen and Bryan S. Turner (1998) *The Penguin Dictionary of Sociology*, London: Penguin Press
- Abercrombie, Nick (1996) *Television and Society*, Cambridge: Polity Press
- Anderson, J. A. and Meyer, T. P. (1988). Mediated communication: A social interaction perspective. Newbury Park, CA: Sage.
- Ball-Rokeach, S. J., and DeFleur, M. L. (1976) A dependency model or mass-media effects. *Communication Research*, 3, pp. 3-21.
- Carey, James W. (1989) *Communication as Culture: Essays on Media and Society*, London: Unwin Hyman
- Donald, Venus (2002) *Taber's Cyclopedic Medical Dictionary*, Vol. 1, 19th Ed., New Delhi: Jaypee Brothers.
- Fiske, John (1987) *Understanding Popular Culture*, London: Unwin Hyman
- Gerbner, G., Gross, L., Morgan, M., and Signorielli, N. (1986). *Living with television: the dynamics of the cultivation process*, in J. Bryant and D. Zillman (Eds.), *Perspectives on media effects* (pp. 17–40). Hilldale, NJ: Lawrence Erlbaum Associates.
- Giddens, Anthony (1997) *Sociology*, Cambridge: Polity Press
- Gosling, R. and Taylor, S. (2011) *Principles of Sociology*, London: London University Press
- Hettige, S. T., Marcus Mayer, and Ayoma Abeysuriya [Ed.s] (2001) *Globalization, Electronic Media and Cultural Change*, Colombo: German Cultural Institute
- Jary, D. and Jary, J. (2005) *Collins Internet-linked Dictionary of Sociology*, Glasgow: Collins.
- Lawson, Tony and Garrod, Joan (2007) *Complete A to Z Sociology Handbook*, London: Hodder and Stoughton
- Lull, James (1995) *Media, Communication, Culture*, Cambridge: Polity Press
- Siddhisena, K. A. P. 2004. *Socio-economic implications of aging in Sri Lanka: an overview*. Working Paper Number WP105. Oxford Institute of Aging Working Papers. <http://www.aging.ox.ac.uk>
- Thompson, John B. (1995) *The Media and Modernity*, Cambridge: Polity Press

The Utility of Buddhist Psychotherapeutic Techniques for Liberation



Venerable Kirimetiyaawe Dhammasiri Thera
Buddhasravaka Bhikshu University

The Buddha and psychotherapy

It is surprising that already in 6th century B.C. a Great Teacher known by the name of *Gotama* the Buddha (523-443 B.C) has presented a remarkable system of psychotherapy unique in theory and practice. This theory and practice is well preserved in early Buddhism as presented in the *Pali Tipitaka*. The first joy of saying of Buddha in *Dhammapada* presents an extraordinary stanza to convey the psychotherapeutic treatment in Buddhism.

“Though many a birth I wandered in *Samsāra*, seeking, but not finding, the builder of the house. Sorrowful is it to be born again and again. O house-builder! Thou art seen. Thou shall build not house again. All thy rafters are broken. Thy ridge-pole is shattered. My mind has attained the unconditioned. Achieved is this end of craving.¹”

As it is presented by Gay Watson, there is etymological link between therapy and Buddhism. Archetypal psychologist James Hillman notes ‘the Greek word *therapeia* refers also to care, the root is *dher*, which means ‘carry’ support, hold and is related to *dharma*, the Sanskrit meaning ‘habit and custom’ as carrier. The therapist is one who carries and takes care as does a servant (Greek= *theraps*, *therapon*). A Tibetan Lama also points to Dharma as the carrier of truth, which can be thought of as an antidote, a remedy or cure to promote change and transformation. The therapist is one who carries and takes care. This observation shows that Buddhism is one of the greatest psychotherapeutic enterprises.

The meaning of above stanza could be known as introductory words to psychotherapy in Buddhism as well it further “implies that the whole purpose of Buddhism is to apply mental therapy...the Buddha who recognized the fatal malady which is affecting all sentient beings, to which he gave the name *Dukkha* or suffering...²” According to this teaching human beings are mentally sick. Therefore, it should be treated to cure them of their maladies. In contrast to the expedients of western psychiatry, Buddhist mental therapy aims at total integration of the personality in a higher level. Since craving (*Tanhā*) is the root cause of suffering and it is necessary to uproot and finally craving should be extinguished.

Although at first sight Buddhism as a religious tradition founded in the fifth century BCE might seem far removed from the world of psychotherapy in the twenty first century. In fact, I suppose that the Buddhist ideas have contributed to the development of Western thinking in the psychological fields since the times of William James and Carl G. Jung. In recent years, substantial body of theory and practice were integrated in a number of different therapeutic integrations. The teaching of Buddha

¹ The Dhammapada Edited By K. Sri Dhammananda, *Jarā Vagga*, 8 and 9 stanzas, page 326

² Silver Jubilee Commemoration Volume of the University of Kelaniya, *A Note on Psycho-therapy in Early Buddhism*, Bandaranayake Abhayaratne, Editor in Chief, Weerasinghe, S.G.M, page 335



concerns about the human condition and response to the suffering. It is stated that early Buddhism introduces a point of reference, which western psychotherapy has been unable to fit into its theories, for an example field of moral values while engaging in treating with psychotherapy.

Let us now observe few *Suttas* of psychotherapeutic practices as depicted in the *Tipitaka*. Some of them are, *The Avijjā Sutta*, *The Tayodhamma Sutta*, *The Dutiya Yodhajāvūpama Sutta*, *the Vitakka Sathāna Sutta*, *the Alagaddūpama Sutta*, *the Cūlahatthipadopama Sutta*, *the Maha Hatthipadopama Sutta* are some of them. Apart from these *Suttas* each and every discourses of Buddha mainly relates to our discussion.

Role of Buddha as Psychotherapist

The qualification which needs to be a good psychotherapist is available in Buddhism. The writer of encyclopedia of religion and ethics; *Mercial Elida* says that “he (Buddha) experimented with the practices of renunciants- begging, wandering, celibacy, techniques of self-restraint and the like and he organized a community in which discipline played a central role. Judging from the movement he inspired, He was not only an innovator but also a charismatic personality. Through the course of his ministry he gathered around him a group of wandering mendicants and nuns, as well as men and women who continued to live the life of householders...³”

I suppose this interpretation clearly shows the qualification of Buddha as a psychotherapist. He has named different epithets; *Sabbaññu* (the Omniscient), *Akuto bhaya* (the Fearless), *Anūpama* (the Incomparable) by himself or other peoples according to his charismatic personality. These epithets were coined in Buddha’s teaching and also frequent occurrence, e.g. *Dharmākara* (the Mine of the *Dhamma*) and *Advayavādin* (the Teacher of non-duality), *Tathāgata* (one who attained to the Truth), Arahant (worthy of offering or destroyer of enemies), *Sammāsambuddha* (perfectly awakened), *Vijjācaranasampannō* (full of knowledge and practice), *Sugata* (well-gone), *Lokavidū* (who knows the world), *Purisadammasarathā* (trainer of amenable men), *Lokajeñña* (superior in the world) etc... These appellations have deep meaning, probably can understand the Buddha as is best therapist. According to the *Lakkhaṇa Sutta of Dīgha Nikāya* proves the great personality of Buddha. The *Suttas* explains thirty-two marks; “he has feet with level treat, on the soles of his feet are wheels with a thousand spokes, complete with felloe and hub, he has soft and tender hands, he is proportioned like a banyan-tree; the height of his body is the same as the span of his outstretched arms, and conversely...⁴” The Buddha did his works as the spiritual therapist who is embodied with highly venerated ethical behavior and four types of sublime qualities; *mettā* (loving-kindness) *karuṇā* (boundless compassion) *muditā* (asymptotic-joy) and *upekkhā* (equanimity). Anyone who trained as a counselor has to develop spiritual qualities towards his clients.

American psychologist, Carl Rogers observes that ‘empathy’ is best quality and it has to keep in mind in the process of counseling for clients. The Buddha instructed his disciples to convey his doctrine with the empathetic-feeling towards the listener. This is possible to find every sermons of Buddha. As it is said by *John Welwood* “Carl Rogers’s term ‘unconditional positive regard’ although it sounded appealing as an ideal therapeutic stance, it is hard to put into practice... the Buddhist counterpart of unconditional positive regard is loving-kindness. Loving kindness is unconditional

³ Mercia Elida, Encyclopedia of Religion and Ethics, page 321

⁴ Dīgha Nikāya Translation, Maurice Walshe, page 441-442

friendliness a quality of allowing and welcoming human beings and their experience...”⁵
The Buddha did his work throughout his life as psychotherapist for the wellbeing of people. It was his instruction for his disciples.

Four noble truths as psychotherapy

Buddhism was formulated in India at 6century BC; many aspects of the doctrine have been misinterpreted and misunderstood throughout the centuries. However, most of the scholars have been interpreted Buddhism, according to their views and fancies without ignoring ‘what Buddhism really is, and what did the Buddha preach? And what is the purpose of Buddhism? Moreover to that, some savants those who nourished under the influence of philosophy and science have made an effort to put Buddhism under the category of scientology. Therefore, I presume that they have not clearly understood the function of Buddhism and the core of Buddhism. When we read the teachings of Buddha can understand that there is nothing other than psychotherapy in Buddhism.

When we read the history of pre-Buddhist thinkers is possible to realize that they have interpreted many theories regarding epistemology, metaphysics and ethics but the core of those teachings do not conducive to the asseveration of truth. As it was observed by *D.J. Kalupahana* “the Buddha’s terminology relating to freedom, namely, *nibbāna* or *nirvna*, as well as what is achieved as a result of the attainment for such freedom, namely, the elimination of suffering, referred to by the term *dukkha* (*duḥkha*), and the experience of happiness or *sukha*. These three terms are conspicuously absent in the available pre-Buddhist literature...⁶“ I think these three are compulsory factors in psychotherapy.

The whole teaching of Buddha relates to experience happiness that was not sullied by impurities. Therefore, the first sermon of the Buddha, setting the motion of *Dhamma* wheel (*Dhammachakkappavattana Sutta*) illustrates that one has to abandon two extremes; self mortification and self indulgence in order to realize the *Nibbāna*. The Buddha said that these two extremes are the taproot causes which led people to experience endless suffering. The Buddha says that he (the *Tathāgata*), realizing the error of both these two extremes, followed a middle path. This new path was discovered by him and it was named in his word ‘*majjhimā patipada*’ the middle path. This path produces spiritual insight and intellectual wisdom to see things as they truly are. When the insight is cleared and the intellect is subtle everything is seen in its true way. The four noble truths in a sense are a summary of the Buddha’s teachings from the point of the view of practicing Buddhist psychotherapy. The core teaching of Buddhism, which derive from the Buddha’s profound insight, are primarily thought about the relationship between existential afflictions such as sickness, old age and death, and the creation of self.

According to materialistic point of view the self is most important in order to achieve self-centered goals in life but from the Buddhist point of view self is more harm in its spiritual avenue. So, here in the four noble truths which are the truth of suffering, the truth of the end of suffering and the truth that leads to the end of suffering; this teaching contains psychotherapeutic discussion. “From a different school of psychotherapy, Padmal de Silva has written widely comparing the behavior modification methods of early Buddhism to those of contemporary behavioral psycho-

⁵ John, Welwood, *Toward a psychology of Awakening*, page 165

⁶ Kalupahana, David, J. *The Buddha and the Concept of Freedom*, Buddhist cultural centre, Sri Lanka, 2008, page 1



therapy, arguing that Buddhist teachings contain many useful strategies for behavioral and cognitive modification and show that the Buddha was concerned with his follower's daily lives as well as their ultimate liberation.

Buddhism itself could also be possible to term as psychology which based as it is upon exploration of existing mind states, starting from contemplation of their unsatisfactoriness in order to facilitate an ever-increasing understanding of what may be more healthy...even within a psychotherapy confined to personal history, an awareness of interdependence and the ultimate emptiness of separated and permanent essence may be helpful and liberating...⁷“It shows that the teaching of Buddha parallel to modern western therapy. The teaching of four noble truths illustrates that each and everyone has to face the challenge of life. Birth and death are sound causes of life, therefore person dare to face the reality of life. And Buddhist psychotherapy parallels to cognitive behavioral models.

The function of Buddhist psychotherapy relates to the doctrine of the non-existence of the ‘self’. It is important to understand the illusion of a permanent ‘self’ is the primary factor which keeps individual in the cycle of suffering. Craving for sensory gratification (*kāmatanhā*), craving for continued existence (*bhavatanhā*), and craving for annihilation (*vibhavatanhā*). These are the motivational forces for the unenlightened individual's behavior. All these three aspects, under the teaching of Buddhist psychology, are noted as perception which subject to distortion, by one's desires, by one's craving, by the illusion of ego. Buddhist psychology, suggests several interrelated concepts that explain human behavior:

1. The motivation for behavior is craving, which ultimately leads to suffering.
2. Perception and cognition are distorted, clouding one's experience of reality.
3. The sense of self is an illusion to which human beings desperately cling, allowing for the experience of desire and craving.
4. Consciousness is composed of false notions and concepts, physical and mental phenomena are seen by the unenlightened individual as existing intrinsically.

The Buddha points out the way man manipulates his patterns of behavior while responding to the outer world in *Madupindika sutta of Majjima Nikaya* as follows. “Dependent on the eye and form, eye consciousness arises. The meeting of the three is contact. With contact as condition there is feeling. What one feels, that one perceives, what one perceives, that one perceives, that one thinks about. What one thinks about, that one mentally proliferates, with what one has mentally proliferated as the source, perceptions and notions mental proliferation beset a man with respect to past, future, and present forms cognizable through the eye...⁸“

The process of identification takes the following form: This is mine (*etaṃ mama*), this I am (*esō hamasmi*), and this is my self (*esō me attā*). Of these, the first is due to craving (*tanhā*), the second to conceit (*māna*), and the third to wrong view (*diññhi*). What is called self-conceit arises at a pre-rational level, whereas the idea of self, although conditioned by craving, arises at an elementary reflective level. It is also called (*sakkāya-diññhi*), the personality-view. It affirms

⁷ Watson, Gay, *The Resonance of Emptiness, A Buddhist Inspiration for a Contemporary Psychotherapy*, Motilal Babarsidass, Delhi, 2001, page 173

⁸ 8 The Middle Length Discourse of the Buddha, Translation of Majjima Nikāya, Bhikkhu Ñānamoli and Bhikkhu Bodhi, *Madupīṇīka Sutta*, page 203.

the presence of an abiding self in the psycho-physical organism in one of twenty ways. If consciousness (*viññāna*), for instance, is to be assumed as self, such an assumption could manifest itself in four ways: as it was said by *Prof. Y. Karunadasa*.

1. “consciousness is the same as self (*vinnanam attato samanupassati*), as in the case of a flame of a lamp which is identical with its visual appearance,
2. the self possesses consciousness, just as a tree has a shadow,
3. consciousness is within the self, just as the scent is in the flower, and
4. The self is in consciousness, just as a gem in a casket. This description is extended to the other four aggregates as well. Thus, there are in all twenty possible relations between the five aggregates and the hypothetical self. This is how Buddhism explains the origin of the erroneous belief in a self-entity.”⁹

Buddhism understands that this kind of distorted thought which based on the illusory creation in the mind. When the person attaches to the notion of self, then it starts to activate the function of mind and body. According to Buddhism mind is very important factor because it teaches in *Dhammapada* “mind is the forerunner of (all evil) states. Mind is chief; mind-made are they... And mind is the forerunner of (all good) states...”¹⁰, further Buddhism understands that mind is very radiant at the birth stage but by the passing of time mind becomes to change and it is sullied by numerous defilements.

The *Madupiṇḍika Sutta of Majjhima –Nikāya* states that how does man construct mental proliferation with inner world and outer world. The analysis goes much deeper to trace its psychological origins. The analysis offered in the *Sutta* begins with the sensory process and identifies *Papañca* the most noteworthy cause of inner conflict. “Depending on the eye and material objects arises visual consciousness. The coming together of these three is sense contact. Depending on sense contact arises sensation. What one senses one recognizes (or conceptualizes). What one recognizes one think about. One gets obsessed with (*papañceti*) what one think about. As a result of this, thoughts of conceptual obsession (*papañca saññāsankhā*) assail the person with respect to material objects cognizable by the eye, belonging to the past, present and future...”¹¹ “The same process is repeated with reference to all senses.”¹²

As long as the sensory process leads to psychological consequences outlined in the above passage certain latent tendencies of the mind remain deeply entrenched. They are the latent tendency to lust or attachment (*rāgānusaya*), hatred (*pañighānusaya*), dogmatic views (*diññhānusaya*), doubt...¹² “When these emotions come to contact with the mentality of person, then person creates psychological hindrance in his mind. And Buddhism enumerates many types of such psychological hindrances.

For an example *Sallekha Sutta of Majjhima –Nikāya* enumerates forty-four types of cankers. The *Vatthūpama Sutta of same Nikāya* points out the nature of mind by Buddha “*Bhikkhus*, suppose

⁹ Patisambhidamagga, PTS. Vol. 1. Page 144-145

¹⁰ The Dhammapada Edited By K. Sri Dhammananda, Yamaka Vagga, 1 and 2 stanzas, page 41-42

¹¹ Majjhima Nikāya, Translated by I.B. Horner, Middle Length Saying, Vol-I, London, PTS, 1954, page 114

¹² Buddhist Studies in Buddhist Philosophy and Religion, Editors; Pematatana Soorakkulame and Padmasiri Raluwe, Collected Papers of P.D. Premasiri, Peace Within and Without: A Buddhist View; Department of Pali and Buddhist Studies, University of Peradeniya, 2006, page 289



a cloth were defiled and stained, and a dyer dipped it in some dye or other, whether blue or yellow or red or carmine; it would look poorly dyed and impure in color. Why is that? because of the impurity of the cloth. So too, when the mind is defiled, an unhappy destination may be expected...¹³“This analysis indicates that mind is similar to piece of cloth that shines brightly. The mind is also similar to that piece of cloth at first of its birth. But when time passes, such bright mind turns to defile. Therefore, it is necessary to find out proper methods in order to keep mind brightly.

Techniques of Psychotherapy and liberation

Here, the Buddha enumerates forty-four of illness (in *Sallekha Sutta*) that afflict the human mind, the following are those; cruel (*vihiṃsā*), killing (*pāṇātipātā*), take what is not given (*adinnādānā*), uncelibate (*abrahmacārā*), falsehood (*musāvāda*), malicious speech (*pisuṇāvācā*), harsh speech (*pharusāvācā*), gossip (*samphappalāpā*), covetous (*abhijjhālu*), ill-will (*byāpānaccittā*), wrong view (*micchādiññhā*), wrong intention (*micchāsaikappa*), wrong speech (*micchāvāca*), wrong action (*micchākammanta*) etc. having taken into account these defilements, the Buddha pointed out the practical seven methods which support to keep mind straightly in Sutta literature. For examples; *Subbāsava Sutta* contains following techniques;

1. Eliminating defilement is by developing proper seeing (*Dassanā*). It can further elaborates that According to Buddhist psychotherapy all passion are possible to divide into two categories from the point of view of their eradication, namely, the intellectual passions and the emotional passions. The former is due to errors of judgment or want of discrimination; the latter is produced by the habits, the emotional nature of beings. The *Nettipakaraṇa* gives a process of the arising of passions which is different only its approach. It traces their origin in perversions (*vipallāsa*) on account of which man clings (*upādāna*) to sensuality (*kāma*) to continued existence (*bhava*), to views (*diññhi*) and to belief in a soul (attavada)... The intellectual passions are removable through realization of the truth (*darśanāprahātavya*)
2. Eliminating defilement is by having restraining (*saṃvarā*)
3. Eliminating defilement is by means of attending wisely to one’s needs (pañisevana)
4. Eliminating defilement is by means of endurance (*adhivāsanā*)
5. Eliminating defilement is by releasing them or dropping them (*parivajjanā*)
6. Eliminating defilement is by avoidance (*vinodanā*)
7. Eliminating defilement is by self-development or cultivation (*bhāvanā*)

When unenlightened man touched by those defilements, he would be really experience mental and bodily sickness. If a person makes hard effort to keep the balance of mind accordingly to these seven or any of these methods. He will experience spiritual happiness due to keeping mind strongly. For an example, “it is stated that the venerable *Ananda*, once visited a householder named *Sirivaddha* who was ill. On hearing from the patient that he was in much pain, and that his pains were getting worse, *Ananda* advised him to engage in the meditation of mindfulness. Similarly, it

¹³ The Middle Length Discourses of the Buddha, A Translation of the Majjhima Nikāya, Translated By Bhikkhu Ñāṇamoli and Bhikkhu Bodhi, Vatthūpama Sutta, page 118

is recorded that the Buddha himself visited two ailing monks, *Mogallana and Kassapa*, who were in pain, and advised each of them to engage in mindfulness meditation. The very important issue is further available in the story of venerable *Anurudha*. 'He was sick, and was grievously afflicted. Many monks who visited him, finding him calm and relaxed, asked him how his 'painful sensations' evidently made no impact on his mind. He replied; 'it is because I have my mind well-grounded in mindfulness.'¹⁴

These three stories clearly show that meditation can reduce, or 'block out' the mental aspect of, the pain – for example, while the physical sensations may remain intact, one's vulnerability to subjectively felt pain is reduced. The different passage of *Samyutta Nikāya* explains that unenlightened man, when touched by bodily feelings, grieves and laments... and is distraught... but the enlightened disciple who well-trained, when touched by painful bodily feelings, will not weep, will not worry. Here, the unenlightened man just experienced two kind of feelings; a bodily and a mentally. The above mention techniques could be used from the surface level to reduce mental and physical afflictions. But when those techniques cultivate in a deepest level can be used as (therapy) or therapeutic way even to put into end multifarious defilements. It is also possible to understand that these techniques could also be further used as behavioral modification strategies. As it was illustrated by *Padmal de Silva* "These strategies are remarkably similar to several of the established techniques of modern behavioral therapy. Thus, if Buddhist psychology is akin to modern humanistic, transpersonal and existential psychologies in view of its emphasis on the individual... development thought personal effort. It also has... behavioral techniques..."¹⁵ "The other noteworthy point is that among the techniques in *Sabbasava Sutta*; Eliminating defilement is by self-development or cultivation (*bhāvanā*) is very important because meditation is very compulsory factor in Buddhism. Buddhism has two separate meditations, *samatha* and *vipassanā*. The word *samatha* means 'tranquility' and *vipassanā*; means insight. Both these fraternities are bundled each other. The meditation is very key factor in the practice of psychotherapy in Buddhism. On the other hand, the above techniques are served their function as meditative instructor. And those methods could be used as meditative techniques to overcome suffering in life. Somewhere of Buddhist literature explains many mundane benefits, when someone cultivates mindfulness day and night, it is said by the Buddha such person would not cause by accidental calamities in life.

The *Vitakkasanthāna Sutta* of *Majjhima –Nikāya* highlights other five techniques in order to keep the mind straightly. In this discourse the emphasis is on ways of dealing with thoughts that feed the unwholesome emotions. Like the *Sabbāsava Sutta*, this discourse is most important for man who wishes to gain mastery over mechanical flow of thoughts that feed the unwholesome emotions. Such thoughts are associated with passion, (*chandūpasamhitā*), associated with hatred (*dosūpasamhitā*) and associated with delusion or confusion of mind (*mahūpasamhitā*). Unwholesome emotional thoughts produce suffering not only the person who has them, but also others with who that person associates. Therefore, we need practical method to master certain techniques to prevent the flow of unwholesome thought. These techniques are functioned as methods of giving treatment or therapeutic way for the reduction of passion as well the ultimate level those techniques can be used to an extinguish each and every unwholesome emotions in our mind. The strategies as presented in *Sutta* can be seen in a hierarchical order, each to be tried if the preceding one fails.

¹⁴ Kwee, M.G.T, & Holdstock, T.L, Western & Buddhist Psychology Clinical Perspective, Buddhist Psychology; Theory and therapy, De Silva Padmal, Eburon Publishers, University, Amsterdam, 1999, page 137

¹⁵ Ibid, Page 138



1. Switch to an opposite or incompatible thought (*bhikkhunā tamhā nimittā aññaṃ nimittam manasikātabbam kusalūpasamhitam*). The first is to reflect on an object which is associated with thoughts which unwanted cognition is associated with passion or lust, one should think of something promoting lustlessness; if it is associated with malice, one should think of something promoting loving kindness. It is opposite to unwholesome thoughts.
2. Ponder on harmful consequence. (*bhikkunā tesam vitakkānam ādānavo upaparikkhitabbo*) if, however, the unwanted thought still keeps arising, one is advised to ponder on the perils and disadvantage of the thought; that is to consider its harmful consequences. This would help someone to escape from unwholesome thoughts.
3. Ignore and distract; (*bhikkunā tesam vitakkānam asati-amanasikāro āpajjitabbo*) if the earlier is failed, this is recommended by the Buddha. The technique of ignoring an unwanted thought is recommended. One is to strive not to pay attention.
4. Reflect on removal of causes; (*bhikkunā tesam vitakkānam vitakkasaṅkhārasanthānam manasikātabbam*) if the problem still exists, then a further strategy is recommended. This is to reflect on the removal or stopping of the causes of the target thought.
5. Control with forceful effort; (*bhikkunā tesam vitakkānam...tena bhikkhave bhikkunā dantehi danta ūmādhāya jivhāya tālum āhacca cetasā cittam abhiniggaṇhitabbam abhinippāletabbam abhi santāpetabbam...*) if the foregoing strategies fails, then a fifth method is advocated, which is forcefully to restrain and dominate the mind.

The Buddha recommended those techniques to restrain the mind from unwholesome emotions. These techniques may also be possible to use as strategies for the use of behavioral modification. If an unwholesome thought arises, one is advised to face it directly and continuously. I suppose that these strategies are very much helpful to build personality skills in mundane life. On the other hand, those techniques make their role under the condition of psychotherapy. Buddhism understands each every one of us has firm ability for the development of personality. It is reflected clearly in the Buddha's teaching "self-reliance, extolling what he called *attakāra* (personal effort), *purisakāra* (human endeavor), *purisathāma* (human strength), *purisaviriya* (human energy), *purisaparakkama* (human value), and *purisadhoraṃsa* (human responsibility). These may, for instance, be noted from the *Sampasādanāya Sutta* of the *Dīgha –Nikāya*. These types of personal energies should be improved upon (*bhāvetabbam*) in one's progress towards perfection or *Nirvāṇa*..."¹⁶ In this respect Buddhist psychotherapy is comparable to the humanistic psychotherapy because Buddhism admits the importance of human potential for spiritual growth and self-realization. "The life and experience of human beings are not determined by factors totally beyond their control. With right effort it is possible to transform the nature of one's inner life..."¹⁷ Therefore, Buddhism uses many strategies in order to change unwholesome behavior of man and the ultimate goal of those strategies conducive to the enhancement of spiritual life.

¹⁶ Human Rights and Religions in Sri Lanka, A Commentary on the universal Declaration of Human Rights, Sri Lanka Foundation, 1988, page 3

¹⁷ Symposium on Buddhist Studies, Editor, Rahula Kotapitiye, Premasiri P.D, Early Buddhist and the psychology of Emotion, Twentieth Anniversary Commemoration Volume, Thames Buddhist Vihara, 2003, page 71

Conclusion

It is evident that Buddhism has focused greater attention on the elimination of emotions that are harmful to human existence. Therefore, Buddhism recommends a series of techniques to remove harmful emotions that cause damage in one's life. Thus, these techniques are applicable irrespective of whether or not one has committed oneself to a life devoted to the aim of personal development. This personal development comes through the application of Buddha's doctrine. Such doctrine could be known as greatest psychotherapy because it promotes man to train calmness and tranquility. The attainment of Arahantship is totally depended on psychological the transformation of personality. This transformation comes through the experience of therapeutic prospective. Therefore, it is doubtless to say that liberation comes through psychotherapeutic avenue.



A Psychological Analysis of Physical and Mental Pain in Buddhism



Ashin Sumanacara¹
Mahidol University, Thailand.

Pain is a natural part of life and all of us. Ordinary people are inflicted with physical or mental pain. In this paper, firstly we will analyse the concept of physical and mental pain according to the Pali Nikāyas. Next we will discuss the causes of physical and mental pain, and investigate the unwholesome roots: greed (*lobha*), hatred (*dosa*) and delusion (*moha*), and their negative roles in causing physical and mental pain. Then we will highlight the Buddhist path to overcoming physical and mental pain. Finally we will discuss mindfulness and the therapeutic relationship. Mindfulness, as it is understood and applied in Buddhism, is a richer theory than thus far understood and applied in Western psychotherapy. Within Buddhism the development of mindfulness must be understood to be interrelated with the maturity of morality (*sīla*), concentration (*samādhi*) and wisdom (*paññā*).

A Word about Buddhism

Buddhism, a spiritual movement, arose from the prevalent intellectual, political and cultural milieu of Indian society in the 6th century BCE and has been an influential cultural force in Asia for more than 2550 years. In recent decades, it has gained acceptance in the West, largely due to its solution of mental pain of human beings through mindfulness meditation.

The core teachings of the Buddha are contained in the Four Noble Truths, which are as follows: (1) *Dukkha*: life is characterized by pain; (2) *Samudaya*: the cause of pain which is craving (*taṇhā*); (3) *Nirodha*: pain can be ended by the cessation of craving; and (4) *Magga*: there is a way to achieve the cessation of pain, which is the Noble Eightfold Path (*ariya-aṭṭhangika-magga*). These Four Noble Truths corresponds to four aspects in the practice of medicine: (1) *Diagnosis*: determining if there is a disease. If there is no disease, then there is no need for treatment, but in this case, there is a disease, called pain. (2) *Aetiology*: the cause of the disease corresponds to the Second Noble Truth. (3) *Prognosis*: a judgement about how the disease is likely to progress and that it can be cured. Again, if there is no cure, there is no need for treatment. (4) *Treatment*: pain can be treated and cured by the prescription of the Fourth Noble Truth (i.e., the Noble Eightfold Path). The Four Noble Truths offer a theoretical method with practical implications for engaging with physical and mental pain and reorienting one's life in order to achieve freedom from them.

In Buddhist psychology, mind has an important place. Buddhist psychology is regarded as a science of mind as it deals with mind – “All phenomena are preceded by the mind, mind is their chief, they are produced by mind (*manopubbaṅgamā dhammā manoseṭṭhā manomayā*)” (Dhp 1). With regard to mind, the commentary states: “All classes of arts in the world, specific or generic, are achieved by the mind. And, owing to its capacity to produce a variety and diversity of effects

¹ Ashin Sumanacara is a doctoral student (in Buddhist Studies) of Mahidol University, Thailand. Additionally, he lectures at Mahachulalongkornrajavidyalaya University, Thailand.

in action, the mind, which achieves all these arts, is itself artistic like the arts themselves” (Maung Tin, Trans. 1976, 86). Buddhist psychology classifies mind as being either wholesome (*kusala*) or unwholesome (*akusala*), and tries to analyse the contents of mind from an ethical perspective. Hence, Nyanaponika Thera (1965) considers Buddhist psychology is primarily a practical way to know the mind, shape the mind, and free the mind.

Buddhist psychology analyses the person into five constituent aggregates (*khandhas*): matter or physical body (*rūpa*), feeling (*vedanā*), perception (*saññā*), volitional activities (*saṅkhāras*) and consciousness (*viññāṇa*). The first aggregate represents the material component of a person (*rūpa*) and remaining four represent mental components of a person or what we call mind (*nāma*). Another key concept in Buddhist psychology is “dependent co-origination” (*paticcasammuppāda*), the concept of causality. It is regarded as one of the tools to analyse physical and mental pain. Consequently, Buddhist psychology explains that *dukkha* arises depending on the cause and condition.

Buddhist psychology states that because of evil conditions of mind, one commits evil deed and defiles one’s mind; and as a result, one becomes victim of his own deeds and loss health. Therefore, Buddhism emphasizes the importance of developing one’s own mind. In Buddhism, mental development is of greatest importance because without it, it is impossible to gain complete health.

Mindfulness is the essence of Buddhist psychology. Nyanaponika Thera calls this meditation as ‘the heart of Buddhist meditation’ or even ‘the heart of the entire doctrine’ (*dhamma-hadaya*) (1992, 7). Mindfulness is the core practice of Buddhist psychology, and the body of Buddhist psychology, including the Buddha’s original teachings and later writing of the Abhidharma, may be considered the theoretical basis for mindfulness (Nyanaponika Thera 1998). Due to the importance of mindfulness for healing physical and mental pain, this meditation has been successfully implemented in the area of all Buddhist schools of psychotherapy as well as western psychotherapy.

The Analysis of Physical and Mental Pain

We generally translate the Pali term ‘*dukkha*’ as ‘pain’ or ‘suffering’, even though it has a wider philosophical meaning including un-satisfactoriness, unhappiness, distress, discomfort, dissatisfaction, sorrow, affliction, anxiety, anguish, and so on. Accordingly, *dukkha* can refer to various unpleasant experiences in varying degrees. Many Buddhist scholars have offered explanations on *dukkha*. For example, Gombrich (1995, 62) says, “The word we translate ‘suffering’, lacks a close English equivalent. The meaning of the First Noble Truth is that life is unsatisfactory”. On the other hand, Harvey notes:

The word *dukkha* refers to all those things which are unpleasant, imperfect, and which we would like to be otherwise, “Rich in meaning and nuance ... Literally ‘pain’ or ‘anguish,’ in its religious and philosophical contexts, *dukkha* is, however, suggestive of an underlying ‘unsatisfactoriness’ or ‘unease’ that must ultimately mar even our experience of happiness (Harvey 2009, 320).

Nevertheless, the common interpretation of the word *dukkha* to mean suffering, pain, or unsatisfactoriness does not convey its true meaning.

Now we will try to understand the true meaning of *dukkha* from the perspective of Four Noble Truths. In the first discourse of the Buddha mentions different forms of *dukkha*. The first sort of ‘*dukkha*’ conveys the meaning of birth (*jāti*), decay (*jarā*), disease (*byādhi*), and death (*maraṇa*). The next sort of ‘*dukkha*’ conveys the meaning of sorrow (*soka*), lamentation (*parideva*), physical-and-mental pain (*dukkha-domanassa*), and despair (*upāyāsā*) – which extends the first sorts of ‘*dukkha*’. The next sort, that ‘*dukkha*’ is association with the disliked (*appiyehi sampayogo*), separation from the beloved (*piyehi vippayogo*), and not getting what one desire is *dukkha* (*yampiccham na labhati tampi dukkham*). The last row summarizes what *dukkha* is by referring to a group called “five aggregates of grasping” (*pañcupādānakkhandhā*): grasping or clinging to the five aggregates of (psycho-physical) existence is the whole mass of *dukkha*.² Therefore, physical and mental pain are generally covered by the Pali terms *dukkha* and *domanassa*. Among the different forms of pain, physical pain can be birth, aging, pain, disease and death. Mental pain can be grief, lamentation, distress. Also, people feel mental pain when they associate with an object or person they dislike or are separated from an object or person they like.

The Pali Nikāyas differentiate between *dukkha* born of physical contact and *domanassa* born of mental contact. For example, the *Saccavibhaṅgasutta* of the Majjhima Nikāya answers the question ‘what are *dukkha* and *domanassa*?’ with the following basic formula:

And what, friends, is *dukkha*?³ Physical pain, physical discomfort, painful, uncomfortable feeling born of physical contact – this is called *dukkha*” (M III.251).⁴ How is *dukkha* different from *domanassa*? Next, the Buddha describes *domanassa*, ‘mental pain’ in the following words: “And what, friends, is *domanassa*?⁵ Mental pain, mental discomfort, painful, uncomfortable feeling born of mental contact – this is called *domanassa* (M III, 251).⁶

Thus, in the case of the binomial words *dukkha-domanassa*, the term *dukkha* (‘*du*’ = bad or painful + ‘*kha*’ = empty, space) has to be understood as physical pain and the term *domanassa* (‘*du*’ = bad or painful + ‘*manas*’ = mind) has to be understood as mental pain (*cetasikaṃ dukkhaṃ domanassaṃ paṭisaṃvedeti*) (cf. Nyanatiloka 1970, 189; Bodhi Ed. 1993, 36, 115-116). Contrary to the term *dukkha* which denotes physical pain (*kāyika dukkha*) when defined as an *indriya*, *domanassa*, as seen above, refers to mental pain (*cetasika dukkha*) (See Bodhi Ed. 1993, 36). Thus, Buddhism distinguishes two forms of *dukkha*: physical (*kāyika dukkha*) and mental (*cetasika dukkha*). In other words, the Pali terms *dukkha* and *domanassa* signify the painful feeling of body (*kāyika dukkha vedanā*) and painful feeling of mind (*cetasika dukkha vedanā*).

² The detailed descriptions of every sort of *dukkha* are found in both the *Saccavibhaṅgasutta* (M III.248-252) and the *Mahāsatiṭṭhānasutta* (D II.290-315).

³ *Dukkha*, here used in a restricted sense, i.e. *dukkha-dukkha* (intrinsic pain), the first of the three types of *dukkha*; the other two kinds of *dukkha* are: *vipariṇāma-dukkha* (pain due to change), and *saṅkhāra-dukkha* (pain due to formations) or inherent pain (cf. D III.216-222; S IV.259).

⁴ *Katamañca, bhikkhave, dukkhaṃ? Yaṃ kho, bhikkhave, kāyikaṃ dukkhaṃ kāyikaṃ asātaṃ kāyasamphassaṃ dukkhaṃ asātaṃ vedayitaṃ, idaṃ vuccati, bhikkhave, dukkhaṃ* (M III.251).

⁵ *Domanassa*, here used in a more restricted sense, i.e., pain due to change (*vipariṇāma-dukkha*), the second type of *dukkha*.

⁶ *Katamañca, bhikkhave, domanassaṃ? Yaṃ kho, bhikkhave, cetasikaṃ dukkhaṃ cetasikaṃ asātaṃ manasamphassaṃ dukkhaṃ asātaṃ vedayitaṃ, idaṃ vuccati, bhikkhave, domanassaṃ* (M III.251).

Now we will discuss the Pali term *domanassa* from the Abhidhamma point of view. Abhidhammatthasaṅgaha states that “*domanassa* is associated with aversion (*paṭigha*) and accompanied by unhappiness, and therefore unwholesome (*akusala*)” (Abhidh-s 1). The term *domanassa* is explained in the Abhidhammatthavibhāvinī-ṭīkā:

‘Unhappy mind’ (*dummano*) means an irritated mind or someone who has that; that is, the consciousness [itself] or the person with that consciousness. The state of that [consciousness or person] is unhappiness (*domanassa*). It is a term for unpleasant mental feeling. Accompanied by this is being accompanied by unhappiness. Striking against the object is aversion or hate; because of its violent nature it occurs as if striking against an object (Abhidh-s-ṭ 61; Wijeratna & Gethin, Trans. 2007, 16)

Now we will discuss the terms *kāyika dukkha* and *cetasika dukkha*. With regard to the physical pain (*kāyika dukkha*) and mental pain (*cetasika dukkha*), in the *Sammohavinodanī*, the commentator explains:

The meaning of the pain of bodily pain should be understood and the meaning of pain of mental pain should be understood; but here they are called pain because both of these are themselves pain and because they are the basis for bodily and mental pain (VibhA 105; Ñāṇamoli, Trans. 1996, 125).⁷

The commentator further explains: This pain of body that afflicts produces further pain of mind as well, and that accordingly is why this specially is known as pain (VibhA 105; Ñāṇamoli, Trans. 1996: 126).⁸ This means all the conditioned states of life are pain.

Mental pain arises from various sources such as stress, interpersonal conflict, depression, confusion, anger, greed, behaviour problems, separation from the beloved one, etc. According to Buddhist psychology, mental pain or mental illness occurs in individuals when the mind is upset (*khitta-citta*) or a psychotic (*ummatta-citta*). The Pali-English Dictionary defines ‘*khitta-citta*’ as “one whose mind is thrown over, upset and unhinged” and ‘*ummatta-citta*’ is defined as “out of one’s mind, mad” (Rhys Davids & Stede, Eds. 1921, 373, 550). The Pali Nikāyas mention that when one is touched either by bodily painful feeling (*sārīrikam dukkham vedanam*) or by mental painful feeling (*cetasikam dukkham vedanam*), one would go mad, go out of one’s mind (*ummādam-pi pāpuṇissati cittakkhepam*) (M I.237).⁹ A passage in the Pali Nikāyas mention *ummattikā khittacittā* with reference to a woman who went mad and lost her mind, owing to her mother’s death (M II.108-109). The Buddha compares *khitta-citta* with a fluttering fish that is drawn from its watery abode and thrown upon the land (*vārijo va thale khitto okamokata ubbhato, pariphadat’idaṃ cittaṃ mārādheyyaṃ pahātave*) (Dhp. v.34; Ud v.31.2). The Pali Nikāyas also mention two compounds ‘*vikkhitta-citta*’ and ‘*byāpanna-citta*’ with reference to mental disturbance. The Pali-English Dictionary defines ‘*vikkhitta-citta*’ as “upset, perplexed, mentally upset, and confused mind” and ‘*byāpanna-citta*’ is defined as “malevolent intention or corrupted mind” (Rhys Davids & Stede, Eds. 1118, 1375, 1469). The Pali Nikāyas mention distracted mind (*vikkhitta-citta*) mostly with regard to mindfulness

⁷ *Dukkhasa dukkaṭṭho veditaḥ, domanassassa dukkaṭṭho veditaḥ ti ettha pana ubhayam p’etaṃ sayaṇ ca dukkhattā kāyikacetasikadukkhānaṃ ca vatthu-bhāvena dukkhan ti vuttaṃ* (VibhA 105).

⁸ *Pīleti kāyikam idaṃ, dukkham dukkhaṃ ca mānassam bhīyyo janayati yasmā tasmā, dukkhan ti visesato vuttan ti* (VibhA 105).

⁹ This is with reference to the individual who fails to balance their psycho-physical personality. They develop the body, but not the mind, or they develop the mind, but not the body.



meditation (See M I.59; D II.300) and ‘*byāpanna-citta*’ with reference to the monks who experience a state of unhealthy fear and terror, as an impact of a corrupted mind, bad thinking, and defiled intention (*byāpannacitta paduṭṭhamana saṅkappasandosahetu*) (M I.18).

Now we will look at abnormal behaviour that appears most in the Buddhist stories. An analysis of Buddhist stories shows a clear picture of different types of abnormally or mentally sick persons. The famous examples of psychopaths¹⁰ of violent type are Devadatta, Ajātasattu and Aṅgulimāla; and Patācāra and Kisāgotamī are the example of psychoses¹¹. In the Jātaka stories, we find different types of abnormal behaviour. Harischnadra notes “the Bodhisatta, is told that in this world there are eight categories of “*ummada*” meaning psychiatric disorders, namely: sexual dysfunction (*kama-ummadaya*), mania (*krodha-ummadaya*), hallucination (*darshana-ummadaya*), mental retardation (*moha-ummadaya*), possession disorder (*yaksha-ummadaya*), melancholia (*pitta-ummadaya*), alcohol dependence (*sura-ummadaya*), and depression (*vyasana-ummadaya*)” (Harischnadra 1998, 65-66). The Jātaka stories also mention of pretended madness. For example, Sujāta faked madness in order to relieve his father’s grief over the death of his grandfather (See Ja III.352).

In the Buddhist Jātakas stories, many cases of abnormal behaviour are said to be caused by sensual desires (*kāmatāṇhā*). For example, the Asātamanta Jātaka (Ja I.61) tells how a blind and aged woman fell in love with a pupil of her son and planned to kill her own son in order to have unhindered sex. Furthermore, Kaṇavera Jātaka (Ja I.318), Darīmukha Jātaka (Ja I.378), Kuṅāla Jātaka (Ja II.536) and some other Jātakas indicate various psychiatric disorders which are caused by sexual madness. In the Milindapañha, Bhikkhu Nāgasena illustrates a hermit’s madness at the sight of the princess Caṇḍāvati and gives a clear explanation of insanity.

Just, O king, as a madman, when out of his senses will step into a fiery furnace and take hold of an infuriated venomous snake, and go up to a rogue elephant, and plunge forward into great waters, the further shore of which he cannot see and trample through dirty pools and muddy places, and rush into thorny brakes and fall down precipices, and feed himself on filth, and go naked through the streets, and do many other improper things (Miln II.16ff.).

This passage shows some of the characteristics of a mad person. In the Milindapañha, Bhikkhu Nāgasena explains to the King Milinda that the cause of abnormal behaviour is due to circumstances – ‘at the very sight Caṇḍāvati, the princess, the hermit went out of his mind and lost command of himself through love’ (Miln II.16ff.).¹² Thus according to the Pali sources, some *persons* would suffer from a *mental illness* and physical illness due to the *unusual or excessive sexual* desires.

Buddhist psychology considers physical pain (*kāyika dukkha*) and mental pain (*cetasika dukkha*) as illness (or disease) (*roga*): disease of the body (*kāyika roga*) and disease of the mind (*cetasika roga*). With regard to disease, in the *Rogasutta* of the Aṅguttara Nikāya, the Buddha says:

Monks, there are two kinds of disease. What are the two? Disease of the body and disease of the mind. Monks, there are to be seen beings who can claim to be physically healthy (free from bodily disease) for a year ... two years ... three years ... four years ... five years...

¹⁰ Psychopath is a person who has a serious mental illness that may cause him/her to hurt or kill other people.

¹¹ Psychosis is a serious but treatable mental illness that affects one’s whole personality, generally including ‘loss of contact with reality,’ ‘false beliefs about what is taking place’ and ‘seeing or hearing things that aren’t real (hallucinations).’

¹² Here it is not an exact madness, but a deviant or an abnormal behaviour of the hermit and such mental disturbance was caused by the beauty of the princess.

ten years ... twenty years...thirty years ... forty years and fifty years ... who can claim to be healthy for a hundred years. But monks, hard to find are those beings who can claim to be mentally healthy for even a moment except for those [Arahats] whose mental cankers are destroyed (A IV.157).¹³

According to this passage, we can say that only the Buddha and the Arahats (the Enlightened One) has a perfectly healthy mind, as they have destroyed all fetters. Besides the Buddha and the Arahats, as worldlings¹⁴ we are all afflicted with mental pain.

The *Girimānandasutta* of the Aṅguttara Nikāya (A V.108) gives a list of forty-eight types of diseases: eye-disease (*cakkhu-rogo*), ear-disease (*sota-rogo*), nose-disease (*ghāṇa-rogo*), tongue disease (*jivhā-rogo*), body-disease (*kāya-rogo*), head-disease or headache (*sīsa-rogo*), ear disease (or mumps) (*kaṇṇa-rogo*), mouth-disease (*mukha-rogo*), teeth-disease (or tooth-ache) (*danta-rogo*), coughs (*kāso*), asthma (*sāso*), colds (*pināso*), burning sensation (of body or heart) (*ḍāha*), fever (*jaro*), abdominal disease (or stomach-ache) (*kucchi-rogo*), fainting (*mucchā*), bloody-flux (or dysentery) (*pakkhandikā*), piercing pain (or gripes) (*sūlā*), cholera (*visūcikā*), leprosy (*kuṭṭham*), boils (*gaṇḍo*), dry pustules (or plague) (*kilāso*), Phthisis (*soso*), epilepsy (*apamāro*), herpes (*daddu*), itching (*kaṇḍū*), ringworm (*kacchu*), small-pox (*rakhasa*), scabies (*vitacchikā*), blood-bile (or pustule) (*lohita-pittam*), diabetes (*madhumeho*), piles (*aṃsā*), cancer (*piḷakā*), ulcer (or fistula) (*bhagandalā*); and afflictions due to bile (*pitta-samuṭṭhānā ābādhā*), due to phlegm (*semha-samuṭṭhānā ābādhā*), due to wind (*vāta-samuṭṭhānā ābādhā*), consisting in conflict of the humors (*sannipātikā ābādhā*), produced by change of climate (*utu-pariṇāmajā ābādhā*), by unaccustomed activity (or careless behavior) (*visama-parihārajā ābādhā*), by violence or assault (*opakkamikā*), by ripeness of one's *kamma* (*kamma-vipākajā ābādhā*); and cold (*sītam*), heat (*uṇham*), hunger (*jigacchā*), thirst (*pipāsā*), excrement (*uccāro*), and urine (*passāvo*). These forty-eight types of diseases are described in the *Girimānandasutta* according to location, type, cause and nature of diseases (See A V.108).

The Causes of Diseases

In the Pali Nikāyas, diseases (*rogas*) are considered to be caused by bile, phlegm, wind, bodily humors, and changes of climate, careless behaviour, assault, and *kamma* (A V.108). Here, I will briefly discuss the last four causes of diseases.

1. A change of climate (*utu-pariṇāmajā ābādhā*): It refers to the alteration in a previously supporting climate or environment. It may also refer to the unhealthy environmental that could aggravate disease i.e., unhealthy and dangerous working or living condition, socio-economic factors, etc.
2. Careless behaviour (*visama-parihārajā ābādhā*): It means when a person fails to care his own mind-and-body and ignores his mental-and-physical well-being. As a result,

¹³ *Dve'me bhikkhave rogā. Katame dve. Kāyiko ca rogo cetasiko ca rogo. Dissanti bhikkhave sattā kāyikena rogena ekam pi vassaṃ ārogyaṃ paṭijānamānā, dve pi vassāni ārogyaṃ paṭijānamānā, tīṇi pi ... cttāri pi...pañca pi ... dasa pi ... viṣatim pi ... tiṃsam pi ... cattārisam pi ... paññāsam pi vassāni ārogyaṃ paṭijānamānā, vassasatam pi ārogyaṃ paṭijānamānā. Te bhikkhave sattā dullabhā lokasmiṃ ye cetasikena rogena muhuttam pi ārogyaṃ paṭijānanti aññatra khīṇāsavehi (A IV.157).*

¹⁴ 'Worldling', ordinary man, is any layman or monk who is still possessed of all the ten fetters binding them to the round of rebirths and therefore has not yet reached any of the eight stages of holiness.



his health can get worse and he may become vulnerable to disease. Some of the careless behaviours are: lack of proper nutrition, lack of physical exercise, alcohol and drug abuse, grief, anger, etc.

3. Violence or assault (*opakkamikā*): Violence or assault includes punishment, animal bites, assault by the enemies or robbers, self inflicted injury, accident, etc.
4. Ripeness of one's karma (*kamma-vipākajā ābādhā*): The karmic effect of disease and health are spelled out in the *Culakammavibhaṅgasutta* (the shorter discourse of action) of the Majjhima Nikāya. According to this *sutta*, one who caused injuries or pain to beings in the present life, then wherever he is reborn he is sickly, subject to diseases – as a result of such bad karma (See M III.203). A solid example is Cunda, the pork butcher. In his whole life he slaughtered many animals. Due to this bad karma he became mad, crawled in his house for seven days, grunting and squealing like a pig and finally died (See Dhv v.15).

Three Root Causes: Greed, Hatred, and Delusion

Buddhism explains that everything in this world, including pain of human beings, takes place in accordance with casual law. The origin of everything is dependent, conditional and relative. Buddhist psychology describes three “root causes” – greed (*lobha*), hatred (*dosa*), and delusion (*moha*) – that give rise to pain. For example, the Majjhima Nikāya states: “Greed (*lobha*) is a root of the unwholesome; hated (*dosa*) is the root of the unwholesome; delusion (*moha*) is the root of the unwholesome. This is called the root of the unwholesome” (M I.47).¹⁵

1. Greed (*lobha*): It is what is greedy (*lubbhatī ti lobho*). It has the characteristic of sticking to the object or wanting an object (Abhidh-s-ṭ 83). According to the Buddhist psychology, the first unwholesome root, greed (*lobha*), covers all levels of desire or thirst (*taṇhā*) and clinging (*upādāna*). It overlaps the inclination for sensual lust (*kāmarāga*) and attachment to existence (*bhavarāga*). The related wholesome basic tendency is non-greed (*alobha*).
2. Hatred (*dosa*): It is what does harm (*dussatī ti doso*). It has the characteristic of anger like a poisonous snake when struck (Abhidh-s-ṭ 83). It covers aversion (*paṭigha*) and ill-will (*vyāpāda*); and always accompanied by mental painful feeling (*domanassa vedanā*). It also includes a variety of negative emotions namely, denying, grudging, disappointment, dejection, anxiety, despair, etc. The root of hatred is likening to latent tendency of aversion (*paṭighānusaya*) which is the basis for craving for non-existence (*vibhava-taṇhā*). The related wholesome basic tendency is non-hatred (*adosa*).
3. Delusion (*moha*): It is that which is deluded about the objects; it is misunderstanding (*ārammaṇe muyhatī ti moho, añāṇaṃ*). It has the characteristic of concealing the nature of the object, for although occurring by way of taking hold of the object (Abhidh-s-ṭ 82). It covers the latent tendency of ignorance (*avijjānusaya*), blindness to certain facets of reality, such as the three characteristics: impermanence (*anicca*), pain (*dukkha*), and non-self (*anatta*). At the cognitive level, it accesses our perceptions, thoughts, and views. The related wholesome basic tendency is non-delusion (*amoha*).

¹⁵ *Katamañ c' āvuso akusalamūlaṃ: Lobho akusalamūlaṃ, doso akusalamūlaṃ, moho akusalamūlaṃ. Idam vuccat' āvuso akusalamūlaṃ* (M I.47).

These three roots are said to be clouded our perception and lead to unhealthy mentalities. From these three roots arise states of pain, unhappiness, aversion, anger, doubt, upset, etc. It is our own reinforcement of those negative emotions that makes them so much worse.

Buddhist Path to Overcoming Physical and Mental Pain

In Buddhism, freedom from physical and mental pain is described in eight elements known as the Noble Eightfold Path namely, Right Understanding, Right Purpose, Right Speech, Right Action, Right Livelihood, Right Effort, Right Mindfulness, and Right Concentration. This Path consists of the practice of morality (*sīla*), the practice of concentration (*samādhi*), and the development of wisdom (*paññā*). The moral aspects of the Eightfold Path, consists of Right Speech, Right Action and Right Livelihood represents the ethical foundation of the Buddhist path. Here, the word “right” concerns taking responsibility for one’s speech, actions, livelihood and mental attitudes so that one gains a sense of inner happiness.

As long as physical and mental pain is considered, we can use Buddhist ethical teaching as a primary approach to mental healing. Some of these ethical teaching include controlling of unwanted thoughts by distraction, training in social skill, observing precept, offering gifts, etc. Ethical guidelines, which have to do with the person’s interactions with other beings, help the person to avoid actions that lead to mental pain i.e., guilt, shame, remorse and other unpleasant mental states.

In the context of ethics, the Buddha counsels people to reflect on the consequences of their actions before proceeding and to abstain from unwholesome actions that are not conducive to happiness for one’s self and others (M I.55). In Buddhism, there are two terms related to ethical arguments: wholesome (*kusala*) and unwholesome (*akusala*). These two terms can be called action (*kamma*). *Kamma* as “action” is defined by the word *cetanā*: “Bhikkhus, volition (*cetanā*), I say, is *kamma*. Having willed, we create *kamma*, through body, speech, and mind” (A III.415).¹⁶ Buddhism points out that one must be careful in carrying out one’s action. According to Buddhism, there are ten unwholesome actions (*dasa-kusala-kamma*) and ten wholesome actions (*dasa-akusala-kamma*). The ten unwholesome actions are: killing living beings (*pānātipātā*), taking what is not given (*adinnādānā*), sensual misconduct (*kamesumicchācārā*), lying speech (*musāvādā*), divisive speech (*pisunavācā*), harsh speech (*pharusavācā*), idle speech (*samphappalāpa*), covetousness (*abhijjhā*), ill-will (*vyāpāda*), and holding wrong view (*micchādiṭṭhi*). Briefly put, the ten wholesome actions are the opposite of the ten unwholesome actions. Such actions are called unwholesome as they yielding pain, ripening in pain. Thus, freedom from physical and mental *pain* consists primarily of progressive stages of mental culture culminating in the attainment of emancipation of the mind from all unwholesome states that defile it and produce unending misery for the person.

Furthermore, it is believed that that various types of disease can be cured or minimised through the seven factors of awakening (*satta-bojjhaṅgas*): mindfulness (*sati*), investigation of the dharma (*dhmma-vicaya*), energy (*vīriya*), joy (*pīti*), calm or tranquility (*passaddhi*), concentration (*samādhi*), and equanimity (*upekkhā*) (S V.63-64). For example, the Buddha states, “Kassapa, these seven awakening factors are well expounded by me, cultivated and much developed by me and when cultivated and much developed, they conduce to full realization, to wisdom, to *Nibbāna*” (S V.79).

¹⁶ *Cetanāhaṃ bhikkhave kammaṃ vadāmi; cetayitvā kammaṃ karoti kāyena vācāya manasā* (A III.415).



Receiving and accepting the full teaching of the seven factors of enlightenment Kassapa there and then recovered from that sickness. He regained his physical and mental health. Therefore, these seven factors of enlightenment can also be used to heal physical and mental pain.

Apart from these seven awakening factors, loving-kindness (*mettā*) meditation is helpful in reducing pain i.e., negative emotions and feelings such as anger, jealousy and hatred and to strengthen positive relationships and self-esteem in people. It also gives security mentally and physically to a person to minimize his pain. In addition to loving-kindness (*mettā*), there are three other wholesome mental qualities namely, compassion (*karuṇā*), appreciative joy (*muditā*), and equanimity (*upekkhā*). The Buddha describes these four wholesome mental qualities as the four sublime states (*brahma-vihāra*) and immeasurable minds (*appamāṇa*). They are fundamental functions in developing all the other types of wholesome qualities, such as generosity and honesty. Therefore, these four minds can be practiced by people inflicted with physical and mental pain.

Mindfulness and the Therapeutic Relationship

The Pali term for ‘mindfulness’ is ‘*sati*’, which is related to the verb ‘*sarati*’, to remember. Etymologically ‘*sati*’ is derived from the Sanskrit ‘*smṛti*’, which means memory, recognition, mindfulness, alertness, remembrance, attentiveness etc. (See Sumanacara 2010, for discussion).

Mindfulness has been described for psychotherapy includes being aware, intentionally, being acceptance and compassion in which each thought, feeling, or sensation that arises is acknowledged and accepted as it is. It is a paying attention to the arising and disappearing of thoughts, feelings, and perceptions within all human beings. Thich Nhat Hanh, a meditation guru and peacemaker, describes the essence of mindfulness in a radio interview:

Mindfulness is a part of living. When you are mindful, you are fully alive, you are fully present. You can get in touch with the wonders of life that can nourish you and heal you. And you are stronger; you are more solid in order to handle the suffering inside you and around you. When you are mindful, you can recognize, embrace and handle the pain, the sorrow in you and around you to bring you relief. And if you continue with concentration and insight, you’ll be able to transfer the suffering inside and help transform the suffering around you.¹⁷

Elsewhere Thich Nhat Hanh defines mindfulness as “remembering to come back to the present moment” (Hanh 1998, 59). Nyanaponika Thera describes mindfulness as “the clear and single-minded awareness of what actually happens to us and in us at the successive moments of perception” (Nyanaponika Thera 1972, 5). Jon Kabat-Zinn, a founding director of the Stress Reduction Clinic and the Center for Mindfulness in Medicine, Health Care, and Society at the University of Massachusetts Medical school, emphasizes the present moment awareness and the nonjudgemental aspect of mindfulness: “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment to moment” (Kabat-Zinn, 2003, 145). It is present moment awareness because with mindfulness one reflects only what is presently happening and in exactly the way it is happening. Larry Rosenberg (1998, 15), a meditation trainer, compares mindfulness to a mirror simply reflecting what is there. Thus, Mindfulness is about cultivating, sustaining, and integrating a way of paying attention to

¹⁷ Retrieved from <http://being.publicradio.org/programs/thichnhathanh/transcript.shtml>.

the ebb and flow of emotions, thoughts, and perceptions within all human beings. The qualities of Mindfulness are:

1. *Present-centered*: Mindfulness is always in the present moment. It engages continually observing the objects of meditation, moment-by-moment.
2. *Choice less awareness*: Mindfulness is a choice less conscious effort as meditation object at the present moment can be one any one of these four: body, feelings, thoughts, and mental objects.
3. *Nonjudgemental*: Mindfulness is paying attention nonjudgementally to what goes on in the present moment – in our body and mind, and our surroundings. When one is mindful, the attention is focused on the present so judgment cannot be placed.
4. *Acceptance*: From the mindfulness perspective, acceptance refers to welcoming every feelings or experiences as they arise – without regarding the pleasant or unpleasant qualities of the object.
5. *Letting go*: Mindfulness is letting go – the natural consequence of a willingness to accept things as they are, as they appear to be.
6. *Clear comprehension*: Mindfulness is seeing the object of meditation thoroughly and all its aspects.
7. *Investigative*: Mindfulness awareness is always investigating subtler levels of feeling and perception.
8. *Liberating*: Mindfulness is liberating as every moment of mindful awareness provides insights and freedom from the causes of pain.

These qualities can be found in most discussion of mindfulness in both the psychotherapy and the Buddhist literature. They occur simultaneously in each moment of mindfulness. Mindfulness meditation includes mindfulness of body (*kāya*), feelings (*vedanā*), consciousness (*citta*), and mental objects (*dhamma*). However, traditionally it is often stated with concentration on the breath (*ānāpānasati*).

Mindfulness-based interventions suggest that the therapists who teach the meditation should practice mindfulness themselves. Mindfulness helps to a therapist's skill to accomplish a sense of the client's inner understanding; communicate awareness of that felt sense; and give words to their feelings and sensations. In a mindfulness condition, therapists are better able to observe thoughts, feelings, and sensations without emotion and attachment. This calm state of self-experience may enable therapists to react to situations more deliberately. In addition, therapist manners should be characterised by kindness, acceptance, support, and genuineness. Thomas Bien notes that "Mindful therapy is therapy in which the therapist produces true presence and deep listening. It is not technique drive" (2006, 217). This shows the role of mindfulness in cultivating presence and listening within the client-therapist relationship.

For the most effective treatment, cultivating an awareness of and a compassionate response to the suffering of others is central to the teachings of Thich Nhat Hanh. He notes: "When we are mindful, touching deeply the present moment, we can see and listen deeply, and the fruits are always understanding, acceptance, love, and the desire to relieve suffering and bring joy" (Hanh 1995, 14).



Active listening is another important tool for effective therapy as listening voice is the primary form of care. Thus, within the client-therapist relationship, mindfulness is a way of paying attention with compassion, attendance, and attentive listening that can be developed, maintained, and integrated into our work as therapists during the ongoing discipline of meditation practice.

Conclusion

The aim of Buddhism is to end the pain of the human beings. Buddhism teaches that mind should be purified in order to get rid of pain. In this paper, we have analysed the concept of physical and mental pain according to the Pali Nikāyas. We have highlighted how three evil roots (greed, hatred, and delusion) cause disturbances on physical and mental life. We have suggested that Buddhist ethical teachings and mindfulness meditation can be helpful to overcome mental and physical pain.

Mindfulness lies at the heart of Buddhist psychology. We have highlighted that mindfulness is a comprehensive approach that promotes wholesome mental states in an individual's life, and helps one to overcome physical and mental pain. Though we have described mindfulness by using a number of terms, the experience of mindfulness cannot be captured in words. Hence it cannot be precisely described using words or language. Most of all, mindfulness actually must be experience to be understood.

In conclusion, freedom from pain is the result of following the spiritual path, practicing the Noble Eightfold Path, living a virtuous and ethical life, developing the four immeasurable minds (*brahmavihāra*) and mindfulness. Each of these trainings and practices help us to know and let go of unwholesome roots from the mind. The pain ceases when one has eradicated all defilements (*kilesas*) by means of the three trainings: ethical behaviour (*sīla*), concentration (*samādhi*) and wisdom (*paññā*).

Abbreviations:

A	Aṅguttara Nikāya
Abhidh-s	Abhidhammatthasaṅgaha
Abhidh-s-ṭ	Abhidhammatthavibhāvinī-ṭīkā
Dhp	Dhammapada
D	Dīgha Nikāya
Ja	Jātaka
M	Majjhimanikāya
Miln	Milindapañha
S	Samyutta Nikāya
VibhA	Vibhaṅga Aṭṭhakathā (Sammohavinodanī)

Pali Sources:

Abhidhammasaṅgaha and *Abhidhammatthavibhāvinī-ṭīkā* (1989). Saddhātissa, H. (Ed.) Oxford: Pali Text Society.

Aṅguttaranikāya (1885-1900). Morris, R. & Hardy, E. (Eds.), (vols. I-V). London: Pali Text Society.

Dhammapada (1995). von Hinüber, O. & Norman, K. R. (Eds.). London: Pali Text Society.

Dīghanikāya (1890-1976). Rhys Davids, T. W. & Carpenter, J. E. (Eds.), (vols. I-III). London: Pali Text Society.

Jātaka (1962-1964). Fausboll, V. (Ed.), (vols. I-VII). London: Pali Text Society.

Majjhimanikāya (1948-1951). Trenckner, V. & Chalmers, R. (Eds.), (vols. I-III). London: Pali Text Society.

Milindapañha (1928). Trenckner, V. (Ed.). London: Pali Text Society.

Samyuttanikāya (1884-1904). Feer, L. (Ed.), (vols. I-VI). London: Pali Text Society.

Vibhaṅga Aṭṭhakathā (Sammohavinodanī) (1980). Buddhadatta, A. P. (Ed.). London: Pali Text Society.

Translations and General Sources:

Bien, T. (2006). *Mindful therapy: A guide for therapists and helping professionals*. Boston: Wisdom.

Bodhi, B. (Ed.). 2006 (1993). *Comprehensive manual of Abhidhamma: The philosophical psychology of Buddhism [Abhidhammattha Saṅgaha]*. Kandy: Buddhist Publication Society.



- Gombrich, R. (1995). *Theravada Buddhism: A social history from ancient Benares to modern Colombo*. London: Routledge & Kegan Paul, Ltd. (1988).
- Hanh, T. H. (1998). *The heart of the Buddha's teaching*. Berkeley: Parallax Press.
- Hanh, T. H. (1995). *Living Buddha, living Christ*. New York: Riverhead Books.
- Kabt-Zinn, J. (2003). Mindfulness-based interventions in context: Past, Present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.
- Ñāṇamoli, B. (1996). *The dispeller of delusion [Sammohavinodanī]* Trans. London: Pali Text Society.
- Nyanaponika T. 1992 (1962). *The heart of Buddhist meditation*. Kandy: Buddhist Publication Society.
- Nyanatiloka T. (1970). *Buddhist dictionary*. Singapore: Singapore Buddhist Meditation Centre.
- Nyanatiloka T. 1998 (1949). *Abhidhamma studies*. Boston: Wisdom Publications.
- Nyanatiloka T. (1972). *The power of mindfulness*. San Fransisco: Unity Press.
- Pe Maung, T. (1976). *The Expositor [Atthasālinī]* Trans, 2 vols. Oxford: Pali Text Society.
- Rosenberg, L. (1998). *Breath by breath: The liberating practice of insight meditation*. Boston: Shambhala Press.
- Rhys Davids, T. W. & Stede, W. (Eds.). 1993 (1921-25). *Pali-English Dictionary*. London: Pali Text Society.
- Sumanacara, A. (2010). Reflections on mental disease and the Buddhist approach to mental health. *Global recovery: The Buddhist perspective*, 519-537. UNDV Vesak conference volume, Thailand.
- Wijeratne, R.P. and Gethin, R. (2007). *Summary of the topic of Abhidhamma and exposition of the topics of Abhidhamma [Abhidhammatthasaṅgaha and Abhidhammatthavibhāvinī-ṭīkā]* Trans. London: Pali Text Society.

Mental Illness according to Theravada Buddhism Towards a Theory of Mental Illness Based upon the Buddha's Teachings



Bhikkhu Nandisena¹

Introduction:

An important contribution of Buddhism to the science of mental health and its treatment of mental illness would be to provide a “theory” that accurately describes reality. Considering that according to one recent report² by the World Health Organization (WHO), within the next 20 years more people will be suffering from depression than any other health problem, the matter of understanding what really is mental illness is of the utmost importance if we are to find a successful treatment.

Meaning of Illness

In the Pali Canon there are various words³ used to describe what in English is called “illness,” “disease,” “sickness.”

Among these, the most commonly used words are roga, byādhi and ābādha. Since there is a discourse where the Buddha utilizes the word roga to describe different kinds of illness, and considering that all these terms, according to the ancient Pali grammarians,⁴ are synonyms, for the purpose of this paper I take this word as a representative of the Pali language to describe what in English is called “illness,” “disease,” “sickness.”

The word roga, which is derived from a root that has the meaning of breaking up and dissolution,⁵ is explained as that which afflicts either the major or minor constituents of the body.⁶ From what has been said it is clear that the meaning of illness in Theravada Buddhism is primarily related to what we call “physical illness.” To further strengthen this argument it is worth to note that the word roga seems to be closely related to rūpa, form, matter, since the characteristic of matter is the apparent change and oppression.⁷

¹ Bhikkhu Nandisena is the Abbot of the Dhamma Vihara, Mexico, and Spiritual Director of Buddhismo Theravada México AR. More information about him can be found in this link: https://docs.google.com/Doc?docid=ah7ht8cdqj64_135mm7cqc&hl=en.

² See <http://news.bbc.co.uk/2/hi/health/8230549.stm>.

³ The following seven words are canonical: roga (D. i 10), ābādha (D. ii 84), ātaṅka (Sn. 427), byādhi (D. ii 245), gelaṅṅā (D. ii 84), rujā (Ap. ii 138), akalla (T. ii 428). Also found in the Pali literature are amaya, gada; see (Sad. ii 11). A list of the abbreviations used for the references is provided at the end.

⁴ See Sad. ii 11.

⁵ The root is ruja which is glossed as bhaṅga. See Sad. ii 48.

⁶ Rogo ti rujati bhaṅjati aṅgapaccaṅgānī ti rogo. Sad. ii 48.

⁷ According to Sad. ii 234, the root rūpa has the meanings of “changing,” “striking,” and “oppressing.”



Two Kinds of Illness

Although the meaning of illness is primarily associated with the physical body, there is evidence in the Pali Canon that the Buddha clearly distinguished two kinds of illness: physical illness (*kāyiko rogo*) and mental illness (*cetasiko rogo*).⁸ While physical illness is classified and attributed to different causes,⁹ the Buddha seems to attribute mental illness to just one cause:¹⁰ the manifestation of mental defilements in the mind of beings.¹¹

Here it should be mentioned that even though mental illness manifests itself through the mind, this does not exclude the existence of physiological conditions among mental illnesses. But the defining characteristic of a mental illness is, as the Buddha said, the manifestation of mental defilements. How these mental defilements arise in the mind of beings can be traced to different conditions as it will be shown later.

Why two kinds of illness? Because there are only two conditioned ultimate realities,¹² mind and matter.¹³ Therefore it is clear that the twofold classification of physical illness and mental illness is directly related to the conditioned ultimate realities rather than to the conventional or consensual reality.¹⁴

The Meaning of Mental Illness

In Buddhism the manifestation of mental defilements in the mind of an individual is the basic criterion to determine the existence of mental illness. In the Abhidhamma the mental defilements, which are states that afflict and defile the mind of beings,¹⁵ are globally included in the category of unwholesome states (*akusalā dhammā*).¹⁶ They are called unwholesome because they are (1) mentally unhealthy, (2) morally blameworthy, (3) unskillful, and (4) productive of painful results.¹⁷ Since the unwholesome states always arise depending on other states, they are conditioned,

⁸ A i 460, Roga Sutta.

⁹ In Nd. i 10, 13-14, 281, there is a list of eight physical diseases according to their causes: (1) caused by bile (*pittasamuṭṭhāna*), (2) caused by phlegm (*semhasamuṭṭhāna*), (3) caused by wind (*vātasamuṭṭhāna*), (4) caused by an imbalance of the humors (*sannipātikā*), (5) caused by the change of weather, seasons (*utupariṇāma*), (6) caused by a lack of care of the body (*visamaparihāra*), (7) external, sudden attack (*opakkamika*) and (8) caused by the result of kamma (*kammavipākaja*).

¹⁰ N.B. In this paper the word “cause” is used to indicate only the relation between mental illness and the arising of mental defilements.

¹¹ “Bhikkhus, those beings who admit to be freed from mental illness even for a moment are difficult to find in the world, except those who have destroyed the contaminants.” A. i 460.

¹² *Paramattha-sacca*. See D.A. iii 166. Although in the Abhidhamma literature mind (*nāma*) is considered to be composed of consciousness (*citta*) and mental factors (*cetasika*)—both ultimate realities—, since both have the nature of taking an object and are immaterial, for the purpose of this paper they are taken as only one ultimate reality.

¹³ D. iii 178, *Saṅgīti Sutta*. D. iii 228–*Dasuttara Sutta*. Here it is said that mind (*nāma*) and matter (*rūpa*) should be completely comprehended, which means that these two dhammas are included in the First Noble Truth, the Noble Truth of Suffering.

¹⁴ There are two kinds of speech used by the Buddha: (1) conventional speech (*sammutikathā*) and ultimate reality speech (*paramatthakathā*). See D.A. i 315. Regarding the term *sammuti-sacca* see *Pañcappakarāṇa-aṭṭhakathā* 187.

¹⁵ The technical term *kilesa* has the meanings of afflicting, obstructing (*bādhana*), tormenting (*upatāpa*), hindering (*viḃadhana*), and defiling (*kilissana*). For the first three meanings see Sad. ii 179, 238, 255. For the last meaning see Ps.A. i 292.

¹⁶ Dhs. 1.

¹⁷ See Dhs.A. 80-81. The unwholesome states are the opposite of the wholesome states which are mentally healthy (*ārogya*), morally blameless (*anavajja*), skillful (*cheka*), and productive of happy results (*sukhavipāka*).

and as such they are impermanent.¹⁸ And because they hold their own intrinsic nature, they belong to the domain of ultimate realities.¹⁹

With the information that has been gathered we can summarize the meaning of mental illness in Buddhism as follows:

- Mental illness is determined by the manifestation of mental defilements
- Mental illness is impermanent
- Mental illness is conditioned
- Mental illness is an ultimate reality

Differing Interpretations of Mental Illness between Buddhism and Western Science

When attempting to determine the meaning of mental illness or mental disorder²⁰ according to modern psychology and medical science, we will find a broad spectrum of opinion including, among others, psychological and behavioral patterns which differ from the norm; disruptions in an individual's thinking, feelings, moods; inability to relate to others. We will also find different criteria for classifying mental disorders,²¹ and regarding their treatment, options ranging from psychotherapy to psychiatric medication to other methods.

Undoubtedly the merits of each system of treatment should be determined by its ability to cure or improve the mental condition of the patient. But when statistics show that mental disorders are among the most expensive medical conditions,²² and that within the next 20 years more people will be suffering from depression than any other health problem,²³ the matter of understanding mental illness comes to the forefront if we are to find a successful treatment.

Depression, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR), belongs to the group of "mood disorders" or "affective disorders" because it is characterized by a pervasive low mood. Common symptoms of depression are mental states of sadness, irritability, frustration, feelings of worthlessness, guilt, low self-esteem, hopelessness, despair, as well as insomnia, ruminating thoughts, fatigue, and so on.

From the perspective of Buddhism this approach, based on a group of the symptoms to pinpoint and name a particular mental disorder, while quite efficient at what it does, seems to miss

¹⁸ See Saṅkhatākkhaṇa Sutta (A. i 150) and Commentary. This applies to all conditioned states, wholesome (kusala), unwholesome (akusala) and indeterminate (abyākata).

¹⁹ In the Dasuttara Sutta (D. iii 229) a term used to describe mind and matter is bhūta, real. The Commentary glosses this term as sabhāvato vijjamānā, (things) existing according to their own intrinsic nature. The Sub-commentary adds that this refers to the ultimate realities. See D.A. iii 241 and D.T. iii 280.

²⁰ This is the term most commonly used nowadays.

²¹ The two main systems of classification are (1) The ICD-10 Chapter V: Mental and behavioural disorders used by the World Health Organization (WHO) and (2) the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) used by the American Psychiatric Association (APA).

²² This is for the USA. The study name is "National Health Spending by Medical Condition, 1996-2005" by Dr. Charles Roehrig of Ann Arbor, Michigan-based Altarum Institute.

²³ According to a recent report by the World Health Organization. See note 2.



the fact that it is dealing with concepts, eternalizing for later treatment something that it is just persistently and recurrently impermanent.²⁴ That is so because conventional reality is built upon the ultimate reality or as an ancient Buddhist sage said, concepts only exist in the form of shadows of the ultimate realities.²⁵

Conditions, Ultimate Reality and Conventional Reality

While the common symptoms of depression could be identified with unwholesome mental states that are ultimate realities, packaging all of them with the label of depression represents an intellectual leap to grasp something that can be only grasped by taking its individual components. There is no depression apart from its components. And there are no components without conditions.

Now that we have these three realms, (1) the realm of conditions, (2) the realm of the components of a mental disorder, and (3) the realm of the mental disorder itself, it would be important to understand what each of these three realms represents. The last realm, the realm of the mental disorder, is a mere conventional reality, a packaging of concepts pointing to a global name concept such as depression or phobia. The middle realm consists of the components which are the real thing because name concepts such as anxiety or guilt or sadness, if correctly identified, point to the ultimate realities of the mind. The first realm consists of the various conditions that could make these components, the ultimate realities, arise in the mind of a being. These conditions can be material, when, for example, a certain mental disorder is related to a brain tumor or another physical disease, or mental, when views, perceptions and mental attitudes influence the way an individual relates to a certain experience; or both material and mental; or even concepts. Also ethics can be a powerful condition of the mental states that arise in the mind of a being.²⁶

Recognizing the Ultimate Realities

Perhaps one of the biggest stumbling blocks for understanding mental illness is the assumption that the mind is just a function of the brain. This assumption is not only contrary to the insight of the Buddha that mind and matter are two different ultimate realities, but also stands between us and a correct understanding of mental illness.

The assumption that mind and matter, although depending on each other, are equally real²⁷ on the ultimate sense, qualifies to what Buddhists call “Right View,”²⁸ the indispensable ingredient or prerequisite to arriving at a correct understanding of reality.

²⁴ It seems that during the period of dreamless sleep and during many moments of waking consciousness there are no symptoms and, therefore, no mental disorder. However, when the symptoms and the mental disorder are conceptualized, that fact seems to be missed and not taken into account.

²⁵ See *Abhidhammattha Saṅgaha* by Anuruddha page 57. The phrase *paramatthato avijjamānā pi atthacchāyākārena cittuppādānamārammaṇabhūta*, can be literally translated as “although (concepts) do not exist as ultimate realities, they are objects of consciousness as shadows of (ultimate) things.”

²⁶ There cannot be mental health without ethics. That is why it is said that virtue or ethics (*sīla*) is a precondition of concentration (*samādhi*) and wisdom (*paññā*). See S. i 13. Here concentration and wisdom should be considered as mental health.

²⁷ *Bhūta*. See note 19.

²⁸ *Sammā-diṭṭhi*. See D. iii 224.

Without this assumption which recognizes the two ultimate realities of mind and matter, we may err in identifying the components of a mental disorder by what they really are, that is, the cause²⁹ of the mental disorder, and there also might be confusion between what are conditions and causes of mental disorders. Furthermore, there is the risk of “freezing” a mental disorder as a category of a system of classification that then has alternative methods of treatment according to the school of thought professed by whoever happens to take that case.

Understanding Mental Illness

Given the fact that depression is on the rise and more common than much-feared physical diseases such as cancer and HIV-AIDS, let us take this mental disorder and explore it using the paradigm that we have set forth so far.

Regarding the symptoms of depression, before we mentioned sadness, irritability, frustration, feelings of worthlessness, guilt, low self-esteem, hopelessness, despair, etc. There may be other symptoms, but from the perspective of Buddhism, the first observation we have to make is that all those symptoms are associated with a particular type of mental feeling (*vedanā*), that is, displeasure or unpleasant feeling.³⁰

According to the *Abhidhamma*, any mental state associated with unpleasant mental feeling is included within the unwholesome root of aversion (*dosa*). Here it should be mentioned that the term *dosa* comprises states ranging from mild aversion to rage, including in-between states such as ill will, fear, anxiety, boredom, annoyance, etc. The rule here is to include any mental state associated with unpleasant feeling within this root. The unpleasant mental feeling, unlike the pleasant and neutral feelings, has the peculiarity that it is always unwholesome and it is invariably associated with the root of aversion.³¹ Although we are including the different symptoms of depression within the root of aversion, it should be said that they may correspond to other particular unwholesome mental states. However, they all, because of being associated with unpleasant mental feeling, are grouped together with the root of aversion.

This first observation regarding the symptoms of depression can be summed up as follows:

- They are associated with unpleasant mental feeling
- They may be distinct, identifiable unwholesome mental states
- They are all grouped within the mental root of aversion
- They are always unwholesome mental states
- They are ultimate realities of the mind

Why do these symptoms arise? To answer this question we have to move from the middle realm of the components of the mental disorder, to the first realm, the realm of conditions.

²⁹ See note 10.

³⁰ *Domanassasahagatacittuppādā*. See Dhs. 266.

³¹ All this is taken from the Canonical *Abhidhamma* and later literature. Recommended reading *A Comprehensive Manual of Abhidhamma*, Bhikkhu Bodhi-General Editor (BPS 1993, First Edition).

As it was said, there may be various and multiple conditions for these symptoms to arise. Using the categories of Buddhism, the conditions may be grouped as (1) material, (2) mental, (3) both mental and material, and (4) concepts.

Bearing in mind that in the absence of conditions, there are no symptoms, it is clear that a great deal of attention should be paid to identify these conditions. However, in many cases this may not be simple for various reasons. Even when conditions have been identified, the question remains of the degree of certainty of the connection between the conditions and the symptoms. As an assessment is made, it may be possible to catalog the different cases in the categories mentioned. And from there we should proceed to deal with the conditions in order to eliminate or reduce them. In this realm of conditions undoubtedly science has an important role to play because this is a realm of discovery and possibility. Finally, it should be said that even when some of these conditions may be inevitable, they are still just conditions, not fixed, determined causes. This last point will become clearer when we deal with the third observation.

This second observation regarding the conditions of depression can be summarized as follows:

- It may be possible to identify them
- They could be grouped in four categories
- Once identified and grouped they should be removed or reduced
- Science has an important role to play in the realm of conditions
- Even when they may be inevitable, they are never determined causes

The third observation has to do with the nature of the symptoms. In the first observation we mentioned that the symptoms of depression can be related to the ultimate reality of mind, or, to be more specific, to the contents of consciousness. Also we were able to identify that all those symptoms, as many or diverse as they may be, have only one mental feeling associated with them: unpleasant feeling. The unpleasant mental feeling is always associated with unwholesome states rooted in aversion. If this is true, we come to the astonishing discovery that depression, unlike physical illness in general, is an illness of choice.

Let us elaborate briefly on this. The nature of wholesome states is that they belong to our own domain.³² And regarding the unwholesome states, which define depression, they arise because we choose to have them arise. Therefore, when it comes to wholesome and unwholesome states, there is free will. The exercise of free will is directly related to Right View. Independent of the conditions, it ultimately depends on the individual to have a wholesome or unwholesome state of consciousness. From the Abhidhamma standpoint, what we have called the realm of conditions belongs to the indeterminate states³³ which include the resultant, functional, and matter—they do not belong to the category of present wholesome or unwholesome states.³⁴

³² It depends on us to have wholesome states.

³³ This is the last member (abyākata dhammā) of the first triplet of the Dhs. The realm of conditions, as it was said, may also include concepts. In theory also past wholesome and unwholesome states can be a condition of present wholesome and unwholesome states, however, it seems that the material and resultant states have greater influence as conditions of mental illness.

³⁴ These are the first two members of the first triplet of the Dhs.

Since the components of depression only belong to the category of unwholesome states, it could be said that depression is an auto-generated mental disorder. In brief the mechanism of depression could be described as an individual's unskillful reactions to certain adverse conditions in the present moment.

From what has been said, it follows that a treatment for depression would consist of teaching the individual to skillfully relate to the various adverse conditions experienced in the present moment. Of course this does not exclude different treatments to deal with the conditions, but by now it should be clear what is possible in each of the three realms and where the main focus should be.

Final Considerations

In this paper I have set forth a theory of mental illness based on the material found in the Pali Canon and related literature. This theory takes into account the ultimate realities of mind and matter and also conditionality—concepts have been indispensable for conveying all the interactions.

According to this theory, consciousness is an ever-flowing stream since the moment of conception to the moment of death, and then it would continue in another life. This stream of consciousness is continuously changing according to the type of consciousness we experience through the six sense-doors,³⁵ and also depending on the mental states associated with these door-consciousness. As the Buddha said, we are mentally ill only when defilements associate with the stream of consciousness. Mental defilements are not an intrinsic part of the stream of consciousness but rather are considered “guests.”³⁶

Under the heading “Understanding Mental Illness” we applied this theory to explore one mental disorder, namely, depression. The same method could be equally used to study other mental disorders belonging to the group of mood disorders. Regarding psychotic disorders and other severe delusional disorders, though the theory should still hold true, the weight of the equation seems to move so much to the realm of conditions, that the probability of a successful treatment should be radically diminished.

We mentioned that one of the biggest obstacles for understanding mental illness was the assumption that the mind is a function of the brain. Taking into account that equating the mind with the brain is a mainstream scientific position—a position rejected by the Buddha as a wrong view—, it becomes clear that this view has a much larger and encompassing influence, touching even the field of ethics. Therefore, when discussing Buddhism and Science, the ontological assumptions of science should be contrasted with what Buddhists call Right View, not just for the purpose of comparing them, but also to try to open new windows to the understanding of reality.

35 And doorless-consciousness (*dvāra-vimutta-citta*). See *Sīlakkhandhavagga-abhinavaṭṭikā* ii 108.

36 In Dh.A. i 15, the term used is *āgantuka*, guests, because they associate sporadically with different types of consciousness.




Abbreviations of References

D. i	Dīgha Nikāya-Volume I–Sīlakkhandhavagga
D. iii	Dīgha Nikāya-Volume III–Pāthikavagga
S. i	Saṃyutta Nikāya I–Sagāthāvaggasāmyutta-pāḷi
S. iii	Saṃyutta Nikāya III–Mahāvaggasāmyutta-pāḷi
A. i	Ānguttara Nikāya I–Ekaka-duka-tika-catukka-nipāta-pāḷi
Sn.	Suttanipāta-pāḷi
T. ii	Therīgāthā-pāḷi
Ap. ii	Apadāna-pāḷi II
Nd. i	Mahāniddeśa-pāḷi
Dhs.	Dhammasaṅgaṇī-pāḷi
D.A. iii	Commentary of the Dīgha Nikāya-Pāthikavagga-aṭṭhakathā
Dh.A.	Commentary of the Dhammapada
Dhs.A.	Commentary of the Dhammasaṅgaṇī–Aṭṭhasālinī
Ps.A.	Commentary of the Paṭisambhidāmagga
D.Ṭ. iii 280	Subcommentary of the Dīgha Nikāya-Pāthikavagga-aṭṭhakathā
Sad. ii	Saddanīti Dhātumālā by Aggavaṃsa

All references provided refer to the Sixth Buddhist Council Edition.

Karuna-Ahimsa-and Relational Aesthetics: Empathic Art Interventions for Contemplative Approaches to Psychotherapy


*Michael Franklin, Ph.D., ATR-BC
Professor, Transpersonal Counseling Psychology
Coordinator, Graduate Art Therapy Program
and the Naropa Community Art Studio
Naropa University*

Introduction

Compassion or Karuna, emerges out of empathic awareness for human suffering. Attuned communication of this awareness is perhaps the most effective tool available to the psychotherapist treating psychological injuries. Additionally, humanistic wisdom or Prajna naturally results from our compassionate sensitivity to the anguish of others. Therefore empathic perception along with compassionate understanding and action are primary tools for repairing relational/emotional wounding. Empathy, a noun, is about feeling into the world of others and gathering information about their internal life. In the adjective form, well-timed empathic responses take this attuned awareness further by directly communicating our perceptive caring.

Behind all therapeutic interventions, including empathy, is the ethical value of ahimsa; to do no harm. Mistakes, which are to be expected in any relational process, happen. When they do, they are useful opportunities to create humanistic authenticity and further the therapeutic alliance by skillfully processing accompanying transference. A therapist can make an honest mistake without the intent to do harm, be perceived by the client as causing harm, and remain fully present with what emerges and process it through with the client. Simply stated, empathy is a tool for interpersonal access and action while ahimsa and compassion are the moral and ethical ground of universal interconnection.

Verbal consolidation of core emotional material is the usual method of communicating compassionate understanding within the therapeutic relationship. We receive the client's painful or disjointed narrative, synthesize and reconsolidate its dimensional content, and paraphrase back our perceptive grasp of their inner life. We try to direct these comments towards the "emotional center" of the clients presenting problems (Sobol & Williams, 2001). Additionally, there are non-verbal ways to accomplish the same intention and with significant results (Franklin, 2010). This paper addresses the exchange process of relational aesthetics and the use of empathic art interventions to awaken the humanistic wisdom of prajna and the compassion of karuna within the therapeutic relationship.

Becoming a Good Student of Oneself

Concerning the cultivation of wisdom and compassion, first it is important to become a good student of oneself in order to self examine the layered complexities of our personal blind-spots stimulated by encounters with our clients (Franklin, 1999). Multifaceted clinical material can be

mindfully untangled through a *post-session* response art practice (Fish, 2008; Moon, 1999). In responsive art making, therapists intentionally create post-session paintings, sculptures, or videos to study their countertransference reactions. This art-based self-awareness practice, is less about analyzing and more about feeling into the ambiguity of actual clinical and autobiographical experience belonging to the client and the therapist. Using art this way exponentially accelerates the process of cultivating clinical insight. By surfacing and decoding unconscious material through art, we establish a methodology necessary for best practices in psychotherapy. We literally excavate hidden and obvious content, distill it in artworks, and explore the emerging narratives through the response art process. Once this imagery is fixed within the format of a painting, sculpture, or film, symbolically rich material becomes readily available for decoding interpersonally rich subject matter.

Additionally, the use of *in-session* art to directly communicate empathic understanding and ease suffering will be addressed (Franklin, 2010). Essentially, accurately crafted empathic visual paraphrases, in unison with verbal summaries of meta communications related to body-speech-mind material, soothe the emotional center of the clients presenting concerns. Wisdom and compassion resulting from response art and empathic art interventions lay important tracks for practicing the spiritual dimensions of contemplative art-psychotherapy.

Moreover, response art cultivates qualities of presence by raising awareness for the distracting triggers of countertransference. These triggers can be activated by various circumstances. For example the ambiguity of complicated case material, a lack of understanding for complex unfamiliar symptoms, or inadequate cultural awareness can leave the therapist feeling unsure about how to continue. And yet, we attempt to stay present with what emerges, check to see if we are practicing outside of our area of knowledge, and with supervision, proceed.

Ambiguity is inevitable; how we respond to uncertainty is key. Under these circumstances, presence, which is our goal, refers to subtle qualities of accessibility, availability, and attendance. These intrinsically present yet outwardly understated traits are informed by the four divine states, or abodes. They are: loving kindness/*metta*, compassion/*karuna*, joy/*mudita*, and equipoise/*upekkha*. Also known as the four immeasurables, contemplatively oriented psychotherapists cultivate and internalize these awakened qualities of heart and mind. We strive to bring the loving kindness of ahimsa to our work, cultivate *upekkha* through practices like response art, and develop *karuna* through unconditional presence and empathic art responses.

The four immeasurables are also held as hopeful outcomes for our clients. We want our clients to discover their own version of personal happiness, to be free of their suffering, to rejoice in the happiness of others, and to see themselves and others with equanimity. With an attentive ear and eye, we listen and look for hints of each abode in their body, speech, mind, and artwork presentations. Since art concretizes experience, there is a tangible record of the emerging divine abode (s). Seeing is the start of believing. An artwork that is about internalized feelings of aggressive self-deprecation can surface and make tangible the rejected pain behind the anger. The client can now see, touch, and hold their own self-aggression and begin to approach the work with gentleness for him/herself and the image. It is important to point out that tangible images have a life-like presence of their own. Each image, whether it comes from our dreams or our artwork, will beckon our attention. Such a moment of tenderly relating to a charged image can be the beginning of our clients discovering self-compassion, inner friendship, and the soft interior space of equipoise.

Ahimsa, Empathy, and Relational Aesthetics

Ahimsa, a foundational tenet of spiritual practice (Feuerstein, 2003) and the core of relational aesthetics addressed in this paper, focuses on interconnection, non-violence in words and actions, and loving respect for all forms of life. It is an ethical value that is expressed daily in spiritual and aesthetic practices.

Ahimsa is more about the principles of relational continuities than a singular fixed point of view. Similarly, art too emerges out of the continuities of daily life. In this sense art is less about perfected representational imagery and more about relational attunement to the entire phenomenological field of life. To open-mindedly see and respond to the myriad forms of the world, from the picturesque to the unpleasant, is to awaken to all versions of the visual field as systemic truth (Sewell, 1995). Similarly, ahimsa is the ethical core of the therapeutic alliance between patient and therapist. We attempt to see the entire person before us through a receptive lens of attunement (Schore & Schore, 2008). That is, to do no harm is at the heart of any healthcare profession, especially psychotherapy.

Ahimsa, compassion, and empathy have long roots in the arts. Art, as a form of sublimation, supports the artistic forming of chaotic impulses and actions (Kramer, 1979, Knafos, 2002). It is better to create art about aggressive impulses than to act those impulses out and do tangible harm. Kramer suggests that society becomes more civilized when unchecked impulses are channeled into visual equivalents for base urges. Therefore, it would seem that artistic sublimation is one way to enhance the ethics of ahimsa and lessen damaging karmic exposure. Rather than perpetrate direct harm, the art communicates the transformation of these harmful impulses into symbolic counterparts for those energies (Kramer, 1979).

However, it is important to acknowledge that even though overt aggressive behavior has been temporarily avoided, influential negative thoughts can still exist. Nonetheless, “as the authors of our own destiny” we need help discovering judicious ways to handle our actions resulting from our personal freedoms (Shantideva, 1997, p.6). Towards this end, sublimation through art is a helpful tool. As a final point, society and the individual benefit from this form of rechanneled mollified aggression. Since the replication of the original behavior has been artistically contained, rehearsed and rehearsed in additional artworks, extinction of the initial behavior becomes an eventual possibility.

Concerning empathy and the arts, the goal of Greek theater was to present stories of suffering on stage so that the audience could awaken the faculty of inner empathy (Armstrong, 2010). Similarly, in rasa theory viewers practice accessing transcendent states through sympathetic receptivity to the gamut of human emotions (Schwartz, 2004). In the late 19th and early 20th century in Europe and the US, Robert Vischer, Theodore Lipps, Edward Tichener, and Vernon Lee were formulating ideas on art, sympathy, and empathy (Jahoda, 2005). According to Jahoda, each respectively researched how empathy is an instinctual, intersubjective, and imaginal practice of aesthetic *einfihlung*, which at a sensory level means to feel into the world of another. From this perspective, a relational view of aesthetics becomes possible.

Sentience and Relational Aesthetics

Psychotherapy and aesthetic attunement is predicated on relational and sensory responsiveness. This form of receptivity, or vicarious introspection pioneered by Kohut's Self Psychology, is why empathy is curative (Elson, 1987). Accurately imagining and responding to the inner world of another while recognizing their brilliant sanity sets a powerful restorative process in motion (Wegela, 2010). Acknowledging basic goodness in unison with whatever our clients need to bring up affirms that they are accurately witnessed, heard, and validated. But how can we cultivate this form of awareness? How can art help to train empathic seeing and connection?

Attuned vicarious perception applied in psychotherapy is also related to aesthetic perception. In therapy, and in art, our practice is to see and respond to the interconnected world with compassionate awareness. Consequently, there is an aesthetic component to the therapeutic relationship in terms of our sensory awareness of human interconnection. Others have addressed the meaning of a relational aesthetic.

According to Nicolas Bourriaud (Ross, 2006), relational aesthetics views artwork through multiple lenses of concurrent interconnected relationships. Relational art removes the artist as expert and imbues creators and viewers with similar status. Likewise, a contemplative and humanistic view of psychotherapy attempts to remove the hierarchy between client and therapist. Art that emerges out of social interactions or therapy sessions, alive within the interstices of culture and communities, is at the heart this view of artistic work.

This approach to art is in opposition to over prizing objects as commodities destined for museums and galleries. Within this perspective, the production and consumption of art departs from the archetypal view of the privileged public as the primary consumers of art as well as isolated artists working in the cloistered environment of the studio. Bishop (2004) suggests that scrutiny is needed to examine the curatorial processes that organize art shows claiming relational intentions as a primary goal in the selection process of artworks. In the context of this paper, relational aesthetics is not only considered from the perspective of Bourriaud and Bishop, but also from a therapeutic and transpersonal perspective.

Art therapists have been interested in empathy and relational aesthetics since their work demands awareness of therapeutic and artistic processes with others (Franklin, 1990; Moon, 2001; Potash & Ho, 2011). For Moon the main criteria for art used in therapy is relational. She believes that art surfaces a web of connections that joins the artist, the art object, and the systemic environment including other people, together. More recently, Potash and Ho studied relational aesthetics as a framework for social change. Their study looked at the use of response art to facilitate changes in personal outlook concerning the stigma of mental illness. An art show comprised of work by people with mental illness was artistically responded to by a group of viewers. It was found that through the response art process, the group of viewers increased their empathy for this population accompanied by attitudinal changes concerning mental illness.

The practice of ahimsa is a humanizing and therefore aesthetic force. Aesthetic perception in this case is not privileged taste, the consumption of fad trends, or saccharine beauty. To aesthetically perceive sentience is to feel deeply into the phenomenology of the physical world, which in turn inspires us to not harm any living thing. This form of aesthetic discernment results in egalitarian

vision, especially for the voiceless flora and fauna unable to express self-advocacy. To truly see the full democracy of beauty is to follow with a vow of ahimsa.

Empathic Exchange in Contemplative Psychotherapy and Art Therapy

People seek out psychotherapy for various reasons. Often is the case that some form of trauma, psychological and/or physical, was perpetrated against them. Assumed safe people, such as family members or community leaders, have harmed those who eventually become our clients in psychotherapy. Understanding the many forms of psychological trauma and how to successfully treat emotional pain through a skillful therapeutic relationship, grounded in the intention of ahimsa and the compassionate action of empathy, is foundational to contemplative psychotherapy work. Since psychological trauma is usually perpetrated in relationship, it needs to be healed within the context of a compassionately conceived therapeutic relationship.

Known as exchange in contemplative psychotherapy, we practice as best we can mindful contact with our clients and ourselves, moment to moment, in each session (Wegela, 2010). Our overall goal in the exchange process is unconditional receptivity to interconnection as events spontaneously emerge. One way to support this kind of contact is by recognizing what is sane and healthy in our clients. In many ways, what is labeled pathological behavior is really survival strategy behavior and expressions of brilliant sanity. That is underneath all of the diagnostic labels and inappropriate behaviors, is a version of health and sanity that expresses itself with attempts to survive in insane conditions. As an introspective aside, I too would likely behave in similar ways if I were exposed to comparable traumatic circumstances. Therefore, it is incumbent upon the therapist to understand the client by monitoring impulses towards judgment and acknowledging what is brilliantly sane in them (Wegela, 2010).

In the art studio, most all behavior is acceptable subject matter for creative exploration. Artistic sublimation, which is really an awareness practice, offers a concrete way to observe sanity and overall psychological impulses towards health. Through this view of art, we can observe people being productive with wide ranging impulses, thus demonstrating access to inner coping resources often thought to be nonexistent within a limiting, reductive diagnosis. We are all more than our symptoms.

This view of art supports the idea that suffering can be externalized and modified. Additionally, sublimated client imagery becomes a gateway for our empathy. Seeing anguish expressed visually informs us how to recognize and respond to anguish. One way to develop this kind of responsiveness is through the body-speech-mind practice (Wegela, 2010).

The body-speech-mind practice, which originates from classical Tibetan Buddhism (Wegela, 2010), helps to clarify the obstacles that can thwart empathic exchange (Rabin & Walker, 1987). In terms of the body, we attune to all physical qualities of the clients embodied presentation. Speech refers to styles of dialogue, cadence, and the overall content of communication. And mind implies qualities of emotional intelligence, learning styles, and cognitive features such as memory and cognition. These sectors of the personality are carefully observed and then conscientiously described. Such descriptions yield accurate phenomenological information, ultimately avoiding reckless

interpretations of another human being. From these observational descriptions, behavioral content becomes revealed phenomena thus furthering the exchange process.

The making of responsive art described earlier is similar to the body-speech-mind exercise used in contemplative psychotherapy. In fact, it is suggested that specific artworks be created to correspond with the client's body-speech-mind presentation. Since art is a form of autobiographical communication layered with symbolic subtlety, it is imperative that the observer of the client, the client's artwork, and the therapist's response art, be met with the following process. Rigorous observation of body-speech-mind phenomena leads to accurate descriptions of this data. During this stage, personal projections are carefully monitored and withheld from overt expression.

From mindful descriptions, insight and clarity associated with astute observation emerges (Coleman, 1981). In terms of art, judicious observations of the formal elements within the work expose insight into psychological content. Said another way, careful examination of the formal elements in a work of art leads to the unfolding of content or meaning. This responsible approach to the relational aesthetics of perceiving another person and their artwork minimizes interpretive license to mischaracterize our clients.

In addition to responsible strategies for looking at artwork and human behavior, there are necessary skills needed for empathically entering into the world of another. In the *Bodhicharyavatara*, Shantideva (1996) addresses the practice of "exchanging self and other" through a process of "sympathetic imagination" (p. 187). This inspiring discourse offers several pathways to attune to the point of view of others thereby eroding the separations between therapist and client. The key is a skillful use of imagination in measure with clear observation.

Imagination here implies a way to move beyond our own fixed point of view and perceive with a wide-open mind. Beyond our own cultural view is a world of diversity that we are called upon to tenderly access and imagination is our point of entry. I know of no better way to train the empathic imagination than through art. Art is inherently a process of exchange since we are taking some aspect of experience in and responding back, through the use of materials, with a tangible image. Like tonglen practice, in art we mindfully take in qualities of experience and send back out an aesthetic response. In the context of art therapy, sessions can be about our clients externalizing their suffering through art, receiving back this personal anguish through the finished product, and modifying the pain through further artworks.

Imagination and empathy have been closely studied in the arts (Jahoda, 2005; Mallgrave & Ikonomou, 1994). For example Rudolf Arnheim (1966) focused on "sympathetic empathy," which is defined as a form of resonance with isomorphic similarities between line, shape, and color and inner experience (p. 66). These corresponding similarities between form (line and shape) and content (emotion and narrative) are accessed and understood through imagination. Theodore Lipps considered how contemplated artworks penetrate the observer by literally transporting the viewer into an image (Johoda, 2005). The transfer process of emotional projection, which is related to imaginal and aesthetic *empfindung*, means to feel within or even into something outside ones' self.

Additionally, artistic practices can be used as a form of self-supervision aimed at the empathic exchange with self with other (Franklin, 1999). In these exercises, which specifically focus on challenging clients, a complex three-dimensional version of the therapeutic relationship

is created. With ample time, these recreations can reach life size proportions. The goal is to surface compassion for our relational blind spots through a process of aesthetic exchange. After 15 years of conducting these workshops, people consistently report heart opening results.

Karuna, Prajna, and Empathic Art

Empathic art becomes a necessary tool for communicating compassionate attunement (Franklin, 1990, 2010). This form of art is defined as carefully feeling into and sensing the isomorphic gestalts in another person's overall presentation including their artwork. The process then turns to mindful filtration of this information through personal resonance with affective cues from the art and presenting body-speech-mind states. Finally, this data is used to craft visual narratives that attune to the clients emotional center.

Empathic art interventions offer a critical set of strategies for directly conveying altruistic awareness for the clients autobiographical past and unclear present. These paraphrased visual statements sort out and consolidate wide ranging emotional material. Confused misperceptions emerging from a chaotic inner self-structure can be clarified through this form of artistic exchange.

Eventually, clients improve their capacity for insight when presented with empathic art. They begin to see themselves differently by adopting a personal view of self-empathy. A natural shift occurs whereby the therapist's empathic communications are needed less as they are replaced by self-initiated attempts to do the same. Clients learn to empathize with their own suffering by surrendering the need to reject it, thus releasing forms of internalized oppression (Germer, Siegel, & Fulton, 2005). Finally "insight", "mindfulness", "discretion", and "confidence" become cultivated inner resources to call upon and apply daily (Goleman, 1975, p. 178).

A Case Example

Years ago I worked with a 12-year-old African-American boy, Peter, in a school setting for troubled youth (Franklin, 1990). Peter had a turbulent life, and by the time I saw him his father had abandoned his small family and his mother was deemed unfit. As well, countless professionals charged with his care, in various ways, had also neglected him. For example, at one point he was removed from his home and placed in a group home. This new placement was supposed to offer a safe therapeutic environment. It did not. Late at night the older boys would ban together and terrorize the younger children, including Peter. In order to protect himself, he would stay awake all night in case he was attacked. At first, I had no idea he was living under such oppressive circumstances. The school employees, including the psychologist, thought he was living in a secure setting.

When I saw him at 8am for private art therapy sessions he would rest his head between his arms, on the table, and go to sleep. Although at first I did not understand his need for sleep, and since this was our contracted time, I allowed him to nap. While sleeping, I drew him. When he awoke, he looked at my drawing and immediately said with a big smile, that's Me! This went on for a short while until we realized why he was so tired. These empathic art responses helped him to find the words needed to communicate to the school staff his unfortunate situation in the group home.

The pictures that I drew of Peter non-verbally conveyed several points. First, when in therapy, he would not be abandoned. This was important because he also had issues with me as white man. For months, during the initial stages of our work together, he made numerous uncensored angry comments about white men. I patiently received these transferences, listening to his point of view while we made art together. He was able to be angry with me while also enrolling me as an ally to help him with his many art projects.

Second, while sleeping, he was safe. No one was going to harm him while he was in my care. Third, I was remaining in contact with him, non-verbally, while he was in the vulnerable position of sleep in a public place with a person he had not trusted in the past. Fourth, someone was listening even if at first I did not fully grasp his situation. This form of artistic witnessing and artistic exchange provided me with a strategy for compassionate presence by directly communicating my understanding of the many layers of Peter's psychological abandonment. Each drawing acknowledged that he was safe, seen, and validated. Like a triple jump in checkers, this intervention exponentially progressed our therapy work together for the remainder of the school year.

These drawing also acknowledged and directly responded to his body-speech-mind communication. His body was tired, his speech was predominantly silent until he woke up, and his young mind was processing layers of abandonment. This all happened in session which was important for our ever-evolving complex relationship.

Psychotherapy offers a relationship unlike any other. In this case, Peter was seemingly benefiting from expressing strong transference while I patiently received it in our weekly sessions. Most important was that one drawing could directly communicate layers of his felt, but unseen body-speech-mind presentation as well as my reliability to no abandon him.

Conclusion

Compassion in psychotherapy is predicated on participating with the clients suffering without over identifying with their circumstances. Mindfulness training is helpful to comb through these feeling states and manage personal triggers. Meditation also helps to clear the intersubjective field of distracting debris that can influence our objectivity. This is accomplished through the cultivation of non-reactivity, perceptual and sensory attention, acting with awareness, observational witnessing, and not judging personal experiences (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006).

Lastly, the interventions discussed in this article address compassionate ways to remain present during the exchange process. The skill-sets necessary for being of service to others in the midst of their distress are exponentially aided by non-verbal empathic art interventions. In essence, the preventative and prescriptive measures of artistic empathy are like a psychotherapeutic dharma art practice (Trungpa, 1996). Trungpa felt that genuine art, which emerges from the clarity of practice, can awaken, even liberate the viewer and the artist. Empathic art is a form of dharma art. Both strive to directly respond with an attitude of ahimsa and to serve others with clarity of vision to connect and awaken.

References

- Armstrong, K. (2010). *Twelve steps to a compassionate life*. New York: Alfred A. Knopf.
- Arnheim, R. (1966). *Toward a psychology of art: Collected essays*. Berkeley: University of California Press.
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*, 27–45.
- Bishop, C. (2004). Antagonism and relational aesthetics. *October Magazine, 110*, 51-79.
- Elson, M. (1987). *The Kohut seminar on self-psychology with adolescents and young adults*. New York: Norton.
- Feuerstein, G. (2003). *The deeper dimensions of yoga: Theory and practice*. Boston: Shambhala Press.
- Fish, B. J. (2008). Formative evaluation research of art-based supervision in art therapy training. *Art Therapy: Journal of the American Art Therapy Association, 25*(2), 70-77.
- Franklin, M. (2010). Affect regulation, mirror neurons and the 3rd hand: Formulating mindful empathic art interventions. *Art Therapy: The journal of the American Art Therapy Association, 27*(4), 160-167.
- Franklin, M. (1990). The esthetic attitude and empathy: A point of convergence. *The American Journal of Art Therapy, 29*(2), 42-47.
- Franklin, M. (1999). Becoming a student of oneself: Activating the Witness in meditation, art, and super-vision. *The American Journal of Art Therapy, 38*(1), 2-13.
- Germer, G. K., Siegel, R. D., & Fulton, R. F. (2005). *Mindfulness and psychotherapy*. New York, NY: Guilford Press.
- Goleman, D. (1975). Mental health in classical Buddhist psychology. *The Journal of Transpersonal Psychology, 7*(2), 176-181.
- Goleman, D. (1981). Buddhist and western psychology: Some commonalities and differences. *The Journal of Transpersonal Psychology, 13*(2), 125-136.
- Jahoda, G. (2005). Theodore Lipps and the shift from “sympathy” to “empathy.” *Journal of the History of the Behavioral Sciences, 41*(2), 151–163.
- Knafo, D. (2002). Revisiting Ernst Kris’s concept of regression in the service of the ego in art. *Psychoanalytic Psychology, 19*, (1), 24-49.
- Kramer, E. (1979). *Childhood and art therapy*. New York, NY: Schocken Books.
- Mallgrave, H. F., & Ikonomidou, E. (Eds.). (1994). *Empathy, form, and space*. Santa Monica, CA: The Getty Center for the History of Art and the Humanities.

- Moon, B. L. (1999). The tears make me paint: The role of responsive artmaking in adolescent art therapy. *Art Therapy: The Journal of the American Art Therapy Association*, 16(3), 78-82.
- Moon, C. H. (2002). *Studio art therapy: Cultivating the artist identity in the art therapist*. London: Jessica Kingsley Publishers.
- Potash, J., & Ho, R. T. H. (2011). Drawing involves caring: Fostering relationship building through art therapy for social change. *Art Therapy: The journal of the American Art Therapy Association*. 28(2), 74-81.
- Rabin, B. and Walker, R. (1987). A contemplative approach to clinical supervision. *Journal of Contemplative Psychotherapy*, 4, 135-149.
- Ross, T. (2006). Aesthetic autonomy and interdisciplinarity: A response to Nicolas Bourriaud's 'relational aesthetics'. *Journal of Visual Art Practice*, 5(3). 167-181.
- Schore, J. R., & Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work*, 36, 9-20.
- Schwartz, S. L. (2004). *Rasa: Performing the divine in India*. New York, NY: Columbia University Press.
- Sewall, L. (1995). The skill of ecological perception. In T. Roszak, M. E. Gomes, & A. D. Kanner (Eds.), *Ecopsychology: Restoring the earth, healing the mind* (pp. 201-215). Berkeley, CA: Sierra Club Books.
- Shantideva (1997). *The way of the Bodhisattva: The Padmakara translation group*. Boston, Shambhala Press.
- Sobol, B., & Williams, K. (2001). Family and group art therapy. In J. A. Rubin (Ed.), *Approaches to art therapy* (pp. 261-280). Philadelphia: Brunner-Routledge.
- Trungpa, C. (1996). *Dharma art*. Boston, MA: Shambhala.
- Wegela, K. K. (2010). *The courage to be present: Buddhism, psychotherapy, and the awakening of natural wisdom*. Boston: Shambhala Press.

Cultivating Wisdom and Compassion in Relationships: Implications for Couples Therapy



Heather Marriott

Brad and Sally sat down on my couch. She was crying before I could even ask them why they were here. From his body language, I could see Brad was seething. This young couple had been seeing each other for a few years but she was very clingy and anxious in the relationship. Sally was sure he was seeing other women and couldn't understand how he could be attracted to her. She felt she was too overweight and not beautiful enough for him. Brad worked hard in his own business and when he arrived home at night he would be withdrawn towards Sally and hostile towards her attempts to get close to him. He had a low libido and would often reject her initiation of physical intimacy. Both of them were miserable, and, although they said they loved each other deeply, they didn't know how to improve things.

How can this lovely couple be helped to develop their relationship into one that is mature and embraces the qualities of wisdom and compassion? What can we learn from Buddhism and the Western psychotherapy traditions that can support them to grow beyond the emotional issues that are holding them back?

What Is Wisdom And Compassion?

In Mahayana Buddhism, wisdom manifests as a deep understanding of our inherent nature. It is a recognition of our own suffering and what it means to be truly human. Through that realization we can then learn to understand the suffering of others, and compassion will spontaneously arise. The practice of meditation allows us to know “which states of mind, emotions, thoughts and attitudes are beneficial and which are harmful to ourselves and others, and also how these states influence our interactions with other people and the way we live our lives.” (Traleg Kyabgon, 2001, p.23)

As we appreciate our true nature we gain a sense of common humanity; that we're all in this existential mire together. Understanding that “you” suffer as “I” suffer increases compassion towards the other person, and in understanding that “I” suffer as “you” suffer there is increased compassion towards the self. In recognizing that we are interconnected we cultivate empathy and altruism; yet in a way that is not stifling of the other, or compromising of ourselves. It is a light recognition and nod to each other, along with a concern that enhances the autonomy of both. This concept of common humanity is an essential component of self-compassion that has been identified by Kristin Neff (2011) in her research.

Glaser (2005) defines compassion as “...the basis of connection, intimacy, openness, kindness, hospitality, and joy. It is an expression of human freedom, flowing from a sound intuition of the unity of life and all living things.” (p. 11). She differentiates between the compassion one has for the other which emerges from genuine love and regard, from the love associated with attachment.



Compassion in intimate relationships “...is more than simply caring for the partner; it is a love founded on an accurate understanding of the partner. Compassionate love is personally fulfilling, in that spouses can reap the rewards of their love; but it is also selfless, in that spouses accept their partners – the good and the bad, for who they are.” (Neff and Karney, 2009). So the old scripts that are played out through either idealizing or denigrating the partner are revealed; and true acceptance for oneself and the other forms the foundation of this more mature love.

ATTACHMENTS AND PROJECTIONS

To help Brad and Sally we must enable them to begin to see the workings of their minds. We can help them to understand their thoughts and their emotions. In particular, we need them to be able to observe how they project underlying issues onto their partners.

According to Buddhism, we can be blindsided by our perceptions in how we relate with the world generally, and in our relationships, specifically. Our perceptions about ourselves, our expectations and our assumptions are projected onto the external world, which we must then relate to. One of the reasons that we practice meditation is to be able to see through these projections, and to relate to the world with genuineness. To know our own minds clearly; rather than distorting the external world to fit into our own view of how things are.

In Buddhism, our projections towards others tend to take the form of attraction or aversion, which bring up the corresponding emotions of passion or aggression. We like certain things and dislike others, and we are constantly shifting in our preferences. It is possible that we can have the strong reactions of both aggression and aversion towards the same person at different times in the same day. These emotional reactions are a reflection of what is happening in our own minds.

We tend to create a story or a scenario around these shifts in our attraction or aversion which then influences how we feel about the other, about ourselves, and how we communicate and behave within the relationship. From a Buddhist perspective it is these attachments that we have towards the external world that are a cause of our suffering. It follows that any relationship will be fraught unless we are able to develop the appropriate view and ways of dealing with phenomena, both external and internal, as they appear.

Compassion can arise when we are able to see this play of the mind. We can see reality for what it is – to see that in effect, we create our own world and then relate to it. Trungpa points out that when we can loosen our solid and fixed view of ourselves, others, and the world, then we can begin to realize compassion. He says: “Compassion sees the nature of the samsaric game that is being played...” (Trungpa 2011, p 132).

Attachment theory and attunement

From a Western view, psychological projections are discussed from the perspective of attachment theory. Our earliest childhood relationships set up emotional and behavioral habits that can affect the way we manage our intimate interactions for the rest of our lives. If we are insecurely

attached this might lead to anxious behaviors of becoming clingy, demanding and overly dependent. Alternatively, we may be avoidant and ambivalent which leads to aloofness and withdrawal (Bowlby, cited Snyder et al, 2011).

Our early attachments influence the development of neural pathways in the brain. When we have secure relationships with our primary caregiver, then we have a stronger connection between the emotional parts of the brain (the amygdala and the limbic system) and the prefrontal cortex, which is able to mediate emotions. If we have insecure attachments, then as adults, we will have more trouble regulating our emotions (Lapides, 2010).

The right hemisphere of the brain processes empathy and attachment. When the right hemispheres of mother and child mutually connect, this forms the basis of empathy. This capacity for attunement influences our adult relationships. Evidence shows that humans have a mirror neuron system that is implicated in the cultivation of attunement and empathy. When one individual views the actions of another their mirror neurons are activated. This allows the person to have an understanding of the behavior and emotional perspective of the other and ultimately to be able to develop empathy. (Gallese, 2001). According to Siegel (2009), neural integration and subsequent attunement can be propagated by mindfulness practice, a healthy adult relationship or a good psychotherapeutic alliance.

The human desire to attach to another forms the basis for our adult relationships. If we are attracted to someone, we may fall under the spell of romantic love. This is a state of physiological arousal known as limerence (Tennov, 1979; cited Diamond, 2004), and it is at this point we tend to project our idealized image onto the other person. It is a comforting experience whereby we have the notion that: “This person is a reflection of me, there is no difference between us. This feels safe, as if we have finally come home; the world makes sense and we can live happily ever after”.

Often this feeling towards the other is based on our old attachment issues. People seem to have what I call the “neurotic hook”, whereby they unconsciously come together and form a co-dependency with the other. This can lead to a heightened sense of arousal based on deluded notions of the other, rather than on genuine love.

When we are stuck in our projections, we tend to objectify the other person. They become an idealized or negative version of our own mind, and the relationship becomes a reflection of that. As the projections are resolved, one is able to see the other person for who they really are; then empathy and compassion can arise. Martin Buber says that “Only (persons) who are capable of truly saying *Thou* to one another can truly say *We* with one another.” (1965a pp 39-40 cited Fishbane, 1998). We see the other as a human being and then we can create a sense of real togetherness.

We can see Brad and Sally both had attachment issues from their childhood. Brad's mother had a substance abuse problem and she did not offer Brad any affection or stability in his life. He recalls that his mother would lie on the couch a lot, stoned, and he would feel trapped in the home often taking care of her needs while his were neglected. She was emotionally very demanding of Brad and he felt rejected. His attachment style was one of withdrawal. He was terrified of intimacy and would ignore Sally, but at the same time he was highly anxious that Sally would stop loving him and would leave him. His fear of intimacy and loss was such that he even suppressed his sexual desires.

When Sally was eight, her mother and father separated under the same roof. Her mother would often stay out late at night and on the weekends. Sally recalls feeling very anxious about this and would wait long hours by the window until she returned. She also experienced a great tragedy in early adulthood when her boyfriend was accidentally killed at work. This contributed to her anxieties and manifested in being overly demanding and immature in her relationship with Brad.

The attachment styles of each partner hooked into each other and continually reinforced the problems in their relationship. The more demanding Sally became because of her own insecurities, the more angry and withdrawn Brad would become. And the more he withdrew from Sally, the more anxious she would become.

MINDFULNESS TRAINING

So in Brad and Sally's case we could begin by instructing them in mindfulness and loving-kindness techniques. This they could do on their own and some practices could be useful for them to undertake together.

We can approach mindfulness training from the perspective of what I call the Four "Is" of Mindfulness.

1. Intentionality

It is important in our mindfulness practice to have a clear intention of what we are trying to achieve. One of the limitations of the mindfulness movement is that it has been taken out of the overall context and view of Buddhist theory. Mindfulness is part of the Noble Eightfold Path and therefore forms part of our overall lifestyle, ethics and values. Right mindfulness is prefaced by right view and right intention. Unless we have an unambiguous intention, our mindfulness practice will not lead to personal transformation. According to Ajahn Brahm (2006): "Only when one has ... a clear goal will there be the possibility of spiritual progress" (p 258).

Research has shown that when we set our intention at the beginning of our practice, this will produce outcomes consistent with our goals (Shapiro and Carlson, 1992, cited Shapiro and Carlson, 2009). In our mindfulness practice we can establish the aspiration to learn to work directly with our emotions in order to be able to relate to others in a mature, empathic and compassionate way.

2. Intrapersonal

Mindfulness practice can help us to learn to regulate our emotions. We can become more aware of the physical manifestation of different feelings and able to recognise the emotions associated with those sensations. We then become more willing and effective in accepting and tolerating our feelings and emotions (Hayes and Feldman, 2004, Brown et al, 2007). This means that when we have a reaction to our partner, or to a relationship issue, we will be able to take responsibility for our emotions rather than looking to blame the other. We are able to take care of ourselves in a mature way.

Through mindfulness one is able to observe how the causes and conditions arise that influence how we think, feel and act. When we can see that our thoughts and emotions are, in essence, without substantiality, we can learn to befriend them and not be compelled to act out of those transient states. When we can recognise the origins of the assumptions that we hold about ourselves and about the other person, we don't have to act on those assumptions in the same way. For example, if we have a belief about ourselves as unlovable and our partner looks at us in a way that seems dismissive, we might either get angry at that person or be overly critical of ourselves, or both. But when we realize we might be reading too much into that look, we don't have to react in the same way.

From a Western perspective, difficult emotions have been seen as something unwanted; to be controlled or eliminated. However, by rejecting emotions we actually make them stronger and more resistant. When we have the view that an emotion is bad and unwanted, we are in effect rejecting a part of ourselves. It is true that when we can accept and embrace our negative emotions, they will spontaneously self-liberate.

We can set the intention at the intrapersonal level of being aware of the rising and dissipating of negative and positive thoughts and emotions. It seems to be a function of the Western mind that we focus on unhelpful thoughts and emotions, and we can cling onto them and create a whole story that can last for a week. Conversely, when it comes to positive thoughts and emotions, we have a tendency to dismiss them. It is possible that we can benefit from being able to look at the negative thoughts and emotions and let them go, and to actually focus on the positive ones – “to burn them into our brains.” (Traleg Rinpoche, personal communication).

The extent to which we focus on negative or positive aspects seems to be linked to the early messages we introjected during childhood. If we have internalised critical self-talk, we will be inclined to continue with that script into adulthood (Ryan and Brown 2003). Research shows that mindfulness practice can be an antidote to self-criticism and allow for the cultivation of self-compassion (Germer, 2009; Neff, 2011). Self-compassion is strongly associated with psychological well-being and individuals with high self-compassion show increased happiness, optimism, and personal initiative, and are more connected with others. They also show higher levels of emotional intelligence, less anxiety, depression, neurotic perfectionism and rumination (Neff 2009).

Mindfulness allows us to see through our projections. As we become more mindful we can become aware of how these projections arise. Chogyam Trungpa (1975) talks about the possibility of becoming aware of even small fluctuations in our attention between these states, these “flickerings” (page 57) of thoughts and emotions.

3. Interpersonal

So as we start to take responsibility for our own thoughts, emotions and behaviors we begin to truly have compassion for ourselves and others. We develop a sense of confidence and no longer need to take a defensive stance or to attribute blame. Because we are not as fearful, we can open up to a more direct communication with others.

As we become more self-compassionate, our relationships with others will markedly improve. Research has shown that people with higher levels of self-compassion are more satisfied and happy with their romantic relationships (Neff, 2011). They are more accepting and non-judgmental of themselves and their partner. They are also able to be more affectionate, intimate and caring and to allow their partner more autonomy in the relationship. People with lower levels of self-compassion are more critical of themselves, less affectionate and more controlling (Baker and McNulty 2011).

Consequently, as we are able to deepen our understanding of our own thoughts and emotions as they arise, this mindfulness allows us to tolerate, accept and become more empathic. We become empathic in the sense of being able to take the perspective of the other person as well as being able to have empathic concern for them (Block-Lerner et al, 2007). Mindful individuals also can become more vulnerable with each other, repair conflict easily and be more intimate (Mirghain and Cordova 2007). This can be a result of being able to regulate any difficult emotions that might arise for them in the relationship.

Overall, mindfulness practice can increase relationship skills and marital satisfaction. (Burpee and Langer, 2005). People with higher levels of mindfulness show less relationship stress, higher levels of satisfaction and generally more positive emotions about the relationship and their partner. (Barnes et al 2007, Gambrel and Keeling, 2010). Siegel (2007) introduces the acronym COAL – curiosity, openness, acceptance and love – for the attitude that develops with mindfulness practice.

Mindfulness can help us to know when there are ruptures in the relationship that need to be repaired (Siegel 2007). According to Gottman and Silver (1999), successful relationships are not without conflict, but when conflict arises the couple are quick at making reparation. The practice of mindfulness also contributes to healthy relationships because it allows the individual to slow their emotional reactions down and to respond to their partner in a more deliberate and useful way. Mindfulness allows for an increased space for the individual to decide how to respond (Snyder et al, 2011).

The mindfulness movement has been proven to be revolutionary in individual psychotherapy. Now this paradigm shift is embracing how we can work more effectively with couples. A program for couples has been developed (MBRE mindfulness-based relationship enhancement) comprising of an eight-week program which includes mindfulness and loving-kindness practices. In this course, loving-kindness meditations emphasized focusing on each partner as the main object for their compassion. Overall results showed that individual participants were more relaxed and optimistic. The couple dyads also exhibited less relationship stress, and this correlated with the amount of mindfulness practice done on any given day. (Carson, Carson, Gil and Baucom 2006, Carson et al 2004).

Later research demonstrated that mindfulness was effective in increasing self-compassion and empathy (Birnie, Speca and Carlson, 2010) and that loving-kindness meditation can lead to an increase in compassion towards self and compassionate love for others (Wiebel, 2007). Overall we find:

Unmindful couples:

- Engage in harmful patterns of behavior.
- Withdraw emotionally.
- Express anger, frustration, violence.
- Show a lack of intimacy.
- Cannot resolve conflict.
- Engage in behaviors as an unmindful attempt to gain power, or even to keep the relationship together.

Mindful couples are:

- More loving and thoughtful.
- Less likely to act out of entrenched and negative patterns of behaving – try a new way.
- Able to resolve conflict.
- Able to move from blame to empathy.
- Mutually empowered.

They also:

- Allow themselves to be vulnerable and therefore have increased intimacy.
- Embrace self-responsibility.

Fruzetti and Iverson (2005) also talk about how this mindfulness can be applied to relationships in four steps:

1. Individual mindfulness: Both individuals are mindful that current attempts to solve the problem are not working.
2. Behavioral tolerance: The couples then attempt to tolerate the other's behavior rather than trying to change it.
3. Radical awareness: They are aware of the current dynamic and able to communicate about it.
4. True (radical) acceptance: occurs by transforming the conflict into intimacy through acceptance of the patterns and motivations of the other, and enhanced understanding and closeness.

When working with couples I suggest they take on certain practices that will help us with our work together. These include:

- Practicing individual mindfulness meditation and loving-kindness practices on a regular basis.
- Practicing mindfulness meditation at the same time as their partner: “the couple that are still together, are still together.”



- Doing loving-kindness practices as a couple, doing sending and receiving practice.
- Reflective listening practices

4. Insight

The practice of mindfulness helps to develop insight into the nature of our own minds and how we experience the world. We can begin to truly understand how our thoughts and emotions arise and dissipate and to be able to regulate our internal experiences. Siegel (2010) refers to this as “mindsight”.

In addition, through clearly seeing how we relate to the phenomenal world we develop a deeper wisdom and a clarity of those around us. And through the practice of loving-kindness we can become increasingly mindful and compassionate to the suffering of others, which in turn increases our wisdom.

So Brad and Sally could enhance their relationship and develop empathy between them by practicing loving kindness. This could become a part of their ongoing commitment to each other. They can set time aside on a regular basis to sit opposite each other and send kind thoughts, love and light to the other.

COUPLES IN THERAPY

Creating a mindful and accepting therapeutic alliance

The basic frame of all therapy is to be able to create an atmosphere of awareness, acceptance and change and it is the mindful presence of the therapist that facilitates that process. We now know that techniques are important but account for only 15 per cent of change and that an optimal therapeutic relationship is one of the main factors contributing to change in therapy. (Hubble et al, 1999). This is true for individual and couples therapy.

To be present and mindful

The most important aspect of working with couples is to be as present and accepting as possible to both members of the dyad. This leads to a heightened awareness of how the couple are relating in the room in the here and now. We are noticing the content of what the couple reveals and the process of their interrelationship. The *content* is what happens between them—their beliefs, values, how they communicate, how they feel, how they act. The *process* is about the dynamic; what is underneath that which is being displayed.

It is crucial for effective therapy that the therapist has her own mindfulness practice. Studies have shown that therapists who are regular meditators display higher levels of empathy than non-meditating therapists (Wang, 2006; Block-Lerner et al, 2007). In fact, clients of therapists with a mindfulness practice report being more satisfied with the therapy than the clients of therapists who do not practice mindfulness. (Grepmaier et al, 2007; Baer, 2003).

Being as present as possible, the therapist can observe the dynamic as it is unfolding and to notice even small signs of emotions that each individual may be experiencing. When working with couples, being mindful allows us to notice any subtle shifts in mood, tension and non-verbal communication that the couple might exhibit. The therapist, through mindfulness, has developed the capacity for acute attunement (Bruce et al, 2010).

It is also important when working with couples not to be afraid of the emotions as they arise. The effective therapist is able to sit with the ambiguity of what might develop in the session and to try not to solve things immediately. I find my own meditation practice helps me to sit with uncertainty. In addition, being mindful helps me to be aware of my own emotions and to not let them influence what is happening between the couple. For example, if there is anger or aggression in the room, this can feel quite threatening and bring up my own fear, and it's important to be aware of that and not let fear overwhelm me.

As a therapist, it's useful to be aware of my own emotions because it can facilitate an understanding of how each partner might feel in relation to each other. In this way I am using the countertransference; any reaction that I am having is useful information to reflect back to the partners. There might also be more traditional countertransference going on. For example, is there anything in this dynamic that reminds me of my parents' relationship or my own past intimate relationships? It's important to control for this so that I am not contaminating the process between the couple.

Chogyam Trungpa (2005) talks about the necessity of the therapist being able to have a mindfulness practice. He says that one must "...study and experience one's own mind. Then one can study and experience accurately the mind in the interpersonal situation." Gehart and McCollum (2007) reiterate how mindful presence allows the therapist to be less reactive to the emotional ups and downs in therapy and "the therapist welcomes whatever is brought into the process with compassion and openness." (p 220)

According to Cooper (2008) the therapist's mindfulness is important in therapy in a few ways:

1. Being able to embrace one's own suffering (face own anxiety) so that we can be compassionate and skillful with our clients. Suffering and resistance to suffering impacts on the attentiveness of the therapist.
2. Capacity of attention is related to how aware we can be in a given moment. Being able to distinguish between our own and the other's issues.
3. Our ability to attend in the present moment requires an attitudinal shift related to acceptance. Not trying to change what is happening in the present.

So this is also true of couples therapy in the formation of an effective therapeutic alliance. The couple therapist must form an alliance with each individual partner as well as the "in between" (Rait, 2000) of the relationship. As I empathize with one partner, I must skillfully ensure I am not alienating the other. This can, of course, be tricky at times. Also, I must ensure that I am working for the benefit of the relationship. This can mean that I can call each partner to task, a bit of tough love, if it is for the benefit of the health of the relationship. Therapist acceptance of the individual can foster non-defensiveness and change by:

- Bringing awareness of the couple dynamic into the therapy as it occurs in the here-and-now. Bring them back to the room, to their breath.
- Notice when they are drifting off or disengaging with the process.
- Therapist reports what is evoked, their own experience of sitting with the couple.
- Talk more about what is happening ‘right here’ rather than ‘out there’.
- Therapist must be aware of own responses to the couple – e.g. biases, likes, dislikes etc.

THE THERAPEUTIC SPACE

A skillful therapeutic relationship allows for the establishment of a workable, creative and expansive space in which to work. This effective therapeutic realm has been labeled as “sacred space” by Siegelman (1990), by Winnicott as “potential space” (cited Siegelman, 1990). What happens in therapy is a microcosm of what happens in the world and vice versa. It is the “lived space” of the individual or couple reflected in the therapeutic relationship that enables the therapist to participate in the client’s world (Fuchs, 2007).

Ogden (1986) and Gabbard (1996) (both cited in Safran and Muran 2000) assert that the therapist can be absorbed into the client’s world while maintaining the capacity to observe the self and the other. The therapist is as aware of himself as he is of the client. He is also aware of what is happening between them. There is an awareness of proximity to and distance from the client. The therapist moves between her own subjective experiences and the objective tuning in with the client. (Siegelman, 1990) As the therapist is able to be fully present this capacity for “...mindfulness dissolves the artificial boundaries that define our separateness.” (Fulton, 2005).

The therapist must be mindful of their own internal process, their own thoughts, projections and emotions. The therapist is, effectively, able to get out of his/her own way. This increases the “internal space” of the therapist by decreasing the attachment to one’s own thoughts and emotions (Safran and Reading, 2008) and creates the space for other things to emerge such as feelings and deeper aspects of the client.

I allow this space to develop by not stepping in too soon, by breathing, and actually imagining that my mind is expanding. Because I am not motivated by my own anxiety and by being comfortable in silence I take up less space so the clients can find their own place in the room.

When working with couples, this therapeutic space expands to incorporate the three people in the room. As the therapist works to keep the couple in the moment, by focusing on feelings, thoughts and behaviors as they occur in the immediate time and space, there can be a sense of time standing still. It is an emotional space, one that I can only describe as being full of wisdom and compassion. It is in this space that the couple can transform the existing habitual dynamic to access a sense of love, acceptance and positive regard for one another. It is an extraordinary experience and one I feel very privileged to be a part of. At this time all three of us have our hearts open and are able to attune to one another. Potentially, this positive experience can undo negativities from the past and facilitate the re-wiring of the neural pathways.

Surrey (2005) calls this process an opening up into the spiritual dimension. It is "...the practice of opening wholeheartedly to the present reality - of themselves, of each other, and of their connection - an expanded receptivity that goes beyond the particularity of this relationship, or this setting." (p. 97)

I think it is in this moment that wisdom and compassion come together - when the individuals involved have a deeper understanding of the interdependence of each other and the "flow" (Surrey 2005) of their relating to one another. They can realize how their dynamic comes into existence, how their thoughts affect their feelings and emotions, and how they behave with one another. In this moment, they can realize they don't have to hold onto such a solid perspective of how they relate, that in this moment it can be different. This loosening of their reality can create hope for them; they don't have to be so afraid of their emotions or suspicious of their partner and this in itself is transforming.

I tend to work with couples in a way that is reflective of Buddhist perspectives of interconnectedness and of how we relate to the world and with our own thoughts, emotions and behaviors. The basic premise of working with couples is one of developing awareness. I work with the dynamic of the couple in the present moment. I listen to their story and get to understand how they interrelate, what their values are, what emotions arise, their patterns of thinking and their habits of attachment. As well as talking about what happens, I look for the opportunity of this being demonstrated in the room. As an emotion arises we go into it – what is this feeling, how do you label it, what are the causes and conditions that lead to this emotion, and how do you relate to the other once this emotion arises? In general I draw from systems theory, dialogical perspectives and Emotion Focused Therapy.

THERAPEUTIC APPROACHES

So we have talked about how the therapeutic alliance sets the scene and provides an embracing atmosphere for change. In couples therapy the aim is to encourage attunement between the couple. It is a function of the therapist's capacity for empathy that allows the emotions of the couple to arise. The habitual dynamic between them can appear, be explored and understood, and allow for the creation of a new experience. As this new experience is assimilated, it can create a sense of attunement between the couple. Other authors believe that therapy is less about the content of what is happening in the dyad, and more about creating an experience of connection that may eventually change the neural patterning of each partner. (Roberts, 2007, Solomon and Tatkin, 2011). This represents a new way of doing therapy, which historically has been about discussing the problems and working on communication and behavior. Of course behavioral approaches are important, but research is showing that acceptance therapy has more enduring long-term benefits (Jacobson et al, 2000).

In working with couples, we must identify the deeper intentions of the couple. What brought them together in the first place? What has kept them together? What are their strengths? What do they want for themselves and the other person in this relationship? What are the values that they have and how do these values match in their coming together?

Values are particularly important in a relationship as they form part of the contract between the couple. It may be that creating a family is a strong value and that is what has been part of the glue between them. It may be that they want to grow together spiritually. What are the personal values of integrity, honesty, mutual caring that they want to develop? These form a point of focus that we keep coming back to. It is in a sense the “view” of both partners as individuals in relationship to each other and the world in general. As in mindfulness practice, we must base our practice on our view. So it is with couples therapy. We must clarify the view if the relationship is to deepen and become sustainable.

Another very potent and interesting aspect of couples therapy is to notice the playing out of attraction and aversion in the relationship. As mentioned previously, from a Buddhist perspective we are often relating to others and having strong emotional content depending on whether we are operating out of attraction and aversion. When couples come to see me they will wax lyrical about all the things they don’t like about the other. At some point I will ask them what they liked about each other when they met. Almost without fail, they will use exactly the same words they had used previously. So we are seeing that what attracted them now is creating aversion. This is very useful because the couple can begin to see how their projections work and how unreliable their perceptions and emotions can be.

I will now talk about the psychotherapeutic approaches I believe align with Buddhist thought which I have used successfully with couples.

Dialogical approach

As I have mentioned, it is the aspiration in couples therapy for each partner to be able to see through their projections and to be able to see the humanness of the other. Fishbane (1998) and Lysack (2008) discuss the importance of individuals being able to loosen up their own self-talk and to be able to focus on what is happening in the here and now. Rather than engaging in one’s own projections, one can deeply listen to the other person and, consequently, be able to put what is happening between them into context. She says it is important to be able to view the partner as “thou” -as an individual with their own thoughts, feelings and relationship with the world, rather than “it”. This enables the development of a dialogue between the couple whereby they can genuinely relate to the other as a whole person. This will lead to the development of empathy and compassion.

Systems theory

We are also working with couples from a systems theory perspective, where each partner is observed as well as the “relational space” between them (Zinker, 1994). The basic premise of systems theory is that the whole is greater than the sum of its parts. Each part will impact on every other part of the system. Systems theory is similar to Buddhist theory because it looks at how things are interconnected; how causes and conditions come together to produce a behavioral and situational outcome.

From a systems theory perspective, we are working not just with the content the couple presents but also the process of the dynamic between the couple. Understanding that the couple relationship operates as a system that is self-perpetuating and self-reinforcing, with the assumption that first, the system will operate in a way that will attempt to maintain the status quo and second, any change to one part of the system will evoke a change in the whole system.

It's true that for the couple relationship that when one shifts, the other will shift. This might not necessarily always be for the benefit of the couple. For example, if one partner grows, developing insight and responsibility for their own thoughts, emotions and behavior, this will impact on the system. The other partner may try to grow and change as well. But more often operating from fear, s/he will try to encourage the partner with newfound insight or maturity to shift back. The one who is growing will not be able to do this, because once insight is born one cannot go back to being ignorant. If that partner tries to compromise their emerging insight and fakes it, it may preserve the relationship but will lead to a deep resentment on their part and unhappiness in the relationship.

In therapy we explore when and how they system works well for the couple and when it becomes destructive. We also look at how the couple polarizes around certain issues. (Zinker, 1994). How does one individual in the couple under-function and the other over-function? This can be related to emotional intimacy and sexual issues, for example, or to more task-related issues. One partner may be the "emotional one" in the relationship, while the other may be more closed down. In terms of relational space, both partners must contribute to the space between them, but sometimes one will over-function and do the emotional work for both of them. So when working with a couple it is important to bring awareness to the process and for both to see how they need to shift within that system. This relates very well with Buddhism, where everything is interdependent and nothing stays the same.

One important issue that comes up in relationship therapy is the polarization around intimacy. I often see couples who have different expectations about the amount of intimacy that is acceptable within the relationship. This is often the core issue we deal with. When one partner desires less intimacy than the other, or in a different form than the other, it sets up patterns of pursuing and distancing between them. These different levels of intimacy are often a reflection of the history of attachment of each partner. So one of the things I do is look at how the couple manages different intimacy requirements – the amount of solitude each partner needs, and the time they need together in order for both to be comfortable. This often leads to an exploration of the ways in which they process their emotions in relation to their need for or fear of intimacy.

In the therapy room I am bringing to awareness the causes and conditions that are impacting on their thoughts, emotions and behaviors with each other. What are they bringing to the relationship in terms of habitual ways of relating? What are their values? What are the intentions towards the other person? How have they developed a system of relating that, over time, has become dysfunctional.

In my work with Brad and Sally I was able to watch and comment on how their relational system works, bringing to light the causes and conditions of their functioning in relationships. I was able to identify their individual anxieties and how they are mutually reinforcing. As one partner began to feel anxious it then increased the anxiety of the other and then they both started to act in unhelpful and harmful ways towards each other. Their communication would falter and then they would begin to argue Sally would get more and more emotional (sometimes hysterical) and Brad would

shout and walk out. Both would then feel more vulnerable and hurt. In being able to point out this dynamic it began to disempower that dynamic, to take some of the heat out of it. This initiated the process of acceptance.

Emotion Focused Therapy (EFT)

For Brad and Sally we know that their emotional responses to each other come from their early childhood patterns of attachment. So we can look at how to help them to identify their feelings, label them, and learn to accept and work more directly with them.

The ways in which each partner experiences their emotions form part of the important causes and conditions of how well the relationship functions. EFT is based on the premise that individuals are motivated by their emotions and that individuals will seek to move towards emotions that are less painful. In that way, the system can operate as it always has. With EFT, therapy can allow the individuals to access and work directly with painful emotions. Those emotions can then be transformed and the dysfunctional system can progress towards maturity and empathy.

EFT in couples therapy involves allowing emotions to arise in the room, and exploring the causes and conditions that lead to these emotions and the ways in which the dynamic between the couple perpetuates these emotions (Johnson, 2007). Focusing on emotions that are very immediate brings the process into the here and now, and it is a potent way of working. In effect, the emotions form the focus of mindfulness as a way of bringing the individual back to the present. Research has shown EFT to be effective in managing relationship stress (Baucom, et al, 1998, cited Makinene and Johnson, 2006) and cultivating forgiveness (Byrne et al, 2004).

According to Greenberg and Johnson (1988), emotions are an effective way of providing information about what is happening in the present moment. So when we work with couples, and we get an experience of the emotions of each partner at that time, then we can look at the causes and conditions that have led to those emotions in the room at that immediate point. EFT focuses on the emotional process in the couple. It observes how emotions arise in the present moment, facilitating an understanding of how each partner feels and the attachment issues that may underlie those emotions, with the intention of increasing empathy between the couple. (Johnson, 2007). The therapist focuses on the process of the emotions that arise rather than the content.

EFT involves bringing emotions into awareness and exploring the causes and conditions that lead to these emotions. An important part is identifying the primary and secondary emotions. This therapy links into the early childhood patterns of relating. Often people will present with one emotion as the problem (secondary emotion), but that emotion is often masking a more uncomfortable feeling (primary emotion).

The secondary emotion Brad presented with was anger. When we looked underneath that anger we could hear the hurt and neglect from his past relationship with his mother and his fear of getting close with Sally. When this was brought up in the room it produced a shift in Brad; he was able to safely express his fears, and to cry. This allowed Sally to empathize with him, become less defensive, and feel more connected and less insecure in herself, because she felt that he did love her.

Brad reported some months later that he was able to feel his emotions more quickly when they arose, and to label them and let them go much more easily than ever before.

Sally, too, became more confident and self-accepting when she realized where her fears and anxieties had started. She was able to draw a direct comparison between when she felt abandoned by her mother and when Brad went away with his mates. Even though she still felt upset, she was not as crippled by anxiety as she used to be.

Research is now showing that mindfulness practice can be a useful adjunct to EFT. When individuals practice mindfulness it enhances their capacity to observe their emotions as they arise, to label them and to have a greater capacity to be able to sit with their emotions and learn from them. (Beckerman and Sarracco, 2011).

Being able to sit with and accept our emotions is one of the basic aspects of mindfulness meditation. We don't judge or try to change the feelings that arise but try to be open to experience the entire range of our emotional lives without hope and fear. As in Buddhist mindfulness meditation, as we learn to accept our emotions they can become self-liberated. This acceptance forms the basis for compassion towards ourselves and the other person. EFT is another way we can help clients to open up to their authentic selves, and in so doing develop real compassion for each other within the relationship.

Positive psychology

Positive psychology in couples therapy involves the therapist looking for and promoting the positive in the relationship between the couple. The focus is not so much on the problems and dysfunction but on acceptance and allowing the positives to emerge. With more attention on the positive, the couple's frustration with any negativity between them may dissipate. According to Fredrickson's broad and build theory (2001), positive emotions have the capacity to increase the emotional resilience of the individual and their social responsibility (Styron, 2005). We can then assume that as we increase the positive emotions for the couple, this will cultivate resilience in the relationship.

Seligman (2002) asserts that positive emotions are able to undo negative emotions. Positive psychology is about taking a positive approach to the past, the present and the future. So the future can be hopeful and optimistic, and the past is viewed with a sense of satisfaction and contentment. The present can then be a happier, calm and pleasurable experience in the moment.

Kauffman and Silberman (2009) discuss PPI (positive psychology interventions) with couples in therapy. This approach involves three main steps. First, it cultivates a balanced acknowledgement of the negative/problematic and positive aspects of the relationship. What are the strengths, what works? Second, it develops the positive between the couple; and third, it explores how each partner can help develop the positive in each other.

Good relationships have been shown to have a higher positive to negative ratio of 5:1 (Kauffman and Silberman 2009). At an early point in the therapy I will ask the couple "what brought you together?" This question usually softens the couple's attitudes towards each other even if they're



having a lot of conflict. They remember the good times, the positive feelings for each other. This is what I try to build on as a starting point for change. Mindfulness is important here – being aware of how much energy is being put into the negative rather than the positive aspects of the relationship.

As for Brad and Sally, I was able to help them move to a happier place in their relationship. They both felt a strong alliance with me and with each other during our therapy. I held them safely in the sessions while we explored their fears and the obstacles to their expression of love for each other. Both reported feeling more accepted by me and by each other and over time their emotions became more contained and their destructive behaviors dissipated. Although they still have times when they get anxious or angry, overall they are much happier in their relationship. Our therapy finished two years ago when they decided they were ready to get married. I have since discovered that Sally gave birth to a baby girl nine months ago.

FUTURE DIRECTIONS

The future of therapy with couples may be to offer mindfulness and loving-kindness training for individuals and couples as a basis for enhancing relationships. Our larger counseling agencies could offer regular programs as part of a holistic approach to working on relationship issues. In this scenario, therapist training programs in mindfulness would be crucial in future development of the practice of couple therapy.

As the mindfulness movement moves from a focus on the alleviation of individual suffering to embracing compassion for others, scientific research is validating what the Buddha knew centuries ago. Western psychology is increasingly turning towards Buddhist theories and techniques as a complement to their approaches to psychotherapy with individuals and now, more recently, with couples.

We are seeing a paradigm shift that may form the basis for the explosion of Buddhism in the West. As a culture there may be a natural shift to taking refuge in the Triple Gem, rather than in the false refuge of romantic love. Intimate relationships may then be based on a love that is accepting, expansive and fully compassionate. Couples can then rely on meditation practices and the guidance of the six paramitas (virtues) to form the basis of their relationships.

As Buddhist psychotherapists we have a wonderful opportunity to form part of this changing paradigm. May our work be of benefit to all beings.

References

- Baer, R.A (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical psychology: Science and practice*. Wiley Online Library.
- Baker, L and McNulty, J (2011) Self-compassion and relationship maintenance: The moderating roles of conscientiousness and gender. *Journal of Personality and Social Psychology*, 100(5) 853-873.
- Barnes, S., Brown, K.W., Krusemark, E., Campbell, W.K & Rogge, R.D.(2007) The role of mindfulness in romantic relationship satisfaction and responses to relationship stress. *Journal of Marital and Family Therapy*. 33(4), 482-500.
- Beckerman and Sarracco, (2011) Intervening with couples in relationship conflict: Integrating emotionally focused couple therapy and attachment theory. *Family therapy*. 29(1) 23-32
- Birnie, K, Speca, M and Carlson, L.E, (2010) Exploring self-compassion and empathy in the context of Mindfulness-based Stress Reduction (MBSR). *Stress and Health*,
- Block-Lerner, J., Adair, C., Plumb, J.C., Rhatigan, D.L and Orsillo, S.M. (2007). The case for mindfulness-based approaches in the cultivation of empathy: Does nonjudgmental, present-moment awareness increase capacity for perspective-taking and empathic concern? *Journal of Marital and Family Therapy*, 33, 501-516.
- Brahm, A.(2006) *Mindfulness, bliss and Beyond*. Wisdom MA
- Brown, K.W., Ryan, R.M and Cresswell, D.J. (2007) Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*. 18(4) 211-237
- Bruce, N.G., Manber, R, Shapiro, S.L and Constantino, M.J. (2010) Psychotherapist mindfulness and the psychotherapy process. *Psychotherapy, Research, Practice, Training*. 47(1) 83-97.
- Burpee, L.C and Langer, E.J (2005) Mindfulness and Marital Satisfaction. *Journal of Adult Development*, 12, (1).
- Byrne, M., Carr, A & Clark M (2004) The efficacy of behavioral couples therapy and emotionally focused therapy for couple distress. *Contemporary family therapy* 26 (4) 361-387.
- Carson. J.W, Carson K.M, Gil, K.M and Baucom D.H (2004) Mindfulness-based relationship enhancement. *Behavior Therapy*, 35, 471-494.
- Carson. J.W, Carson K.M, Gil, K.M and Baucom D.H (2006) Self-expansion as a mediator of relationship improvements in a mindfulness intervention. *Journal of Marital and Family Therapy* 33(4) 517-528.
- Cooper, P(2008) Being the moment. *Psychoanalytic review*. 95 (2) 285.
- Diamond, L.M (2004) Emerging perspectives on distinctions between romantic love and sexual desire. *American Psychological Society*, 13 (3), 116-119

- Fishbane, M (1998) I, thou and we: A dialogical approach to couples therapy, 24 (1), 41-58.
- Fishbane, M (2007) Wired to connect: Neuroscience, relationships and therapy. *Family processes*, 46(3) 395-412.
- Fredrickson, B.L (2001) The role of positive emotions in positive psychology: The broaden and build theory of positive emotions. *American Psychologist*, 56, 218-226.
- Fruzetti, A.E and Iverson, K.M. (2005) Mindfulness, acceptance, validation and “individual” psychopathology in couples. In S.C. Hayes, V.M Follett and M.M. Linehan (eds) *Mindfulness and acceptance* p 168-192. Guilford Press. NY.
- Fuchs, T.(2007) Psychotherapy of the lived space: A phenomenological and ecological concept. *American Journal of Psychotherapy*, 61 (4) 423-439
- Fulton, P. (2005) Mindfulness as clinical training. In Germer, C.K, Siegel, R.D. and Fulton, P. (eds) *Mindfulness and Psychotherapy*. The Guilford Press. NY
- Gambrel, L.E and Keeling, M.L. (2010) Relational aspects of mindfulness: Implications for the practice of marriage and family therapy. *Contemporary Family Therapy*. 32, 412-426.
- Gehart, D.R and McCollum, E.E (2007) Engaging suffering: Towards a mindful re-visioning of family therapy practice. 33(2) 214-226.
- Germer, C. (2009) *The mindful path to self-compassion*. Guilford. NY
- Glaser, A.(2005) A call to compassion: Bringing Buddhist practices of the heart into the soul of psychology.
- Gottmann, J and Silver, N. (1999). *The seven principles of making marriage work*. Orion House, London, UK.
- Greenberg, L.S and Johnson, S.M (1988) *Emotionally focused therapy for couples*. Guilford Press, NY and London.
- Greenberg, L.S and Pavia, S.C. (1997) *Working with emotions in psychotherapy*. Guilford Press NY
- Grepmaier, L, Mitterlehner, F, Loew, T, Bachler, E, Rother, W & Nickel, M. (2007) Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study in psychotherapy and psychosomatics. *Psychotherapy and Psychosomatics*, 76, 332-338
- Hayes, A. M and Feldman, G. (2004) Clarifying the construct of mindfulness in the context of emotional regulation and the process of change in therapy. *Clinical psychology: Science and practice*. 11 (3) 255-262
- Hubble, M.A., Duncan, B.L and Miller, S.D. (1999) *The heart and soul of change*. American Psychological Association.

- Jacobson, N.S., Christensen, A., Prince, S.E., Cordova, J., Eldridge, K (2000) Integrative behavioral couple therapy: An acceptance based, promising new treatment for couple discord. *Journal of Consulting and Clinical Psychology*, 68(2), 351-355.
- Johnson, S.M. (2007) The contribution of emotionally focused couples therapy. *Journal of Contemporary Psychotherapy* Springer.
- Kauffman and Silberman (2009) Finding and fostering the positive in relationships: Positive interventions in couples therapy. *Journal of Clinical Psychology*, 65(5) 520-531
- Lapides, F, (2010) The Implicit Realm in Couples Therapy: Improving Right Hemisphere Affect-Regulating Capabilities, *Clinical Social Work Journal*.
- Lysack, (2008) Relational mindfulness and dialogic space in family therapy. In Hick, S and Bien, T. *Mindfulness and the Therapeutic Relationship*. Guildford, London, NY.
- Makinene, J. & Johnson, S.M. (2006) Resolving attachment injuries in couples using emotionally focused therapy: Steps towards forgiveness and reconciliation. *Journal of consulting and clinical psychology*. 74(6) 1055-1064.
- Mirghain, S.A and Cordova, J.V (2007) Emotion skills and marital health: the association between observed and reported emotion skills, intimacy and marital satisfaction. *Journal of Social and Clinical Psychology*. 26 (9) 983-1009.
- Neff, L.A and Karney, B.R. (2009) Compassionate love in early marriage In Fehr, B, Sprecher, S and Underwood, LG (eds) *The Science of Compassionate Love: Theory, Research and Applications*. Wiley-Blackwell UK.
- Neff, K. (2009) The role of self-compassion in development: A healthier way to relate to oneself. *Human development*, 52, 211-214.
- Neff, K. (2011) *Self-compassion: stop beating yourself up and leave insecurity behind*. Hodder and Stoughton USA
- Rait, D.S (2000) The Therapeutic Alliance in Couples and Family Therapy. *Psychotherapy in Practice*, 56(2) 211-224
- Roberts, (2007) Brain biology and couple therapy. *Handbook of Clinical Issues in Couple Therapy*.
- Ryan, R.M. and Brown, K.W. (2003) Why we don't need self-esteem: On fundamental needs, contingent love, and mindfulness. *Psychological Inquiry*, 14(1), 71-76.
- Safran, J.D and Muran, J.C. (2000) *Negotiating the therapeutic alliance*. Guilford NY
- Safran and Reading, (2008) Mindfulness, meta-communication and affect regulation in psychoanalytic treatment.
- Shapiro, S.L and Carson, L.E.(2009) *The art and Science of Mindfulness: Integrating mindfulness into psychology and the helping professions*. American Psychological Association Washington

- Siegel, D.J (2007) *The mindful brain: Reflection and Attunement in the Cultivation of Well-being*. Norton. NY.
- Siegel, D.J.(2009). Mindful awareness, mindsight and neural Integration. *The Humanistic Psychologist*, 37, 137-158.
- Siegel, D.J.(2010) *Mindsight: The new science of personal transformation*. Bantam. USA.
- Siegelman, E.Y.(1990) Metaphors of the therapeutic encounter. *Journal of Analytical Psychology*, 35, 175-191
- Seligman, M (2002) *Authentic Happiness*. William Heinemann, Sydney, Australia.
- Solomon, M and Tatkin. S. *Love and war in intimate relationships: Connection, disconnection and mutual regulation in couple therapy*. Norton, NY.
- Snyder. R, Shapiro. S and Treleaven. D. (2011) *Attachment theory and mindfulness*. *Journal of Child and Family Studies*.
- Styron, C.W (2005) *Positive psychology: Awakening to the fullness of life*. In Germer, C.K and Siegel, R.D. and Fulton, P (eds) *Mindfulness and Psychotherapy*. The Guilford Press. NY
- Surrey, J.L.(2005) *Relational psychotherapy, relational mindfulness* in Germer, C., Siegel, R. and Fulton, P (eds) *Mindfulness and psychotherapy*. Guilford Press, NY.
- Traleg Kyabgon (2001) *The Essence of Buddhism*. Shambhala Boston.
- Trungpa, C (1976) *1975 Seminary Hinayana-Mahayana*. Vajradhatu. USA
- Trungpa, C (2005). *The sanity we are born with: A Buddhist approach to psychology*. Shambhala Boston
- Trungpa, C (2011) *Work, sex, money: Real life on the path of mindfulness* Shambhala Publications Boston
- Wang, (2007) *Mindfulness meditation: Its personal and professional impact on psychotherapists*. Dissertation.
- Wiebel, D.T. (2007) *A loving-kindness intervention: Boosting compassion for self and others*. Dissertation.
- Zinker, J.C. (1994) *In search of good form: Gestalt therapy with couples and families*. Jossey-Bass Publishers, San Francisco.

Images of Anger & the Ramifications of Anger Management (with a focus on Domestic Violence)



Dr. Dion Oliver Peoples
Mahachulalongkornrajavidyalaya University, Thailand

“Here you stand, after conquering mighty nations and subduing the world. I therefore think it foolish for me to [provoke] you with words, as though you were men who had not been proved in action. ...what is sweeter for a brave man than to seek revenge with his own hand? It is a right of nature to glut the soul with vengeance. Let us then attack the foe eagerly; ...I will not say by the first wound, ...Seek swift victory in that spot where the battle rages. ...Let the wounded exact in return the death of his foe; let the unwounded revel in slaughter of the enemy. No spear shall harm those who are sure to live; and those who are sure to die... Fate overtakes even in peace...”¹

--Attila the Hun.

“Holding anger, like a mother holding the baby... because, loving kindness is us, but anger is also us. So one part of us is taking good care of another part. Anger is a kind of energy that comes from our self, and loving-kindness or mindfulness is also another kind of energy. That is why we should know that every time the energy of anger is there, we should invite the energy of mindfulness to be there - in order to take care of anger.”²

--Thich Nhat Hanh

Introduction:

There are a lot of people discussing the ordeals that military veterans face – the phrase: post-traumatic stress syndrome has been used often. I have listened to the proceedings from the *Sakyadhita Conference on Buddhist Women: Leading to Liberation*³ - and as a male military veteran who served for a decade, there are many issues that veterans must face that remain incomprehensible to the civilian world. Dr. Barbara Wright was speaking at that conference, and I was amazed at her presentation which spoke directly to my heart; further, her book: *Metta: The Map, The Formula, The Equations* – is a really useful tool for anyone working to overcome problematic episodes in their life, through examples of conversation. Her book teaches us to comprehend other perspectives and

¹ The Origin and Deeds of the Goths, by Jordanes, Translated by Charles C. Mierow (as part of his PhD Dissertation) (Princeton: Princeton University, 1908), Section XXXIX: <http://www.gutenberg.org/cache/epub/14809/pg14809.html> - accessed on 30 April 2011 – and remain mindful of the Yodhajiva Sutta that suggests that anyone dying for the sake of the military – that the soldier is dying with wrong views, and as such will venture into lower realms after death.

² My transcription, slightly edited, from: <http://www.youtube.com/watch?v=tZKrl5n79hY> – accessed on 29 June 2011

³ <http://www.12thsakyadhithathai.org/12thlive/index.php/> - live broadcast on 15 June 2011



to become more intelligent⁴. She is here at this conference, so I should let her speak for herself, through her conference paper in this volume.

But let us suppose we have some problems in our life; and if we are to reintegrate back into society as productive members, we need some training to stabilize ourselves. Buddhism holds the key. The Buddha, before his enlightenment, was a member of this very similar military class – therefore understanding the ways of killing, should have been part of his upbringing. There are a few people attending this conference this year with military-backgrounds, and our experiences with various forms of violence may assist in our penetrations into the Buddhadhamma. We may know: not to be violent, because we were in some form violent-people ourselves. Evidence though of the Buddha’s training is shown during the skills he had to demonstrate prior to his wedding, when he had to exhibit his prowess above and beyond those of his peers and rivals. Later, he spends six years of war endeavoring as a striving-ascetic, and soldiered on as the Fully Enlightened Buddha for forty-five years.

Antagonistic rivals are created in interesting ways. In Western discourses, one powerful figure looms over our culture, or for those who have confronted the Christianization of our militarized societies brought on by the expansion of the Roman Empire – certainly for those with a European upbringing: Attila the Hun, was able to organize the anger of his people, and direct that anger towards a certain aim – in a sense, manipulating his soldiers to managing their anger, albeit in a manner that meets with disapproval within Buddhism. However, at the personal level, Attila was known to be: “mild and gentle”⁵ – something that Buddhists would applaud. Western discourses pitched the Capitalistic-Western World against the Communistic-Eastern World – in a decades long Cold-War, of which I was raised within, because my own parents were enlisted-service members. I, too, enlisted likewise, into the Air Force, becoming an intelligence-analyst. I did a lot of ‘intelligence’ work for the wars in Kosovo, and elsewhere on the European continent, from 1992-2002.

It should be known that Thailand’s Theravada Buddhism has a treatise which legitimizes conflict, this can be found inside: *A Special Auspicious Allocation*, by His Holiness Prince Vajirañāṇa, the 10th Supreme Patriarch of the Kingdom of Thailand. Through taking upon the aspiration of life-longevity, and being righteous in order to avoid negligence – wise advantaged will accrue.⁶ Through the three qualities of a desire for righteousness, welfare and a policy of governance: though the desire for righteousness we can surmise the rationalization for violence, through his utterance: “one [must] disburse one’s wealth in order to cure such wound; should a limb become useless, and it becomes necessary to amputate the limb in order to preserve life, then one should consent to the amputation of that limb, since it is better to preserve one’s life.”⁷ It is known that in traditional Thai society, wealth was determined by how many men could be controlled – and used in times of war or as slave-labor. This system was known as the *sakdina*-system [power-system over the land], where: “The king allocated amount the *nai*-packages of duties and privileges which combined administrative responsibilities, military service, resplendent titles, and shares in the control of people

⁴ See: B.R. Wright, PhD.: *Metta: The Map, The Formula, The Equations* (USA: Metta Press, 2009), pp. 2-3: She demonstrates three forms of intelligence: mind-intelligence (cognitive manipulation of ideas... expressed through understanding), heart-intelligence (emotional-knowledge... expressed through our compassion), and energy-intelligence (instinctive/primal knowledge... expressed through our commitments)

⁵ <http://www29.homepage.villanova.edu/christopher.haas/embassy.htm> Embassy to Attila: Priscus of Panium - accessed on 15 June 2011

⁶ His Holiness Prince Vajirañāṇa: *A Special Auspicious Allocation* (Bangkok: Mahamakut University Press, 1995), pp. 46-47

⁷ His Holiness Prince Vajirañāṇa: *A Special Auspicious Allocation* (Bangkok: Mahamakut University Press, 1995), p. 50

(phrai: indentured peasants, forced to become tattooed to show their status as a servant).”⁸ While the slave-system was terminated by King Chulalongkorn (Rama V), the terminology of being a phrai was resurrected during the recent social-conflict that infected Thailand during the Yellow & Red Shirts conflict, which has angered many people across Thailand, fighting for greater social-justice and the elimination of economic-disparity. People across the world have demanded basic human-rights: jobs & justice.⁹ War and servitude is entrenched into our societies. Such externalized-violence has a tendency to affect our personal behavior: many studies on post-traumatic stress syndrome and other diagnoses have been produced following the aftermath of wars.

This article though should deal with personal demons, rather than external demons that may have shaped the character of any youth with a variety of influences. Buddhism suggests someone should prevent the arising of, and make amends for anger, which brings on more virtue.¹⁰ The Visuddhimagga further claims that the Majjhima-Nikaya states: “...he who entertained hate in his heart, on that account he would not be one who carried out my teachings; and that the Samyutta-Nikaya states: To repay angry mean in kind is worse than to be angry first; repay not angry men in kind and win a battle hard to win. The weal of both he does promote: his own and then the other’s too – who shall another’s anger know and mindfully maintain his peace.¹¹ Is anyone tired and weary of being like our friend, Attila the Hun? Does anyone want to lay down their arms, in peace? Are you tired of fighting with your lover and beating your children? Can we surrender... give up... quit our violent ways? The cycle of violence must terminate with us, so we don’t repeat it. I try to raise my sons under this vision.

Domestic Violence and Anger Management:

Before Buddhism enters the sphere or realm of one’s consciousness, a person may not look at the world in such a manner as one would see the world - as if one was a fully-ordained monk. After being a fully-ordained forest-monk, and being the recipient of or witnessing all of the social-courtesies being bestowed upon oneself for being a bhikkhu, re-entering the realm of normal-society is very challenging, particularly on the streets of Bangkok. Sounds assault the auditory-system, pedestrians rudely push one another and eventually yourself, stenches fill the nose unwantedly – it’s enough to make one shutter for days, to give someone tinnitus for about four days. Culture shock may not be the word. The world outside the monastery is really aggressive, and can easily make someone angry. Where else, perhaps, than in Thailand, can you go to the market and get harassed because you might be a foreigner; be confronted by drugged-individuals who slap your arms with their contagious herpes-infested hands; nearly ran-down by bicyclists or motorcyclists riding on the sidewalks, nearly having to fight to exit the skytrain, and deal with an assortment of other verbal-abuses and questionable activities. One wonders that if the Buddhist people in this nation are indeed Buddhists, then the public behavior of many in the markets and streets would be differ-

⁸ Pasuk Phongpaichit & Chris Baker: Thailand: Economy and Politics (Kuala Lumpur: Oxford University Press, 2000), pp. 11-12

⁹ See the speech (circa: 1985) by the Honorable Minister Louis Farrakhan, on People Organized and Working for Economic Rebirth, at: <http://www.youtube.com/watch?v=3QMTMxNq25s> – last accessed on 20 October 2011

¹⁰ Bhadahtacariya Buddhaghosa (Bhikkhu Nanamoli, trans.): Visuddhimagga – The Path of Purification (Seattle: Buddhist Publication Society, Pariyatti Editions, 1999), I 151

¹¹ Bhadahtacariya Buddhaghosa (Bhikkhu Nanamoli, trans.): Visuddhimagga – The Path of Purification (Seattle: Buddhist Publication Society, Pariyatti Editions, 1999), IX 15



ent. But the truth is, these people are no more Buddhist than the Muslim is Islamic, or the Christian is a true follower – every society has hypocrites. There are bad-negligent people in every neighborhood – but more are concentrated in some areas than others. Some people live in places where there is a higher concentration of people who make it easy for peaceful people to become angered. This occurs in the public sphere, and we often deal with these situations alone.

As we get older in our lives, we take on private, domestic-partnerships. Inside our private homes, things happen away from the watchful eyes of the public. Perhaps our righteous behavior begins to wane behind closed doors. It may be time to not have two lives, but to make one's public life, into his private life – just to clear out all the skeletons in one's closet. We should live with nothing to hide – and live so that we have nothing to hide. We often need to become the person or the change that we want, in order to gain what we wish. In other words: the peaceful-public man (or woman) should be that very same person, in his household (or her home). The allegedly angry or reactionist must learn to become more internally angry (but of course implying being more at peace) or at peace publically (only having internal anger – but even that must be reduced). We have our private life and our public life – often these two worlds never meet. Many parents proclaim stances against engaging into violent-abusive spankings of children or beating up the spouse – but sometimes something happens inside the home, unexpectedly, and someone gets hurt. Our culture teaches this and reinforces this. Such, seemingly, well-adjusted males may become victims of verbal-abuse from women, and from such an abusive situation, a reaction occurs – a reaction in which no one expected or could have predicted. Men have, on occasion, “hit” their domestic-partner (girlfriend or wife) - this activity may happen in same-sex relationships, but this territory is excluded from the researcher's realm of interests. Domestic violence is something that is not needed in households – certainly when there are young, developing children in the homes who absorb what they see, and would later react likewise. Parents don't need to beat their children and spouses don't need to beat each other, and siblings can also become civil.

For the generation of people that grew up around music-television, and modern popular music, various forms of violence are a part of the culture. Minds are entrenched around these circumstances. Anger is not one's personalized friend, it is a form of unprofitable consciousness – someone can use it towards productive ends (for example: writing a good song), but sooner or later it becomes corrosive or anger overwhelms the bearer, and what remains is but a remnant of one's former self. Anger or hatred (*dosa*): “...has the characteristic of savageness, like a provoked snake. Its function is to spread, like a drop of poison, or its function is to burn up its own support, like a forest fire. It's manifested as persecuting (*dūsana*), like an enemy who has got his chance. Its proximate cause is the grounds for annoyance. It should be regarded as like stale urine mixed with poison.”¹² The most peaceful person can blow-up with rage, as a volcano erupts ash and lava – a person just gets hot, when set off. A person is like a bottle of soda on the shelf, peaceful when at rest, undisturbed; but once shaken or dealt with in a wrong manner, the bottle erupts and everyone around gets sprayed. Why then, do people try to make other people angry? This sort of behavior also occurs on social-network sites, where many young-monastic students have their pages, often under fake names, and use very un-Buddhist speech – perhaps as an outlet for their hormonal-confusion. There are people all over such sites like ‘Facebook’ – that cannot control their anger; these people definitely need to learn some sort of anger-management.

¹² Bhadahtacariya Buddhaghosa (Bhikkhu Nanamoli, trans.): *Visuddhimagga – The Path of Purification* (Seattle: Buddhist Publication Society, Pariyatti Editions, 1999), XIV, 171, p. 474

Someplace, a joke-statement was read from an internet-site, and to paraphrase: “Hell-yeah I spank my kids; and if he has a problem with that later in his life, he can go to therapy!” Many people are unlikely to subscribe to this type of message. Many people have encountered a lot of various types of anger in their lives and over the course of several years of social-consciousness, and stumbling upon a lot of information on the topic – many people never attend therapy-session. Instead, many therapy sessions are cloaked in our media: news-reports offering negative imagery, movies and music putting the themes in their mediums, preachers teaching about the messages in their mosques, temples or churches, and classroom teachers incorporating the theme into their lectures. Many people have engaged into self-therapy. There is a huge market for books related to self-therapy, and there are television programs that cater to this theme. Many of these therapeutic-remedies or rather instructions, are somehow faith-based or cloaked in religious rhetoric. There are also many self-help gurus who contribute philosophical or psychological studies into their works, aimed at helping troubled people.

Likewise, Buddhism instructs those who wish to come and see, how mental defilements can become purified, or eliminated from one’s consciousness. For instance - rather than killing the abuser or the other, potential-victim: the only type of killing that that Buddha approves of is the killing of one’s anger.¹³ When this anger is assassinated, one can sleep soundly and shall not be sorrowful. A wise and skillful person is someone living righteously, without anger, “**tamed**”, and has the welfare of others as his concern - because when he can possess the cure of maintaining peace in the face of an angered rival, he cures frustrations. Anyone taking revenge makes things worse for himself¹⁴ – like a difficult, unending jihad.

In the United States, for instance, many of the recent converts to Buddhism are of generations quite different from traditional Asian cultures and as such: instead of being inherently good people fostered in the socio-philosophical guidance system of what Buddhism can be, converts instead try to be good people and often there are elements of overcompensation and sometimes stressful-failure. Many Buddhists, globally, have grown up in military households (akin to being a member of the warrior-class), and when parents are away serving in the armed forces, children become latch-key kids. Older siblings are watching over younger siblings for hours alone, without adult supervision. Kids are also are fascinated by militaristic behavior – a type of primitive mode of rationale: “you have done bad to me, I will punish you through force” – this is reinforced through the cartoons and other programming that the youth view. Parents come home, and the younger sibling tells on the older sibling, and it is the older sibling that gets punished through a spanking, for trying to control the younger sibling. What is good for adults is not good for children – and this becomes a very confusing situation. Children are taught to get along, yet the generations in power can behave dictatorial and abusive. We see this hypocrisy globally, when dominant imperialistic nations exert their will upon lesser-developed nations. Through a sense of protectionism modes of isolationism develop, fostered by this sense of a need to prevent outside-antagonists from exploitation or threats; nations or people decide to develop themselves when the outside world is failing to properly encourage the well-being of the entity.

¹³ Bhikkhu Bodhi: *The Connected Discourses of the Buddha – A New Translation of the Samyutta Nikaya*, Vol. I (Boston: Wisdom Publications, 2000), - to the Devata: p. 133; to Vatrabhū: p. 140; to a Brahmin: p. 255; to Sakka: p. 337

¹⁴ Bhikkhu Bodhi: *The Connected Discourses of the Buddha – A New Translation of the Samyutta Nikaya*, Vol. I (Boston: Wisdom Publications, 2000), pp. 256-257



Some youngsters isolate themselves into the confines of their bedrooms; and when a scenario or things went wrong in the household – ending in something like a form of child-abuse: some of these children often sit alone listening to genres or songs that fuel the emotions of the abused – helping to get them out, emotionally, from difficult times. Music is often therapeutic, and makes people feel better.¹⁵ A few years ago, Hatebreed, a hardcore-metal band, put out a music video that seriously addressed the theme of domestic violence.¹⁶ In this video, viewers can see that there are people who care – if only others knew of the violence or it’s potentiality to exist - there is support and protection. A hip-hop artist (a notable rapper and producer), RZA put out a short movie¹⁷ and a video¹⁸, actually entitled: Domestic Violence – that had a huge impact within urban culture. The short movie and video illustrates that both males and females are responsible; but in the music video we can listen to a verbally-abusive woman serving as the catalyst for the protagonist played by RZA, to tell her, in simplified terms: to leave and never come back. RZA though, in his song, addresses the problems in their relationship, to justify the termination of the relationship. Both of these videos should be seen by maturing-students. We learn that children should not be raised in homes like this, and as we may be still youthful adults, we should to endeavor to never raise our own children in similar circumstances.

Further, and it is the hope that this paragraph illuminates a very controversial issue: people suffering from herpes must also learn to manage stress in order to reduce their outbreaks. Episodes of stress often resurrect the virus.¹⁹ When the Buddha has mentioned that the Angry-person becomes ugly – we may surmise that he was also treating or addressing the symptoms that anger induces. Further, upon researching a lot of psychological/medical articles related to the subject of domestic violence and anger – few discuss the resurrection of herpes, the virus leading to infectious cold-sores. Further, there are people who suffer from some diseases, like herpes, which if stress or anger occurs in their life, an outbreak begins anew in the body of the sick person. In more ways than one, a person susceptible to anger needs to manage his or her life, to avoid being the ugly-demon. Being a victim to unwanted contact resurrects hostilities in people – it’s like non-sexualized rape. Why must other people assault other people, why can’t people just leave other people alone when contact is not wanted?

Buddhism does not provide adequate advice for such encounters, and it may be best to toss out Buddhist principles for some situations. This may not be the proper Buddhist reaction – but what is proper in that situation: giving thanks and appreciation for a new disease? The father cannot give proper physical-love to his children and wife because of this unfortunate circumstance; and must instead think about how to give more mental love to his two sons and wife – he must keep

¹⁵ There was even a recent video uploaded from The Deen Show, a popular program on Islamic themes, see for instance: http://www.youtube.com/watch?v=nKzAmkB44ik&feature=player_embedded – people get very involved in music, and these messages begin to have effects upon people and their states. Plato was even skeptical about the power of music.

¹⁶ Hatebreed: To the Threshold (official video): <http://www.youtube.com/watch?v=yKZZHHyNz6I> – accessed on 26 April 2011. From their album: ‘Satisfaction is the Death of Desire’, they released a song called: ‘Conceived Through An Act of Violence’ <http://www.youtube.com/watch?v=PBWq1OtN7Cc> accessed on 20 October 2011 – which may be the foundation for many youth’s lives, thrown into a living-hell: unwanted pregnancies derived from date-rapes or even being raised in single-parent homes – today’s young children are truly alienated from humane expressions of love.

¹⁷ RZA: Domestic Violence (film): http://www.youtube.com/watch?v=KISU66F_IIM – accessed on 26 April 2011

¹⁸ RZA: Domestic Violence (music video): http://www.youtube.com/watch?v=A4bu_6yUg4Y – accessed on 26 April 2011; or at: <http://www.youtube.com/watch?v=Lw3tjdCM3LU&feature=related> – if the above cannot be viewed – accessed on 10 June 2011

¹⁹ See, for instance: <http://www.herpes.org/herpesinfo/smartliving.shtml> - accessed on 7 June 2011

the disease away from them, and must not spread the illness. Children do not need to be around their ugly-infectious father, who from his love for them cannot hug them, and cannot have them touch his sores – because they in their innocence do not need to suffer from dwelling with their imperfect father. He must remain ever-vigilant and protective, in a sense - controlling: suppressing his stress or potentials for stress to arise in order to prevent outbreaks and the potential to infect his family. In studies of Buddhist discourses, the one presented below, seems to better address the universals behind the issues for controlling anger, from the social and medical perspectives.

Knowing What the Buddha Said in a Discourse about Anger²⁰:

In the Jataka Stories, or past-life stories of the Buddha: is the Bodhisatta supposed to be the Buddha? People get the image that the Buddha was never a man of some emotion, or that he is this extreme pacifist. The Gahapati-Jataka has an interesting story, of the Bodhisatta as being a householder's son, who was recently married. Sometime after settling down, his wife began to take an interest in the village headman. The Bodhisatta discovered the two together and after capturing them, the Bodhisatta: “seized the headman by the lock of hair on the top of his head, dragged him out into the courtyard, threw him down... [and] thrashed him till the man was faint. Then he took him by the neck and cast him out of the house. The wicked woman [his wife], he seized her by the hair of her head, pulled her away... knocked her down, and threatened her: ‘If you ever do this kind of thing again, I’ll make you remember it!’” He must have learned something from that episode, because in his final life, he behaved differently.

In the sense of the man infected with herpes by the sick-man, the man struck the sick man hoping that the lesson will be learned to never touch and infect another person again. We can interact in non-neutral manners with someone in two ways, either they create us to be a rival or we create them into being a rival.²¹ It is within our animal nature to view others as some sort of challenge. We may not like that another person is visually more appealing than us. We may wish that they never sleep well. We may wish that a rival shall never prosper. We may wish that a rival never become wealthy. We may wish that a rival may never become famous. We may wish that a rival never have any friends. We may even wish that our rivals join the abyss of a fiery hell. As like when a sufferer of herpes faces an episode of induced stress: indeed the angry man turns to be ugly, and after this arising of heat, the fever-blister appears to disfigure the angered person. It's hard to sleep when angered, and people always remind young couples that they should never go to sleep angry.

In the heat of the argument, a person loses one's senses and actually finds pleasure in unwholesome activities. One would not care if the rival is put to death during anger – blind darkness indeed reigns. Yet, when this episode of wrath has diminished, suffering may overwhelm one with adequate senses. It is also said that being angry is suicidal: one kills one's self image – others will not see the angry person in the same manner. Even Mara can snare someone during the period of one's loathsome form. Therefore, the only way away from such obscurations is becoming freed from anger, trouble, greed, and coveting. When our minds are thus controlled, we can be cool in otherwise stressful situations. We have to comprehend anger. The next section

²⁰ E. M. Hare: *The Book of the Gradual Sayings (Anguttara Nikāya)*, Vol. IV (London: Pāli Text Society, 1965), pp. 58-62.

²¹ *Satt' ime bhikkhave dhammā sattakantā sapattakaraṇā kodhanaṃ āgacchanti itthiṃ vā purisaṃ vā Katame satta?* - E. Hardy (ed.): *The Anguttara-Nikāya, Part IV* (London: Pali Text Society, 1979), LX, p. 94

covers the non-verbal or bodily actions of someone dominated by the unwholesome root of hatred in the consciousness, or mental-behavior.

Anger from the Vimuttimagga & Visuddhimagga:

The following is an adaptation from the Vimuttimagga²² and Visuddhimagga²³ – their merged words related towards hatred. There are fourteen different kinds of people mentioned corresponding to fourteen kinds of behavior, of which only those related to this article’s theme of anger or hatred is shown, for the sake of brevity:

- The person walking in hate
- The person walking in passion-hate
- The person walking in hate-infatuation
- The person walking in passion-hate-infatuation

Of the fourteen types of behavior, these four above are the types under the realm of walking-in-hatred. These people always behave or exhibit some sort of hatred or anger; and often their hatred increases or becomes very developed. This ‘hating-behavior’ exudes several possibilities or variations of anger – and because not every occurrence of anger is identical, again there is the potentiality of the characteristics merging:

- The walker in hate and the walker in intelligence may be similar
- The walker in passion-hate and the walker in faith-intelligence may be similar
- The walker in hate-infatuation and the walker in intelligence-excogitation may be similar
- The walker in passion-hate-infatuation and the walker in faith-intelligence-excogitation may be similar

So, depending on the various combinations of idiosyncrasies, these can all find their roots in the hating-temperament. How is this understood? As the Vimuttimagga asks questions for the reader: How can a person walking in hate become one with walker in intelligence? In a sense: How are they the same or similar? Consider the answer: In a hating person, when he does good: intelligence is strong - because this quality approaches hate. How so, because most people may not see the linkages? One is able to discriminate minute-details – a form of critique that brings out frustrations. One of intelligent temperament is parallel to one of hating temperament because understanding is strong when profitable kamma occurs in one of hating temperament, owing to its special qualities being near those of hate. This is not saying that hatred and intelligence are the same, but it is saying that both types of behavior look at the smallest increments of something; and thereby can distinguish volitions (preferences) more carefully to pursue proper courses of action. For, in a negative or unprofitable way, hate is also a form of alienation or disaffection and would not hold to its object; and so, in a profitable way the behavior of understanding is likewise interpreted.

²² Upatissa (Rev. N.R.M Ehara, and Kheminda Thera, trans.): The Path of Freedom – the Vimuttimagga (Colombo, 1961)

²³ Bhadahtacariya Buddhaghosa (Bhikkhu Nanamoli, trans.): Visuddhimagga – The Path of Purification (Seattle: Buddhist Publication Society, Pariyatti Editions, 1999)

Further, the text suggests: Hate seeks out only unreal faults, while understanding seeks out only real faults; and hate occurs in the mode of condemning living beings, while understanding occurs in the mode of condemning formations. There are three traits that make hate and intelligence appear to be similar, through three concepts:

- **Non-Clinging:** a person of hate would not cleave (to what is good); likewise, intelligent people do not cleave (to what is bad).
- **Searching For Faults:** As a hating person is given to faultfinding, so an intelligent person is given to the search for the faults of wrongful conduct.
- **Repulsion:** As a hating person repulses others, so an intelligent person repulses the conformations.

Through these characteristics or aspects of personality, a person walking in hate can be seen as similar to someone walking in intelligence. They are alike in this respect. In else can be said about the hateful person, in terms of their mode of practice? The walker in hate is of quick practice, because he is easily led, is strong in intelligence and because of the rarity of infatuation and excogitation in him. The walker in passion-hate is of quick practice, because he is easily led, strong in faith and intelligence and because of the rarity of infatuation and excogitation in him. The walker in hate-infatuation is of slow practice, because he is led with difficulty, lacks intelligence and because infatuation and excogitation are strong in him. The walker in qualities of equal measure (passion-hate-infatuation or faith-intelligence-excogitation) is of slow practice, because he is led with difficulty, does not dwell in intelligence and because infatuation and excogitation are strong in him. Basically, human defilements can be reduced to just three: a person walks in passion (greed), a person walks in hate (hatred), and a person walks in infatuation (delusion). How though, can someone determine that someone is of a certain personality-characteristic or behavior? How can we look at someone and determine that they are either a walker in passion, hate, or infatuation? Their external non-verbal actions are examined – the body language is accessed: someone is observed through their methods of dressing (robes), the way food is eaten, the type of bedding resided in, work-resort and postures. These and other social interactions determine the characteristics.

Deeds done in the past are causes of behavior: One who (in past existences) had engaged in such hostile acts as: killing, maiming and capturing, becomes a walker in hate, and also one who passes away from a hell or a serpent-state, is reborn here. Thus deeds done in the past become causes of behavior.

- Elements as causes of behavior: because of the heightening of two elements, one becomes a walker in hate. They are the element of mobility and the element of heat.
- Cardinal humors as causes of behavior: one who has an excess of cholera becomes a walker in hate, and one who has an excess of wind becomes a walker in infatuation.

Judging the Criteria:

Simply put: to be angry is to not be Buddhist - the person has already been infected too deeply by the kilesa (defilement); but, we must study more about the phenomena of being angry and exuding hatred. We can actually witness hate or anger being displayed in some people.

How do past deeds become the causes of behavior? How can we determine if someone is a walker in hate? Check the non-verbal actions of the person of contention. There are seven aspects of behavior that are observed that contribute in knowing: through (the manner of seeing) objects, through the defilements, through (the manner of) walking, through (the manner of) robing, through (the manner of) eating, through work and through (the manner of) sleeping; and one's resort or how one dwells. A person desiring a meditation subject should express three ideals: be able to dedicate oneself to a respected teacher; be able to sincerely ask for the meditation subject; and possess the firm resolution to endure the techniques. Someone should never undergo an improper search because this leads to one's failures in meditation. If someone remains undedicated and wanderous to a teacher and techniques, whimsically, consequently the teacher cannot help the seeker with even material things or the Dhamma, and will not engage in training the seeker in the [*abhidhammic*] cryptic books – those dealing with meditation subjects, the four noble truths, dependent origination, etc., -those being profound and associated with voidness. Failing to get this assistance, someone will be unable to get a good grasp of the Buddha's dispensation – and may fall into misdeeds or revert back into the lay-life. The following are where unfortunate things may occur or are observed through non-verbal communications:

- **Through the manner of seeing objects:** When one of hating temperament sees even a slightly unpleasing visible object, one avoids looking long as if tired, he picks out trivial faults, discounts genuine virtues, and when departing, he does so without regard as if anxious to leave. When facing humor, often quarrels with the others. The walker-in-hate is not pleased with very good things; and rejects just about anything. One's way of life is quite determined by the humors; and with the other sense-objects similar behavior emerges. The cultivation of the forest-dweller's practice and the tree-root-dweller's practice here are suitable for one of hating temperament: for hate too subsides in one who dwells there without coming into conflict.²⁴ Thus it may be known that one is a walker in hate – seen through observing or known 'through (the manner of seeing) objects'.
- **Through the defilements:** There are five types of defilements for one walking in hate: anger, vindictiveness, hypocrisy, stinginess, hatred. One of hating temperament has formerly had plenty of stabbing and torturing and brutal work to do or has reappeared here after dying in one of the hells or the naga-serpent existences - there is no definitive definition. For when in one man, at the moment of his accumulating rebirth producing kamma, if hate is strong within him, and the other characteristics (greed, delusion) are weak, then this will be the reason why, on being reborn through rebirth-linking given by that kamma, he is angry. When at the moment of his accumulating kamma [for instance]: non-greed, hate and delusion are strong and the others are weak, then in the way already stated he has little defilement and is unshakable even on seeing a heavenly object, but he has hate and is slow in understanding. Likewise, when at the moment of his accumulating kamma, non-greed, hate and non-delusion are strong and the rest weak, then in the way already stated he both has no greed and possesses understanding, but has hate and is irascible. So it is the kamma productive of rebirth-linking and accompanied by some temperament that should be understood as the source of the temperament – and this hatred can be either keen (if unprompted) or sluggish (if prompted). A person is known by this temperament through one's posture, actions, method of eating, seeing things, and so on, and by the states occurring – thereby the teacher can recognize the pupil's temperament. In one of

²⁴ Bhadahtacariya Buddhaghosa (Bhikkhu Nanamoli, trans.): *Visuddhimagga – The Path of Purification* (Seattle: Buddhist Publication Society, Pariyatti Editions, 1999), II 86

hating temperament there is frequent occurrences of such states as: anger, enmity, disparaging, domineering, envy, and avarice. Thus it may be known, ‘through the defilements’.

- **Through the manner of walking:** The natural gait of one walking in hate is thus: one lifts up the feet jerkily or digs with the points of the feet; and jerkily puts them down or puts the feet down quickly, lifts one up quickly, and drags the steps along. The feet rub against each other when they are placed down half-way, as if digging the ground. This is how the one who walks in hate is known – through this sort of walking.
- **Through the manner of robing:** The natural manner of robing of him who walks in hate is thus: He robes hurriedly. The robes are too tight and sit too high, are not level or well-rounded, are inelegantly worn and, in many ways, are not pleasing to see – although it is said that the right kind of inner and outer garments for him are of any superior stuff such as China cloth, Somara cloth, silk, fine cotton, fine linen, of either single or double thickness, quite light, and well-dyed, quite pure in color to befit an ascetic. Therefore, a walker in hate should robe himself with minute care, cleanly and with robes of bright color. His robes should sit low and be elegant.
- **Through the manner of eating:** A walker in hate is displeased with food of little taste. The right kind of gruel, rice and hard-food has color, smell and taste, possesses nutritive essence, and is inviting, superior in every way, and enough for his wants. One of hating temperament also relishes eating rough, sour or acidic food, and takes in big mouthfuls of immoderate lumps of food, not well-rounded. When eating he makes a lump that fills his mouth and he eats hurriedly without savoring the tastes. He is aggrieved when he gets something not good. A walker in hate may look for succulent, pure and tasty food, and for as much as he likes. Thus it may be known, ‘through (the manner of) eating’.
- **Through work:** A walker in hate hurriedly takes the broom, grasps it tightly and sweeps, quickly, one end to the other, scattering or throwing up sand uncleanly and unevenly on both sides - making harsh noise. He sweeps clean, but not evenly. A walker in hate does all things unevenly, but does not let his mind go astray. Thus it may be known ‘through work’.
- **Through the manner of sleeping:** A walker in hate hurries and lies down or spreads his bed hastily in any place he gets. When ready, one then flings the body down and sleeps with a scowl – frowning in sleep. On being awakened at night, he gets up immediately and answers angrily or as if annoyed. A walker in hate should sleep and sit under shade of trees, by the water’s edge, in a level place, in a completed shrine, or in a place provided with beds and sheets. Thus it may be known ‘through (the manner of) sleeping’.
- **Through one’s resort or dwelling:** The resort of a walker in hate is the place where rice, water, meat and drink are complete: a suitable resting place for one of hating temperament is not too high or low, provided with shade and water, with well-proportioned walls, posts and steps, with well-prepared frieze work and lattice work, brightened with various kinds of paintings, with an even, smooth, soft floor, adorned with festoons of flowers and a canopy of many-colored cloth like a Brahma-god’s divine palace, with bed and chair covered with well-spread clean pretty covers, smelling sweetly of flowers, and perfumes and scents set about for homely comfort, which makes one happy and glad at the mere sight of it. A hating man gains faith through being bound up with unlovely things. The right kind of road to his lodging is free from any sort of

danger, traverses clean, even ground, and has been properly prepared. It is best that the lodging's furnishings are not too many in order to avoid hiding places for insects, bugs, snakes, and rats; even a single bed and chair only. When he enters the village for alms, he should not face the sun, and should go where there are many men of faith. To such a place he should go. The right kind of bowl for him is made of iron and is well-shaped like a water-bubble, as polished as a gem, spotless and of quite pure color to befit an ascetic. The right kind of road on which to wander for alms is free from dangers, level, agreeable, with the village neither too far nor too near. The right kind of village in which to wander for alms is where people, thinking: 'Now, our lord is coming', prepare a seat in a sprinkled, swept place, and going out to meet him, take his bowl and lead him to the house, seat him on a prepared seat, and serve him carefully with their own hands. Suitable people serving him are handsome, pleasing, well-bathed, well-anointed, scented with the perfume or incense and the smell of flowers, adorned with apparel made of variously-dyed clean pretty cloth, who do their work carefully. The walker in hate should adopt the posture of sitting or lying down. A hating man is much affected by the humors, and does not allow himself to be stained by the defilements. A man walking in hate is quarrelsome. A hating man is like a master.

Preferred Meditation:

It is no surprise that there are few actual directions for recognizing the temperaments that have been handed down in their entirety in either the texts or the commentaries; they are only expressed according to the opinion of the teachers and cannot therefore be treated as authentic. Most of these concepts are just based from observations – and many of these observations can be reassessed. As we know people can hide their emotions... someone could indeed be angry, but act otherwise – thus, much of the above can be dismissed. It's quite possible for those of a hating temperament, when they diligently aspire to alter their emotions, to have other characteristics ascribed upon them. Only such directions for recognizing temperament as are given in the commentaries should be treated as authentic, for it was said: 'A teacher who has acquired penetration of minds will know the temperament and will explain a meditation subject accordingly; one who has not should question the pupil'. So it is by penetration of the minds or by questioning the person, that it can be known whether he is one of any sort of temperament.

However, the meditation subject that is suitable to the temperament has not been cleared up in all its aspects yet. This will become clear automatically when those in the following lists are treated in detail. Now it was said above: 'and he should apprehend from among the forty meditation subjects one that suits his own temperament'. Despite illustrating self-prognosis, there is no teacher prescribing a meditation topic if this is taken as given. How 'by way of person'? A walker in hate should not practice the ten perceptions of putrescence, because of the arising of resentment-perception. A walker in hate is not good at appreciating it and is comparable to a man with a bilious ailment partaking of hot drinks and food which are harmful to him. The four divine abidings and four color kasinas are eight suitable meditations for one of hating temperament. A walker in hate could practice the four immeasurables (suitable for any temperament), because these help overcome hatred; or again, the undertaking of practicing color kasinas, because his mind attends to such. And again, there is another teaching: "When I investigate the subjects of meditation, I see their distinctive qualities. If that be so, will there be difficulties at the beginning? A walker in hate

who has dull faculties should practice the four immeasurables. By this he will be able to overcome hatred. The walker in hate who has keen faculties, being one endowed with wisdom, should practice the (meditation of the) special sphere. Thus should one practice and dispel hatred. Therefore, there should be no difficulty. According to this teaching, the kasinas and mindfulness of respiration are developed (further) through space. It is said, according to the Visuddhimagga (p. 114) that in the Anguttara-Nikaya's Meghiya Sutta (AN, IV, 358): "One should in addition develop these four things: foulness should be developed for the purpose of abandoning greed (lust); loving-kindness should be developed for the purpose of abandoning ill-will; mindfulness of breathing should be developed for the purpose of cutting off applied thought; perception of impermanence should be cultivated for the purpose of eliminating the conceit: 'I am.'" The Visuddhimagga also suggests that in the Majjhima-Nikaya's Rahula Sutta, there is advice stating that seven meditation subjects are suitable for any single temperament. So, instead of insisting on the mere letter, the intention should be sought in each instance – by way of asking some basic questions:

- What is your temperament?
- What do you like bringing to mind?
- What meditation subject does your mind favor?

The student can be tested through the following questions:

- Ask them to recite the learned meditation in one or two sessions
- Ask them to expound on it to one who lives in the same place each time he comes
- Suggest to one who wants to learn it to then go elsewhere to expound on it in such a manner as to be not too brief nor too long

If someone is demonstrating the kasinas, there are nine aspects that cannot be forgotten:

1. Four faults of the kasina
2. The making of the kasina
3. The method of development for one who has made it
4. The two kinds of signs
5. The two kinds of concentration
6. The seven kinds of suitable and unsuitable,
7. The ten kinds of absorption
8. Evenness of energy
9. Directions for absorption

For any of the other meditation subjects, each one should be expounded appropriately according to what the method would dictate. When the meditation subject is being expounded by the teacher, the student-meditator must apprehend the sign as he listens to the instructions. To apprehend the sign – this means that he must connect each aspect, systematically, which means also that instruction should include notions of these:

- This is the preceding clause
- This is the subsequent clause
- This is its meaning
- This is its intention
- This is the simile

If the student can listen attentively, apprehending the sign in this way, then the meditation-topic is well-apprehended; then, because of that, one can gain or recognize the distinctions - but not until these have been refined. All of these items should be annotated and recognized with ease – or repeated until known. If the meditator is endowed with any merit, one should have no difficulty in fulfilling these subjects of meditation.

Non-Violent Communication and Domestic Respect:

The Honorable Minister Louis Farrakhan gave a speech recently²⁵, and discussed: words have the power to kill or destroy the spirit of love, and lessen the self-respect of an individual through these intimate levels of violence. Have you ever told your children that they are stupid, and will never amount to anything, and that they are just like their good-for-nothing father? The conditioned-mind begins to absorb this negativity and adapts to or internalizes these issues, until the person actually becomes what was created. The person issuing the words is responsible for creating the young person to be raised negatively. Men and women need to learn their purposes to act and bring about peace and joy in the house – but, if the man and woman do not know their domestic role, problems ensue. When men are under-performing in terms of economics, the wife may begin to seek outside the home for her satisfaction – and this is the catalyst for domestic violence – not the woman becoming adulterous, but the man failing to properly support the family. The issues related to domestic strife are not about sex, or the performance of sexual endeavors; the issue is deeply: the role of the man in a relationship. Men are supposed to be producers, not only bringing material items into the home - but also provide emotional and mental security for the family. How someone uses their mouth is very important in a relationship and simple forms of mental violence, like calling people by certain curse-words, can have a devastating effect inside the home.

We often get angry at some instigation. “The proclivities towards lust, anger and conceit are more like ‘sleeping passions’ that may wake up due to certain triggers and invade us in a quick impulsive manner.”²⁶ While most discussions on anger seem to pertain only to when it arises in meditation, Thich Nhat Hahn has suggested: hold your anger like holding a baby; because loving-kindness and anger are both parts of us. Anger is a form of energy, and mindfulness is another form of energy. So when the anger-energy is there, we should also invite loving-kindness to be present. His solution is mindful-breathing. Anger cannot be ignored, but when one is mindful of anger, then one is taking care of the anger – the practice and embracing of anger through

²⁵ Louis Farrakhan: The State of the Black Family – speech delivered at Thornton High School, on 20 June 2009. https://www.youtube.com/watch?v=or0lxAiCRBg&feature=player_embedded - Accessed on 14 June 2011.

²⁶ Padmasiri de Silva: Buddhist and Freudian Psychology (Victoria: Shogam Publications, 4th Edition, 2010), p. xxxiii (Prelude)

mindfulness, and after time there will be a transformation of the person.²⁷ The energy of anger can be transformed into the energy of understanding, if we learn to comprehend this process. But again, most of this activity seems to take place in meditation.

Professor De Silva states: “In dhammanupassanā, the meditator makes the anger an object of meditation; in cittanupassanā, like in mindfulness-based cognitive therapy the meditator becomes aware of the thought components and the auto-pilot process that feeds anger; in vedanānupassanā, one ‘puts on the brakes’ at the initial emergence of disagreeable feelings (dukkha-vedanā) and does not let it develop into anger. In tranquility meditation, the development of a state of bodily and mental calm may temporarily push the anger aside, but it may not radically deal with its roots. In kāyanupassanā, which is focused on the body and is the preliminary meditation in the Buddhist fourfold scheme (satipaṭṭhana), we develop attention towards a very central ingredient of negative emotions and body-reactivity. In this context, tranquility meditation too can be effective. In the last analysis, it is necessary to have in mind that Buddhism has no generic term for emotion, and it is an initial feeling (vedana) that becomes an emotion. And as such, an emotion is a construction composed of an initial bodily/mental feeling which is pleasurable/painful/neutral and which, by the addition of thoughts, appraisals, desires/craving, grasping, and physiological arousal gets converted to an emotion.”

Professor Deborah Bowman has written: “The ability of the non-violent communication practitioner to clearly observe a situation is essential. Often in the practice it is necessary to translate this observation into a verbal description that is without judgment or personal prejudice. ... A key to being received and understood by another person in a potentially conflictual situation is to provide information that is without personal bias, interpretation or evaluation. ... We might say: ‘I noticed you just now raised your voice louder than usual and I am wondering if you are feeling angry?’ – instead of: ‘you are so angry.’ ... our purpose is not to change people in order to get our way.”²⁸

A Difficult Solution:

It is very difficult to maintain composure when someone is in your face yelling at you for something you allegedly conducted or neglected to perform. Some people are quite persistent in their rants. Through Attila the Hun, one of Western History’s most relentless individuals is recollected, along with a discussion pertaining to many modern social situations which serve as the catalyst for the arising of anger. Contemporary music, such as RZA’s song on Domestic Violence can actually serve as a public-service announcement for the prevention of such horrible activities. Not only are people conscious about refraining from spousal and child-abuse, they are also conscious to not generate stress-levels that would induce a herpes-outbreak – a transformation that the Buddha had indeed labeled as the anger person becoming ugly, literally. Several pages were also dedicated to the types of body-actions or the analysis of someone’s non-verbal communications – demonstrations of their behavior which can be observed from a distance. The Honorable Minister Louis Farrakhan has urged families to adopt a language of respect and nourishment which comes to fruition when the roles of each family-member is well-played out, and Dr. Deborah Bowman has suggested that

²⁷ Ram Dass interviews Thich Nhat Hanh - <http://www.youtube.com/watch?v=tZKrl5n79hY> – accessed on 14 June 2011

²⁸ Deborah Bowman: Buddhism and Nonviolent Communication: An Effective Practice for Peace, inside Buddhist Approach to Political Conflict and Peace Development (Dr. Dion Peoples, ed.) – delivered for the 6th United Nations Day of Vesak Conference, 4-6 May 2009, pp. 132-144



non-violent communication is a key factor in better relationships, which was also a theme issued forth in the Farrakhan video. The material taken from the Buddhist texts deal with anger primarily through meditation, while the Venerable Thich Nhat Hanh has tried to show that while being mindful, one can control oneself in awakened-active moments, through mindfulness. What then is the closing words by the author, in his own voice?

My Conclusion for the Prevention of Domestic Violence and Anger Management:

I cannot say that I will never again become angry; it is likely that anger will occur within myself in the future. I do take measures to control my anger. I have taken the proactive measure of avoidance as a great method. Yet, I can only take upon the circumstances as they occur, because each encounter seems to be different than any previous situations. There are perhaps millions of Americans living with post-traumatic stress-syndrome, where they are forced to live paranoid or hyper-reactive lives, fearing something, to disassociate themselves from the catalyst of some anger or hatred. Buddhism offers many coping mechanisms for those suffering with aggressive-behavior. Mindfulness, not only in meditation, but mindful living is also a great protector of the individual – performing as the security force for the susceptible. People can learn to recognize that they are prone to this defiling characteristic; they should endure peacefully within a troublesome situation; and by controlling one’s anger one can become the victor in the circumstance.²⁹ In this way, mindfulness becomes a continuous practice rather than just a mere device utilized temporarily in meditations.

Rather than making anger an object of reflection, in the sense that meditators use, anger should be perhaps brought out into the social-sphere – and in doing such, perhaps a greater process of civility begins to cover society. We should know that anger pervades everywhere. Sometimes, I think it is better so see things negatively, because when something bad happens you are not surprised by it; but if you wander around thinking everything is fine – someone might be in for a rude awakening. In this way, someone can learn to appreciate the fine and simple things, and learn to value things at a deeper level. This includes our relationships. If we know that the world is full of bad people, hostility and anger, we can associate this with suffering pervading in the world. Since we are in the world, we must operate in this realm where suffering exists, even if it is not our own or of ourselves, we might be the victim or witness of someone else’s hostility. The more we are ready for it, the better we can arm ourselves or have at our disposal: the proper tools to assist in the elimination of anger, which we have already recognized, and are thereby taking measures to eliminate it, because we know goodness or betterment will come.

²⁹ D. Eckstein & D. Mitchell: Incorporating Buddhist Psychology into a brief group therapy for Anger and Agression (International Journal of Academic Research, Vol. I, No. 2, November 2009) - [http://www.ijar.lit.az/pdf/2/2009\(2-30\).pdf](http://www.ijar.lit.az/pdf/2/2009(2-30).pdf) – accessed on 16 June 2011

Bibliography:

- Barbara R. Wright: *Metta - The Map, The Formula, The Equations* (USA: Metta Press, 2009)
- Bhadahtacariya Buddhaghosa (Bhikkhu Nanamoli, trans.): *Visuddhimagga – The Path of Purification* (Seattle: Buddhist Publication Society, Pariyatti Editions, 1999)
- Bhikkhu Bodhi: *The Connected Discourses of the Buddha – A New Translation of the Samyutta Nikaya, Vol. I* (Boston: Wisdom Publications, 2000)
- Charles C. Mierow (trans.) *The Origin and Deeds of the Goths*, by Jordanes (Princeton: Princeton University, 1908), Section XXXIX: <http://www.gutenberg.org/cache/epub/14809/pg14809.html> - accessed on 30 April 2011
- D. Eckstein & D. Mitchell: *Incorporating Buddhist Psychology into a brief group therapy for Anger and Agression* (*International Journal of Academic Research*, Vol. I, No. 2, November 2009) - [http://www.ijar.lit.az/pdf/2/2009\(2-30\).pdf](http://www.ijar.lit.az/pdf/2/2009(2-30).pdf) – accessed on 16 June 2011
- E. Hardy (ed.): *The Aṅguttara-Nikāya, Part IV* (London: Pali Text Society, 1979)
- E. M. Hare: *The Book of the Gradual Sayings (Anguttara Nikāya), Vol. IV* (London: Pāli Text Society, 1965)
- Hatebreed: *To the Threshold* (official video): <http://www.youtube.com/watch?v=yKZZHHyNz6I> – accessed on 26 April 2011.
- His Holiness Prince Vajirañāṇa: *A Special Auspicious Allocation* (Bangkok: Mahamakut University Press, 1995), p. 50
- http://ptsd.about.com/od/ptsdandthemilitary/a/Iraq_anger.htm - accessed on 15 June 2011
- <http://www.angermanagementresource.com/anger-test.html> - accessed on 15 June 2011
- <http://www.au.af.mil/au/awc/awcgate/va/gerlock.htm> - accessed on 15 June 2011
- Maurits Kwee & T.L. Holdstock (Eds.): *Western & Buddhist Psychology: Clinical Perspectives* (Delft: Eburon Publishers, 1996)
- Maurits Kwee (Ed.): *Psychotherapy, Meditation & Health: A Cognitive-Behavioral Perspective* (London: East-West Publications, 1990)
- Maurits Kwee: *New Horizons in Buddhist Psychology: Relational Buddhism for Collaborative Practitioners* (Chagrin Falls: Taos Institute Publications, 2010)
- Padmasiri de Silva: *An Introduction to Mindfulness-Based Counseling* (Ratmalana: Vishva Lekha Printers, 2008)
- Padmasiri de Silva: *Buddhist and Freudian Psychology* (Victoria: Shogam Publications, 4th Edition, 2010)

Pasuk Phongpaichit & Chris Baker: Thailand: Economy and Politics (Kuala Lumpur: Oxford University Press, 2000), pp. 11-12

RZA: Domestic Violence (film): http://www.youtube.com/watch?v=KISU66F_IIM – accessed on 26 April 2011

RZA: Domestic Violence (music video): http://www.youtube.com/watch?v=A4bu_6yUg4Y – accessed on 26 April 2011

Upatissa (Rev. N.R.M Ehara, and Kheminda Thera, trans.): The Path of Freedom – the Vimuttimagga (Colombo, 1961)

W.H.D. Rouse (E.B. Cowell, ed), The Jataka or Stories of the Buddha's Former Births (Oxford: Pali Text Society, 2004)

Psychotherapy By Karma Transformation



Maurits G.T. Kwee¹

Prelude

There are plenty misunderstandings about *karma* whose conceptualization in non-Buddhist quarters carries the flavor of fate or destiny due to the working mechanism of cause-and-effect. This usually boils down to: “good deeds lead to heaven, an after-life paradise, and bad deeds lead to hell in the beyond”. The Buddha allocated from his awakening point-of-view a specific this-worldly/here-now meaning of *karma*, a term borrowed from Brahmanism, as intentional action that is subject to choice. Furthermore, from a Buddhist psychological perspective heaven and hell are metaphors for joy and anger, while good and evil only exist as non-foundational qualities which are basically empty. This essay draws on the tenet that the Buddha was an “analyst”/*vibhajjavadin* (*Subha Sutta*)² and that his transforming dialogues were meant to change intention/*kamma*, motivation/*hetu*, and performance/*kiriya*. In order to contribute to the daily psychological “rebirths” of wholesome emotional episodes, the Buddha’s tactics of transforming *kamma* can be summarized in a centerpiece called *Karma Sequence*, which is a combination of the modalities/*khandhas* and the 3-Poisons: (1) awareness of sensory perception (seeing, hearing, touching, smelling, tasting, and viewing through the mind’s eye) which are felt relatively positive, negative, or neutral, (2) awareness of dys/functional cognitions due to ignorance on how the mind works which usually fabricates projections of illusory selves and delusional gods, (3) awareness of un/wholesome cognitions of intentional planning also called volition or conation which inhere in the motivational factors of action, (4) awareness of self-sabotaging thoughts which reflect the proclivity of irrational craving (“musts/shoulds”), greedy grasping (fear-of-loss and grief-of-loss), and hateful clinging (aggression/other-hate and depression/self-hate), and (5) awareness by mindfulness unveiling the interactive Dependent Origination of body/speech/mind which incorporate karmic antecedents and consequents leading to balanced interactivity. In effect, *Karma Transformation* starts with an unwanted emotional state and works at changing unwholesome/*akusala* perception, cognition, and behavior with regard to an external or internal activating event by choosing for wholesome/*kusala* perception, cognition, and behavior to alter affect. Thus, the *karma* of drama, distress, and agony is transformed into the *karma* of contentment. This is illustrated by a case example detailing the construction of wholesome *karma* as rational cognitions and functional behaviors. Insiders have observed that karmic sequences run parallel to the centerpiece used in Cognitive-Behavior Therapy (CBT), a school of psychotherapy, which implies that the two methodologies of change overlap considerably. Indeed, one of the founding fathers of CBT, the legendary Albert Ellis, noted that these disciplines bear more commonalities than differences, particularly by abolishing “most of the human ego” (Kwee & Ellis, 1998). Psychotherapy, also if Buddhist, operates in the realm of the “provisional self”; hence therapy logistically precedes meditation towards “ultimate no-self”. At bottom: only when calmed down, free from emotional quagmires and *horror vacuum*, is one ready to shift toward emptiness and Buddhahood.

¹ M.G.T. Kwee, Ph.D. (Em. Hon. Prof.), Faculty Member of the Taos Institute (USA) – Tilburg University (Netherlands) PhD-Program and Founder of the Institute for Relational Buddhism. E: mauritskwee@gmail.com ; W: www.relational-buddhism.org; www.taosinstitute.net/maurits-gt-kwee-phd1; Facebook: Relational Buddhism; twitter @relationalbuddh.

² Thanks are due to Dr. Dion Peoples who proficiently brought the correct *sutta* to my attention.



Introduction

There is a growing interest worldwide amongst scientists-practitioners for the Buddhist Teachings (Buddha-Dhamma/Dharma) as an applied science of psychology to guide people's ways of living toward emotional balance (e.g. De Silva, 2010; Kwee, 2010 and 2011, Kwee, Gergen, & Koshikawa, 2006). This is in spite of the fact that the Dharma is considered by many, Buddhists and non-Buddhists alike, to be a *religion* and a *philosophy* rather than a *psychology*. However, because these three words/concepts do not exist in the pristine Dharma and in the languages of Buddhist Asia, it is neither of these three. Because Siddhartha Gautama, the Buddha – who lived around 563-483 Before Common Era – never claimed to be some intermediary between humanity and the beyond, a messiah or a prophet, or anything else but a human being, who claimed to be just “awakened”, i.e. not asleep (*Dona Sutta*), the Dharma is definitely not a religion in the Abrahamic sense.

Moreover, as in the discourses (*nikayas*), one might infer that the Buddha promulgated a this-worldly teaching of wisdom that is non-theistic implying that the *Dharma* is “neither theistic, nor a-theistic” (*Sabba Sutta*, *Vacchagotta Sutta*, and *Malunkyaputta Sutta*). In the *Tevijja Sutta* the Buddha pointed out that it is foolish to assimilate with an imaginary or visualized god. In effect this boils down to the reading that “god is non-of-our-business”. Nonetheless, the Dharma was and is usually categorized as a “religion”. Even if termed a “secular religion” this classification is a consequence of Eurocentric/neo-colonial thinking. However, from a pragmatic point of view, there are advantages to treat the Dharma as a religion, because then it is: (1) recognizable, (2) organizable, (3) subsidizable, and (4) viable in multicultural societies.³ Hence, on the bottom line, radically resisting the erroneous view of the Dharma as a religion becomes questionable. But Buddhists know better: our teaching is about disseminating loving-kindness against the backdrop of an emptiness of the wise. God-heads merged with the Dharma are cultural atavisms meant to attract the illiterate and not to scare off the meek by an “empty teaching”. In certain psychological quarters it is not at all praiseworthy to consider the Dharma as a religion. To the renowned Sigmund Freud (1927) religion is a collective obsessive-compulsive disorder due to an infantile wish for a parent which is much akin to a psychotic disturbance; and the legendary Albert Ellis (1980) straightforwardly called religion mental illness. As both giants are of Jewish descent they alluded to the Abrahamic faiths when talking about religion.

While the interpretation of the Dharma as a religion was in the tradition of Louis de Vallée Poussin (1869-1939), a Belgian who explored Indian Mahayana that includes god-like interpretations through its representations of cosmic Buddhas meant as “skilful means” (*upayakaushalya*, S), there was another tradition that views the Dharma as a philosophy. This current was spearheaded by the Russian scholar Fyodor Stcherbatsky (1866-1942) who explored Tibetan Buddhism as a philosophy. The term Buddhism is exemplary to denote the philosophical take. Notwithstanding, the Dharma is a *magga*, a way or practice (comparable to the Tao in China), not an “ism”; hence it is not a philosophy, nor a theory, but a guide for practice. Hence, rather than “opium for the intellectuals”, the Dharma is a *modus vivendi* for seekers of liberation from experiential malaise by tailored experimentation called meditation. If the Dharma is not a philosophy, should this Western word, enforcing misguided semantics, be banned from the Buddhist vocabulary?

³ E.g., if not as a religion, the Dharma would be unclassifiable and unviable in Indonesia. By declaring the Adhi-Buddha as a god-head, Buddhism enjoys the status of a formal religion in the framework of religious freedom.

As long as the user knows better, using Buddhism as a container term that includes religion and philosophy is surely convenient. This implies that Buddhism could also be a psychology (De Silva, 2005; Kalupahana, 1987). However, because psychology is a typical Western discipline, it is for clarity reasons advisable to explicitly talk about Buddhist Psychology to acknowledge the confluence of the Dharma and psychology. According to the American Psychological Association (APA) psychology is “the study of the mind and behavior. The discipline embraces all aspects of the human experience, from the functions of the brain to the actions of nations, from child development to care for the aged. In every conceivable setting from scientific research centers to mental health care services, ‘the understanding of behavior’ is the enterprise of psychologists” (www.apa.org).

Psychologists/psychotherapists are scientists-practitioners who attempt to understand mind, experience, and concomitant behaviors; these are themes overlapping the Buddhist venture. The Buddhist project is to responsibly watch over *kamma*/P or *karma*/S which can be defined in psychological terms as: intentional/cognitive activity/behavior in relational context. How does *karma* come about? Which factors are functional in contributing to its multi-causal (body/speech/mind) and multimodal (doing/talking/thinking) arising, peaking, subsiding, and ceasing? What remedy is prescribed to alleviate people from the *dukkha* of psychological suffering? Which interventions need to be implemented for what ailments, to whom, by whom, when, and under which circumstances?⁴ William James, father of American psychology, already noted: “I am ignorant of Buddhism... [but] as I apprehend the Buddhist... *karma*, I agree in principle with that.” (1902, p.512). In this essay, I follow his lead.

Karma and Its Metaphors

A Buddhist approach considers meaning as derived from the compassion and care for interpersonal relationship in harmony with oneself. This stretches out to Buddhist Psychotherapy that could be pinpointed as an evidence-based system of assessment and intervention. To date, the school of psychotherapy that is researched best is Cognitive-Behavior Therapy (CBT) which is an amalgam of Behavior Therapy and Cognitive Therapy; both began in the 1950s.

Behavior Therapy is based on a model derived from the psychology of learning by conditioning: (1) Pavlovian classical conditioning (food associated to a ringing bell will eventually result in salivation when only hearing the sound), (2) Skinnerian operant conditioning (rewarding a target behavior will result in its frequency increase), and (3) Bandura’s vicarious conditioning which is cognitive learning through modeling and imitation. Cognitive Therapy targets the analysis of dysfunctional or irrational thoughts, cognitions-concepts/images-visualizations which are highly correlated to

⁴ Research (Lyubomirsky, 2008) suggests that un/happiness is determined by a genetic set-point (50%), circumstantial factors (10%), and intentional activity (40%), called *karma* in Buddhism. The latter opens a window of opportunity. Human beings are equipped by a personal genetic set-point for un/happiness comparable with a set-point for weight or length which is hardly modifiable. People with high set-points will find it easier to be happy, while people with low set-points will have to work harder to achieve and maintain happiness under similar conditions. Long term overall circumstances include correlational demographics happening to us like age, health, education, money, country, religion, or marital status. While these factors matter, they only determine a small percentage to un/happiness. Due to human hedonic adaptation, it is a misguided hope that they will impact long-lasting happiness. Rapidly accustomed to sensory or physiologic changes, they deliver short-lived boosts of happiness. Happy people do not just sit around being happy. They make things happen and this activity spins off a by-product which is happiness over and above the genetic set range and life circumstances.

affect-emotion and individual/interpersonal manifest behavior. Affect⁵ is the psychologist term for emotions which form the prime target of CBT that is mainly focused on alleviating suffering from anxiety/fear, anger/aggression, sadness/grief, and clinical depression. There are two schools of CBT, Beck's Cognitive Therapy and Rational Emotive Behavior Therapy (REBT) founded by the legendary Albert Ellis (1913-2007). According to a survey of 800 counseling and clinical psychologists, members of the APA (Smith, 1982), a more recent one is not available, Beck and Ellis were the seventh and second in the ranking of most influential psychotherapist. This author has worked closely with Ellis on ferreting out commonalities and differences between REBT and Zen (Kwee & Ellis, 1998) and was one of the first to connect CBT with Buddhism, along with P. de Silva (1984) and W. Mikulas (1978) (Kwee, 1990).

This was the formative beginning of a development that has lead to a confluence of CBT and Buddhist practice for which I have coined the phrase: *Psychotherapy by Karma Transformation* (Kwee & Kwee-Taams, 2010a and 2010b). *Karma Transformation* targets *karma* plainly defined as (motivated) action. This definition is blurred by supernatural notions, an unfortunate development that will be avoided here; Buddhist Psychotherapy is interested in this-worldly karmic sequences. These sequences function according to "Dependent Origination" (*paticcasamuppada*), the *summum bonum* of the Buddha's awakening. Understanding *karma*, a proposition that intentions implicate activity and its fruits (*karmaphala*) is quintessential in the Buddhist practice to end suffering. In effect, intention is a mental state of heart/thought (*Cetana Sutta*) which leads to karmic action of body/speech/mind through volition and intention. "Intention... [I say] is *kamma*." (*Nibbedhika Sutta*). The importance of *karma* can be inferred by the Buddha's further statements that *karma* is imbibed: we own, are born of, relate to, and live by *karma*, and whatever *karma* we create, unwholesome or wholesome, that will be "inherited" (*Upajjhatthana Sutta*). Moreover, the Middle Way⁶ is also known by its essential dealings with "capricious" *karma*: (1) *kammavada* (the application of wholesome *karma*), (2) *hetuvada* (the analysis of *karma*'s motivation, causation, and function, and (3) *kiriyavada* (the effect or "seed to fruit" performance result of *karma*). Hence, the Buddha was also known as a *kammavadin*, *hetuvadin*, and *kiriyavadin*. Even though it can be read about in various discourses (e.g. *Mahanidana Sutta*, *Kammavada Bhumiya Sutta*, *Maha- and Culla-kammavibhanga Suttas*), as yet, a crystal-clear, systematic, and unequivocal interpretation of *karma* is scarce. It is however a pan-Buddhist given that "absolute predestination" is anathema in a Buddhism without godheads (Kalupahana, 2010).

The following is an attempt to offer an unambiguous psychological interpretation of Dependent Origination and the vicissitudes of *karma*, which is secular and this-worldly. Analyzing the Buddha's wondrous instances of teaching, the observation stands out that he frequently made proficiently use

⁵ Affect can be any inner short and long term feeling, from weak moods to strong emotions with a positive, negative, or neutral quality.

⁶ The Middle Way avoids the extremes of asceticism and hedonism and the 8-Fold Practice conveys how to balance and comprehend it. It is definitely not creatorism (*issaranimmanavada*), nor nihilism (*ucchedavada*) or fatalism (*pubbekata-hetuvada*). As Dhamapalla stated (*Maha Bodhi Journal*, vol. 34, 1926), there is a host of names denoting the Dhamma: *Sambodhiyana*, *Dhammayana*, *Jhanayoga*, *Ditthijala*, *Attajala*, *Brahmajala*, *Brahmayana*, *Vibhajjavada Samukkansadhamma*, *Vimuttinanadassana*, *Ariyamagga*, *Ariyadhamma*, and *Bodhipakkhiyadhamma*, which are not translated due to space constraints. Most importantly, the Dhamma is also known as *kammavada*, *hetuvada*, and *kiriyavada*, and the Buddha as an analyst (*vibhajjavadin*) of intentional action (*kamma*), motivational factors (*hetu*), and performance efficacy (*kiriya*). In the framework of Dependent Origination the *kammavadin* is a collaborative practitioner who puts wholesome *karma* in place while extinguishing unwholesome *karma*. This requires *viriyavada*, the tenet that necessitates "human effort" in skillfully pursuing wholesomeness (www.ucalgary.ca/numatachair/files/numatachair/Karunadasa_2001.pdf).

of “psychological metaphors” and “double entendres”. A case in point is his dialogue with the “finger necklace serial killer”, who, surprised to see a fearless ascetic passing his notorious residence, stopped and yelled at the Buddha “to stop or otherwise...” whereupon the Buddha, while continuing his walk, replied that he had stopped already and retorted: “don’t you want to stop?” Hearing this, the bandit was puzzled, because he was asked to stop while he was not walking and because the ascetic said he has stopped while he is still walking (*Angulimala Sutta*). Obviously, the Buddha was juggling with semantics as his use of “stopping” carries the double meaning of stopping to walk and stopping to kill. The thesis submitted here is that the Buddha was a “semantic artist” or “poetic activist”. He showed that terms can be interpreted as psychological metaphors, particularly when terms are borrowed from Brahmanism. The task is to seize their “awakened” meanings. Based on this author’s explorations as a student in psycholinguistic and general semantics (Kwee, 1982), here is a list containing a selection of terms which could be acquainted with as “deep metaphors”. Their proposed psychological meanings discard literal exegesis, e.g. of Mara (*Padhana Sutta*).⁷

Table 1: Selected Buddhist Terms/Metaphors and Proposed Psychological Meanings

<i>Rebirth:</i> psychologically, this is limited to a this-worldly/daily recurrence of emotional episodes
<i>6-Realms of rebirth:</i> 1. heaven, 2. hell, 3. titans, 4. hungry ghosts, 5. humans and 6. animals
<i>Heaven:</i> feeling “godly” as if in heaven, a metaphor of bliss/pride which doesn’t make one a god
<i>Hell:</i> feeling the heat of “hellishness” if hateful, angry, furious, resenting, hostile, and aggressive
<i>Titans/demi-gods:</i> experiencing conflict, struggle, fight, envy/jealousy, distrust, and paranoia
<i>Hungry ghosts:</i> frustrated state due to insatiable craving/grasping/clinging to impermanence
<i>Humans:</i> most common/normal rebirth realm that offers the best opportunity for Buddhahood
<i>Animals:</i> most frequent depictions are a cock (greed), a snake (hatred), and a pig (ignorance)
<i>Nirvana:</i> experiencing extinction of the state or trait of unwholesome affect/emotional arousal
<i>Dukkha:</i> a damaged wheel axle preventing a cart from riding smoothly, a simile for suffering
<i>Mara:</i> mental projections of emotions re lust-confusion as a deadly “army” of demonic states
<i>Poisons:</i> intoxicants, metaphoric for the psychological afflictions of greed, hatred, and ignorance
<i>Brahmaviharas:</i> “divine dwellings”, metaphoric for kindness, compassion, joy and equanimity
<i>Arahant:</i> not a saint, but someone who has vanquished her/his inner enemies and is awakened
<i>Wheel of life:</i> cycle of life-death of this-worldly, daily karmic greed, hatred, and ignorance
<i>Karma:</i> not fate or destiny, nor a book-keeping of “good” and “bad” deeds, but intentional action

⁷ Obviously, I am not the first or only to point at the metaphoric nature of the Dhamma/Dharma. The late Ven. Buddhadasa discerned “everyday language” and “Dhamma language” in 1966, October 8, in a splendid lecture at Suan Mokkhabalarama, Chaiya, Thailand (www.buddhadasa.com/naturaltruth/twolanguage1.html). However, to date it seems that only few people consequently apply psychological interpretations. E.g., if *dukkha* is literally the axle of a chariot’s wheel that does not run smoothly, if the chariot is subject to wear away due to life’s imperfection and impermanence (*anicca*), and if the chariot when torn apart does not accommodate any self or soul (*anatta*), then this is a psychological simile about the 3-Empirical Marks of Existence of human beings.

That *karma* is not the bottom line of an accounting system of deeds but rather a “no-nonsense” teaching of calming, *nirvana*, insight, and emptiness/not-self is illustrated in the following anecdote on the Indian Bhikshu Bodhidharma, the alleged founder of Chan, who, in 521, visited the emperor Wu, a great patron of the Dharma. Having built many priories, the emperor asked what merit his generosity had earned. «No merit,» was the answer. Astonished, he asked what the Dharma’s supreme essence is. «Vast emptiness, nothing holy,» was the reply. Finally, he asked, «Who are you?» «Don’t know,» said Bodhidharma alluding to not-self. In a psychological approach, *karma* leads to rebirth in the space of body/speech/mind. This can take place in heaven or hell. That heaven and hell are to be sought here-now, was already acknowledged for centuries like in the following *koan* (Reps, 1957):⁸

A proud warrior - a samurai - visited a Zen master to learn about heaven and hell; do they really exist? Instead of answering immediately the teacher kept him waiting for a while, treating him like a beggar. The samurai gradually became impatient, angry, and at last demanded a proper answer. «You are too stupid to understand,» the master replied. Furiously the samurai drew his sword to kill the teacher, who at this very moment raised his index finger and then said: «Experience the gate of hell!» All of a sudden the samurai understood that this was his lecture, bowed in deep grace and kneeled in merciful surrender. The monk smiled, raised his finger again and concluded: «Experience the gate of heaven!» (Hakuin, 1685-1768)

Karma Sequence

As *karma* usually refers to the becoming/birth and the ageing/death of feelings like pain and pleasure in a recurrent cycle of rebirths, this gives rise to the idea that this birth and death are not physical, but an analogy to explain the beginning and end of daily pleasures and pains. Thus, metaphors for birth and death are a poetic description of the Dependent Origination, arising, peaking, subsiding, and ceasing of karmic sequences which take place during “emotional episodes”. The cycle of births and deaths of suffering (*samsara*) can be ceased by transforming the *karma* of drama, distress, and agony into the *karma* of contentment and *nirvana*. Hence, *Karma Transformation* aims at preparing the “nirvanic extinction” of karmic arousal by skillfully eradicating unwholesome *karma* moving forward, i.e. by working at unsatisfactory rebirths one by one. The therapeutic aim of *Karma Transformation* is to prepare and lay the basis for working at contentment and *nirvana*, but not at “emptiness” and Buddhahood. *Karma Transformation* is therefore only an initial phase in a long Buddhist quest. This first phase is meant to alleviate the suffering of anybody who feels distressed or in agony and needs therapy. Only when calm, tranquilized, and freed from the quagmire of emotional impasse, with or without therapy, is one able to pursue the next phase. This second phase targets Buddhist aims and is therefore almost exclusively suitable for Buddhists who want to take up the painstaking journey toward not-self and Buddhahood.

Before going into the *Karma Sequence* as the operational centerpiece, let us dwell on the *raison d’être* of *Karma Transformation*. This is a transformative process of eliminating emotional quandaries and conceptual confusion by decreasing unwholesome *karma* and increasing wholesome *karma*. Skillful and wholesome *karma* is rooted in non-greed (*alobha*), non-hatred (*adosa*), and non-ignorance (*amoha*), while unskillful/unwholesome *karma* is rooted in the 3-Poisons: greed

⁸ A *koan* is an exemplary teaching anecdote comparable to jurisprudence in law making.

(*lobha*), hatred (*dosa*), and ignorance (*moha*). Ignorance refers to not-knowing how the mind functions. Pitfall is the difficulty to see and understand the projections of the mind which result in the illusion of “self” and the delusion of “god/s”. The antidote to ignorance is (1) wisdom on the mechanisms and workings of the mind and (2) knowledge and savvy about putting this wisdom in practice. The remedy to heal greed is heartfelt generosity. The cure for hatred is loving-kindness. Because body/speech/mind inhere in the causes and effects of *karma*, the 3-Poisons afflict body and bodily action, contaminate speech and vocal action, and defile mind and mental action.

From my clinical point-of-view greed and hatred mask negative “basic emotions”. Greed conceals the fear of future loss and the grief of past loss. Hatred is the result of anger which could proliferate (*papanca*) to other-hate/aggression and self-hate/depression. The socio-cultural expressions of *depression*, *anxiety*, *anger*, and *grief* are the prime targets to decrease. They are the emotional states to zero in during *Karma Transformation* which then works at focusing on feelings which are neither painful, nor pleasurable. Affect of neutrality and contentment clear the air for the alternative scenarios of *joy*, *love*, and *serenity*. In *Karma Transformation* client and therapist usually dig into the karmic feelings/thoughts/activity of a past event, when things went wrong, in order to ameliorate future emotional episodes. Hence, the focal point is here-now, even if the intentional activity was originally created in the past (*puranakamma*): one cannot but live in the present. If discussed here-now, emotional events that took place in the past are something of the present and usually one also gets the same feelings. Even though the subject stems from a very long time ago, the karmic implication of the past (*kammavipaka*) becomes actual and changeable now (*navakamma*).

Karma Sequence almost always takes place in a relational context and starts with a stimulus situation, here called an “emotional episode”. This can be summarized as: *It is not the perceived things without or within (point A-activating event) that upset me (point C-consequence) but my very own thoughts-images/conceptions and concurrent interpretations-evaluations/judgments (point B-beliefs) which make me feel bad, sad, and mad (C: emotion) and motivate me to intend/plan regrettable karmic acts (C: behavior).*⁹ This ABC terminology, derived from Ellis’ REBT (Kwee & Ellis, 1998), is an echo of the Buddha’s saying that “we are what we think...”,¹⁰ which emphasizes responsibility (*Dhammapada*): “By oneself is unwholesomeness done and is one afflicted; by oneself is unwholesomeness not done and is one not afflicted. Affliction and non-affliction depend entirely on oneself; no one can non-afflict another.” A most educative presentation of the ABC is through the following Jataka-story inspired simile:

⁹ We have 100 billion nerve cells (neurons) i.e. 1 million billion connections flickering when we think: ca 1000 thoughts per hour which is about 16.000 up to ca. 64.000 per day of which 95% is the same as yesterday’s thoughts and 85% is negatively colored (C. Greer, National Science Foundation; www.hvacprofitboosters.com).

¹⁰ The *Dhammapada* (423 verses; transl. Byrom, 2001), a gem of world literature, clarifies (Byrom, 2001; p.3): “We are what we *think*. All that we are arises with our *thoughts*. With our *thoughts* we make the world. *Speak* or *act* with an impure mind, and trouble will follow you as the wheel follows the ox that draws the cart. We are what we *think*. All that we are arises with our *thoughts*. With our *thoughts* we make the world. *Speak* or *act* with a pure mind, and happiness will follow you as your shadow, unshakable. ‘Look how he abused me and hurt me, how he threw me down and robbed me.’ Live with such *thoughts* and you live in *hate*. ‘Look how he abused me and hurt me, how he threw me down and robbed me.’ Abandon such *thoughts* and live in *love*. In this world *hate* never yet dispelled *hate*, only *love* dispels *hate*. This is the law, ancient and inexhaustible... However many holy words you read, however many you *speak*, what good will they do you, if you do not *act* upon them?” NB: As in the *Rohitassa Sutta*, by “the world” is not meant the world in the beyond or out there (in the iron age conceived as flat), but the mind’s world, with data entering through the sense doors and whose minutiae are observable in meditation: “In this very one-fathom-long body, along with its perceptions and thoughts, do I proclaim the world, the origin of the world, the cessation of the world, and the path leading to the cessation of the world.”

Once in a forest, a sleeping hare heard a hullabaloo. Believing it's the end of the world, he began to run. Thinking the same, others joined him: the deer also thought so and joined the flight... and one species after the other started running until all animals were in a frantic sprint which would eventually have led to their demise. When the Buddha saw them in panic, he asked them: "why?" "Because the world ends", they said. The Buddha: "That can't be true... let's find out why you think so." Questioning them in succession, he finally arrived at the hare that started the run: "where were you, and what were you doing when you thought 'it's the end of the world'?" The hare: "I was sleeping under a mango tree"... the Buddha hypothesized: "you probably heard a mango fall... startling you (A, the activating event), you thought it's the end of the world (B, the un/wholesome belief), you took fright (Ce, the emotional consequence) and ran (Cb, the behavioral consequence)... let's go back to that tree... to verify and falsify"... Thus, the Buddha saved the animal kingdom.

In a more scholarly fashion, the commonality comes to the fore in the firing order of the "street" (*vithi*) which refers to our *Karma Sequence* as described in the *Abhidhamma* (the deeper teachings, one of the three canonical works containing numerical abstractions of the Buddha's discourses written by adepts). The street follows 17 infinitesimal steps of mind moments (*cittas*) which strikingly correspond to the ABC-sequence:

There is an *Activating event* (e.g. a mango falling): 1. baseline awareness (e.g. deep sleep) ~ 2. vibrating input (a sound) ~ 3. interruption (waking up) ~ 4. adverting (5 sense doors) ~ 5. perception (e.g. eye consciousness) ~ 6. receiving awareness-attending ~ 7. investigating awareness by "the mind's eye" (incl. memories) ~ 8. determining/noting awareness by "the mind's eye" (incl. memories) ~ 9~10~11~12~13~14~15... impulse awareness: reflection by un/wholesome *Beliefs* with a karmic history and fresh intentional will to (not) act as a *Consequence* engendering an emotional and a behavioral output ~ 16~17 followed by subliminal storage and retention of an I-me-mine/self experience. (NB: 6~7~8 refer to apperception which is post-perceptual but pre-conceptual, observable in mindfulness; 9-17: include the therapeutic awareness that might transform unwholesome *karma* into neutral feelings.)

Candle Karma and Domino Karma

Interestingly, neither the REBT centerpiece, nor the *Karma Sequence* endorses a "ghost in the machine". Because the *khandhas*, which we call psychological modalities, are empty, this basically implies that there is no self to identify with. The self's emptiness is obvious when the nature of reified abstractions is understood. Pirsig's *Zen and the art of motorcycle maintenance* (1974) deals with this issue: where does inherent existence, soul, or self reside if the bike is torn apart? This is a variant of a comparison highlighted in the *Milindapanha* (2nd century BCE): the Bhikkhu Nagasena explained the Indo-Greek King Menandros that the modalities are like the chariot's parts. Mind deconstructed in its modalities disintegrates like a decomposed body like a chariot. Its constituent parts are but a temporary assemblage. The Buddha also used the analogy of a lute, whose elusive music is composed by the combination of strings, box, and bow that is full of momentary experience but empty of the "self-nature" of eternal sound (*Sigalovada Sutta*). Not only sound, but all perceptible phenomena are impermanent, non-abiding, and ever changing by

nature, thus they are essentially empty and lack “inherent existence” (*sabhava*). The self exists only as a mind construction that freezes the flux of the modalities’ processes and is therefore nothing but an illusion. Another way to arrive at self’s emptiness is Nagarjuna’s (2nd century) *sunyata/S*, the emptiness of everything that is impermanent. He discerned the “ultimate emptiness of not-self” and the “provisional self of the householder” who is aware of the futility of a name, but simultaneously appreciates the convenience of “being indexed”, e.g. by having an identity card. The crux is to keep *karma* un-afflicted by not attaching to greedy or hateful thoughts/feelings/deeds. The following two schemes are tools of analysis.

The candle metaphor (cf. *Gaddulabaddha Sutta*). Habitual behavioral patterns

are the bulk of regrettable intentional action. With the negative karmic impact of regret, reflection as well as *karma*’s assessment often begins. Habits come about by the interplay of the *khandhas*. The dynamic combination of modalities reflects the structure and process of what is called “personality”, i.e. a snapshot description of a psychological profile. These comprise body-*rupa-kaya*/speech-*vak-alapa*/mind-*nama-citta* out of which consciousness or *vinnana* emerges and functions through awareness. Mindfulness enables the full experience of the modalities: perceiving-sensing (A), conceiving-cognizing (B), emoting-feeling (Ce), and conating-acting (Cb). Experiencing may take place consciously, in full awareness, or non-consciously, in subliminal awareness, depending on the willful attention paid to what is perceived outside or inside the body. Our daily experiences are mostly governed by habit which happens “automatically” due to too ingrained conditioned and conditional learned responses. A habit may be an inappropriate reaction to an activating event requiring adequate consequences which is a process of figuring out and creating new beliefs. Whether the client’s responses are adequate, appropriate, and wholesome can be experienced on the affective level.

An inadequate response is likely connected to some emotionally distressed and unhappy feeling and is often the beginning of somebody’s voluntary paying attention and focusing awareness to the modalities. In line with the metaphor, *Karma Transformation* eventually results in flame extinction (*nirvana*) (see Table 2).

Table 2: The Buddha’s Karma Sequence and REBT’s Centerpiece: Parallel Approaches to Karmic Emotional Episode[©]

Body/speech/mind (<i>kaya/vak/citta</i>): <i>Basic mindfulness</i> of the phenomena in these spaces	A momentary external or internal stimulus configuration impinges on the subject, i.e. something one is aware of in fleeting sense consciousness after detection and being in contact with on the radar screen of one of the six sense organs, to be perceived...
Perceiving (<i>vedana</i>): Awareness of the 6 Senses (seeing, hearing, smelling, tasting, touching, and the mind’s eye), felt: + / 0 / –	<i>Activating event:</i> sensing, while apperceiving, which is post-perceptual but pre-conceptual, there is willful attending and perception which is influenced by memory and recognition, and the perceiver gets some sense feeling (partly overlapping affect/emotion) which is relatively positive, negative, or neutral...
Conceiving (<i>sanna</i>): Awareness of projections due to ignorance: illusion of self and delusion of god(s)	<i>Beliefs:</i> imagery and conceptions, the cognitive representation by the subject becomes interpreted and evaluated – i.e. dualistically fabricated and proliferated as good/bad, right/wrong, etc. – and to be tapped as ir/rational and un/wholesome cognitions and ideas...
Conating (<i>sankhara</i>): Awareness of ignorant craving and subsequent proclivities of action: greed-grasping or hatred-clinging	<i>Consequences:</i> karmic affective/emotional and (interpersonal) behavioral responses – having appraised thoughts (“self-talk”) as unskillful-irrational/unwholesome, the subject skillfully transforms these into new rational/wholesome thoughts in order to plan/emit new karmic rational/wholesome motivated intentional activity...
Consciousness (<i>vinnana</i>):	<i>Advanced mindfulness</i> is the next post-therapy phase to <i>bodhi</i> ...

(2) *The domino metaphor* (cf. *Dutiya Gaddulabaddha-Sutta*). Unwholesome *karma*, noticeable by craving affect, grasping thought, and clinging behavior, does not breathe the quality of freedom, it feels like being shackled. Wholesome *karma* is free from attachments. It is a state attained when ignorance is over and knowledge is wisely applied. Like in a court of justice intentions and wishes count less than actual facts, observable conduct, manifest behavior, pre-meditated performance, or motivated action comprising *karma*.¹² However, planned intentions form the seed for future activity. To be mindfully aware of them prevents unwholesome *karma* and likely promotes wholesome *karma*. *Karma*’s working is elucidated by the Buddha through an analysis of its conditionality/functionality comprising 12 links, interconnected like domino pieces. This is a more detailed assessment than the candle view (Conze, 1980). The domino metaphor offers a this-worldly/here-now interpretation of these links and discerns three parts: a general part (steps 1-4), a specific part (steps 5-10), and a cyclical part (steps 11-12). They are translated into the ABC-sequence (see Table 3).

The metaphors of re/birth, ageing, and death have made many credulous followers believe that the 12-linked stepwise exposition is about the metaphysics of the soul, reincarnation, and “Transcendental Truth”, rather than a tool to closely examine Dependent Origination this-worldly/

¹¹ As in the Bahiya Sutta: O Bahiya, whenever you see a form, let there be just the seeing; whenever you hear a sound, let there be just the hearing; when you smell an odour, let there be just the smelling, when you taste a flavour, let there be just the tasting; when you experience a physical sensation, let it merely be sensation; and when a thought or feeling arises, let it be just a natural phenomenon arising in the mind. When it is like this, there will be no self, no I. When there is no self, there will be no moving about here and there and no stopping anywhere. That is the end of dukkha. That is nibbana. Whenever it is like that, then it is nibbana. If it is lasting, then it is lasting nibbana; if it is temporary, then it is temporary nibbana. In other words, it is just a principle.

¹² In a way *Karma Transformation* resembles “detectiving” because like a Private Investigator, confronted with a puzzling act through a killed body, will always look for the motive of the murderer, the Buddhist psychotherapist is keen about the whereabouts (ABC) of an act (*karma*) and the motive/s (*hetu*) leading to karmic suffering.

here-now. The metaphysical flirtations notwithstanding, the Buddha was not concerned with the cosmological order of the universe. He was involved with the impermanence of the human condition and the quest to know how to come to grips with the fringes of existential trouble due to impermanence/imperfection. That the Buddha's discourses unambiguously reject metaphysics, cosmology, and ontology, and breathe a this-worldly/here-now psychological spirit can be read in the following quote (*Sabba Sutta*):

The eyes and forms, the ears and sounds, the nose and smells, the tongue and tastes, the body and tangible things, the mind and mental objects... If someone should set this "All" aside and proclaim another "All", it would be just talk... because this would be beyond the limits of his abilities.

Table 3: A Psychological Interpretation of Karma's Dependent Origination

Link 1 conveys that the links are a stepwise model about karmic greed, hatred, and ignorance which concurs with REBT's ABC-centerpiece and displays an emotional episode, as follows:

Link 2 explains A: while ignorant, an Activating event arises *in sensorium*, e.g. a fight

Link 3 explains B: out of this, awareness arises, i.e. irrational Beliefs on the fight

Link 4 explains C: out of B, Consequential emotional action (Ce/Cb) arises, e.g. aggression

Link 5 specifies A: out of bodily sense organs as condition, perceiving arises

Link 6 specifies A: out of perceiving, contact arises, e.g. seeing John

Link 7 specifies B: out of contact, cognitive experiencing arises, e.g. feeling angry

Link 8 specifies B: out of inferences, craving evaluations arises, e.g. "I wish him dead"

Link 9 specifies Ce: out of craving unwholesome emotions arise, e.g. hatred (other-blame)

Link 10 specifies Cb: out of hatred as motivation, aggressive behavior will find expression

Link 11 A-B-C cycling: step 10 originates the conception and re/birth of steps 5-10

Link 12 A-B-C cycling: birth of an emotion undergoes ageing toward death, rebirth, etc.

Karma Transformation

Psychotherapy by *Karma Transformation* takes place after assessment by means of the *Karma Sequence* formulated as the ABC-centerpiece of an emotional episode. Typically, a client will not seek council for a "problem of greed or hatred", s/he will likely come with complaints of depression, anxiety, anger, and/or grief. The therapist then pinpoints, in collaborative practice, the treatment target like for instance "overcoming the incapacity of crying while in a sad situation of divorce from a verbally violent husband". Despite it is functional to be strong and to "stick to her guns", it would be stronger and healthier to cry than not to cry. Crying is not *per se* weakening and could



even strengthen one's immune system; hence it is advisable to cry when alone or with family or friends to get rid of the waste products in tears. Hence, the target is not to cry in the middle of yelling and scolding, but to learn to cry if sad. In this case the client was in first instance encouraged to visualize sad situations of the past and to watch movies with the potency to strike a sensitive string. In second instance, *Karma Transformation* using the ABC-centerpiece weighs in. The Activating event is: "Sitting while visualizing him damaging my clothes and jewelry after my telling to leave him", The irrational Beliefs with unwholesome karmic impact are: 1. "He shouldn't yell at me and now he does, he's a son of a bitch..."; 2. "He mustn't scold at me; I wish him bad luck..."; 3. "He is a lazy man, how could I ever marry him?" And so on. The karmic Consequences of these thoughts on the emotional level are "Anger/hatred" and on the behavioral level of manifest action is "Having restless legs".¹³

After formulating the ABC, the transformational karmic Dispute and aimed karmic Effect come next in the process. The pursued goal (E) set by the client is: "To feel sad and cry if alone, but to stay firm with regard to my divorce decision, and feel relatively happy amidst life's adversity". In order to attain this aim each cognitive strand is "microscoped" by first disputing (D) its completeness by questioning the evaluation impacting the emotional experience. Evaluations lie below the tip of the iceberg of the surface cognition. The second step is to question the un/wholesomeness and ir/rationality of the complete cognition. A thought is wholesome and skillful if it is rational/logical/realistic/factual and likely leads to the pursued goal of intrapersonal and interpersonal harmony. In the vignette, the first sentence is completed through questioning its evaluative and motivational impact resulting in: "He shouldn't yell at me and now he does, he's a son of a bitch... *and I hate him.*" The second sentence: "He mustn't scold at me; I wish him bad luck... *because I hate him.*" And the third sentence: "He is a lazy man, how could I ever marry him? ...*I wish I never met him, now I've ruined my life, stupid me.*" Table 4 provides karmic wholesome/rational cognitions, alternatives accrued in collaborative practice.

Table 4: Three Karma Transformation Scripts

The creation of an alternative for *the first sentence*: "He shouldn't yell at me and now he does, he's a son of a bitch... and I hate him" goes as follows: Is this thought rational/realistic and wholesome/skilful, and will it result in my karmic goal? "This thought is irrational and unrealistic, because he has reasons which are logical from his stance, hence the most rational and realistic thing to do for him is that he should yell at me which is not reasonable to me, but that does not make him a son of a bitch all of a sudden... besides his mother is my daughter's grandmother"... "To think this way is unwholesome because it leads me to hate him and his family and others who do like him... Hate creates hollowness in me and is not healthy for my system, it works like poison and could make me sick... I can't love him anymore, but perhaps ...yes sure, I can empathize with his feeling of being deserted by a woman, which happens to be me... and stay friendly with him despite what and how loud he is yelling at me, now... and stay friendly next time we meet again"... "My goal to feel sad and cry if alone, but to stay firm with regard to my divorce decision will be reached with my new karmic thoughts, because the fire of anger and the poison of hate will diminish, if I really believe in what I'm just thinking... my softness/sadness will return and in due time, if triggered, the chances that

¹³ The thoughts in this case vignette, although realistic, are inspired but not based on reality; they are made up for illustrative purposes.

I'll cry if alone and feel happy again, even in pain of divorce, are now increased... crying cleanses my system, detoxifies, and pours waste out of me, let me therefore surrender in crying whenever and wherever suitable, so that I can rise in loving-kindness."

The second sentence: "He mustn't scold at me; I wish him bad luck... because I hate him." Is this thought rational/realistic and wholesome/skilful, and will it result in my karmic goal? "The fact that he's mad at me for leaving him is unwise of him but highly understandable to me... whatever he scolds at me, if I stick to my mantra that *sticks and stones can break my bones but words will never hurt me*, he may scold at me the nastiest things possible and I can remain in my serenity, if I decide and want to"... "So, he must scold at me and it would be illogical if he wasn't scolding at me if he is furious and not eating up his anger: can I then feel compassion for him and empathize...? ...since it's irrational not to expect him to scold at me and it's more realistic to expect that he will or even must scold at me, it's just good that he scolds at me"... "To wish him bad luck is to wish me and our daughter bad luck which is therefore an unwise wish... I'd better wish him good luck because his happiness will increase everyone's happiness... and if I do so, say so to him, *I wish you the best of luck and the happiest of happiness now we are separated*, this could create good-will and at least not create ill-will"... "Hatred is fermented anger which will result in a life which carries an acetified taste... and since I do not wish a sour life but a sweet and happy life full of love and kindness... my energy is better used to be kind now to him, even if it's hard"... "My goal to feel sad and cry if alone, but to stay firm not to share life with him... will be reached with my new *karma* as hate diminishes... and if I deeply believe my wholesome thoughts and act to my new intentions... the chances that I'll feel happy again amidst adversity will increase."

The third sentence: "He is a lazy man, how could I ever marry him? ...I wish I never met him, now I've ruined my life, stupid me." Is this thought rational/realistic and wholesome/skilful, and will it result in my karmic goal? "A realistic view would be that he isn't lazy but a man who usually behaves lazy"... "With the wisdom of the present, it is an irrational wish to not having met him back then when I felt joy and was hopeful to share life with him, and even to bear and give birth to our child... all of which was meant to be happy as a family... however, as many marriages this one was also bound to end in separation"... "Calling me stupid will only motivate self-hatred and is not realistic by any standard... Is it stupid not to presage this end? As I am not a fortuneteller, I could not foretell this unfortunate chemistry occurring between laziness and my temperament, so it was not stupid at the time... but with today's painfully gained wisdom, it had been better to stay attracted at some distance and to find out character in/compatibilities first which is my karmic decision now when I meet a nice young man who doesn't behave lazy I would like to relate with... so, it was a mistake which does not make me a stupid person: at worst *I did a stupid thing*, which I can always correct like I did by separating"... "By thinking so, I'll stay in friendly relationship with myself... this self-talk/self-conversation is meant to have a fresh start and build up a new life which would not be possible if I am ruining myself by irrationalities... I would not say such to someone I love ...unless meant as teasing... Human beings are fallible, even Einstein made mistakes (would the Buddha have made a few mistakes?) ... To make a premature and false foregone conclusion that I've ruined my life because of this marriage is ruining *karma* and won't result in my aim to feel sad, cry alone, be firm on my divorce, and feel happy amidst the hardness of life... so, let me cry in unconditional self-acceptance asap and boost wholesomeness."

Although opaque, there is an epistemological hierarchy in the above rational analyses which follow the ladder of abstraction. One needs to be aware of conceptual abstractions which boil down to the adage of general semantics that “the map is not the territory”. This implies that speech/language can be viewed as a map of the map of the map, and so on, which may lead to identifications and reifications of I-me-mine/self, unless there is awareness of the natural order of abstraction. Mindfulness counters our self-made maps and semantic reactions, and could secure the “pure” perception and description of the territory. Language moves from the concrete to the abstract and from the specific to the general. If we never get general, we don’t say anything and if we don’t get specific, “real” meaning might remain obscure. Irrationality arises when stuck on the abstraction ladder. Faulty abstractions include: dead level abstracting (e.g. fear of fear, angry at anger, sad about sadness), selective abstracting, arbitrary inferring, misattributing, inexact labeling, dichotomous reasoning, overgeneralizing, magnifying, minimizing, catastrophizing, and personifying. These errors are subject to correction. Abstracting accurately follows the logics of the ladder and starts with a factual description (e.g. “this is a heartbeat”). It continues by a personal inference (e.g. “this feels nasty”) and results in some emotional evaluation (e.g. “this is my death”) which finally motivates *karma* (e.g. “calling an ambulance”). A sane order of abstraction starts with the “silent” level of the impermanent “process world” of the territory, i.e. atoms, molecules, cells, and so on. What follows is “mapping” which is a descriptive report of the bare facts, i.e. a mindful neutral observation. Subsequently there is an inference containing a cognitive judgment (e.g. “I’ve made a mistake”), and finally, there is an evaluation, i.e. an emotional value judgment (e.g. “I’m a worthless human being”). Interpretations and evaluations usually happen unconsciously, automatically, or mindlessly. Mindfulness raises awareness.

Further Similarities

My own work as a therapist in almost four decades was to demonstrate that the pan-Buddhist Dharma and REBT share a common paradigm and use comparable tactics. These are summarized in the following seven points (Kwee & Holdstock, 1996). (1) Although their aims are seemingly different, REBT and the Dharma both work toward optimizing mental health: curing psychological disorders vs. ceasing existential suffering, distress, and agony (*dukkha*). (2) Similar to *dukkha*, REBT expounds that life is a hassle from which there is no escape; both agree that there is no need to suffer needlessly. (3) While the Buddha’s message is to transform karmic activity toward wholesomeness by skillfulness, REBT aims at eradicating irrational cognitions and dysfunctional emotions by changing them via the ABCDE-format. (4) REBT uses homework as an integral part of advancing self-therapy; Buddhism’s reliance on self-healing is adamant as in the Buddha’s last words:

And whoever Ananda, now or after I am dead, shall be... a refuge to themselves, shall take to themselves no other refuge, but seeing... [the Dhamma as a refuge], shall not seek refuge in anyone but themselves, it is they, Ananda... who shall reach the further shore! But they must make the effort themselves (Humphreys, 1987, p.94).

(5) Surprisingly, REBT also propagates the abolishment of (most of) the human ego by defining ego or self as the sum total of c/overt behaviors, thus of *karma*. The rational stance is not to judge behaviors/actions simply because there is no accurate way to rate them. Whatever the outcome, rationally it cannot impact the person as a whole. This is in line with the Buddhist

practice not to blame the person while rejecting her/his cognitive defilement and emotional affliction. REBT's stance is comparable to Buddhism which abolishes all of the self on the ultimate level while acknowledging a "provisional self" for practical reasons.

In both cases the admonition is not to identify with anything in an impermanent world of flux and hence to ban the semantics of the "is of identity". By questioning the validity of the verb "to be", mindful attention enables clarity that there is no static self to identify with: "I" consists of many "iiiiiiiiiii's" (as a husband, lover, dad, teacher, pie-eater, and so on). This resembles the Buddha's expression on the modalities of clinging: "this is not me/mine, this is not what I am, this is not my self" (*Anattalakkhana Sutta*). For instance, a client is depressed when thinking: "He must love me or else I am a worthless human being." Applying REBT's Unconditional Life-Acceptance, Unconditional Self-Acceptance, and Unconditional Other-Acceptance, the following alternative applies: "By thinking so I won't reach my goal of regaining equanimity regarding him or myself. There is no evidence that he must love me, nor is there any proof that my worth depends on being loved by him. The fact is that if he loves someone else exclusively, he must *not* love me which feels sad and regrettable, but it is no reason to detest myself as a human being. My worth of self cannot be judged because there is no accurate way to rate it. My mere existence warrants my value unconditionally. By avoiding disharmony with myself, with him, and with life, I will feel OK."

(6) Next to the most important procedure of the ABCDE-format, there are two dozen additional techniques to tackle emotional disorders. Due to space constraints, these will not be dealt with here. Suffice to say that they intervene in the domains of cognition-imagery, affect-emotion, and inter/personal behavior and show some overlap with Buddhist interventions (P. de Silva, 1984). The Buddha also proposed specific techniques and highlighted e.g. 12 interventions (Premasiri, 2003). The first seven are preventive (*Sabbasava Sutta*):

1. Wholesome affect is preceded by right/balanced/sustainable views: to see not-self and understand that beliefs about events, not the events per se, evoke emotionality.
2. Restraint: it is wholesome to practice self-control and not to cling to what one "must/should" have or not have with regards to what had entered the sense doors
3. Wise indulging in one's basic physiological needs like food, clothing, shelter, to safeguard against physical illness and promote mental well-being.
4. The discipline to endure most pressures from the psychological, physical and social environment to secure freedom from unnecessary and needless worries.
5. To drop unwholesome/unskillful thoughts: one is timely mindfully aware of them, i.e. right from the start before they are able to affect unwholesome *karma*.
6. To avoid places and situations one does not need to be and which might expectedly engender psychological cankers, unwholesome thoughts and emotions.
7. To prevent cankers, one cultivates awakening by being: aware, investigative, persistent, enthusiastic, serene, concentrated, and equanimous.

The next five, derived from the *Vitakkasanthana Sutta*, deal with a flow of unwholesome karmic habits. They are consecutively listed and translated into ABCDE terms as follows:

8. Whenever an unwholesome thought enters awareness, one replaces this with another wholesome thought (e.g. blaming and forgiving): Changing B into D.
9. If that fails, examine the harmful consequences of the unwholesome thought and its inevitable product: the creation of suffering all around: Formulating C and E.
10. If that fails, forget the thought and engage in attention diversion: look for wholesome distraction like reading a *sutta* or jogging: Changing A into another A.
11. If that fails, investigate and reconstruct the antecedents of the thought and remove its cause; e.g. ABC-sadness preceded next ABC with B of anger and fear of sadness.
12. If that fails, resist with force: be harsh and radical by for instance clenching teeth or pressing the tongue against the palate: Changing C-behavior into E-behavior.

Notably, the Buddha dealt with persisting habits and automatic thoughts. Beware if they become obsessive thoughts; they intrude into mind against our will and manifest themselves in a repetitive fashion as if they are not ours. Obsessions and compulsions, if generalized to behavioral acts, come about when mind tricks us by mechanically shifting attention away from a grave emotional knot totally beyond awareness. One advisably turns mindfulness onto the emotional problem, usually something relational and extreme like fury or bereavement, as to disentangle and unwind. Buddhist Psychotherapy could weigh in here from assessment to remedy. All means and methods are to be used like a raft. If the river is crossed, there is no need to carry the boat around (*Alagaddupama Sutta*).

(7) The Buddha also applied empirical wisdom, comparable to evidence-based methods. This is exemplified by a homework assignment of a performance-based intervention in this inspiring vignette on being obsessive against the backdrop of denial (*Dhammapada*):

Kisagotami, a mother, mourned and wept about the death of her two year old son. Her kid was bitten by a poisonous snake. As she could not accept his death, she was out of her senses with grief. Nobody could comfort her and at last she desperately went to the Buddha for advice. “How can my son be cured?” she asked the Buddha, who replied: “There is only one way to help you and your child. Look for a black mustard seed that must come from a house where no one has ever died and which should be given to you by someone who has no deceased relatives”. The woman left with her corpse and sought from house to house, but was unable to find such a seed. Finally she realized what the Buddha meant with his assignment, got healed, and buried her child.

In effect, *Karma Transformation* is a confluence of REBT and Buddhism through the psychological modalities/*khandhas* of clinging and the ABCDE format around the 3-Poisons and basic emotions. Capturing all of this requires the observational awareness of “basic mindfulness”: (1) awareness of sensory perception (seeing, hearing, touching, smelling, tasting, and viewing through the mind’s eye), (2) awareness of irrational cognitions due to ignorance on how the mind works resulting in projections: illusory selves (I/me/mine) and delusional god(s), (3) awareness of un/wholesome cognitions of intending (volition and conation) and the motivational factors of action, and (4) awareness of unwholesome thoughts which reflect the proclivity of irrational craving (“musts/shoulds”), greedy grasping (“should have”), and hateful clinging (“must not be”). Basic mindfulness opens the window for “advanced mindfulness” which unveils the Dependent Origination and interactivity of body/speech/mind and the psychological modalities; this includes their karmic

antecedents and consequents. Eventually the result is balanced interaction, emptiness, and Buddhahood.

In Closing

A pointer indicating that the Buddha is a psychotherapist and that his Dharma can be inferred as an applied psychology is the illness metaphor of his “4-Ennobling Realities”.¹⁴ These are: there is suffering, to be understood (*diagnosis*), this is due to ignorance, to be abandoned (*cause*), there is a way out, to be realized (*prognosis*), and this way comprises the “8-Fold Balancing Practice”, to be cultivated (*therapy*). Attention (8) and awareness (7) are the two components constituting mindfulness which require effort to develop wholesomeness (6) to apply in life (5) on karmic activity (4), speech (3), and intention (2), whose effect depends on a realistic view (1): mental suffering exists and can be ceased. To luxuriate on the metaphor, the illness to be cured is a “dis-ease” to be healed and as dis-ease refers to mind and speech rather than to body, the cure is not medication but meditation (Kwee & Holdstock, 1996). It is bold but not unrealistic to draw the analogy of the Buddha as a 21st century clinician. His acumen in dealing with greed, hatred, and ignorance based on a wholistic view of body/speech/mind resembles the World Health Organization’s paradigm of the human being as “biopsychosocial” system (Engel, 1977). If agreed that the Buddha dealt with the mind and its concomitants, he could be called the first psychologist and psychotherapist ever.

To be sure, Buddhist Psychotherapy by *Karma Transformation* takes place in the space of the “provisional self” and the client’s self-talk. Framework is the collaborative practice of dialogical speech between client and therapist. The quintessence of change is that un-skillfulness leads to unwholesome, irrational, and “unhealthy” *karma*, while skillfulness leads to wholesome, rational and “healthy” *karma*. All of these is rooted in non/greed, non/hatred, and non/ignorance (e.g. *Baahitika Sutta* and *Chakkanipata Nidana Sutta*). Apparently fitting original meanings, psychological interpretations of *karma* do not have the monopoly on “truth”. Others who prefer interpretations in terms of “good/right/virtuous” vs. “evil/wrong/sinful” will consider theirs as true. However, such explanations squeeze Buddhism into religious and ethical pipelines (Keown, 1992) which were not included in the pristine Dhamma. Buddhist Psychotherapy discards Eurocentric, utilitarian, and un-aesthetical interpretations by appreciating the empty nature of the self and of Buddhism itself which includes the present views. Interestingly, even the last of the original Buddhist thinkers, Dharmakirti (7th century), who belonged to the Yogacara denomination, dealt with epistemology rather than with religion or ethics (Dunne, 2004). He discerned valid (*prama*) and invalid (*aprama*) thoughts as if he was a cognitive-behavior therapist. Dharmakirti secured cognitive validity by scrutinizing: (1) the direct object of observation, evident and public; e.g. a tree, (2) its private cognitive representation appearing as mental images and as (3) conceptualizations colored by inferences (e.g. “a hateful stinking tree” or “a lovely comfortable parasol”). The validity of cognitions is rooted in the 3-Empirical Marks of Existence which are congruent to the non-absoluteness and relativity of reason.

¹⁴ From a psychological view of emptiness which discards Transcendental Truths, it would be erroneous to continue to use the Eurocentric expression “Four Noble Truths” for the Pali: *catvari aryasatyani*.



The practice of *Karma Transformation* is concerned with down-to-earth daily hassles like anger which, if accumulated, could explode in aggression. In the Buddhist lore anger is seen as garbage; but rather than something merely destructive to cut down and throw out, anger can be “composted”, a transforming process of creativity (Thich, 1998). If expressed as catharsis to feel good in the short-term, the opposite will probably occur in the long run. One likely becomes angrier and if reciprocated by the other a vicious *samsara* cycle might develop; somebody will get hurt and physical damage might occur. Pounding on a cushion is not a solution either; although relieved the seed of anger will continue to slumber. The Buddhist attitude to take care of anger does not mean to suppress or run away from it, but to allow its “suchness” and tolerate the “hellish” experience in silence. While breathing in and out, tenderly embracing the anger, one focuses on the anger in mindful and neutral observation, let it be. The garbage of anger hides flower seeds of kindness, compassion, joy, and equanimity. By the sun beams of attention garbage ferments into dung, empowering the lotus’ flourishing.

Nirvana, long-lasting trait or short-lived state, belongs to the normal range of human experience and is not something “out of orbit”. It is accurate to state that *nirvana* is attained if the flames of emotions are extinguished. Negative emotions, i.e. confusing depression, suffocating fear, burning anger, and drowning sadness, belong to the basic emotions from which the variations of affect are derived. Basic emotions can be depicted as layers of an onion, consecutively from the outer to the inner: depression, anxiety, anger, sadness, joy, love, serenity, and *nirvana*. The first group of four are quite unwholesome, thus to be abandoned, while the second group is quite wholesome, hence to be cultivated. In the Buddhist lore love (kindness/compassion), appreciative joy, and relational equanimity are to be acquired and “immeasurably” amplified to secure wholesome *karma*. Interestingly, the term emotion is derived from the Latin verb *e-movere*, which means “to be moved”. This being moved or in motion implies that there is a condition engraved as “unmoved”, not being in motion due to “nirvanic extinction”.

A practitioner of *Karma Transformation*, therapist, coach, or teacher, practices what s/he preaches. Practice implies meeting new challenges which accrue new learning experiences. After all, “nobody is perfect” and balancing toward contentment, happiness, and Buddhahood is usually a life-long cultivation. The Buddhist therapist not only shares wisdom and savvy, but also helps the client to become her/his own therapist. Since there are different strokes for different folks, *Karma Transformation* seems not particularly suitable for the faint-hearted who will be better off by “dos” and “don’ts”, religion, ethics, or the metaphysics of heaven and hell. For those who wish to choose and are capable to think and decide for themselves, a psychological roadmap built on ancient wisdom and evidence-based science may engender karmic bliss. Nonetheless, as M.W.P. de Silva (pers. comm., 2008), *nestor* of Buddhist Psychology, cogently admonished: “science may enhance the credibility and relevance of Buddhist concepts, but awakening may be achieved without science.”

Scriptures

Most Indian references in the text refer to Pali (P) *suttas*; Sanskrit terms are indicated as such (S), except for the household terms like *karma* or *nirvana*. All *suttas* and *sutras* can be found online, e.g. www.metta.lk (for *suttas*) and www.e-sangha.com (for *sutras*).

References

- Byrom, T. (Transl.).(2001). The Dhammapada. New York: Bell Tower.
- Conze, E. (1980). A short history of Buddhism. Oxford, UK: One World.
- De Silva, M.W.P. (2005). An introduction to Buddhist psychology (4th ed.). London: Palgrave-Macmillan.
- De Silva, M.W.P. (2010). Buddhist and Freudian psychology. Carlton North, Australia: Shogam Publications.
- De Silva, P. (1984). Buddhism and behavior modification. Behavior Research & Therapy, 22, 661-678.
- Dunne, J.D. (2004). Foundations of Dharmakirti's Philosophy. Somerville, MA: Wisdom Publications.
- Engel, G.L. (1977). The need for a new medical model: A challenge for biomedicine. Science, 196, 129-135.
- Humphreys, C. (1987) (Ed.). The wisdom of Buddhism. London: Curzon Press.
- James, W. (1902). Varieties of Religious Experience: A Study in Human Nature (New York: Random House.
- Kalupahana, D. (2010) The foundations of Buddhist psychology. In M.G.T. Kwee (Eds.), New horizons in Buddhist psychology: Relational Buddhism for collaborative practitioners (pp.53-78). Chagrin Falls, OH: Taos Institute Publications.,
- Kalupahana, D.J. (1987). The principles of Buddhist psychology. Albany, NY: State University of New York Press
- Keown, D., (1992). The nature of Buddhist ethics. London: The Macmillan Press.
- Kwee, M.G.T. (1982). Psychotherapy and the practice of general semantics. Methodology & Science, 15, 236-256.
- Kwee, M.G.T. (2011). Relational Buddhism: Toward the social construction of societal harmony in-between-selves. In Proceedings of the 8th International Buddhist Conference on the United Nations Day of Vesak Celebrations, "Buddhist virtues in socio-economic development", 2554/2011, May 12-14, Ayutthaya, Thailand (pp.304-317). (Also online: www.icundv.com/vesak2011/book/Symposium2011_final.pdf)

- Kwee, M.G.T. (Ed.).(1990). *Psychotherapy, Meditation, and Health: A Cognitive-Behavioural Perspective*. London/The Hague: East-West.
- Kwee, M.G.T. Kwee (Ed.).(2010). *New horizons in Buddhist psychology: Relational Buddhism for collaborative practitioners*. Chagrin Falls, OH: Taos Institute Publications.
- Kwee, M.G.T., & Ellis, A. (1998). The interface between Rational Emotive Behavior Therapy (REBT) and Zen. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 16, 5-44.
- Kwee, M.G.T., & Holdstock, T.L. (Eds.). (1996). *Western and Buddhist psychology: Clinical perspectives*. Delft, Netherlands: Eburon.
- Kwee, M.G.T., & Kwee-Taams, M.K. (2010a). The collaborative practice of Karma Transformation: Cyclical emotional episodes and their sequential rebirths. In M.G.T. Kwee (Ed.), *New horizons in Buddhist psychology: Relational Buddhism for collaborative practitioners* (pp. 375-394). Chagrin Falls, OH: Taos Institute Publications.
- Kwee, M.G.T., & Kwee-Taams, M.K. (2010b). Karma functional analysis, strategic interventions, and mindfulness meditation. In M.G.T. Kwee (Ed.), *New horizons in Buddhist psychology: Relational Buddhism for collaborative practitioners* (pp.395-416). Chagrin Falls, OH: Taos Institute Publications.
- Kwee, M.G.T., Gergen, K.J., & Koshikawa, F. (Eds.).(2006). *Horizons in Buddhist Psychology: Practice, Research & Theory*. Chagrin Falls, OH: Taos Institute Publications.
- Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York: Penguin.
- Mikulas, W. L. (1978). Four noble truths of Buddhism related to behavior therapy. *Psychological Record*, 28, 59-67.
- Pirsig, R.M. (1974). *Zen and the art of motorcycle maintenance: An inquiry into values*. New York: Bantam Books.
- Premasiri, P.D. (2003). *Studies in Buddhist philosophy and religion*. Sri Lanka: University of Peradeniya.
- Reps, P. (1957). *Zen flesh, Zen bones*. Rutland, VT: Charles E. Tuttle.
- Smith, D. (1982). Trends in counseling and psychotherapy. *American Psychologist*, 7, 802-809.
- Thich, N. H. (1998). *Interbeing: Fourteen guidelines for engaged Buddhism*. Berkeley, CA: Parallax Press.

The Lost Art of Sadness: & the Meaning of Love and Grief



*Professor Padmasiri de Silva
Monash University, Australia*

PRELUDE

The basic message of the Buddha embodies a liberation path from the shackles of human suffering, as well as a righteous and harmonious life for the householder. How is this path related to the modern therapeutic quest? The answers may vary for different therapists. For me the relationship is integral both in theory and practice. A crisis of grief and sadness bordering on mild depression and a remarkable emergence of back to normal life, rich, invigorated and robust, made me take to the path of a trained professional therapist—to make it a mission in my life to work at the Springvale community centre for four years offering free treatment for clients, and it was for me a priceless service (de Silva, 2008). Along with this experience, a gradual period of training at the feet of a most cherished meditation guru in the Nissarana forest monastery in Meethirigala, Sri Lanka, helped me to chart new horizons for linking therapy and the spiritual life. Drawing from this nourishing wellspring, I have developed what may be described as a mindfulness-based emotion focused therapy (EFT).

This essay looks at the emotions constellation of grief, sadness, depression, boredom and two faces of melancholy—as depression and existential anguish. Most important, this essay has a focus on the reclamation of the lost art of sadness.

INTRODUCTION

“Sadness is an inherent part of the human condition, not a mental disorder. Thus to confront psychiatry’s invalid definition of depressive disorder is also to consider a painful but an important part of our humanity that we have tended to shunt aside in the modern medicalization of human problems. As science allows us to gain more control over our emotional states, we will inevitably confront the question of whether normal intense sadness has any redeeming features or should be banished from our lives. Such a momentous scientific and moral issue should not be spuriously resolved by using a semantic confusion in the DSM that mistakenly places states of intense sadness under the medical category of disorder” (Horowitz and Wakefield, 2007, 225: for short H & W Study; term DSM: Diagnostic and Statistical Manual of Mental Disorders)). Thus if we follow the implications of this engaging and erudite study on the loss of sadness, we need to understand as Sigmund Freud observed: Though grief involves grave departures from normal life, “It never occurs to us as morbid and hand over the mourner to a medical treatment condition” (*Mourning and Melancholia*).

Even those who value the DSM criteria for depression as an accepted bench mark for health professionals, agree that the DSM ‘overpathologizes’, many people with quite legitimate sadness in the face of adversity, thus merging the normal experience of sadness with diagnosis of depressive disorder (Biegler, 2011,66).

While accepting the great value of focusing our attention on the importance of grief and sadness in this (H & W) study, it is somewhat thin on the alternative therapeutic orientations and more so the new mindfulness-based western therapies. By the embedded logic of mindfulness practice rooted in the Buddhist world view, these therapies have opened a new pathway to understand depression by focusing on the content of depressive thinking, relationship to negative feelings and changing perspectives by ‘decentering’ or depersonalizing - thus opening up channels of communication between mindfulness in daily life and in therapeutic settings (Williams, Teasdale, Segal, Kabat-Zinn, 2007).

To some extent, the need for emphasizing on the positive facets of grief and sadness has been rectified by fresh thinking in the therapies of mindfulness -based action commitment therapy (Harris, 2006).

Lewis Wolpert is a biologist who had gone through a severe depressive disorder, eventually recovering, and in a very insightful book, described depression as ‘malignant sadness’. “If we are to understand depression then we need to understand emotion. For depression I believe is sadness that has become pathological. Depression is a disorder of emotion” (Wolpert, 1999, 74). He recommends the study of the logic of different emotions, their constellations and interactions. In addition to looking at the lost art of sadness, the present paper is an attempt to develop Wolpert’s insight by exploring the theme of a mindfulness-based, emotion-focused therapy.

Collective Suffering and Sadness in ‘Panic Cultures’

To strengthen my case for looking at the lost art of sadness, I also wish to show that grief and sadness are central human emotions which we may convert as a time for reflection, keeping the love of the lost one alive, a context for developing resilience and dedicating ourselves to engage in positive acts of generosity and gratitude in the name of those whom we have lost. In the present analysis, I also wish to focus your attention on the more recent dimension of ‘collective sorrow’, in the contexts war and conflict, natural disasters—the poignant loss of life and the emergence of what are described as ‘panic cultures’. A dimension of socially engaged therapies dealing with such panic cultures is becoming important for counseling and therapies. Padmal de Silva captures the basic thrust of this genre of studies in an article on the Tsunami experience of the Buddhists in the coastal towns of Sri Lanka (Padmal de Silva, 2006, 281-87).

As an integral part of this paper, I wish to present to you a context of war and conflict, and also to use as a case study, a work of literature. The use of art helps us to communicate the tensions and the ambiguities of collective suffering. Commenting on the war in Vietnam, it has been said that art, poetry, music and the novel have the power of immortalizing human values, even in the thick of war and violence. It has been observed that one of the crushing ironies of the Vietnam war is that we have been the recipient, time and again, of the gifts of the spirit, gifts of art—the bravery of an artist and poet that faces the cruelty and the horror, and brings to the blood, vengeance and cruelty—a remarkable sea change (Berrigan, 1993, 3, Foreword To, Thich Nhat Hanh, *Love in Action*, 1993).

Grief is of course, a period of silence, space for mourning - followed afterwards - a reassertion and acceptance of the tragic loss. And finally, if one is lucky, endowed, perceptive, brave with the bravery of an artist and poet, one creates something that faces the cruelty, the horror, and he

brings to the welter of blood, vengeance, cruelty and deceit, a “sea change” (Berrigan, 1993, 3). Thich Nhat Hanh also observes that authentic Buddhist art by a monk about his people displays real qualities of inwardness, almost austerity, a patience that escapes monitors and timepieces and a serenity misunderstood in the west as stoicism (1993, 7).

Guns and Roses: A Case Study

The novel *Giniaviyai Rosemalai* (Guns and Roses) by a Sri Lankan novelist, Vineetha Wijeratne, captures the tensions and suffering of a ‘panic culture’. There are four linking threads around which the story is woven. First is the background of war, terrorism and the emergence of panic culture in the north eastern part of Sri Lanka during the violent ethnic conflicts. The second thread in the story is the remarkable life of a family displaced, injured, incapacitated struggling with remarkable courage-- to rise above depression, anger and hopelessness to generate a resurrection, and a rebirth of the spirit. The author comments—“for people who are drowned in poverty and have no way of spending the day, the rising of the sun marks the emergence of ‘just another day’”. It is this background that illuminates the third thread, the central theme, the meaning of love and grief. This section centers around the intimate love that emerged between Amaranath and Chulani, the girl from a poor family who was able to gain admission to a university for pursuing medical studies. But during the emergence of these strong links between Amaranath and Chulani, an unexpected decision on the part of Amaranath to join the army was a point from which the poignant logic of the story enters a new phase. It was a difficult decision to both of them. As time passed, a false rumor spread that Amaranath had suffered death at the hands of the enemy and the body that was brought to the village was considered as that of Amaranath without any doubt. During this turning point in the story, Chulani summoned lots of courage and pursued her medical studies with great determination to help injured soldiers. But the final turning point of the story was the most unexpected one. While treating an injured soldier—Chulani was bedazzled to discover that this injured soldier is Amaranath. But the tragic part of the story is that Amaranath had lost one of his legs in the battle scene. The remarkable climax to the story is that with all the disabilities of her one time lover, Chulani decides to marry Amaranath.

At this point in the story, I was reminded of a saying of Tolstoy: those whom we love make us suffer, but that same love can heal our suffering. Qualities that emerge at this point in the story is Chulani as a true heroine in the novel—remarkable qualities of resilience, compassion and equanimity. As I was reflecting on this remarkable display of compassion, I was reminded of a statement made by my meditation guru Ven. Dhammajiva from the Nissarana forest monastery in Meethirigala, Sri Lanka: “Real *mettā* is finding a reason to be glad under any circumstance”, and according to him this point is embodied in the novel, *Pollyana*. Pollyana’s father was a Christian missionary and did not have enough money to buy toys for the child and Pollyana expected to find a toy when they received the missionary bag, which unfortunately did not have a toy for her. Pollyana was feeling miserable but her father said she should be able to find a reason to be glad under any conditions and that she should be happy that she had a fine body and her leg was not broken and Polyana realized that she had a healthy body and regained her pleasant composure. This idea became Pollyana’s philosophy of life. Chulani did not have that same consolation about Amaranath but she did reconcile her to the new challenges with radiating compassion without remorse and anger.

A fourth thread runs through the novel— offering the hand of help and assistance, of shade and space to those in the other ethnic group by this family. We find here remarkable sentiments of love and compassion across religious and ethnic differences—a small oases in a troubled land! Hosking says at a seminar on the power of compassion that a willingness to bear another’s misery brings a degree of strength, surrender and sacrificial love to the word compassion (Hoskin, 2005, 4). Within the rich tapestry of village life depicted in the novel, the remarkable ethnic and religious harmony that pervaded this small village was amazing. Vineetha practically spent time in this area meeting and talking to people. This is a novel very close to what happened in real life.

Catherine Lutz the anthropologist who presented a ground breaking study of grief in the Pacific Island, Ifaluk, discovered that people used the same word, *fago* –to cover compassion, love and sadness and that compassion is a great shock absorber. She observes that this term ‘fago’ compresses a string of ideas - that life is fragile, that connections to others are both precious and yet liable to severance through death—and that love may equal loss (Lutz, 1995, 235). The Buddhist concepts of *dukkha*, *mettā* and *karunā* also have a similar configuration in Buddhist cultures.

The Pervasiveness of Human Suffering

No doubt fate would find it easier than I do to relieve you of your illness. But you will be able to convince yourself that much will be gained if we succeed in transforming your hysterical misery into common unhappiness. (Freud 1953, vol. ii, *Studies in Hysteria*, p.305).

“Freud Showed real profundity when he stated that the aim of psychoanalysis was to replace neurotic unhappiness by normal unhappiness. A psychiatry based on a purely hedonistic ethics, a psychiatry that does not recognize that periods of anxiety and periods of melancholy are a necessary part of human life, such a psychiatry will be no more than a superficial affair. Our task is not merely to relieve but to interpret.” (M.O’c.Drury, 1973, 22).

Buddhism starts with the normality of human suffering and Freud said he was merely trying to convert neurotic unhappiness to normal unhappiness, and Hays et al express a similar sentiment:

Some mental health problems are pathological in the traditional sense. But short of giving nearly every citizen one or more syndromal labels, no amount of progress in the area of psychological disease will remove our need to explain and address the pervasiveness of human suffering. Most humans are hurting - just some more than others. It is in effect normal to be abnormal (Hayes et al, 2003, 6).

Psychological disorders which are not ‘clinical disorders’ & the Call for Counseling Close to Ordinary Life

It has been observed that there are many instances of psychological problems of varying intensity which are not considered as clinical disorders—loneliness, alienation, boredom, meaninglessness, low self-esteem, existential angst, pain associated with sexual concerns, domestic violence (Harris, 2006). Also, it is seen that some people who go through these problems, add an extra burden of pseudo-suffering by repression, denial and deception that can be handled by

self-knowledge, transparency and honesty about one self. Also such normal people, close to ordinary life would gain by counseling geared for ordinary life, and not clinical disorders. Mild depression is also a quality that runs through routine lives as a temporary phase, which has to be handled with wisdom and opening out your problems for friendly conversation with wife, husband, friend or religious adviser. My own counseling practice was focused on what I called ‘the magic of the ordinary’, simple things to do in routine life. For instance, an addict who looks for the bottle, after coming home in the evening, after work, may get use to enjoying a nice samosa or a chicken role with a hot cup of coffee, and then see a teledrama, do some cooking or gardening; also plan some camping and enjoying outdoor life for holidays. As I succeeded in my counseling, if a client cannot be transformed into complete abstention, following Alan Marlatt, we could convert him to a controlled drinker, without suffering from suppressed temptation (de Silva, 2008). It is not the best solution but a pragmatic and realistic solution resting on compassion for a suffering client, who in this case brought back happiness and love to his family. Stress management and anger management are good examples of issues in routine lives. I found that the advice given by the celebrated Vietnamese monk, Thich, Nhat Hanh, in his essay on, “How to eat a mandarine” sums up our loss of simple enjoyment by complicating routine lives—what I call the “Magic of the Ordinary and the Elegance of Small Things” ; de Silva, 2008).

Lawful Nature of Things (Dhamma Niyama)

During the time of the Buddha, there was no clinical concept of abnormality but he rather found whole cultures driven by craving, addictions, self-indulgence and reactive behavior. In fact, in *The Greater Discourse on the Simile of the Elephant’s Footprint* (MI, 186-1910), the Buddha has virtually predicted the earthquakes, tsunami, bushfires and the tornados. In the way that the disturbance of the ‘internal’ four elements may create disturbances within a person, there will come a time, he says when there will be a disturbance, a kind of revolt of the earth, water, fire and the air elements, which may destroy whole villages. During contemporary times, the pervasiveness of human suffering, as well as the wellspring of human generosity, compassion and kindness has all been seen in these settings of unbelievable disturbance of the normal order of things. The laws of psychology (*citta niyāma*) and morality (*kamma niyāma*) which are two dimensions of the nature of things, explain the consequences of lives dominated by excessive craving and envy (*abijjhā*), reactive anger (*vyāpāda*) and wrong views, as well as a life focused on truthfulness, compassion and goodness of heart.

Part II

Mindfulness-Based Emotion-Focused Therapy (EFT)

One of the successful therapeutic methods that I used in dealing with the problems presented by my clients is the mindfulness-based EFT. EFT in the west is associated with the pioneering and celebrated therapist Leslie Greenberg. Long before I came in contact with Greensberg’s work, as a philosopher I had been working with what I call the logic of emotion concepts like anger, sadness, fear, greed, boredom, jealousy and pride (see. de Silva, 2005 4th edition). While following Paul Ekman’s work on the Darwinian scheme of basic emotions (Ekman, 2003), I also looked at more



emotions in relation to the material in the Buddhist *suttas* like what Gabriele Taylor calls the emotions of self-assessment, pride, conceit, humility, shame, guilt, remorse, and also jealousy (Taylor, 1985; de Silva, 1994). I was equally interested in the positive emotion profiles of loving kindness, compassion, altruistic joy and equanimity. The paper on equanimity presented at UNDV 2010 (de Silva) brings out a new concept in positive emotions, that of emotional balance, very effective in managing intense grief and sadness. It is encouraging to find that Alan Wallace and Paul Ekman have developed the concept of “Cultivating Emotional Balance” (CEB) emerging as an exercise in education but having a great therapeutic potential. Wallace has made a useful contribution to the conceptual clarification of the notion of well-being in Buddhism (Wallace and Shapiro, 2006).

As I moved into professional therapy, I attempted to isolate the emotions that dominated within a client’s profile. For instance, reactivity (*anger, repugnance, ill-will*), attachments to things, symbols (grasping) along with submerged states of conceit. I found different forms of sadness, ranging from those colored by immense love and grief (as found in the novel ‘Guns and Roses’), to those consequent on loss, frustration, remorse and guilt. But any blend of anger and sadness with some ambivalence was a complex and difficult situation. These constellations also move into depression:

If sadness dominates depression, we speak of retarded depression; if agony is more prominent, it is an agitated depression. People who are depressed not only feel helpless to change their lives, they feel hopeless. They do not believe it will ever get better. In addition to sadness and agony, guilt and shame are strongly felt, for depressed people feel they are worthless... anger directed inward or out, and fear are often manifest (Ekman, 2003, 93).

Part III

The Emotion Profile of Sadness & Working with Emotions

“Thus promoting emotional processing in cognitive approaches, arousal of fear by imaginative stimulation in behavioral approaches, emotional insight in psychodynamic approaches, increased depth of experience in experiential approaches and communication of feeling in interactional approaches are all aspects of working with emotion that are seen as important within each perspective”. (Greenberg, 2003, 1). All these approaches are important in looking at the management of sadness. But my focus is basically on the management of emotions—emotion focused therapy (EFT). The best exponent and the pioneer of EFT is Lesli Greenberg. I have shown in a separate paper presented at a recent Mahidol University conference on Buddhism and science, basic resemblances and differences between the EFT of Greenberg and my own version of Mindfulness-Based EFT ((de Silva, 2011, In the Press). But the new revolution in emotion studies has integrated the *affective, cognitive, motivational* and the *attentional* dimensions of emotions. A full blown emotion has all these facets including the physiological aspect of emotion. The Buddhist guide to mindfulness practice known as the *Satipaṭṭhāna* integrates all these facets: the body, feelings, perceptions, thoughts, thought patterns and the nature of phenomena (both physical and psychological) and the underlying technique is the use of mindfulness/attention (*sati*) (Nyanaponika, 1999). In dealing with sadness, we start with the calming of the body; then looking at the emergence of feelings of pleasure, pain and neutral—if we ‘put our breaks’ here, painful feelings would not develop into sadness or anger; the focus on thoughts and thought patterns deals with what cognitive therapist call the ‘autopilot’,

breaking through automatic and conditioned thought processes. We also look at the meaning giving dimension of cognition, that help us to differentiate sadness from the close neighbors of sadness, as well as emotion clusters, like the entry of anger into sadness. It is an extremely fascinating bit of lab work looking at the chemistry of these basic emotions.

In looking at the profile of sadness, in primary sadness there is the experience of parting and separation, loss, feeling of being left out of attachments, and difficulties in communication. Communication is a very important facet of ‘sadness’ and inhibition of genuine communication can be damaging. Apart from the loss of a loved one, shattered hopes, loss of job, and getting uprooted from patterns of comfortable living, as we witness in the context of recent natural disasters are the many contexts for sadness. *In secondary sadness, it is more complex with feelings of being hurt, grief—feelings of being damaged, wounded, ignored, unrecognized, rejected* (Greenberg, 2003, 163). Basically, the distress centers on an irrevocable loss, and there is an emotional need for sympathy and understanding. Collapsing into tears and feeling hopeless is natural but the most important therapeutic step is *acceptance*.

The goal in mindfulness in therapy is to help the patient relate his emotional life, and all of his experience, in a different way. It is not an attempt to eliminate sadness, worry, or anxiety, but to help the patient see things in a different light when they do arise. Thoughts and feelings are not in our control, but come and go on their own (Bien, 2006, 69)

(1) In Greenberg’s EFT awareness and acceptance is the starting point. The therapist “works with the client to help the client approach, tolerate and regulate, as well as accept their emotions” (Greenberg, 2010, 22)

(2) Emotional expression: The client must also be in live contact with their emotions, and thus develop effective exposure to previously avoided feelings. While arousal and tolerance of emotions is necessary, optimum emotional processing involves the integration of cognition and affect.

(3) Emotion Regulation. When emotions such as sadness, fear, shame and powerlessness, overwhelm people, there is a need to help people regulate their emotions by getting them some ‘distance’ from them. Any attempt to regulate emotions by preventing themselves from feeling the disturbing emotions, withdrawing, avoiding, use distraction strategies, transform emotions by psychosomatic complaints or even seek stimulus seeking enjoyment to drown them are all counter-productive. In Buddhist practice, loosening the personal identification and seeing sadness as an *impersonal* process that emerge, stay for a while and pass away is recommended.

In fact, at this point Greenberg integrates mindfulness practice into EFT. Important means of regulating emotion include regulating breathing and mindfulness - the non-judgmental observation and description of one’s emotional states. Basic emotion regulation skills includes naming the emotion, describing the emotion in one’s body, clarifying the event that evoked the emotion, and understanding one’s interpretation of the situation and the actions prompted by the emotion (Greenberg, 2008, 206). Naming and labeling are techniques used in mindfulness practice.

(4) Reflection on emotional experience at the level of deep experience is recommended. Buddhism recommends wise reflection (*yoniso manasikāra*) which can be extended to routine life.

(5) Transformation of one emotion by another is the final method, quoting Spinoza, “an emotion cannot be restrained nor removed by another emotion unless by an opposed and stronger emotion” (Ethics, iv, 195).

Buddhist Pathways For Managing Negative Emotions

1. *The Method of Restraint* takes a preventive stand instead of damage control. The ability to ‘step back’ and make a choice is a mature achievement in emotion management. This is useful in the case of emotions like anger and lust where the motivational roots are important and one can be aware of emotional triggers without any reactivity. But in the case of sadness, especially grief at the loss of a loved one, there is no choice, it just comes like an avalanche. Restraint would be useful in trying to handle one’s sadness in a thoughtful manner.

2. *The Method of Remedying*. The reference to Spinoza reminds one of the method of antidotes in remedying a negative state. The four divine states of loving kindness, compassion, altruistic joy and equanimity are crucial and presented as antidotes for sadness. Loving kindness first begins by directing it towards one self and then reaching others, from the lost one, and others in the family, and then towards a more universal feeling with other beings. The ability to embrace all parts of oneself without guilt and self-hurt and the ability to connect with others helps one to break through feelings of separateness and ego-centric concerns. While compassion and generosity may be practiced in our daily life, it is also a meditative state with positive therapeutic value. Equanimity balances love and compassion by bringing in balance and realism, as well as a sense of acceptance of the tragic as part and parcel of the nature of things.

3. *Transforming negative emotions* instead of demonizing them is a technique where grief may be converted into a patience, resilience, a sense of realism, forgiveness, courage and so on. This is what Carl Jung described as emotional alchemy, converting brass into gold. Venerable Nyanaponika observes that one should not throw away negative emotions, and quotes from *The Little Locksmith*, (Nyanaponika, 1986, 55): “If you throw away a thing it is gone. Where you had something you have nothing. Your hands are empty, they have nothing to work on. Whereas almost all those things that you throw away, are capable of being worked over by a little magic into just the opposite of what they were”.

4. *Liberation from an emotion by insight*. Here one can use what the philosophers describe as the ‘componential theory of emotions’, where emotions are seen as constructions out of bodily sensations, feelings and thought patterns, and if you have a hard look at them gradually you see them emerging and passing away, and with a hard look they appear empty and evaporate. Here the notion of impermanence is applied to these “seemingly rock-like phenomena”.

5. *Dedication Through Gratitude*. Solomon refers to the reflective and dedicatory qualities of grief, where we bring to our mind the good things by the person whom you have lost. What you do on behalf of those whom you have lost, especially in the case of parents are not considered as duties in the Kantian sense but emerges in the context of reciprocity, what parents do for children

and what children do for parents, especially in the context aging followed by death. Gratitude and generosity practiced in the name of the lost one and compassion work together and are woven into rituals in Buddhist practice in Thailand and Sri Lanka

6. Living a good life is considered as the best way of respecting those who have departed. A moral life with openness, candour and vibrancy brings trust and confidence in one's own life.

7. Sadness has to be viewed in terms of mental and emotional balance. One's experience of sadness has to strike a balance between a 'deficit' and 'hyperactivity'. If a person displays the necessary energy by way of motivation, seeing things clearly and handles issues of meaning at the cognitive level, feels without any deadness or passivity on the affective level combined with a good attentional level, there is no deficit. If a person gets agitated by grief due to the addition of anger, shame and fury, there is hyperactivity. If the way that the person handles his grief leads to more suffering and confusion, his response to grief is dysfunctional. This is a very brief summary of grief in the context of cultivating emotional balance. In a separate study I have shown in detail how the Buddhist concept of equanimity (*upekkhā*) takes up the role of mental and physical balance (de Silva, 2011).

In fact, the tradition of mindfulness-based cognitive therapy for depression developed by Segal, Williams and Teasdale (2002), and Williams, Teasdale, Segal with Kabat-Zinn (2007), are not cited in the H & W study. Using the mindfulness approach to therapy emerging on Asian soils, transferred to the west-- does it make any difference to managing depression? Their approach differed from the earlier approach to depression of Aaron Beck in not disputing and analyzing negative thoughts but rather "holding thoughts and feelings in awareness rather than trying to change them". It is an innovative eight session program directed towards managing depression relapses, using the objective scientific study format for validation.

Boredom

Boredom has a profile of its own and if you understand boredom well, that is one dimension along which you may not merely manage sadness but find positive pathways to overcome it. Issues of values and meaning are important in understanding boredom, as value constraints play a crucial role in boredom. Boredom may also be described as an attentional crisis.

To realize that boredom does not come from the object of attention but rather from the quality of attention is truly a transforming insight. Frits Pearls, one of those who brought Gestalt therapy to America, said, "Boredom is lack of attention". Understanding this reality brings profound changes in our lives (Goldstein, 1993, 80).

You have an ability to be immensely interested in something that is exhilarating and beautiful in life, there is no room for the infiltration of boredom into your mind. Whatever the object, it is the subjective state of exhilaration which is within you that is important - it may be music, art, gardening, cooking or reading. *One dimension along which one may manage sadness is to have an increasing enlargement and intensification of interest in life.* There has to be values and goals that energize one's life and a dear one that one has lost, may be considered as a source of inspiration. In my personal journey through grief, I found these words of Tolstoy very inspiring: "Only people

who are capable of loving strongly can suffer great sorrow, but this same necessity of loving serves to counteract their grief and heals them”. The boredom associated with sadness may be compared with another form of boredom, just to see its special nature. There is a kind of boredom which emerges out of the manic quality of life with all its “time-compression effect”: increased stress at work, sleep deprivation, burn out and workaholism. In contrast, people who are genuinely immersed in whatever they do, and motivated by intrinsic rewards enjoy the experience. So, whatever the type of boredom, Mihaly Csikszentmihalyi who is an expert on the psychology of the ‘flow’ experience says that those who enjoy life and work have curiosity and interest in life, persistence and low-self-centredness and are attracted by intrinsic rewards. (Csikszentmihalyi, 1996). Boredom is a window to the properties of time, and novel, creative and meaningful ways of spending time is the answer. To understand the boredom that comes with loss and grief, we need to see it in terms of an attentional crisis.

SADNESS & SPIRITUALITY: THE CREATIVE FACE OF MELANCHOLY

There may be a gradation of differences between sadness in the secular and the therapeutic contexts and in a liberation oriented spiritual context. One point of linkage is that sadness and unhappiness is a basic ingredient of the human predicament. We have already described the sense of tragedy as well as the uplifting resilience and compassion described in ‘Guns and Roses’. But yet the young Siddhartha’s experience of the tragic (*samvega*) that made him renounce a princely throne, describes best the most profound Buddhist perspective on the lost art of sadness. This spiritual perspective on ‘*samvega*’ do have some close cousins in the therapeutic traditions, especially the existential psychotherapy of Irwin Yalom, and for him looking at the meaning of life and death is the ‘creative face of melancholy’ (Yalom, 1980, 435). Speaking of the writings of Dostoyevsky, Tolstoy, Kafka and Camus, Yalom says “...they suffered more keenly from a crisis of meaninglessness and with a ferocity born of desperation, plunged into creative efforts”. As has been well presented by Jennifer Radden, in Freud himself there is an interesting tension between the notion that melancholic propensities being rare and pathological and on the other hand, even a part of the human condition. This tradition that may be traced to Burton’s *Anatomy of Melancholy* (Burton, 1621, 1927), where he sees it as a part of the human condition and also that in this condition, sometimes you see exalted energy, different from what is found in depression.

In the Buddha’s sermons, *samvega* is considered as an authentic spiritual emotion caused by the miseries of the world. The concept translated as agitation, stirring, trembling can be an invigorating experience. With the help of a graphic metaphor of four types of horses, the Buddha clarifies the nature of authentic *samvega*: the steed that is agitated at the very sight of the stick; the steed that is agitated when its coat is pricked with a stick; the steed that is agitated when the flesh is pierced; the steed that is agitated when the bone is pierced. This is compared to four types of men: a person hears that in a particular town a person is afflicted; a person beholds with his own eyes a person afflicted and suffering; a person sees his kinsman afflicted; the person himself is stricken with pain and suffering. The person who has followed the authentic path of the Buddha would convert this stirring, at whatever stage it occurs, towards enhancing his spiritual journey but others will be bewildered (*paritassanā*) and bemoan that they will be annihilated (Gradual Saying II, 13). Harnessing of such spiritual emotions has to be tempered by equanimity (*upekkhā*) and emotional balance that helps a meditator to avoid on the one hand, the hindrance of restlessness and worry (*uddhacca-kukkucca*) and on the other hand slothfulness (*thīna-middha*). Authentic and energetic

stirring with equanimity and balance is a bit of a walk on a tight rope! Equally important, a mind that is stirred by the suffering of fellow beings opens up to the way of compassion, and as the Buddha transformed the robber Angulimala, re-teaching the loveliness within him.

The bud stands for all things,
Even for those things that don't flower,
For everything flowers from within, of self-blessing,
Though sometimes it is necessary; to re-teach a thing its loveliness.

--(Galway Kinnel)



REFERENCES

- Biegler, Paul, 2011, *The Ethical Treatment of Depression: Autonomy Through Psychotherapy*, MIT Press, London.
- Bien, Thomas, 2006, *Mindful Therapy*, Wisdom Publishers.
- Brodsky, Joseph. 2005. "Listening to Boredom". Extracts from, 'In Praise of Boredom'. *Dartmouth College Commencement Address*. Harper's Magazine, March, 1.
- Burton, Robert. 1621/2001, *The Anatomy of Melancholy*., New York, New York Review Books.
- Csikszentmihalyi, Mihaly. 1990. *Flow: The Psychology of Optimal Experience*. New York: Harper-Perennial.
- deSilva Padmasiri, 2008, *An Introduction To Mindfulness-Based Counseling*, Sarvodaya Vishvalekha, Ratmalana.
- de Silva, Padmal, 2006, "The Tsunami in Sri Lanka and its Aftermath: The Explorations of A Buddhist Perspective", *International Review of Psychiatry*, vol 18, no 3, pp281-287.
- de Silva, Padmasiri, 1994, "Emotion Profiles: The Self and the Emotion of Pride", in Ames, Roger, Dissanayake, Wimal and Kasulis, Thomas.P. eds *Self as Person in Asian Theory and Practice*, Albany, SUNY Press,
- de Silva, Padmasiri, 2005, "Managing Grief and Loss: Compassion in the Buddhist Social Ethic & Meditative Life", A Keynote Address, Power of Compassion, *Proceedings of the Australian Psychological Society*, Victorian Branch, Conference Proceedings,, ed. Kostanski, Marion, Victoria University.
- de Silva, Padmasiri. 2010. "Mindfulness-Based Emotion Focused Therapy". *Mahidol University conference on the Interface Between Buddhism and Science*. Mahidol (In the Press);
- Drury, M.O.C. 1973. *Danger of Words*. Routledge and Kegan Paul. London.
- Ekman, Paul, 2003. *Emotions Revealed*. Weidenfeld & Nicolson, London.
- Freud, Sigmund, 1917/1957 "Mourning and Melancholia". In, *Collected Papers*, Vol iv pp 152-70, authorized translation under the supervision of Joan Rivere. London: Hogarth press
- Fromm, Erich. 1994. *The Art of Listening*. London: Constable.
- Greenberg, Leslie & Paivio, Sandra, 2003, *Working With Emotions in Psychotherapy*, New York, Guilford Press.
- Greenberg, Leslie, 2008. *Emotion-Focused Therapy*. Washington D.C: American Psychological Association, Washington
- Greenberg, Leslie. 2010. February, *Emotion Focused Therapy*. Workshop Handbook, Sydney: IEFT.

- Harris, Russel, 2006. "Embracing Your Demons, an Overview of Acceptance and Commitment Therapy". *Psychotherapy, Australia*, Vol.12, Number 4, August, 2006.
- Hayes C.Stephen, Krik D.Strosahl, Kelly, G.Wilson. 1999. *Acceptance and Commitment Therapy*. New York: Guilford Press.
- Horowitz, Allan V. and Wakefield, Jerome c. 2007. *The Loss of Sadness*, Oxford: Oxford University Press; (for short, H & W Study)
- Hoskings, Peter, 2005, "Compassion: What is in a Word?", in, Kostanski, Marion ed. *The Power of Compassion*, Victoria University, Melbourne
- Lutz, Catherine. 1995. "Need, Nurturance and the Emotions in a Pacific Atoll", *Emotions In Asian Thought*. eds. Marks Joel and Ames Roger T. Albany: State University of New York Press.
- Morgan, Stephanie, P. 2005, "Depression: Turning Towards Life", In, Germer, C.K. and Segel, Fulton Eds. *Mindfulness and Psychotherapy*, New York: Guilford Press.
- Nussbaum, Martha, 2003. "Compassion and Terror", *Daedalu*. Winter, Issue.
- Nyanaponika Thera, 1986, *Contemplation of Feelings*, B.P.S., Kandy.New York: Wisser.
- Padmasiri de Silva, 2005, 4th edition, *An Introduction to Buddhist Psychology*, Palgrave-Macmillan, Hampshire and New York.
- Radden, Jennifer. 2000. " Love and loss in Freud's Morurning and Melancholia: a rereading", In, Levine, Michael P. ed. *The Analytic Freud: Philosophy & Psychoanalysis*. London and New York: Routledge.
- Ricard, Matthieu. 2007. *Happiness: A Guide to Developing Life's Most Important Skills*. London: Atlantic Books.
- Solomon, Robert. C, 2007: *True To Our Feelings: What Our Emotions are Really Telling U*. Oxford: Oxford University Press
- Thanissaro, Bhikkhu, 1999, *Noble Strategy*, W.A.V.E., Malaysia.
- Wallace, Alan.B. 2007. *Contemplative Science*, Columbia University Press. New York.
- Wallace, B.Allan, and Shapiro, Shauna, L. 2006, "Mental Balance and Well-Being", *American Psychologist*, October, 2006.
- William, Mark, Teasdale John, Segal, Zindel, Kabat-Zinn Jon. 2007. *The Mindful Way through Depression*. New York: Guilford Press.
- Wolpert, Lewis, 1999. *Malignant Sadness: The Anatomy of Depression*, London: Faber and Faber.
- Yalom, Irwin, 11990, *Existential Therapy*, Basic Books, New York.

Acknowledgement: My initial interest in the ‘Loss of Sadness’ emerged while contributing an article for a memorial volume for Robert.C.Solomon—a pioneer of ‘emotion studies’. While the present article locates grief and sadness in a different context, of panic cultures, there are common thematic threads running through both articles. I wish to thank Kathleen Higgins for encouraging me to work on this theme and for accepting it for publication. Padmasiri de Silva, “The Lost Art of Sadness”, in K.Higgins, C.Martin, D.Shermon eds. *Passion, Death and Spirituality: The Philosophy of Robert.C.Solomon*, Springer Publishers (Forthcoming).

Dedication.

This article is dedicated to the memory of Padmal de Silva, a distinguished psychologist, a pioneer in developing Mindfulness-based Behaviour Therapy, a versatile scholar and a friend with magnanimity and a compassionate heart. The last article that he sent me before his untimely death was on “Panic Cultures”, drawing from his research on the Tsunami experience in Sri Lanka.

Slang, Freud and Buddhist Psychology: Clarifying the Term “Ego” in Popular, Psychodynamic and Spiritual Contexts



*Deborah Bowman, Ph.D.
Professor of Transpersonal Counseling Psychology
Naropa University, Boulder, Colorado, USA*

The Latin term ego was first used in a translation of Freud’s work to refer to his idea of the “I” or the reality principle within the dynamic forces of the psyche. He suggests the functions of the “I” include reasoning, a sense of self-capacity and the mediator between the polarized demands of instinctual drives and societal expectations. While he considered the “I” a mechanism of the self, he did not use the term ego. Nevertheless the word ego entered the mainstream in professional conversations of the analytic understanding of the human being as it began with Freud’s thought.

As psychology became popularized the word ego entered the common vernacular to describe attitudes and behaviors considered selfish or inflated. The slang use of ego is generally a derogatory term for behaviors considered out of the range of social acceptance. Slang borrows from the inflated side of the psychodynamic description of the unhealthy manifestations of ego yet lacks a deeper understanding of its causes.

In the 1970’s Chogyam Trungpa Rinpoche, a Tibetan lama, began utilizing the term ego to describe a neurotic process based on the ignorance of our actual situation (Trungpa, 1978) resulting in a solidified sense of self that is separate and self-referential and as such is the cause of suffering. He saw the projections of the ego as an incorrect understanding of the interdependent nature of reality and the primary obstruction to clear seeing and compassion. He borrowed aspects of the term from both psychology and modern vernacular usage.

Buddhists around the world have embraced this usage of the term ego and use it regularly to describe the common illusion of a static separate self that emphasizes it’s self-importance in relation to the world. This Buddhist definition can now be understood as a unique understanding of the word ego as well. The field of transpersonal psychology has borrowed from the Buddhist usage of the term ego in the psychological and spiritual mapping of human development.

The confusion that has arisen from the different usages of the term ego is significant to those in the field of psychology as well as Buddhist practitioners who have an incomplete understanding of the word in its several contexts. The general public would also benefit from a further understanding of the factors relating to the formation of an aggrandized sense of self to which the slang usage of ego refers.

For a rudimentary understanding of the psychodynamic view of ego we must understand how it is one aspect of a trio of the major forces Freud delineated within the human psyche. Representing a self-part mostly but not entirely within conscious access, the egos job is to meet primary human needs by mediating between the forces of the id, or instinctual drives, and the superego, or the introjected societal injunctions coming from outside the person.

The ego is characterized by numerous functions including consciousness of self and the environment, knowledge of self-capacities and limitations, management of emotions, reasoning and logical thinking, continuity of self through space and time, social skills and character formation.

As the term ego came into popular usage a common word associated with its slang usage is narcissism, also borrowed from the psychological literature. A word made common in the literature by Freud, narcissism describes a spectrum of self-regard from healthy esteem to an overly aggrandized and entitled sense of self. The slang usage connotes only the unhealthy end of the spectrum of narcissism perceived as self-absorption and a “me” orientation that disregards or uses others. In clinical psychology the Narcissistic Personality Disorder (American Psychiatric Association, 1994) also refers to problems at the negative end of the spectrum of Freud’s original psychological definition.

Problems to healthy ego development include a distorted sense of one’s capacities that are either inflated or deflated. Not understood in the popular discourse is the deflated version of narcissism, a self-orientation characterized by an exaggerated perception of one’s smallness, victimization and incapacity to defend against the world. In this case individuals would consider themselves the “worst” rather than the “best” and use the qualifier as an attempt to garner negative or care-taking attention.

The Buddhist concept of ego acknowledges the problems of distortion at both ends of the spectrum of unhealthy development yet sees these misperceptions inherent in the mistaken view of a permanent and separate self. While acknowledging the importance of confidence in one’s Buddha Nature, or capacity for compassion and wisdom, the Buddhist view is particularly wary of any conceptualization of a definitive self. Freedom from suffering, or health in the Buddhist sense, is derived from the deconstruction of the illusions of the ego as an autonomous and singular self in the world.

This paper explores and compares the usage of the term ego in these three contexts across eight factors including identity, intra-psychic awareness, control, reality, relationship, empathy, needs and fear. Healthy and unhealthy aspects of ego in the psychological and developmental sense are explored in relation to the Buddhist view of non-self and the problems associated to ego. Contrast to the slang usage of the term ego is provided to clarify any vernacular misunderstandings. Refer to the chart at the end of the article for an overview of ego in context of its use in slang, psychodynamic psychology and Buddhism.

Identity

“He’s so egotistical.” “She’s an egomaniac.” “He’s such a narcissist.” “She’s so inflated.” Psychological language has saturated the airwaves of our everyday conversation. We label and “diagnose” others and ourselves with the slang version of these terms. The diagnosis comes across as a judgment and hardens into an identity. It is how we identify someone else or a part of ourselves we don’t like. We believe the other thinks of him or herself as superlative and according to this slang system so does he or she. The attitude is self-aggrandizing and inflates self-regarded traits as positive while downplaying or denying negative traits.

The Buddhist use of the term ego describes an identity that is false yet deeply engrained and believed habitual tendencies. While the qualities of inflation are not excluded in its definition, Buddhism describes an overarching error in ego's understanding of reality. The error is an ignorance of our impermanence and interdependence. Inflation or deflation is a further spin on the misunderstanding of ego as an existent entity.

The belief in an existent self lends itself to the problems of self-importance and self-derision. If we believe in an objectified existence than we are at once vulnerable to an objectified evaluation of that existence. The fluid unbounded quality of interdependence is lost and our perceptual distortions are magnified when we falsely separate self and other. A separate identity creates comparison and ranking as well as estrangement and a utilitarian view of personhood.

The continuity of self critical to a psychologically healthy ego structure is understood from the Buddhist view as a relative function helpful in navigating a relative world. In the absolute sense the self is not permanent or real. In a relative sense self is a mistaken view that increases suffering by fixing the individual in a static state. The "I" of yesterday and tomorrow is a fiction. The "I" of today is a fleeting idea falsely extracted from a continuum of awareness.

The seeming development of character or fixed traits, considered healthy in ego development is considered an obstruction to liberation in Buddhism. If we conceive of our character as strong, an experience of weakness can be debilitating. If we conceive of ourselves as humble, we remain unaware of an arrogant pride behind the self-conception. Healthy self-regard in either system is based in a person's actuality. A relative understanding of one's strengths and limitations in the Buddhist view is held lightly and subject to continual investigation that sees through any permanent view.

Intra-psychic Awareness

Psychologically healthy adults are able to utilize the ego function to moderate between physiological drives and introjected societal injunctions. Healthy individuals are aware of thoughts and can modulate the inner voices representing different aspects of themselves. Clinical interventions in psychotherapy enhance personal awareness of thoughts and emotions and often prescribe ways to modify the inner dialogue to increase well-being. Somatic oriented therapies bring awareness to body sensations to help individuals map the source of emotions and the effects of thought on bodily experience.

The ego of the psychologically unhealthy individual is likely to have poor or rigid impulse or superego control. Operating out of unconscious drives this person cannot find satisfaction in life without extreme manipulation. A person with this wound to their ego development may reactively rage with no clue regarding the source of their behavior. Another person with overly rigid boundaries might compulsively control all expression of emotion with no understanding of their flattened affect. Labeled "clueless" in the popular vernacular, blame for lack of control or overcontrol is often projected onto others.

Buddhists have no quarrel with the utility of a function increasing the capacities of the intra-psychic sphere. It is suspicious of relying on a function that defines itself as "I" and generally understands the "I" to have a vested interest in maintaining itself. The "I" conspires to maintain the delusions of its unexamined beliefs and projects these onto the world.



The practice of mindfulness is designed to increase awareness of mental activity and bodily actions without an “I”. Calm-abiding meditation creates a spacious platform within the psyche to better observe the mechanisms of the mind from a state of equanimity. Impartial seeing made available in a state of calm is void of the “I” and brings rest to frantic self-deceptive and defensive activities of the psyche.

The ego self-part of the psychological literature overlaps but is not necessarily similar to the Buddhist definition of ego as an “I” identified self-part. Psychological ego may operate out of a vested interest or not. When it operates as an “I” to maintain itself it is the ego that Buddhists seek to dissolve through impartial examination.

Control

The slang terms referring to the “bully”, the “princess”, and the “control freak” are obvious examples of individuals exhibiting controlling behavior out of a need to protect their self-interest. These stereotypes are driven by an inflated sense of their capacity to manipulate events or others in their favor. They would be considered to have a “big ego” or be “ego driven” in the popular vernacular and limited in their range of development in the eyes of psychology.

The psychological perspective of the problems of control includes behaviors that are not so obvious. The response to life with a weak ego structure is made narrow by attempts to limit the impact of anything from outside the self. The controlling behavior appears less obvious and may include isolation, rigidity, conformity or codependence.

A dichotomized self also limits inner choice where the ego function is unable to effectively mediate between the exaggerated forces of the superego and id. Dictates or drives may dominate, oscillate in their domination or incapacitate the individual in a stalemate where he or she may feel stuck or tied up in knots.

A healthy ego in the psychological sense has the capacity to regulate a range of needs that are both social and driven by basic survival and physiological functions. Will power or control as a function of ego includes the capacity to forgo immediate pleasure for long-term goals. Will is the energy the ego needs to be able to effect change in the world. A healthy sense of will operates internally and self-regulation is optimized by a realistic sense of one’s strengths and limitations.

The problem of control in Buddhist thinking stems from the false security created by an ego or “I” that believes it is in power. Control is an attempt to abate the basic underlying fears of safety, aloneness and unworthiness (Gyaltzen, 2009). Buddhist practice seeks to enhance capacity for intention, focus, concentration, reasoning and choice yet the training of the mind cultivates an approach to life based on letting go of control. On an outer level control implies clinging to a particular outcome and is an intrusive attempt to manipulate results. On the inner level control is marked by confusion and division within the heart. Compassionate mind training dissolves warring self-parts seeking command through the violence of self-control.

Confidence in the path to liberation is not attached to the look and feel of freedom. Often seekers are quite surprised by the ordinariness of living openly and without habituated patterns of control.

Relationship

Understanding the needs of self and other the psychologically healthy person cultivates a sense of give and take in relationship. Social adaptation is an essential skill for meeting basic human needs. The infant needs consistent human warmth and contact to survive. Mirroring, the reflection back to the child by a caregiver of the child's emotional state, provides affirmation of the child's experience.

Children naturally reciprocate mirroring early in their development and in nurturing relationships experience a deepening of connection and mutual exchange with others. Later development includes learning to respect the boundaries and differing needs of self and other.

When there are traumatic interruptions or aberrations in bonding the self-other boundary is confused and relationship skills are blunted. A child cannot properly "hatch" (Mahler, 1973) and experiences insecurity in both autonomous and intimate functions. Closeness and aloneness are both experienced as threatening to the weak ego structure. Carrying over into adulthood others are experienced as an extension of the self, used to shore up a sense of inadequacy or seen as unavailable or rejecting.

The nomenclature of slang labels a category of behaviors indicative of this narcissistic wound as selfish or self-centered. The individual who has not been adequately mirrored (Miller, 1981) continues to seek the missing element of their childhood by constantly seeking attention and goods from others. Development is arrested at a stage where it was necessary that others served their needs before the child learned to reciprocate. Other manifestations of this wound to the ego are not described in the popularized use of the term narcissism. They include but are not limited to the mental health problems of social isolation, low self-esteem, addiction and depression.

The Buddhist concept of interdependence informs our understanding of relationship and the natural reciprocity inherent in all of life. While a psychodynamic perspective understands the autonomous development of the individual as a necessity, Buddhism points to the danger of the extremes of self-sufficiency creating a false sense of "I." This "I" or ego manipulates and misperceives self and other.

Suffering in relationships stem from the extremes of independence and dependence. One is marked by the painful experience of isolation and the other is an immature fusion where our demands on others do not reflect our chronological age. Learning to walk the interdependent path begins with the practice of attending to the present moment, seeing through the impermanence of past wounds and trusting the guidance of our teachers to mirror our yearning for compassion and liberation from suffering.

The Bodhisattva Vow, to liberate others before oneself counters the tendency of the individual to attend to oneself and not the other. From the Buddhist point of view we are all narcissistically wounded in clinging to the "I" and its delusional views and habits. This parallels the psychodynamic view of neurosis as a matter of degree (deSilva, 2010). Waking up requires the development of clear seeing and the reversal of painful self-centric patterns in relationship.



Empathy

Empathy is a powerful relationship skill that develops out of the mirroring process. When a parent makes a sad face to mirror her child's unhappiness not only does the child receive understanding, the parent feels the sadness in his or her own face and has a direct somatic experience approximating the child's state. The capacity for empathy in the adult is enhanced and conveyed at a level the child can understand. The parent feels with the child and not just for the child. Putting oneself in another's shoes helps to develop emotional intelligence.

The psychologically wounded individual may be unable to enter the experience of another or may have difficulty differentiating himself or herself from the other person if they do. The experience of loneliness or emotional entanglement can be heightened to intolerable levels.

Lack of empathy commonly manifests in incorrect assumptions about others and the projection of disowned qualities onto the unknown other. Without a feeling sense of the other, the ensuing experience of distance often leads to overly negative assumptions or projections. The emotionally immature parent may believe his or her colicky infant is rejecting the parent. The parent in turn rejects the child for "crying too much." If projection is active in the parent who has denied his or her own tears due to trauma or introjected beliefs he or she may label the child "bad" for crying. The parents dissociated sadness or grief is projected onto the child and becomes the unconscious reason for pushing the child away.

The emotionally confluent individual who is fused with others suffers confusion between the emotions of self and other (Perls, 1973). The parent with this particular form of weak ego structure may assume the child's state is a mirror of his or her own emotion. If the child is angry, the parent is angry. If the child is impatient, the parent is impatient. Likewise the child may be expected to have the same feelings of the parent and when he or she does not, the child is rejected. Parents may also assume the child is just like them and fail to see the child's uniqueness.

Compassion in Buddhism is related to empathy as it is based in entering the experience of the other. The Latin root of the word refers to having deep feelings (passion) with (com) another. Compassion implies a further response of an action to bring relief to the passion (suffering) of the other. In this case passion is understood as the impossible desire to escape "what is."

A compassionate response can pierce the ego-encasement that an individual has built to protect him or herself from pain. Compassion acknowledges and accepts loss and other feelings imagined as too big to bear. Compassion understands the ultimate boundarylessness of experience and the natural exchange continuously occurring between all beings.

In the Buddhist view any wall created to protect the self from others is the creation of ego or a false sense of self. At the same time Buddhism does not deny the uniqueness or the different experiences of each human being. The task to hold both relative and absolute understanding of self and no-self is embraced on the path of liberation.

Needs

Needs are understood as normative in the psychologically healthy individual. Marshall Rosenberg lists basic categories of needs including physiologic, interdependence, choice integrity, contribution, spirituality and celebration (Rosenberg, 2008). The psychologically healthy person can satisfactorily meet needs and with increasing maturation tolerates frustration and delayed gratification.

Disruptions to healthy ego development create exaggerated responses to needs. The narcissistic personality attempts to gratify needs in ways that distorts self-perception and will eventually hurt relationships. The gratified narcissist is successful in procuring an excess of emotional or physical “goods”. The ungratified narcissist is unsuccessful in meeting needs and remains focused on a dissatisfied state often at the cost of learning the skills to procure life’s necessities. Both the gratified and ungratified person is considered fixated in an unhealthy manner on the objects of their desire. Extreme states of fixation have obsessive or compulsive qualities.

Slang terms referring to the individual who appears to be overly gratified include “greedy”, “stingy”, “self-satisfied”, “gluttonous” or “entitled”. These individuals are considered to be oriented to their own needs at the expense of others. The ungratified person may be considered a “suck”, “desperate” or a “loser”.

Buddhists can understand the universality of needs by reflecting on those that are provided by the three jewels of the Buddha, Dharma and Sangha. Within Sangha we find our needs met for acceptance, contribution, support, warmth and honesty. The Dharma meets our need for truth and clarity. The jewel of the Buddha fulfills our need for guidance and inspiration (Bowman, 2009).

The Buddhist view also focuses on the problem of desire driving a constant craving for external objects and experience. The focus on personal needs reifies the “I” and reflects an ego driven state of continual discontent. The cessation of desire is primary to the path of liberation from suffering. Any clinging to self or other fosters dissatisfaction with life and an inability to accept the impermanent nature of all things. The acceptance of interdependence appreciates the play of exchange without clinging to needs, strategies to meet needs or an expected outcome.

Fear

The healthy person learns to manage fear and difficult emotions in daily life situations. To varying degrees of success psychotherapy addresses individuals who have been exposed to traumatic events that cause dysregulation in the fear response. While the healthy person can tolerate ambiguity, repeated or high levels of traumatic experience can impair ego functioning that moderates external stimuli and internal thoughts and imagery. Individuals who suffer from Post Traumatic Stress Syndrome (American Psychiatric Association, 1994) are easily triggered by situations that may appear innocuous yet are associated to earlier harmful or violent events.

The child who is subject to isolation, enmeshed boundaries and less traumatic levels of abuse also experiences higher levels of anxiety than normal when performing developmental tasks requiring increasing social or autonomous skills. An overly defended ego stance can result in the formation of an adult persona that presents as fearless and brash. This personality will likely respond with aggression when threatened.

The person with an ego that is overly porous may present as engulfed in fear at the slightest threat. This person responds with a range of reactive behaviors including hostility, submission or retreat from life. The retreating individual may hide in compulsive activities or significantly limit contact with others or challenging events. Some individuals retreat into a superior attitude that in effect limits contact with others.

Slang addresses a narrow range of dysfunction related to fear. The fearless “as if” personality is labeled “cocky”, “brazen” and “swaggering.” The individual is referred to as “puffed up”, a Donald Trump type. At the other end of the spectrum the person presenting as intellectually or culturally superior is considered “aloof”, “condescending”, a “know-it-all” or “conceited.” Slang fails to acknowledge the wound behind these behaviors.

Buddhism sees the construction of an “I” as the basis of a fear driven response to the impermanent and unpredictable nature of life. The “I” or ego gives the illusion of stability and becomes something to protect and defend. While not always within the diagnostic range of clinical psychology this “I” limits the individual’s capacity to respond to the fullness of life or experience the freedom that is possible. Liberation from suffering is liberation from fear.

Existential anxiety is considered normative in the psychological view yet the path of healing described in Buddhism seeks to undercut the root of all anxiety. Ponlop describes existential fear as the subliminal panic that is all-pervasive in every living heart (Ponlop, 2007). The universal mistake of clinging to an “I” is addressed in learning to attend with relaxation to moment-to-moment experience and the investigation of the truth of that experience. Calm-abiding developed in meditation is the basis for the discovery of an unbounded reality free of the shackles of ego-clinging and the fear states ego induces.

Freedom from fear is also the freedom to work with fear as it arises and passes in awareness. True liberation embraces the paradox of our relative and absolute knowing of any experience. We understand fears inherent nonexistence when we are able to extinguish our attachment to its appearance. As we follow its arising and falling we learn to see through our mistaken beliefs in its solidity. We do not have power over fear nor does it have power over us. Paradoxically complete acceptance of fear creates the spaciousness in our lives that offers complete peace as well.

Reality

Reasoning and conceptual thinking are considered cornerstones of the psychologically healthy ego structure. In order to function in society a person must understand and work with the consensual reality of their culture including an orientation to time and space.

Cognitive therapies emphasize working with thought processes to assist individuals in managing emotions and reducing distorted thinking that contributes to depression and other psychological problems. The healthy individual has developed an internalized conceptual structure that is able to prioritize and make value decisions grounded in reality.

A workable orientation to consensual reality includes the understanding and acceptance of basic social codes that make civil discourse and interpersonal relationships possible. The health of a society is affected by the degree of human considerations in those social standards and the role they play in the development of the superego in its individual members. Overly rigid family and societal standards make for a harsh inner critic with low tolerance for differentiation from a narrow range of acceptable behavior. A rebellious attitude is the converse side to the critical inner voice and may or may not be acted out. Confused or lax standards contribute to an ego structure that is unable to manage the conflicting demands of instinctual drives and internalized societal messages.

Slang refers to the individual with a grandiose perception of their place in the world as “arrogant” or “God’s gift to the world.” “She thinks she is the center of the universe” or “he acts like the world rotates around him” would be phrases used to refer to someone who misperceives their importance in relation to others and bends consensual reality in their favor.

The individual who acts as if they can defy physics or the basic rules of traffic is called “deluded” and “grandiose”. The “egomaniac” is considered out of control and others might say, “He believes he is immortal” or “she thinks she can defy death.” All of these slang terms refer to a lack of a reality orientation combined with an inflated ego. The individual with an extremely weak ego structure and severe delusions may be called “psycho” or “crazy.” Even the person who has difficulty organizing life’s details or thinking logically through problems is considered a “mess” or “haywire.”

Buddhists understand the underlying tenants of consensual reality as deluded. Society fosters the mistaken belief in an existent self and other. This belief induces a sense of self-importance or that “the world is my oyster.” Reality in the Buddhist view is empty of anything considered singular, independent or permanent, concepts that contribute to the misperception of one’s immortality or fear and denial of death.

The non-dualist view of reality cuts through the delusion of a separate self reified by the social constructs inherent in language. Conceptual thinking obscures an accurate perception of reality by dividing it into pieces that can then be arranged to fit an agreed upon consensual reality or create an even more deluded one. While logic is not abandoned in Buddhist thinking and actually encouraged in the practice of investigating reality, it is used to point to an understanding that is free or empty of concepts. This nondual view is considered the basis of liberation from the suffering created by ego’s attachment to a false reality centered in “I.”

Conclusion

Psychology's limited understanding of human development as culminating in healthy ego functioning reinforces the mistaken belief in the "I" as substantial and driven by psychosocial needs and desires. The view of psychology colludes with culture in reifying the permanence of what is impermanent, the ever-shifting self-image that solidifies when we generalize our experience into categories such as "good" and "bad" or "you" and "me". While psychology has much to offer individuals who suffer from serious problems related to interruptions in the developmental cycle, it does not address the suffering that ego-identity and ego-clinging creates for all of humankind.

It is helpful to address wounds to the healthy development of the psychologically defined ego before or while engaging in meditation practices to see through the illusions of the "I" in the Buddhist sense. The adage that "You have to be somebody before you can be nobody" (Engler, 1986) is relevant here. The relative sense of an identity and constancy in relationship are necessary starting points for the disciplines of concentration and investigation that are utilized to uncover the insubstantiality of self and the objects of the world.

The person with an ego that is not adequately differentiated from the other does not have the ability to witness its internalized other. Self-reflection is a danger zone for individuals with a stunted capacity to manage harsh introjected superego voices or impulses of the primitive drives of the id. The capacity to maintain a neutral awareness and not be caught or flooded by the contents of awareness is marginalized by varying degrees. In this respect the development of the inner witness is understood as an ego function that is a precondition to the collapse of the self-other divide representing a deeper state of knowing in Buddhism.

When the understanding of self in the world is too strong or not strong enough these distorted perceptions increase clinging to the objects of the world to either enhance inflation or shore up a deflated sense of self. This attachment decreases one's capacity to delay gratification and increases misperceptions that unchecked desire drives. When the ego function of self-constancy is low insecurity makes meditation difficult to impossible to practice. When the correlating ego function of other-constancy is wounded it is difficult to hold any object in awareness without unmanageable levels of fear interrupting the process.

The problem of ego bashing in popular discourse becomes a super-ego function void of compassion or deeper understanding of the wound beneath the self-centric pattern. While the use of derogatory labels may function as norm setting for a culture, they provide no assistance to the individual to correct the dysfunction. Labels given to others or to oneself typically create further division in relationships or increase self-hatred.

In Buddhist circles ego bashing may have a similar yet subtler superego function. On one level when we disregard the developmental necessity of certain psychodynamic ego functions we fail to acknowledge their importance on the path to liberation. This failure can impede progress when serious wounds to the development of a sense of self make it difficult to release that self. The insecure self, whether puffed up or dejected, adheres to anything in fear of annihilation. Without addressing the relative value of the self-functions, void of extraneous and distorted ideas about that self, one cannot progress along the path.

When Buddhists say ego is *the problem* it is important to notice that there may be a subtle quality of the superego talking down to the ego. When we name our ego as getting in the way of freedom we may be creating a label of disdain that becomes solidified in our minds. My “I” becomes bad, not something to look at with impartiality. Any prior injury to a realistic view of our capacities and limitations is a precondition for further ego bashing even when it is dressed up in Buddhist terminology.

Modern psychology has much to gain from Buddhism in the investigation of the self, its utility and problems. Trungpa states that:

When we talk about egolessness, that does not mean simply the absence of ego itself. It means the absence of the projections of the ego. Egolessness comes more or less as a by-product of seeing the transitory, transparent nature of the world outside. Once we have dealt with the projections of ego and seen their transitory and transparent nature, then the ego has no reference point, nothing to relate to. So the notions of inside and outside are interdependent—ego began and its projections began. Ego managed to maintain its identity by means of its projections. When we are able to see projections as nonsubstantial, ego becomes transparent correspondingly (Trungpa, 1978).

Looking through the transparency of ego there is nothing to impede clear seeing and the compassion derived from this enlightened vision. The work of withdrawing our habitual tendencies and projections is the path to the cessation of suffering. While clinical psychology addresses many debilitating and erroneous patterns of projection, the methods of Buddhism address the root of projection itself.

Viewing ego in the context of no referential point we begin to comprehend its relative significance to the development of an ultimate understanding of reality. Eighth century Zen poet Sandokai says, “Ordinary life fits the Absolute as a box and its lid” (Suzuki, 2001). Our ordinary understanding of “I” and “other” is the ground of our freedom and our ignorance. Psychology helps us cut through the gross layers of our delusions; Buddhism offers us a clear path to extinguish suffering and experience the liberation that is our birthright.

THE TERMEGO IN CONTEXT	SLANG: COMMON USAGE	PSYCHO-DYNAMIC: UN-HEALTHY	PSYCHO-DYNAMIC: HEALTHY	BUDDHIST VIEW: PROBLEMS OF EGO	BUDDHIST VIEW: EGOTESS-NESS
IDENTITY	Egomaniac, Egotistical, Narcissist inflated, aggrandizing, "God's gift to the world"	Inflated or deflated, extreme (ex: hyper- masculine or hyper-feminine)	Continuity of self, formation of character structure, Healthy self-regard	A fixed & solid sense of self is illusion, character formation is neurotic, Mistaking the continuum for a self	No self, confidence in basic goodness, boundaryless, impermanence, continuity of experience
INTRA-PSYCHIC AWARENESS	"Clueless" about inner life, impoverished inner dialogue	Poor or rigid impulse and superego control, operates out of unconscious drives	Ego moderates Id (drives) and Superego (introjected societal injunctions), self-aware	Self-perception is deceptive, Ego conspires to maintain delusional view of itself	Mindfulness and meditation cultivates awareness and inner spaciousness
CONTROL	"Bully", "Princess", "Control freak", Inflated sense of capacity, exhibitionist	Controlling or out-of-control, narrow response to life, Denies vulnerability	Willpower to effect change, can regulate self, Realistic sense of capacity & limitations	Control is ego clinging, habituated response, false security in sense of self	Non-attachment, openness, freedom, confidence in path to liberation
KNOWLEDGE	"Know-it-all", "big-headed" Arrogant, Conceited, "The world is my oyster", egocentric	Knowledge used for self protection, unaware of ignorance, projects self onto world	Maximizes learning, reasoning, conceptual thinking, Works with consensual reality, grounded in the world	Ignorance, logic based on false premise of existent self and existent other, Buys into consensual reality	Wisdom, Open and non-dual, nothing is singular independent or permanent, reality is "empty" of concepts
RELATIONSHIP	You revolve around "me", You serve me", self-centered, selfish	Uses others to shore up self, others are an extension of self, unhealthy merging	Aware of others, give and take, respects boundaries of self and other	Ego creates separate self, manipulates, misperceives others	Inter-dependent, vows to liberate others before self
EMPATHY	"Clueless" about others, Oblivious, Condescending, thoughtless, inconsiderate	Incapable, projects unwanted self onto others, confluent	Can put self in others shoes, has emotional intelligence,	Inability to respond in present, idiot compassion is based on misperception that we can fix others	Understanding of suffering gives rise to compassion, lovingkindness for others and self
NEEDS	Greedy, stingy, Selfish, Self-satisfied, gluttonous, entitled	Gratified or ungratified narcissism, oral fixation, neurotic	Can meet needs, tolerates frustration	Desire driven, constant craving is unquenchable	Cessation of desire, free of craving, sees life as an exchange
FEAR	Cocky, brazen, swaggering, brash, Sees self as immortal	Fearless "as if" persona or engulfed in fear, defensive, Denies death and/or extreme fear of death	Manages fear and difficult emotions, tolerates ambiguity, Existential anxiety is normative experience	Fear driven, aggressive to protect sense of self, Denies and fears death, belief in permanent self	Relaxation with moment-to-moment awareness, Death as opportunity for awakening

References

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.
- Bowman, Deborah. *Buddhism and Nonviolent Communication: An Effective Practice for Peace*. Buddhist Approach to Political Conflict and Peace Development. Thailand: The International Buddhist Conference on United Nations Day of Vesak Celebrations, 2009.
- deSilva, Padmasira. *Buddhist and Freudian Psychology*. Victoria, Australia: Shogam, 2010.
- Engler, Jack. *Transformations of Consciousness: Conventional and Contemplative Perspectives on Development*. Boston: New Science Library, Shambhala. 1986.
- Gyaltsen, Tenpa. Lecture. Nalandabodhi Dzogchen Cottage, Boulder, CO. December 5, 2009.
- Mahler, S. and Pine, M.M. and F., Bergman, A. *The Psychological Birth of the Human Infant*, New York: Basic Books, 1973.
- Miller, Alice. *The Drama of the Gifted Child: The Search for the True Self*. USA: Basic Books, 1981.
- Perls, Fritz. (1973). *The Gestalt Approach and Eye Witness to Therapy*. CA: Science and Behavior Books, Inc.
- Ponlop, Dzogchen. *The Life of the Buddha and the Spiritual Journey: Introduction to Buddhism 100* (Nalandabodhi Study Curriculum). Seattle: Nalandabodhi, 2007.
- Rosenberg, Marshall. *Nonviolent Communication: A Language of Life*. CA: PuddleDancer Press, 2003.
- Shunryu Suzuki. *Streams Flow in the Darkness: Zen Talks on the Sandokai*. CA: University of California Press, 2001.
- Trungpa, Chogyam. *Glimpses of Abhidharma*. Boulder, CO: Prajna Press, 1978.

Other-Centered Approaches: Psychotherapy and a Buddhist Paradigm



Caroline Brazier¹

Modern psychotherapy has, to a large extent, developed within the context of Western culture and values, and has itself supported and affected the development of Western culture over the last half century (Furedi 2004²). Buddhist psychology is grounded in an Eastern religious and ethical paradigm (Harvey 2000³) and, whilst incorporating a diversity of theory on specific issues, is broadly distinct from Western perspectives in a number of significant respects, particularly in relation to the view of the self, of the human condition and of the nature of therapeutic growth. As such it offers a vantage point from which to elaborate and sometimes critique some of the assumptions of Western therapeutic models.

Buddhist psychology (Brazier C 2003⁴) has spawned a number of therapeutic models, which differ from one another in various respects. Some draw more on Buddhist practice such as meditation or mindfulness (Kabat-Zinn J 1991⁵), whilst others draw to a greater extent on the Buddhist theoretical understanding of mental process (Brazier D 1995⁶). In either case the use of Buddhist ideas does not necessarily guarantee that the therapy will support a Buddhist paradigm. Buddhist ideas and methods may influence the, often unconscious, assumptions which underpin the therapeutic process or may be used to serve a more Western value system.

Among the models derived from Buddhist psychology are approaches which rely upon the Buddhist understanding of the individual identity as the product of a set of conditions, reliant upon, and existing in relation, to others. In particular such approaches view the self as dependently originated (Jones 2011⁷), constructed on the basis of object-related perception (Brazier D 1995⁸). These approaches can be termed other-centered⁹ and include approaches such as Naikan and Morita (Krech 2001¹⁰), both developed through Japanese Buddhist traditions, and the Other-Centered model (Brazier C 2009¹¹) developed at the Amida center in the UK.

This presentation will explore the importance of the Other-Centered paradigm in offering an alternative perspective to the prevailing value system found in psychotherapies in the West, which often tends towards individualistic viewpoints. It will include a summary of the basic principles of different Other-Centered Approaches and their relationship to Buddhist psychology.

¹ (BA, PGCE, M Phil, BACP Accred) is course leader of the Amida Psychotherapy Training Program and author of six books on Buddhism and psychotherapy. She travels internationally giving workshops and presentations.

² Furedi, F, 2004 *Therapy Culture* Routledge

³ Harvey P 2000 *An Introduction to Buddhist Ethics* Cambridge University Press

⁴ Brazier C 2003 *Buddhist Psychology* Constable Robinson

⁵ Kabat-Zinn, J, 1991 *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* Delta

⁶ Brazier D 1995 *Zen Therapy* Constable Robinson

⁷ Jones D 2011 *This Being that Becomes: The Buddha's Teaching on Conditionality* Windhorse Publications

⁸ Brazier D 1995 *Zen Therapy* Constable Robinson

⁹ Brazier C 2003 *Buddhist Psychology* Constable Robinson pp236-253

¹⁰ Krech G, 2001 *Naikan: gratitude, grace, and the Japanese art of self-reflection* Stonebridge Press

¹¹ Brazier C, 2009 *Other Centered Therapy: Buddhist Psychology in Action* O-Books



Buddhism on a Postcard

The other-centered therapeutic approach, as taught on the Amida psychotherapy training program, is grounded in the core teachings of Buddhism. Since several of these teachings are open to differences of interpretation, I will set out here the model as we interpret it in this context. Whilst there is not space in this paper to argue all the points of controversy, I will indicate sources to which the reader may refer for further clarification.

The Buddha reputedly gave 84,000 teachings but, in fact, his presentation of the Dharma can be understood as a whole, that is as one integrated model. It is a system of thought which offers an analysis of human process and which explains how mental problems arise. The Buddha's teaching is summarized by the oft quoted assertion that he taught suffering and the end of suffering (Sutta Nipata¹²), or, more accurately, the (*nirodha*) containment of that which arises from suffering¹³. The Buddha's core message is also summarized as consisting of insight into Dependent Origination and the conditioned nature of existence (Jones D 2011¹⁴). These two teachings are in fact the two faces of the one central message of Buddhism.

In brief then, the Buddha taught that affliction was an unavoidable truth (Brazier D 1997¹⁵). He taught that in response to affliction, we cling to things. Our energies are aroused by grief or anger (*ibid* 16) and we experience craving which we satisfy through our attachments, and it is on these that the sense of self and of the world depends. In other words, in our attempt to dissipate the discomfort of affliction, we are drawn into compulsive clinging and from it construct all that we think we know.

Attachment and the process of self-creation

The teaching of the second Noble Truth, *samudaya*, describes this process. Clinging begins with sense attachment (*kama*) then progresses to 'becoming' (*bhava*), or the creation of the self. Finally, if the sense of self fails to offer sufficient comfort and security, the person falls into non-becoming (*vibhava*) or self-destructiveness (Samyutta Nikaya¹⁷). We can see this process in the example of the drinker, who starts by dissipating anxieties through the sense activity of enjoying a glass of wine. Gradually this person starts to identify with favorite drinks and progresses through identities of social drinker, wine buff to alcoholic, each with its associated 'objects' of particular alcoholic drinks, settings and companions. Eventually when life becomes overwhelming he starts to drink himself into oblivion. In most cases the progression is more complex and we all build our identities on idiosyncratic combinations of objects. Basically, however, Buddhist psychology can be seen as a psychology of addiction; addiction to the supports of identity.

This is the unenlightened process whereby humans become psychologically enmeshed in a self-world. Identity formation is a protection from the experiencing of affliction and impermanence. It is also a barrier to enlightened perception.

¹² Sutta nipata

¹³ See Brazier D 1997 *The Feeling Buddha* Constable Robinson pp89-96

¹⁴ Jones D 2011 *This Being that Becomes; The Buddha's Teaching on Conditionality* Windhorse Publications pp16-17

¹⁵ Brazier D 1997 *The Feeling Buddha* Constable Robinson

¹⁶ *Ibid* pp63-66

¹⁷ Samyutta Nikaya 61.11.6



The self-world is mediated through our senses. The senses, known as the uncontrollables (*shadyatana*) because we do not really choose where they fix their attention, are each seen to possess a conditioned mentality (*vijnana*). They lock onto objects¹⁸ according to their conditioned modes of perception, or habitual preferences. The person thus repeatedly uses the same patterns of clinging, dividing experience into ‘mine’ and ‘not mine’ through attractive or aversive responses, and from them builds an illusion of permanence. This is identified as the self. This understanding of the self-building process is elaborated in other core Buddhist teachings, namely those which describe the conditioned nature of the ordinary person, the Skandhas and the Twelve Links of Dependent Origination (Brazier C 2003¹⁹).

Dukkha as the Source of Growth

Whilst Buddhism is sometimes portrayed as a negative philosophy grounded in a view that life is afflictive and the only escape is through an ending of existence, this view is not borne out by the sutras. Far from offering a negative perspective, the Buddha appears to have seen affliction, *dukkha*, as a Noble Truth²⁰ and as the root of the spiritual life.

In the *Sutta on Fear and Dread*²¹, the Buddha describes how, immediately prior to his enlightenment, he deliberately went into the forest to experience those places which frightened him, the shrines of demons and harmful spirits. He practiced in these places by developing steadfastness, and not allowing himself to be diverted from the experience of discomfort arising in him, but rather holding himself still as the feelings arose and waiting for them to dissipate. In other words, he did not retreat into the psychological diversions of sense attachment and self-building, nor did he walk away from the situation. He faced the arising emotions directly. This process led to his enlightenment experience which is described in the sutta immediately after his description of facing out the fear.

As discussed in my recent book, *Acorns Among the Grass* (Brazier C 2011²²), the Sutta on Fear and Dread can be understood to support the view that the teaching of the Four Noble Truths, which was among the first teachings which the Buddha gave, is basically a description of how the practitioner can employ the energy which arises from life’s difficulties as fuel for the spiritual path (Brazier D 1997²³). This interpretation is rather more positive than the traditional interpretation which sees the teaching as concerning the elimination of *dukkha*, which in any case, the Buddha evidently did not do²⁴. One can see the Buddha’s spiritual journey as centered on this discovery. It was initiated by an unwelcome encounter with affliction in his meeting with the four sights, and was resolved by his discovery that by facing fear and dread one can attain the ultimate spiritual breakthrough. This understanding was then formulated as the Four Noble Truths.

¹⁸ This is a powerful ‘locking on’ as for example suggested by the image of the axe and block used in the *Ant Hill Sutta*; Majjhima Nikaya 23

¹⁹ Brazier C 2003 *Buddhist Psychology* Constable Robinson

²⁰ Or a ‘truths for noble ones’ to take Peter Harvey’s suggestion in Harvey P, 2009 *The Four Ariya-saccas as ‘True Realities for the Spiritually Ennobled’- the Painful, its Origin, its Cessation, and the Way Going to This – Rather than ‘Noble Truths’ Concerning These*. in *Buddhist Studies Review*, Vol 26, No 2 (2009)

²¹ *Sutta on Fear and Dread*: Majjhima Nikaya 4

²² Brazier C 2011 *Acorns Among the Grass: Adventures in Ecotherapy* O-Books

²³ Brazier D 1997 *The Feeling Buddha* Constable Robinson

²⁴ As David Brazier points out, the Buddha got sick, was betrayed by those he loved and eventually died after his enlightenment.

Thus Buddhist psychology encourages fortitude in the face of difficulties and an attitude to life which seeks out the truth of situations rather than avoiding them. It emphasizes the importance of engaging with reality, however uncomfortable, rather than getting drawn into pleasantries or distractions.

Object related Identity

The Buddhist model of human process defines the self as an illusory, defensive structure, which is itself a source of affliction²⁵. Unless our psychological state deteriorates further into the nihilism of *vibhava*, the self gives us a semblance of order in a disordered world and acts like a protective bubble.

The senses distort our relationship with the world, creating a personal world-view through their conditioned attraction to particular perceptual objects and their rejection of others. They reinforce our prejudices and confirm us in our sense of self. In this way the identity mirrors the object world which we choose to inhabit. We seek out places and people who in turn support our self-view. Because they are driven by our latent fears and need for security, the senses are powerful as they seek out sense objects and the Buddhist texts are full of images which confirm the dangers which they pose²⁶.

The self is thus object related. It depends upon the maintenance of a distorted perception (*rupa*²⁷) of objects and seeks out confirmation of itself through its attraction to the familiar. The mind depends upon the object of attention and the self upon the object world which it inhabits. This relationship between the self and the world view is mutually conditioning.

The Constructed Self

The teachings of the Skandhas and of the Twelve Links of Dependent Origination explain the mechanism by which the self is created and maintained. They can be interpreted as descriptions of the same basic cyclical process (Brazier C 2003 p183²⁸). Indeed these two key teachings share the four elements of *vedana*, *samskara*, *vijnana* and (*nama*) *rupa*. These four elements, if taken as a cycle, appear in the same relationship to one another.

These common elements in the two teachings, then, are key points in a cycle which describes how conditioned perception (*rupa*) leads to attractive or aversive responses (*vedana*). These bring about the creation of new action traces (*samskaras*). This in turn reinforces the mentality (*vijnana*) which continues to seek out confirmation in new perceptual objects (*rupas*). Other elements of the two teachings elaborate different aspects of the cycle. In the teaching of the Twelve Links, for example, we see that as we name the phenomenal object (*nama-rupa*) we make contact with it (*sparsha*) and

²⁵ The skandhas are listed among the elements giving rise to dukkha in Samyutta Nikaya 6.11.5

²⁶ The axe and block in the Ant Hill Sutta (Majjhima Nikaya 23) and the Fire Sermon (Aditta-pariyaya-sutta) give images of the power and passion of the senses.

²⁷ Rupa, the first of the skandhas, describes the perceptual object. Although sometimes translated as form, the word has a primary meaning of coloration or phenomenal presence.

²⁸ Brazier C 2003 *Buddhist Psychology* Constable Robinson p 183



then the senses grasp the object, leading to the *vedana*. Both the Skandhas and the Twelve Links are, however, basically descriptions of the same self-building process.

In the Ant Hill Sutta (Majjhima Nikaya 23) the skandhas are represented by the tortoise. This description suggests the self as a hard impenetrable shell with which we protect ourselves from those things in life which threaten us²⁹. The image of the tortoise fits well with the idea of a cycle which perpetuates itself and defends us against uncertainty.

The processes of self-creation described in these core teachings offer an understanding of human process which can be applied at the collective as well as the individual level. Groups build identity based of shared objects of attention and world views in just the same ways as individuals. This process orientated interpretation gives additional support to our understanding of the ephemeral nature of the self. The self only exists in dependence upon the sense objects which give birth to it.

Other-Centered Approaches

The Buddhist understanding of conditioned nature of the ordinary mind provides a model of human process which is complex and subtle. Because all the Buddhist teachings can basically be linked to this same model, details which are found in different teachings can be used to elaborate and clarify aspects of it. In fact the core teachings are themselves presented in slight variations in different sutras, which seems to confirm their relationship to one another.

This Buddhist understanding of mind can be used in practical ways to create interventions which will facilitate psychological change in therapeutic and other contexts. The teachings of the Skandhas and Dependent Origination suggest a number of different possibilities for intervention at different stages in the process (Brazier C 2003³⁰). Other-centered approaches tend to focus on interventions at the *rupa/vedana* points. In developing a therapeutic model for the Amida Psychotherapy Training Program³¹, we have found that those parts of human process which relate to the world view are more amenable to intervention than those parts with which the person identifies (Brazier C 2001c³²). People are more willing to question their perception of others than their sense of self.

Whilst people identify with their habitual behaviors and with the self-story which emerges from them, they are less identified with their world view, despite the fact that it is distorted by the escapist and self-building agenda. It continues to be regarded as an accurate understanding of 'how things are' and is not generally identified as part of the self. People may feel possessive of objects and can be defensive of them, but they are not generally aware of the extent to which their perception of them is clouded by self-interest.

²⁹ This interpretation seems to me more plausible than that offered in the commentaries which suggest that the tortoise represents the skandhas on the basis of having four limbs and a head. Were the commentaries right, one would have to ask if tortoises of the time were without a tail.

³⁰ Brazier C 2003 *Buddhist Psychology* Constable Robinson ; Chapters 9-16

³¹ www.buddhistpsychology.info

³² The following therapeutic model is elaborated in Brazier C, 2009 *Other Centered Therapy: Buddhist Psychology in Action* O-Books

Other-centered models therefore rely upon examination of the conditioned nature of perception and on investigating our relatedness to others. This indirectly reveals the self-structures and invites the client to question and change them. Changing the perceptual conditions changes the self which rests upon them. By focusing on the objects which are significant to the self-process, and implicitly or explicitly questioning the perception thereof, the reactive and associative responses are modified and the hold of the self-structure is loosened.

In this process two aspects are assumed. Firstly, that the object is perceived in a conditioned way (*rupa*) and, secondly, that the object has a real existence (*dharma*), even if this cannot be directly perceived by the unenlightened mind. In addition to this understanding of perception, other-centered approaches also suggest that, since the object has a reality, it can be assumed that it will, of itself, exert some influence on the interaction, independently of the perceiver. The ‘other’ will itself become an enabling factor in the process of change.

Other-centered work thus becomes an enquiry into relatedness. The mode of operation is one in which the therapist listens to the client and notices the significant objects upon which the self-world is built (Brazier C 2009b³³). Initially she invites the client to talk more fully about these objects, which are often, but not always, people, and to see them in a more sense-based way. Their *rupa* quality is amplified, intensifying the whole cycle so that it can be better understood. Thus the process of the Skandhas or Dependent Origination becomes more apparent in the therapy room, and the origins and dynamics of the conditioned view can be investigated and deconstructed.

With this investigation, the client becomes less identified with the self-process. Understanding and recognition are common roots to dis-identification in Buddhist practice. In many forms of meditation, the invitation to observe the arising and dispersion of mental factors is used to interrupt the self-creation process. Reflexive observation creates distance and renders the process itself a mind-object, and therefore an object of perception and a conditioning factor to self rather than an aspect of self. The observed self-element thus ceases to be part of the identity. The person comes to realize *this is not mine, I am not this, this is not myself*³⁴.

More importantly, though, in other-centered work the client is then encouraged to enquire into the reality of the other. By bringing into question the immediate perceptual responses, the person develops curiosity and is invited to engage in a search for new perceptions. This other-centered enquiry is, of course, unlikely to release the person from conditioned existence within the therapy room, but it does create the possibility for a more fluid, multi-faceted world view to emerge, in which the habitual preconceptions are not taken as absolute. Space is created in which the other can be heard. As this happens, the identity is also naturally changed. Attachment to a fixed sense of self becomes less pressing.

Pureland Buddhism and Buddhist therapies

All Buddhist schools are grounded in the same understanding of the nature of conditioned existence which was realized by Siddharta Gotama, the Buddha, founder of our shared traditions. Different schools of Buddhism differ in finer details of doctrine, but more significantly in the practices

³³ Brazier C 2009b *Listening to the Other* O-Books

³⁴ This phrase recurs in many of the sutras as the Buddha’s instruction to relinquish self-attachment.



which they have adopted in response to this human predicament. Practices and approaches have been categorized in various ways, but a significant division, which grew out of the Indian philosophy of Nagarjuna³⁵ and became particularly significant in Japanese Buddhism, is that between what are known as *self-power* and *other-power*³⁶. All Buddhist schools have some elements from each approach but in most one or other predominates. Whilst *self-power* schools emphasize effort and the capacity of the individual to achieve enlightenment, *other-power* schools emphasize faith and the need for reliance upon what is beyond the self. *Other-power* schools might be seen as primarily concerned with refuge.

Pureland Buddhism³⁷ is an *other-power* approach. In this it places the locus of salvation outside the self, specifically in the beneficence of Amida Buddha, literally the immeasurable Buddha³⁸. It is a tradition which places its emphasis on faith. The practice of Pureland is *nembutsu*, calling the Buddha's name. At its core is the recognition of our unenlightened nature, referred to as *bombu*³⁹ nature, and of our dependence on others for our existence.

Whilst its understanding of the conditioned nature of mind and the processes of self-building are in line with those already outlined in this paper, Pureland Buddhism offers two important additional qualities to the therapist. Firstly its emphasis on the locus of salvation being external to the self supports an other-centered approach in which healing is seen to come from the relationship with others. To accept this support requires faith. Secondly it emphasizes that salvation is not dependent upon our deeds⁴⁰ and that we are infinitely karmically compromised⁴¹. This position offers a radically non-judgmental value base.

Faith in the therapy process

The path of faith can be understood in terms of the model already presented. The self is a constructed defense system, which is normally impervious to change due to its self-perpetuating cycle of conditioned perception and self-reinforcing reactions. An illusory phenomenon, the perceived world is separated from the reality which it masks by our clinging nature and the expectations which it generates. At the same time, there is acknowledged in the Buddhist texts, the unconditioned⁴² which exists beyond the conditioned experience of the ordinary person. This is the real world which we only intuit beyond our conditioned view. Beyond the world of conditioned existence, the self that is created on the sand of delusion, there is an immeasurable reality. It is in this that we place trust.

³⁵ Pureland Buddhism recognizes Nagarjuna as its first patriarch based on his identification of two paths to enlightenment, the Igyodo, the Easy Way, and Nangyodo, the Difficult Path, (Japanese terminology) in book five chapter 9 of his work

³⁶ Tariki is the Japanese word for other-power. This term is contradistinguished from Jirki or self-power. The two terms are often applied to Pureland and Zen schools respectively.

³⁷ Pureland Buddhism is widely influential across Eastern Asia, but is particularly established as separate schools in Japan. These schools draw on the three Pure Land Sutras, The Greater and Smaller Pure Land Sutras and the Contemplation Sutra, for their doctrinal base.

³⁸ Amida is an amalgamation of Amitabha and Amitayus, and thus is Buddha of infinite light and life

³⁹ Bombu or bompū means literally 'foolish being' and is a term used widely in Pureland; see the Jodoshu web site: <http://www.jsri.jp/English/Main.html>

⁴⁰ Shinran was radical in his emphasis of our powerlessness to affect our own salvation. For example Tannisho 3 he is famously quoted saying 'Even a good person can be born in the Pure Land, how much more so an evil person.'

⁴¹ *ibid*

⁴² The Udana specifically refers to the unconditioned

Faith (*shradha*) is significant in all Buddhism, and is generally understood to signify faith in the Dharma. Faith should be distinguished from belief. The term ‘faith’ here refers to something more akin to trust or confidence. Faith allows us to live with impermanence and uncertainty, so is in some respects opposite to belief. It is trust in the teachings, the Dharma, which promise to help us do this.

In Pureland, faith is expressed in our spiritual confidence in Amida Buddha’s unconditioned omnipresence. In the more general sense, faith is placed in an unconditioned reality beyond the clouding of *avidya* (ignorance; unenlightened view). Thus in Pureland the emphasis is not on deconstructing the self-world, but on looking to the unconditioned that lies beyond it (Brazier C 2007⁴³).

Pureland accords particularly with the other-centered model in that it supports the premise that psychological health is a product of our openness to the presence of others rather than something which we construct. This can be seen as a manifestation of faith at the mundane level.

Mental health is a product of faith. Without faith the person experiences more fear and becomes more rigid. Self-building accelerates. Therapeutic process requires a foundation of faith, and it is the therapist’s confidence in the possibility of healing which often inspires the client to change. This observation is reflected in the theory proposed by Japanese psychologist and Pureland priest, Gisho Saiko, who saw the therapist’s awareness of this external Dharmic foundation of support, represented by Amida’s presence, as instrumental in the efficacy of the therapy process (Saiko G 2001⁴⁴). Although the client arrived in a state of faithlessness, through the therapeutic encounter and through being held by the therapist’s faith, his own faith became restored.

Gratitude and Dependence

Pureland Buddhism emphasizes our reliance upon others. Our existence is conditional upon many factors, all of which are ultimately beyond our control. Both Honen⁴⁵ and Shinran⁴⁶, the twelfth century founders of the Pureland schools in Japan, agreed that if we simply relied upon our own efforts and received what was due to us on account of our Karma, we would be destined for the hell realms⁴⁷.

Some therapies which have grown out of the Pureland tradition therefore place their emphasis on recognizing our dependent nature and on the cultivation of humility, contrition and gratitude. Naikan therapy involves reflection upon the balance between what has been received and what has been given to others (Reynolds 1983⁴⁸; Krech 2001⁴⁹). This approach is radically different from the Western paradigm in reducing the sense of personal entitlement and increasing feelings of

⁴³ Brazier C 2009 *The Other Buddhism* O-Books chapter 4

⁴⁴ Saiko, G 2001 *Dharma-based Person-Centered Approach in Japan* paper presented 8th International PCA Forum in Japan.

⁴⁵ Honen *Gyojo-ezu* chapter 32

⁴⁶ For example Tannisho chapter 2

⁴⁷ *ibid*

⁴⁸ Reynolds D 1983 *Naikan Psychotherapy: meditation for self-development* University of Chicago Press

⁴⁹ Krech G, 2001 *Naikan: gratitude, grace, and the Japanese art of self-reflection* Stonebridge Press



appreciation and understanding for others. Taking place traditionally in a retreat format, more recently it has developed a number of guises including regular weekly sessions⁵⁰ and on line programs⁵¹.

Guilt and non-judgmentalism

Whilst western therapies often espouse non-judgmental philosophies⁵², in practice they are often embedded in a paradigm which values change, self-actualization⁵³, and the meeting of personal needs⁵⁴. Whilst the client may be reassured of his worth and potential, there is sometimes an implicit avoidance of those areas of the client's life and behavior which contradict this positive image. Without even realizing it the therapist steeped in the Western paradigm tends to reinforce values which are prevalent in Western culture⁵⁵. Success is reinforced and difficulties or unpleasantness explained away.

Other-centered work is grounded on the premise that people are inevitably fallible. The understanding of *bombu* nature releases client and therapist from the myth of perfectibility (Brazier C 2007⁵⁶) and guilt becomes an ordinary matter (Brazier C 2009b⁵⁷) to be recognized and not hidden. The therapeutic relationship becomes one of equality, or *fellow feeling*, in which the therapist is implicitly aware of her own *bombu* nature.

Freed from the need to hide personal failings, the client loses one layer of defense. There is no longer a danger of punishment, so there is less need to protect the self. The client naturally begins to open to the therapist in ways that habitually would not have been possible, freed from layers of subtle dissimulation.

Other-Centered Values and the Psychotherapy Profession

This paper has outlined the basic structure of ideas in Buddhist psychology. It has explored a number of ramifications of these principles for the therapist, and in particular has introduced the other-centered model as one example of a psychotherapy grounded in the Buddhist paradigm. In doing so it has introduced a number of concepts particular to Pureland Buddhism and shown how they relate to the broader context of Buddhist ideas.

Collectively, the other-centered approach offers a methodology and theoretical underpinning which is radically different from many other approaches available in the West. Whilst it would be naive to suggest that Western therapies all share the same value base, the other-centered model offers a critique of many ideas which are prevalent today and is sufficiently different to offer

⁵⁰ As offered at the Nara Naikan Centre, Japan <http://www4.ocn.ne.jp/~naikan/eng-05.html>

⁵¹ <http://www.todoinstitute.org/>

⁵² For example Rogers C.R. 1951 *Client-Centered Therapy*. Constable, London

⁵³ Rogers C.R. 1961 *On Becoming a Person*. Constable, London

⁵⁴ Maslow, A 1954 *Motivation and Personality* Harper & Brothers New York

⁵⁵ For an example of this see the discussion of 'Brian's vacuum' in Brazier D 1995 *Zen Therapy* Constable Robinson pp 25-27

⁵⁶ Brazier C 2007 *The Other Buddhism* O-Books chapter 3

⁵⁷ Brazier C 2009a *Guilt: an Exploration* O-Books

a counterpoint to some of the accepted norms of the psychotherapy profession. In particular, we can see differences in the following areas:

Western therapies tend to emphasize strengthening the self, and the sense of self entitlement. Whilst extreme caution should be exercised in comparing systems which may have radically different notions of what the self is, on this matter, other-centered methods, which focus the enquiry on others in the client's life rather than on the client himself, are stylistically innovative. Other-centered understanding tends to be less centered on the individual. In the last fifty years, the West has seen society become increasingly individualized and divided by inequalities (Wilkinson & Pickett 2009⁵⁸) with accompanying rises in consumerism, mental illness and addictions. As I have discussed at length in the first chapter of my book, *Other-Centered Therapy* (Brazier C 2009c⁵⁹), therapy culture (Furedi F 2004⁶⁰) has been highly influential in shaping society in this period so it is vital that we question the value base from which therapists are working. The Buddhist paradigm addresses many of these trends and in particular other-centered principles embrace the importance of the collective as much as individual progress, reversing the common trend. In broad such approaches can be seen to address issues of greed, one of the manifestations of self-building attachment at the social as well as personal level.

Buddhism is concerned with the question of suffering. As we have seen, however, it is possible to argue that far from being something to be avoided, *dukkha* is in fact a source of strength. This positive view of adversity does not lead to a loss of compassion, but it does bring an attitude of realism as, for example, we see in the Buddha's own response to Kissagotami and Patacara⁶¹, both of whom were experiencing extreme grief at the time when they arrived in his community⁶². In modern society there is an increasing trend towards establishing controls and safeguards in the attempt to legislate against afflictions of many kinds. The common out-cry that 'it must never happen again' leads to restrictions and regulations which themselves lead to difficulties, yet humans are not omnipotent and disasters continue to happen. As we have seen, it can be argued that Buddhist teaching views the transformation of our reaction to affliction as the basis for spiritual growth. This teaching offers not only comfort, but also encouragement to face and transform painful circumstances. It takes us to the core of our human position and encourages us to live authentically.

In modern times, however, the teachings which are of greatest import are probably those which counter our tendencies to discriminate and judge. The radical non-judgmentalism of Pureland is so different from the predominating culture that it can seem shocking at first. Our culture is founded on assumptions that rights, justice and punishment are the basis of a healthy society. Western therapies do not necessarily fit their caricature of blaming parents and partners for all that is uncomfortable in the client's world, but they do often promote, at least indirectly, attitudes of self-justification, seeking out culpable causes for current unhappiness in past experiences and the behavior of others. Clients are still encouraged to see themselves as damaged, survivors of traumas and victims of social and family pressures. In this context, an approach such as that of Naikan which puts its emphasis on looking at the positive benefits which we have received from others and on our own past failings can seem strikingly different. Accepting responsibility and recognizing our shortcomings is the foundation of

⁵⁸ Wilkinson R and Pickett, K 2009 *The Spirit Level: Why More Equal Societies Almost Always Do Better* Allen Lane

⁵⁹ Brazier C 2009c *Other-Centered Therapy* O-Books, Chapter 1

⁶⁰ Furedi, F, 2004 *Therapy Culture* Routledge

⁶¹ Both described in the Therigata; see Murcott, S 1991 *The First Buddhist Women*, Parallax Press

⁶² . See Brazier C 2007 *The Other Buddhism* O-Books chapter 9



psychological maturity. They are also essential to a world in social strife and environmental crisis. The Pureland view of *bombu* nature, as well as other Buddhist teachings on the human condition, offers methods to work with hate and aversion, the self-building attachments which grow from our collective lack of faith as we face our endangered situation.

In the appendix of his book *Naikan: grace, gratitude and the Japanese art of self-reflection*, Gregg Krech offers his own comparison between the traditional Western approach to therapy and that of Naikan. When I read this list, I felt a strong affinity between this approach and that which we teach at Amida Trust. I would therefore like to finish this paper by quoting his section headings from this appendix for mental health professionals.

1. **Traditional:** *Focus on Feelings*
2. **Naikan:** *Focus on Facts*
3. **Traditional:** *Revisit how you have been hurt and mistreated in the past*
4. **Naikan:** *Revisit how you have been cared for and supported in the past*
5. **Traditional:** *The therapist validates the Client's experiences*
6. **Naikan:** *The therapist helps the client understand the experience of others*
7. **Traditional:** *Blame others for your problems*
8. **Naikan:** *Take responsibility for your own conduct and the problems you cause others*
9. **Traditional:** *The therapist provides analysis and interpretation of the client's experience*
10. **Naikan:** *The therapist provides a structured framework for the client's self-reflection*
11. **Traditional:** *Therapy helps clients increase self-esteem*
12. **Naikan:** *Therapy helps clients increase appreciation of life (Krech⁶³ 2001, pp197-205)*

Namo Amida Bu

Pali Suttas

- Aditta-pariyaya-sutta The Fire Sermon
- Majjhima Nikaya 23 *Ant Hill Sutta*;
- Majjhima Nikaya 4 *Sutta on Fear and Dread*:
- Sutta nipata
- Samyutta Nikaya
- The Udana

⁶³ Summarized from Krech G, 2001 *Naikan: gratitude, grace, and the Japanese art of self-reflection* Stonebridge Press pp197-205

Mahayana Sutras

- The Greater Pureland Sutra
- Smaller Pure Land Sutras
- The Contemplation Sutra

Japanese Pureland texts

- Tannisho (Yuien-bo)
- *Gyōjo-ezu* (Honen Shonin)

Bibliography

- Brazier C 2003 *Buddhist Psychology* Constable Robinson
- Brazier C 2007 *The Other Buddhism* O-Books
- Brazier C 2009a *Guilt: an Exploration* O-Books
- Brazier C 2009b *Listening to the Other* O-Books
- Brazier C 2011 *Acorns Among the Grass: Adventures in Ecotherapy* O-Books
- Brazier C, 209c *Other Centered Therapy: Buddhist Psychology in Action* O-Books
- Brazier D 1995 *Zen Therapy* Constable Robinson
- Brazier D 1997 *The Feeling Buddha* Constable Robinson
- Furedi, F, 2004 *Therapy Culture* Routledge
- Harvey P 2000 *An Introduction to Buddhist Ethics* Cambridge University Press
- Harvey P, 2009 *The Four Ariya-saccas as 'True Realities for the Spiritually Ennobled' - the Painful, its Origin, its Cessation, and the Way Going to This – Rather than 'Noble Truths' Concerning These.* in *Buddhist Studies Review*, Vol 26, No 2 (2009)
- Jones D 2011 *This Being that Becomes; The Buddha's Teaching on Conditionality* Windhorse Publications
- Kabat-Zinn, J, 1991 *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* Delta
- Krech G 2001 *Naikan: gratitude, grace, and the Japanese art of self-reflection* Stonebridge Press
- Maslow A 1954 *Motivation and Personality* Harper & Brothers New York
- Reynolds D 1983 *Naikan Psychotherapy: meditation for self-development* University of Chicago Press
- Rogers C.R. 1951 *Client-Centered Therapy.* Constable, London
- Rogers C.R. 1961 *On Becoming a Person.* Constable, London
- Saiko, G 2001 *Dharma-based Person-Centered Approach in Japan* paper presented 8th International PCA Forum in Japan.

A Buddhist Perspective on Trauma: Understanding, Forgiveness, and Atonement



Barbara Wright, Ph.D.¹
(Bodhicari Mettavihari)

Introduction

Over the centuries, a great deal of material has been written about the destruction, sorrow, suffering, and trauma that are experienced as the consequences of war, abuse, illness, crime, family strife, etc., and how it disenfranchises us from one another, drives us into emotional isolation, and makes us appear as less than human in the eyes of the other, be it the victim or the perpetrator. These roles of victim and perpetrator can be assumed by individuals, families, cultures, races, religions, political ideologies, and nations. They persist until there is a clear understanding and acceptance or Right View of what has transpired. Until this is achieved, they always leave those involved outside the oneness of humanity, and under the cloud of pervasive fear.

My first intention in writing this paper is to explore with the Metta Map how the Buddhist Principles of Right View and overcoming ignorance are critical in the treatment of trauma. My second intention in writing this paper is to explore how our heart, our humanity, must be opened to all parties in this process of recovery if it is to be successful. My third intention in writing this paper is to explore the integrated mental, emotional, and energetic transformations that occur when reconciliation moves into atonement through Right Action.

As we traverse the squares of the Metta Map we will explore the multi-dimensional phenomena of the neurology and physiology of the body, and the mental and emotional releases that are concurrent in the process of healing. This is a transformational progression, and is the key to releasing trauma and elevating the individual to a new state of being.

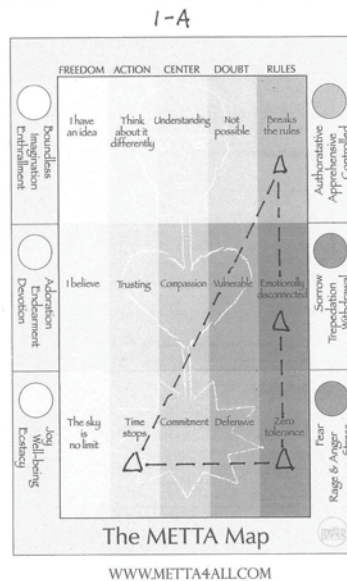
This paper will demonstrate how the Metta Map can be a monitoring device for seeing clearly where one is in regards to staying on the Noble Eightfold Path, and a useful vehicle for both victims and perpetrators who wish to be released from the Triangle of Trauma (see illustration).

Trauma, as we are using the term, is expressed on the Metta Map when a *triangle of events* is experienced as frozen, and is anchored in the square of “Time Stops.” Tragedy and trauma become fixed in time through a variety of triangular configurations and combinations of squares on the Metta Map. By “anchor” we mean that the common denominator of any “triangle of trauma” is “Time Stops.”

¹ Draft edited by Dr. Stephen Long (Bodhicari Dharmapala)



Illustration: Triangle of Trauma



Foundation of the Metta Map

The Metta Map was developed during my thirty-year career as a clinical psychologist and Buddhist practitioner. The intention of the Metta Map is to provide a multi-dimensional tool for exploring and experiencing various elements of the Dharma in a multitude of applications.

The Metta Map has been used in a variety of conflict resolution scenarios, including corporate, academic, judicial, family therapy, individual, youth gangs, populations with chemical dependencies, and others. The Metta Map has also been used effectively with these populations in relationship to their perceived traumas and tragedies – versus situational challenges, which are also created through perception.

In this paper, therefore, we will define “trauma” in two separate ways: firstly, as the sudden and abrupt assault on an individual, family, or organizational system such as an extended family, a business, a city, or a government. This can come in the form of an auto accident, a personal attack such as rape, a fatal illness, the loss of a business, home, or life savings, or a military invasion.

The second definition, and the one most often neglected, is the insidious, prolonged insult and assault with a cumulative and deleterious effect, to an individual, family, or system. For the individual, this can come in the form of chronic neglect, domestic violence and abuse, protracted poverty, or chronic illness. For the group it can be the result of corruption in a corporate or governmental system that erodes the spirit of its community, or the occupation of a foreign invading military force. Furthermore, in this second definition it is at the unique moment when the accumulation of this unwelcome intruder or collection of intruders reaches the nexus breaking point for the individual, family, or system that it actually becomes trauma or tragedy. In Buddhist language, the circumstance has mutated from the impermanent process of normal life to a fixed sensation induced by the delusion of permanent reality.

The body of my presentation will explore how the Metta Map provides victims of both of these kinds of trauma and their coaches with the methodology for using it as tool to diminish the consequences of trauma, and to provide a path out of – or at least toward reducing – suffering. In the tradition of Buddhist Psychology, the signature elements of intention, impermanence, and compassion have been effectively incorporated into the Metta Map for use as a platform for teaching and transmitting the Dharma, as well as for mitigating the effects of negative life events. The goal is to maintain the awareness and presence to life’s challenging circumstances, and to prevent falling into the abyss of a fixed negative life orientation, which then becomes the focus of identification as “self.” For example, if one asks the question, “Who are you?” the answer might be: “I am a rape victim”; “I am a tsunami victim”; “I am a cancer patient”; “I am a refugee.” In these identifications the person has lost the multi-dimensional reality of their humanity, and has attached themselves to the toxic or negative situation in which they find themselves – even though it is only one aspect of the whole individual.

While using the Metta Map, we identify three forms of intelligence. Intelligence, as described in this system, is the way one takes in, processes, and expresses information.

First, there is the level of Mind Intelligence, which is characterized by the cognitive manipulation of ideas and constructs that are intellectually received and processed, and are attached to ego. The knowledge of the mind is the essence of our shared reality. (e.g. “We are all sitting in a large room.”)

Second, there is the level of Heart Intelligence, which is characterized by emotional knowledge, the expression of which is energetically greater than intellectual knowledge. Heart Intelligence is the essence of our humanity. (e.g. “Some of us may feel lost in a large room, and others may take comfort feeling the sense of community.”)

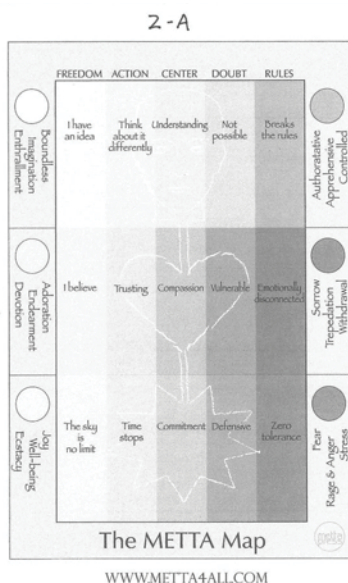
Third, there is the level of Energetic Consciousness Intelligence, which is primal imprinted knowledge, the experience prior to language, the foundation of our experience, imagination, intuition, and the engine that empowers action, both internal and external. Energetic Consciousness Intelligence is the essence of desire and creativity, and is the repository of karma. (e.g. “Being in this room is a physical expression of my conscious and pre-conscious commitments.”)

When using the Metta Map, the intention is to illustrate how the person sees him or herself in all Three Levels of Intelligence at that moment in time. The next step is to address the Map with a precise intention related to how or where they would ideally like to be on the Map. It is with this intention that the individual navigates the Metta Map, either on their own or with the assistance of a mentor or coach. The goal is to chart the path out of their current circumstance or identity and to move towards their preferred place or condition. In doing so, it is important to keep the Buddha’s Precept of not doing harm to one’s self or others, and to utilize Right Speech while expressing one’s self on the Map. In this process we are cultivating Right View by getting more clarity and preparing for Right Action, which develops “Success by Approximation” while moving through the issues at hand. In doing so, one will be more skillful dealing with conflicts, both internal and external, thereby reducing stress levels, suffering, or traumatic conditions that inhibit the spaciousness of thought and emotion. This skillfulness increases the array of possibilities for a more desirable outcome.

The Metta Map is a sacred tool. When we use it, we need to approach it with purity of mind as well as a commitment to letting the process reveal the truth of the issue we seek to understand. Through this process we seek a reduction, resolution, or reconciliation to any identified conflict or trauma.

The structure of The Metta Map is framed in a vertical and horizontal matrix with the Three Levels of Intelligence displayed on the vertical grid. This matrix of activity exists in a continual horizontal, vertical, and spatial flow. It is like looking at a three-dimensional chess board or a cube.

Illustration: The Metta Map



The horizontal components of the matrix are: Freedom, Action, Center, Doubt, and Rules. They represent a continuum that flows from left to right, and also from right to left. This flow expresses the movement of intelligence, with its five gradients, from a state of freedom and the absence of fear to one of constraint and rules driven by and sustained by fear. The flow of the levels on the Metta Map can move in all directions, with the degrees of attachment to each square profoundly affecting the relationship an individual has to the situation or problem at hand. This attachment gives a dimension of depth to the square, which we may refer to in either percentages or degrees. One’s relationship to each square can be either positive or negative, depending on perception.

While looking at the Metta Map, the squares on the top, or Mind Level of Intelligence, are “I Have an Idea,” which represents Freedom of thought. “Thinking About It Differently” is the Action of expressing that freedom. The Center, “Understanding,” reflects the knowledge of the idea and of how to think about it differently, and then the caution or Doubt that exists as we move toward the right hand side into the square of “Not Possible.” When we get to the Rules column we reach “Rules,” which like every square can be either positive or negative; there are rules that are enduring and reliable, and there are rules that have become obsolete and restrictive.

When we come to the middle level of Heart Intelligence we start with the uninhibited state of the Freedom square of “I Believe.” From this we move to the Action square, which is “Trusting.” The Center of the Map is “Compassion,” which moves into “Vulnerable” through Doubt or caution. On the far right side we find the square of “Emotionally Disconnected,” which is that state when the heart moves into the Rules of fear. This may seem un-Metta-like; however, the wisdom of the heart is that there are times that in order to get Right View one must temporarily emotionally disconnect – not a place to stay too long, but sometimes necessary.

On the lowest row of the Metta Map, which is the Energetic Consciousness Level of Intelligence, the square on the far left in the Freedom column is when the energy is unbound and “The Sky is No Limit.” You know you’re there because in Action “Time Stops.” The Center square is “Commitment,” and the degree of commitment you have to anything is the engine, or the amount of energy you have that drives the whole process. When in Doubt, one enters the “Defensive” square, and when moving into the Rules of fear we reach the square of “Zero Tolerance.”

Please note that the degree of commitment is represented by a three-dimensional or “depth” phenomenon/element to the Metta Map. This is the level of attachment one has to any of the squares – from very little at 1%, to trauma at 70%, to total clinging at 100%. The more attachment one has, the greater the suffering; this can range from a mild annoyance or irritation to a major sense of loss or sorrow. This might be likened to the Buddha’s discussions about “extremes,” and avoiding them. We will demonstrate how this depth effect influences the severity of trauma that is experienced.

The Four Noble Truths, the Metta Map, and Trauma

The Buddha’s First Noble Truth states that suffering (or stress) is an inevitable fact of life. The Second Noble Truth tells us that desire or attachment (or its opposite, aversion) is the cause for all suffering. The Third Noble Truth informs us that there is a way to free ourselves from suffering.

In terms of the Metta Map, we cognitively *understand* that some kind of stress is going to come into our lives no matter what, and with that there will be some degree of suffering. This is the First Noble Truth.

We use the term “Relative Continuum of Stress” to describe the spectrum of suffering we humans encounter that range from minimal to maximum, from one extreme to the other. It goes from “A fly just landed on my arm” or “I don’t have the right shade of shoes” – to “My son was just killed in Afghanistan” or “My twelve-year-old daughter was kidnapped and sold into sexual slavery.” This continuum is always subjective, and also applies to “I have a headache” all the way up to “I am paralyzed from the waist down,” which is traumatic. In actuality, there is always something more on both ends of the spectrum; the experience can always be either mild or severe because stress is relative.

In addition, what we consider to be traumatic at one time in our lives (“I didn’t get the job!”) can become completely irrelevant later on (as the eighty-year-old when she says, “Oh! I wish I could be sixty again!”). Stress is never permanent, whereas one can stay fixed in trauma for the duration of this lifetime. The Buddha said that suffering or stress is related to aging, sickness, and death (and the other clings and aversions listed above in the First Noble Truth). Each of these stressors is



inevitable, and any of them can lead to trauma; how successfully we manage them determines our quality of life, and our movement on the path to enlightenment.

One is never able to truly evaluate where another stands on the Relative Continuum of Stress. Looking from the outside, the trust-fund child appears to have it made; he is set up financially for life, and never has to work for a living. These individuals are oftentimes the objects of envy by people who have less. What can't be seen from the outside, however, is that from the inside, any person without wholesome direction, purposefulness, and a meaningful life, entitled or not, can experience anguish and emotional isolation that can cripple or destroy him.

On the other hand, one may see an ordinary, mundane person and feel pity for him because he appears to have very little. But internally this person may experience meaning and purpose in his life, so that even with outward struggles there is joy and satisfaction. External circumstances often signify nothing; appearances can be deceiving. In my clinical practice I have had the opportunity to treat many young "trust-fund" adults who were in an existential crisis of meaninglessness, and who fell into drug addiction and suicidal ideation. I have also treated young "trust fund" adults who were struggling as to how to be generous and still maintain a skillful management of their family's estate. With regards to material wealth, there is no predicting how it will turn out. It is the individual's cultivation of the Dharma that reduces one's position on the Relative Continuum of Stress (or trauma) as he or she systematically eliminates attachments by progressing on the path.

Using the Metta Map we see that stress, suffering, or trauma is a possibility that can exist in any of the fifteen squares. Just because "*I have an idea*," "*I believe*," and "*the sky is the limit*" are on the side of the Map representing *freedom*, don't be tempted to think that standing on these squares guarantees a free pass from suffering. There can be just as much suffering from having too much freedom (anarchy) as there can be from having too many *rules* (oppression).

At some point in our lives – oftentimes on a daily or even an hourly basis – there are situations in which we find ourselves experiencing *doubt (not possible)*, *fear (rules)*, anxiety, *vulnerability*, *defensiveness*, *emotional disconnection*, or even *zero tolerance*. Each of these is a stressor and can be a source of trauma: whether it is going to work in traffic, having a boss who doesn't understand, or an employee who doesn't get the job done; spouses who don't listen, taking care of sick children or parents, or not being able to afford a new car or food. Taking any scenario to the extreme, it could be: receiving orders in a combat zone that involve the inevitable result of "collateral damage," which is the killing of innocent civilians; being driven from your home, as in Rwanda, and losing everything; or facing a child with a terminal illness. The list is endless. By acknowledging the existence of stress or suffering one then has the capacity to examine its source. Notice that these stressors occur on all *three levels of intelligence*: mind, heart, and energetic consciousness; either one at a time, in some combination, or perhaps all at the same time.

When we study the Metta Map we discover that a primary source of suffering comes from having *rules* about the way things should be – or shouldn't be. This leads us to the Second Noble Truth, which names desire or attachment as the origin of suffering; this means not having what we want, or not wanting what we have. Any time we feel less-than or deprived or in-want-of we are trapped in desire. If you notice, at any given moment there will usually be a certain feeling of "unsatisfactoriness" about the way things are; there is always something missing, or too much of something that doesn't match up to our expectations. All of these are impermanent conditions of suffering or stress, and can become the seeds of trauma.

Studying and using the Metta Map we discover that there is a way out of our suffering: the Third Noble Truth. This is not just a false hope; this is a promise. It is through introspective investigation that we come to an **understanding** about the nature of our expectations. Through this inquiry we seek to develop skillfulness, **compassion**, and equanimity while moving from square to square on the Metta Map. We discover that suffering can be, in fact, a gift which propels us to be courageous and imaginative in our inquiry, and keeps us seeking a way out until we find relief. It is with these qualities that we cultivate insight through our **three levels of intelligence** – always coming back to our intention. Having access to the Buddha’s Middle Path of **understanding**, **compassion**, and **commitment**, represented by the Center vertical column of squares, we can successfully traverse all of the squares as needed in the moment.

From the Buddhist Catechism by Col. H. S. Olcott, the Buddha divides Bodhisattas (spiritual aspirants on the path to liberation) into three categories that fit perfectly within the Metta Map system: “he who attains least quickly is guided by intelligence (*mind*); he who attains less quickly is guided by faith (*heart*); and he who attains quickly takes the course of energetic action (*energetic consciousness*)”. In regards to these three, Col. H. S. Olcott said, “The first is guided by intelligence and does not hasten; the second is full of faith, and does not care to take the guidance of wisdom; and the third never delays to do what is good. Regardless of the consequences to himself, he does it when he sees that it is best that it should be done.”(1)

The first aspirant develops least quickly because he is limited by only cognitive information, and does not access data coming in through the channels of heart and energetic consciousness. The second aspirant develops less quickly because he is limited by beliefs, and he ignores information coming in through the mind and his intuitive channels. The third aspirant demonstrates the power of *wholesome* intention, which is the pre-verbal, driving force of the entire path; he has successfully integrated all three levels of intelligence in order to act appropriately and effectively in the moment, and he is unattached to the delusionary spell of ego, whether it be driven by mind or faith.

Let’s pause for a moment, breathe, and explore some of these insights on the Metta Map.

Looking at the First Noble Truth, we see that **rules** often make us view things as **not possible**, which can perpetuate stress and lead to trauma. When one goes into **understanding** he or she might be able to **think about things differently**, which can raise the possibility of reducing the stress. Keep in mind that many **rules** are narrow and restrictive, therefore, they cause stress. It is only by broadening one’s limited thinking that new information can arrive and lead to a **new idea**, which may offer relief for the stressful situation.

We will find through **understanding** that there are **rules** that are skillful and helpful, while there are others that have out-lived their usefulness. For example, the **rule** that a four-year-old child can’t cross the street by himself may be limiting to the child, but it is there for the child’s safety. An adult, however, is perfectly capable of crossing the street alone, so this **rule** has become obsolete for the adult. In the case of the child, this **rule** might cause situational stress, but to the parent it is a comfort. In other words, **rules** are generally relative depending on setting, context, and wisdom.

An **understanding** that suffering or stress is inevitable can lead to **compassion** for yourself and others. Knowing that all sentient beings share in this phenomenon, the delusion that it is only you that is suffering disappears; this can be a great relief. In fact, how you relate to the universality

of suffering determines the degree of acceptance you can have of the suffering you encounter, as well as the suffering of others. Acceptance at that moment is an empowerment to creativity, and has nothing to do with tolerating or condoning unwholesome situations. Although some unskillful interpretations of the concept of acceptance are fatalistic, acceptance, the way we are describing it here, is not fatalistic because it takes into account the impermanent nature of all circumstances. There's an old saying in many parts of the world, "If you wait five minutes the weather will change." The fact is: change is ever present. It is the same with suffering. "This too shall pass."

The Fourth Noble Truth is the pathway out of suffering: the Noble Eightfold Path. It is the integration and inter-connectedness of the components of the Noble Eightfold Path and the fifteen squares of the Metta Map, along with the fluidity of the Metta process itself that allows for the continual movement of catching and releasing, and identifying and understanding, in our forward movement on the path of liberation.

Intention, or "free will expressed," is core to the entire Metta system, and permeates our exploration of the Noble Eightfold Path.

Mastery of each of the components of the Noble Eightfold Path will be experienced as an alignment in the Center Column of the Metta Map, which is our goal. Therefore, a thorough cultivation of *understanding*, *compassion*, and *commitment* is required in order for the eight components of the Noble Eightfold Path to be realized and become fully integrated in our lives. Please observe that all of these include the critical elements of Wisdom (*Panna* – Right View, Right Intention), Virtue or Ethical Conduct (*Sila* – Right Speech, Right Action, and Right Livelihood), and Energy Concentration (*Samadhi* – Right Effort, Right Mindfulness, and Right Concentration) as represented by the Three Levels of Intelligence: Mind, Heart, and Energetic Consciousness, and are grouped this way by the Buddha.

The goal of the Noble Eightfold Path is to help one arrive at the Center Column and stay grounded there until enlightenment. Note that it is very easy for anyone to become dislodged from the Center Column, which happens when one is distracted by attachments and aversions that arise as a result of life's events.

The Center Column of the Metta Map represents the Buddha's Middle Way. One always wants to have ready access to the Center Column, as well as a fluid access to all of the other squares, which are resource tools for evaluating and clarifying the input of data and information that is continually bombarding the human condition. This is where the Buddha's skill of "discernment" enters the picture, which is the critical dynamic of the Metta system.

Any prolonged distraction, or attachment to any of the squares causes instability in the individual or the situation. One must always have ready access to the Center Column to stay on the Path, which is our goal as Buddhist practitioners.

Buddhist teacher and scholar, Ven. Walpola Rahula in [What the Buddha Taught](#), said that the components of the Noble Eightfold Path "are to be developed more or less simultaneously, as far as possible, according to the capacity of each individual. They are all linked together and each helps the cultivation of the others."⁽²⁾ In appreciation for Ven. Rahula, he clarifies for us the inter-connectedness and the concurrent, dynamic relationship of all components of the Noble Eightfold Path, and why it is important to maintain the intention of being mindful of all of them at the same time, attending to each one as we practice the Dharma.

Perpetrators and Victims

In the moment of inflicting trauma, whether by a parent, a criminal, or a soldier, the perpetrator has lost his sense of humanity for the victim, which will be illustrated in the following scenarios. He has “thinged” or devalued the victim or victims, and has taken away their humanness. In that same moment, the perpetrator has also become a non-human in the eyes of the victim. They have both lost their connectivity to the universal core of humanity. What we have found through the literature and throughout history is that if the tear of detachment from this core is to be reaffixed, the same procedure for repair must occur for both victims and perpetrators. The moral fiber that was torn in the act of violence must first be identified, then be fully accepted as actually having occurred, be forgiven, and finally be atoned for, i.e. before the victim and perpetrator can return to “at-one-ment.”

This four step mending process is the starting point of reconciliation, and it establishes the framework for building a new relationship between victim and perpetrator. This mending process is transformational, and when it is complete and successful, both parties recognize that they are no longer the same persons they were before the act of violence was committed. In order for the amends to be successful for both victim and perpetrator, it must be both offered and received in both word and deed; a verbal apology is insufficient without an appropriate accompanying Right Action. Both parties have been wounded – not just the victim; for it is in the aftermath of the act of violence that the perpetrator’s wounds begin to grow. Hence the old Chinese proverb: “When acting in rage – dig two graves.”

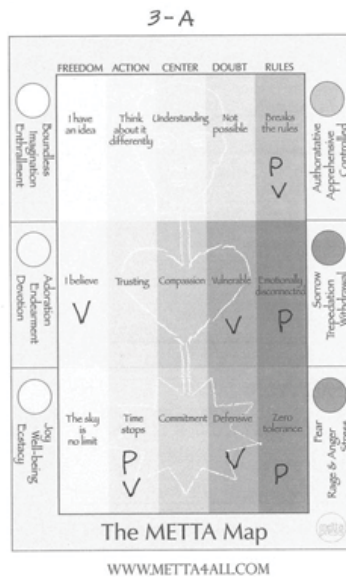
Scenario: Trauma by Parent – The Act

The time is “Hell Hour.” Mom has come home from work, the house is a mess, the kids aren’t doing their homework, dinner isn’t started, friends have come over even though this was not allowed, she’s had a horrific day at work, traffic was jammed, there’s a bicycle in the driveway, her morning requests have been ignored, and the house is in chaos.

Mom comes through the door, sees the chaos, and goes into a rage. She screams at the children to get their friends out, and as she walks through the house her rage grows. She picks up a belt and starts randomly swinging it, hitting the children mercilessly as they scream and try to escape.

Illustration: Trauma by Parent – The Act

V = Children; P = Mom



The Metta Map shows where all parties are at this moment of violence. The Mom is in **Zero Tolerance** for the situation. Her heart is closed and she is **Emotionally Disconnected** from her children because the **Rules** have been broken. In her rage, **Time Stops**. The children are **Defensive** and **Vulnerable**; they realize they have broken the **Rules**, and also feel that Mom has broken the **Rules** and betrayed them. They stand in **Time Stops** with their terror, and **Believe** that they are responsible for alienating their mother’s love forever.

Commentary: In reality, both mother and children are victims of life’s circumstances. Mom, in her fatigue, fears that her life is out of control, and she displaces this fear on her children. In this moment the children are terrified; in their childhood narcissism they take full responsibility for violating the household rules, and for provoking their mother’s rage. If this behavior continues, the children will come to understand and believe that upset, conflict, and rage are an acceptable way of life and will perpetuate this behavior in their adult lives. Thus the Biblical expression: “The sins of the fathers.”

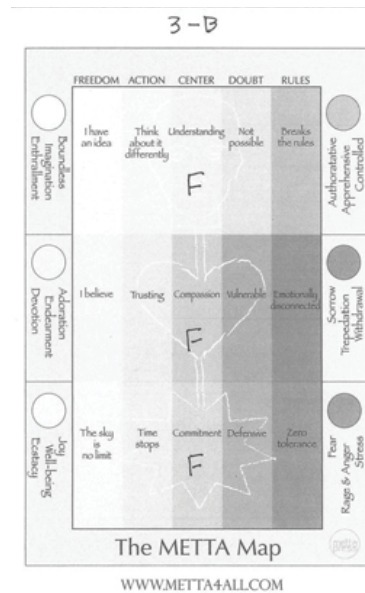
Scenario: Trauma by Parent – The Resolution

The children are huddled in the corner, hugging each other and sobbing, saying “I’m sorry. I’m sorry.” Mom goes to the kitchen, catches her breath, and starts to weep over the grief of the violence she has just inflicted. Her heart begins to crack open, and all the love for her children as well as her remorse for the act comes spilling out. She collects herself and sees clearly what she has done. She immediately goes to the children and apologizes, embracing them, telling them that she loves them and how sorry she is. She promises that no matter how bad her day, no matter how

upset she might be, there is no excuse for what she did. This is her atonement. The children, weeping, apologize as well. They didn't mean to make her so mad; they didn't know. They promise to be more respectful of the household rules.

Illustration: Trauma by Parent – The Resolution

F = Family



The Metta Map shows where all parties are at this moment of reconciliation and resolution. The mom and the children are both **Committed** to the unification of the family. They all have **Compassion** for one another, and they all **Understand** how dangerous and intrusive life's events can be.

Commentary: In an exhausted heap they hug and rock. They feel the energetic love they all have for one another. The tears begin to subside and their hearts unite. Together, Mom and the kids tidy up the house and prepare dinner. At dinner they say “Grace” and promise to be grateful for what they have, reaffirming that they are a family that loves each other.

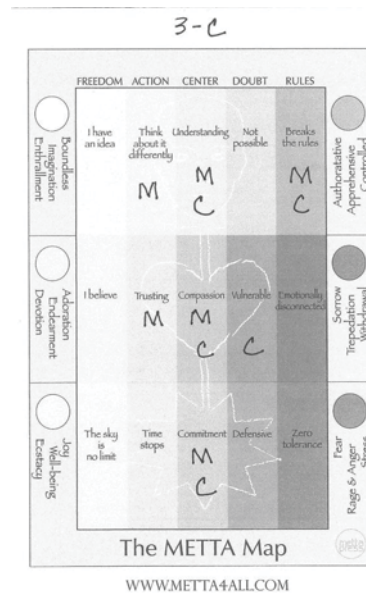
Scenario: Same Scenario without Trauma

Exhausted Mom comes home from work and sees the chaos. She stands in the doorway shaking her head, laughing at the absurdity of the situation. The children freeze and look at her, knowing that they really messed up; they pause, quietly waiting for a reaction. Mom comments, “I think it's time for your guests to go home. We need to tidy up the house before dinner so that you guys can get to your homework.” The children breathe a sigh of relief. The friends stay and help clean up the house and then quietly leave, saying “Goodbye – sorry we made a mess.” Mom goes

to the kitchen, and the children come in to apologize. Mom says, “Thank you guys for cleaning up. It’s really hard when I come home tired, and you know it’s not safe having children in the house when there’s no adult. Please don’t do that again.” The children hug their mom and apologize; without being asked, they start helping to prepare dinner. Where do you want to live?

Illustration: Same Scenario without Trauma

M = Mom; C = Children



The Metta Map shows where all parties are at this time. Mom walks in and **Understands** that the kids have broken the **Rules**. Standing in Right View she has **Compassion** for their foolishness, and **Thinks About** how to address this violation **Differently** in a skillful way. She **Trusts** in the strength of their relationship, and instructs the children to resume appropriate behavior. She is **Committed** to the well-being and harmony of her family in all circumstances. The children fully **Understand** that they broke the **Rules** and feel **Vulnerable** for their transgressions. They have **Compassion** for their mom and **Understand** that to keep peace in the house they must stay **Committed** to family unity.

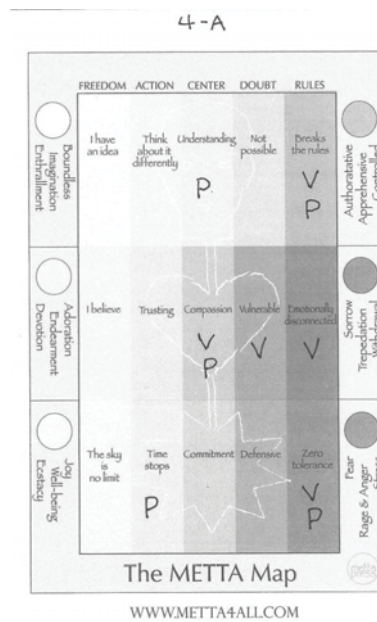
Commentary: How precious the pause of reason and compassion in the midst of complicated and upsetting circumstances. Each of us is gifted with this opportunity to pause and breathe, to see a situation as it is, and to be skillful in our responses. No one is harmed. This mom is a reminder to all of us that it is so easy to step one way or the other.

Scenario: Trauma by Criminal – The Act

A 27-year-old man was given a full-on bachelor party at a private nightclub by his friends. All the “trimmings” were on hand for his last garrulous night of bachelorhood. Somehow in the preparation the friends overlooked providing a sober driver. At 2:00 a.m. the groom stumbled into his car, drove out of the parking lot, and in his intoxicated state he entered a freeway going the wrong way. He collided head-on with a family of five and killed them all. The police escorted the groom to jail, and he went into a suicidal depression. The victims’ extended family was simply shrouded in a cloud of grief, bewilderment, and rage.

Illustration: Trauma by Criminal – The Act

V = Family; P = Drunk Driver



The Metta Map shows where all parties are at this moment of violence. The groom **Understands** that he has violated many **Rules**, and has **Zero Tolerance** for himself. In his shattered state **Time Stops**, and he feels deep **Compassion** for the victims and their family. The victims’ family is in **Zero Tolerance** because all **Rules** have been broken. Feeling **Vulnerable** because the world now seems unsafe, they are **Emotionally Disconnected** from the groom/drunken driver; they have deep **Compassion** for each other as they struggle through this unbearable time of sorrow

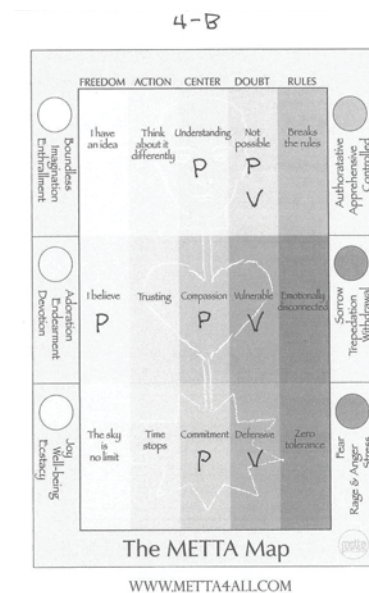
Commentary: This trauma is a breaking point for everyone involved. Their minds and hearts have been cracked open, and they are left in agony as to how to respond and recover. Each of us will have that moment. How we perceive and process traumatic events will determine the quality of the rest of our lives.

Scenario: Trauma by Criminal – The Transition

The young groom is transferred from jail to a psychiatric hospital because of his suicide attempt. He comes to grips with the consequences of his reckless act and takes responsibility for it. He realizes that an action of atonement must be taken if he is to survive his depression, though he can't imagine how he can make amends. The victims' family feels that it is impossible to move forward. In a cauldron of emotions, they are in and out of anger, confusion, and sorrow.

Illustration: Trauma by Criminal – The Transition

V = Family; P = Drunk Driver



The Metta Map shows where the drunk driver and the victims' family are during this transitional period. The drunk driver **Understands** what he has done, and has great **Compassion** for the victims' family. Even though he is **Committed** to atoning for his actions, he **Believes** that this is **Not Possible**. The victims' family feels that it is **Not Possible** to forgive the drunken driver, and they still feel **Vulnerable** and **Defensive**.

Commentary: In this vulnerable state, once again there is a fork in the road. The tenderness of the situation requires pausing and breathing to cultivate the beginning of Right View. It is in the opening of the heart that seeds of forgiveness and atonement are planted; they must be watered and nurtured for them to mature. If indignation and ego take hold, these seeds of redemption can die.

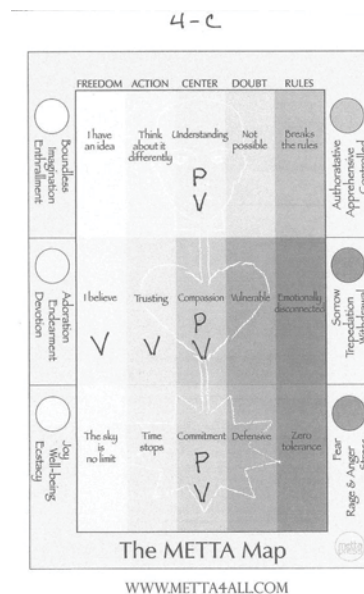
Scenario: Trauma by Criminal – The Resolution (1)

The driver agonizes and wrestles with depression, trying to survive his guilt for the next two years. He spends time in jail and receives counseling. He eventually conjures up the courage to write the victims' family a letter. He expresses his deep sorrow, and offers a prayer that they have been able to recover from their losses. He lets them know that he hasn't yet forgiven himself for his deed. During this time of reflection and soul-searching he decides that since he had been a successful, high-profile person, when he is released from prison he would go to high schools, universities, and civic clubs to speak in memory of the family he killed. For his atonement he would tell his story, and the burden he has had to bear, with the intention of preventing future sorrows, grief, and trauma for others – be they victims or perpetrators.

After two years the victim's family receives the driver's letter from jail. The sincerity of the letter pierces their wall of rage, allowing for the realization that he is a human being who is also suffering. This shift eases their sorrow for themselves, and opens their hearts to all suffering beings.

Illustration: Trauma by Criminal – The Resolution (1)

V = Family; P = Driver



The Metta Map shows us that the driver has come to Right View and clearly **Understands** what he must do for atonement. He has **Compassion** for all involved: the victims' family, his parents, his fiancée, his siblings, his friends and colleagues, the police who attended the accident scene, and himself. He is fully **Committed** to responsible behavior, keeping an open heart of loving-kindness for all beings, and practicing his method of atonement whenever possible. The victims' family **Understands** that they can never replace their lost loved ones, and that sorrow and suffering are inevitable occurrences in the life experience. They have **Compassion** for

themselves and the driver, they **Trust** in the healing process, and **Believe** that they can continue moving on. They also feel **Committed** to not cause harm to others, to not be quick to judge, and to stay present in their affections toward one another.

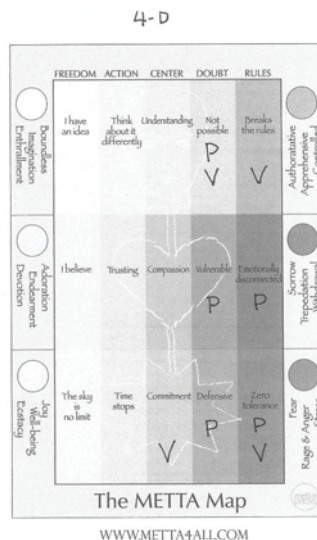
Commentary: The First Noble Truth is that there will be suffering. The Second Noble Truth is that there is a cause for suffering. The Third Noble Truth tells us that there is a remedy for our suffering. The Fourth Noble Truth, the Noble Eightfold Path, gives us the tools for liberating us from our suffering. It is in times of trauma that we are challenged to stay on the Path.

Scenario: Trauma by Criminal – The Resolution (2)

The driver’s depression deepens and permeates every aspect of his life, and drives him deeper and deeper into hopelessness and despair where suicidal ideation is ever-present. He copes with drugs and alcohol, which deepens his alienation. He feels chronically disconnected from others, and is exhausted in his attempt to defend the circumstances of his life. The victim’s family remains in rage and sorrow, clinging to the violation from this experience. They make their martyred circumstance the family identity, and remain committed to defending their indignation for the rest of their lives.

Illustration: Trauma by Criminal – The Resolution (2)

V = Family; P = Drunk Driver



The Metta Map shows us that the driver has never embraced his responsibility for his actions, and he thinks it's **Not Possible** to ever change his state of being. He remains **Emotionally Disconnected** from himself and everyone else, and is **Vulnerable** to continued despair. He has **Zero Tolerance** for his circumstances, and is **Defensive** when confronted. His lack of Commitment to anything makes him subject to the whims of his angst. The victims' family, giving vent to their rage and sorrow, have **Zero Tolerance** for the driver, and are 100% **Committed** to their martyred identity, which keeps them in chronic trauma. Their **Rules** are that they must continue their crusade of sorrow, and it's **Not Possible** to change. Their hearts are closed.

Commentary: Clinging, clinging, clinging – the source of all suffering. With trauma, the drama is so acute that the nerve-endings of the body want to cling on so tightly for fear that if they ever let loose another trauma would occur. It's a strange way to protect oneself; totally unskillful, but a far too-common event.

Scenario: Trauma by War – The Act

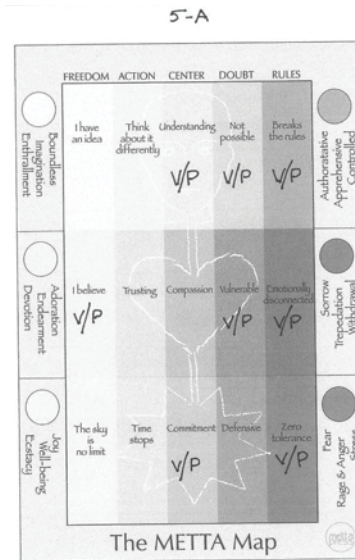
There are no words to adequately describe the horrors of war, and the trauma that radiates through generations can induce Post-Traumatic Stress Syndrome Disorder (PTSD) in individuals, families, towns, cities, and countries. The consequences of war can linger for centuries. To say that we can create a scenario that is a complete representation would be naïve. We will try, however, to give a sample from one family that reflects three generations of suffering and the consequential destruction of familial ties.

My father was a pilot in World War II. He was twenty years old, a young Christian who had just finished chiropractic school. Early on it was to his credit, and later on to his shame, that he had bombed most of the major cities of Europe. During his last flight his plane was shot down. He was able to save most of his crew, but he was the last to parachute out. His co-pilot was unconscious, so he took him with him out of the plane. Due to the weight, the landing shattered both of my father's legs, and the co-pilot was dead.

War is a double-edged sword in which each individual member of the combat forces on both sides of the conflict experiences being both victim, and if not immediately then subsequently, and also a perpetrator. This Scenario will utilize the Metta Map to chart the trauma from its origin, through its transition period, and finally to its resolution of atonement – for one individual, my father.

Illustration: Trauma by War – The Act

V/P = Dr. R. Shepard



Using the Metta Map, my father **Understood** that he was in an aerial combat zone. Being shot down from his plane, however, instantly obliterated the **Rules** of immortal youth, and shattered his belief that he would go home in one piece. He was **Vulnerable** to the enemy, **Emotionally** and physically **Disconnected** from any support system, and in **Zero Tolerance** for the fact that he was rendered helpless and could not defend himself. He **Believed** that death was a possibility; and if death didn't come, he **Believed** it would **Not** be **Possible** to escape. His **Commitment** to America was still at 100%.

Commentary: Armies are populated by the young and the idealistic, and by the hungry and the poor. Their training inflates their idealism and their sense of power and immortality. These are rapidly shattered by trauma in the combat zone, and the veil of denial is pierced.

Scenario: Trauma by War – The Transition

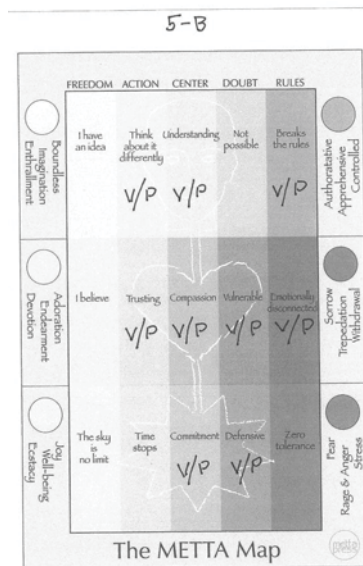
My father was captured and taken to hospital. His right leg was amputated, and he spent the next eight months as a POW. For the family, he was listed as MIA and presumed dead. My mother was eighteen with an infant child. Working two shifts she was now a widow.

While in hospital my father was blessed with kind nurses and doctors – despite the fact that they were war enemies. This blessing of kindness caused confusion, and initiated the questioning of the rightness of killing anyone.

Fast-forward many years. My father escaped from prison and returned to the United States. He resumed his chiropractic practice with my mother as his assistant. Unable to face his new identity as an amputee, he felt that he was less than a full man. He took to carousing and womanizing to prove himself in his altered state. He was full of nightmare and anger, unable to express or talk about what had happened in the war. A divorce followed, and estrangement, multiple marriages.

Illustration: Trauma by War – The Transition

V/P = Dr. R. Shepard



Using the Metta Map, my father traversed to an intermediate stage in his progressive journey toward resolution and atonement. This is just a snapshot of where my father was at one point in time. He **Understood** that he was more complex than he ever imagined in his youth, and that he had broken **Rules** with reckless abandon. He started **Thinking** about life **Differently**, always feeling somewhat guarded and **Emotionally Disconnected**. He cultivated great **Compassion** for others, albeit at arms-length due to his **Vulnerability**. He **Defended** his history with an encasement of non-disclosure, **Trusted** in his abilities, and remained **Committed** to economic and social success, which was based on his perceived duty to do the right thing.

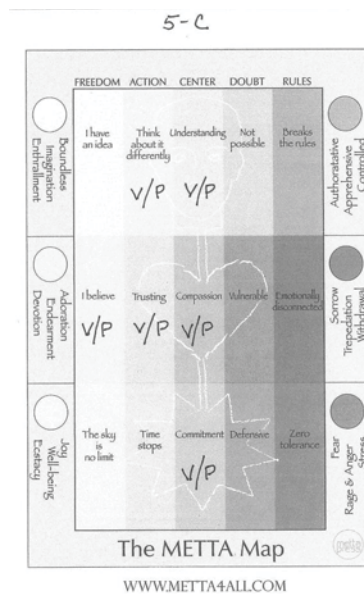
Commentary: Transitions are not simple or instantaneous, but complex, entangled, full of joy and sorrow, disappointment and success. Much like adolescence, it is unpredictable and uncertain as to outcome, often impulsive and full of woe. Transitions are full of turning points, full of times for pausing and reflecting to consider the consequences of one's decisions. It is critical to keep track of intention to avoid being diverted by delusions and fabrications, and seduced into clinging to what appears to be the easy way.

Scenario: Trauma by War – The Resolution

During his third marriage he spent 25 years going back to Europe every year to see the reconstruction of the cities he had bombed. He belonged to service organizations that supported students and communities in Europe. That said, it wasn't until much later that we were able to be close as a father and daughter, and it wasn't until my son was in his twenties that my father could have a family relationship with his grandson. He was eighty before he could tell his war stories, which enabled him to feel a sense of atonement. This was perhaps the last purging of the PTSD that he had endured for over sixty years.

Illustration: Trauma by War – The Resolution

V/P = Dr. R. Shepard



Using the Metta Map, we see that my father **Understood** that he was a part of a complex time in history. He had **Compassion** for himself as well as for all of the comrades in service on both sides of the conflict. He also came to have **Compassion** for the families on both sides that suffered the collateral damage, the insidious isolation that was imposed and endured as the result of dividing up Europe and destroying the fundamental fabric of the American family. He learned to **Trust** in Friendship, see things **Differently**, and **Believe** that there was goodness in humanity as well as evil. He no longer needed to defend his past, and he remained **Committed** to duty, to country, and to his family until his death.

Commentary: Resolution, reconciliation, and grace come at their own paces. The elements necessary for the trauma victim to repair are: to see clearly what occurred; to understand how it happened; and to learn how to survive this knowledge through relating their story to another so it is no longer buried in the heart. It is necessary to find an expression of restitution and amends with

Right Action. It is also necessary to execute and perform this action to give it meaning, so it can replace symbolically, if not actually, the damage that was done in the past. For my father, it took over forty-five years of effort for him to begin to feel that he could hope for atonement.

The scenarios above illustrate the four-step mending process, which can lead to reconciliation. Anywhere along the way there is the opportunity to clarify and move towards repair or redemption. There is even more opportunity for the hurt and anger to derail into unhappiness and lead back to the trauma. To be successful, this process needs to be cultivated with great skill.

Summary

In conclusion, I hope it is now clear that for any trauma to be resolved – be it minor, medium, or huge – it is best served by acknowledging the Four Noble Truths and the Noble Eightfold Path; by not getting lost and believing that suffering is unique, that it does not have a source, and that it does not have a remedy. When trauma is not resolved, the individual, family, community, etc. can get tossed into the pit of despair. The illustrations given above are limited, and yet I hope communicate the extremes of the continuum of trauma. The specific techniques for personal and clinical application of the Metta Process have not been discussed in this paper. For those who are interested, please contact the author.

In our first example, we see that in our daily lives we have opportunities to pause and correct our path. When using the Metta Map as a guidepost you can quickly see if you have slipped into fear and anger on the right side of the Map, and have temporarily lost contact with the Middle Way.

In our second illustration we demonstrated how trauma can begin to radiate beyond two parties, and that no matter how skillful one may be, the healing process requires time and diligence. It also requires cooperation from a closed heart to embrace what seems unbearable, which is for the victim to forgive the perpetrator. Atonement and amends must be a conscious Right Action.

In our third illustration we see how processing through trauma evolved over a 60-year period. In the absence of having a tool such as the Metta Map, we saw how the process of healing from the horrors of war was prolonged. It is my desire that all of us who live with and/or treat all forms of suffering, from the minor to the major, have the benefit of using this Map as a guidepost and aid; that it serve as a companion reminder to those precious wounded that there is a visual queuing way they can use to re-direct themselves and get clarity on this healing path; that it help both victims and perpetrators have success by approximation; and that it keeps them from falling into oblivion in a *trauma bond* that will not release them to intimacy, love, and hope for the balance of their lives.

The last intention of this paper is to invite you, as Buddhist practitioners and educators, to take this tool, this Metta Map, and explore it for your own application in both intra and interpersonal conflict resolution. I know that you will bring an additional richness to the Metta System as it continues its process of evolution. If the reader is frustrated by any unanswered questions or limitations in this paper, it is solely the author's responsibility.

I am grateful to the clients and life teachers who have endured and generously shared their suffering and experiences of trauma with me. May their examples of healing radiate throughout the world.



References:

- A Buddhist Catechism: According to the Canon of the Southern Church, Col. H. S. Olcott; first published by the Theosophical Society, 1881.
- Azim's Bardo: A Father's Journey from Murder to Forgiveness, Azim Noordin Khamisa; Tariq Khamisa Foundation 1998
- Beyond Forgiveness: Reflections on Atonement, Phil Coisineau; Josey-Bass, A Wiley Imprint, 2011
- Dharma & The Metta Map, Dr. Barbara Wright with Dr. Stephen Long; not yet completed.
- Iroquois on Fire: A Voice from the Mohawk Nation, Douglas M. George-Kanentiio; University of Nebraska Press, 2008
- The Triangulation of Vectors Where "Time Stops": The Source of All Suffering, Dr. Barbara Wright; paper presented at Sakyadhita International Buddhist Women's Conference, Bangkok, Thailand; 2011
- War and the Soul: Healing Our Nation's Veterans from Post-Traumatic Stress Disorder, Edward Tick; Quest Books, 2005
- What the Buddha Taught, Ven. Walpola Rahula; Grove Press, Revised Edition 1974

The International Association of
Buddhist Universities
(IABU)



Sponsored and Published by
Mahachulalongkornrajavidyalaya University