

# The experience of therapists using the Buddhist Dharma and meditation in their psychotherapy practice

## La experiencia de los terapeutas que usan el Dharma Budista y la meditación en su práctica psicoterapéutica

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### Abstract

The purpose of this study was to explore the integration of ideas from Buddhism and psychotherapy. Using a qualitative heuristic research design, 8 therapists from both Western psychotherapeutic and 'contemplative psychotherapy' training backgrounds were asked to share their experiences of bringing the Buddhist teachings and practices in to client work. The Tibetan Buddhist system of threefold logic was used to organize the emerging 11 themes: Ground (container, presence, suffering); Path (relationship, skillful means, direct experience); and Fruition (human condition, alleviation of distress); with the remaining themes organized under the interface of East and West (mindfulness movement, spiritual bypassing, and dichotomies). During the immersion phase of the research process another theme emerged: loneliness and a yearning to belong, thus bringing a personal understanding of the Buddhist teachings on suffering and interdependence. The findings of this study support existing theory that suggests that Buddhist view and practices can assist the therapist in their work. A Buddhist mandala created from the themes and sub-themes attempts to illustrate the elements of a Buddhism-informed therapy.

**Keywords:** Buddhism-informed psychotherapy, meditation, suffering as a path, therapeutic relationship, east-meets-west

### Resumen

El propósito de este estudio fue explorar la integración de ideas del budismo y la psicoterapia. Utilizando un diseño de investigación heurística cualitativa, se solicitó a 8 terapeutas de psicoterapias occidentales y de psicoterapeutas "contemplativos" que compartieran sus experiencias de llevar las enseñanzas y prácticas budistas al trabajo del cliente. El sistema budista tibetano de lógica triple se utilizó para organizar los 11 temas emergentes: Fundamento (contenedor, presencia, sufrimiento); Camino (relación, medios hábiles, experiencia directa); y Logro (condición humana, alivio de la angustia), con los temas restantes que describen la interfaz de Oriente y Occidente (movimiento de atención plena, derivación espiritual y dicotomías). Durante la fase de inmersión del proceso de investigación surgió otro tema: la soledad y el anhelo de pertenecer, lo que trajo una comprensión personal de las enseñanzas budistas sobre el sufrimiento y la interdependencia. Los hallazgos de este estudio apoyan la teoría existente que sugiere que la visión y las prácticas budistas pueden ayudar al terapeuta en su trabajo. Un mandala budista creado a partir de los temas y subtemas intenta ilustrar los elementos de una terapia basada en el budismo.

**Palabras clave:** psicoterapia informada por el budismo, meditación, sufrimiento como camino, relación terapéutica, este-oeste

Received: September 13, 2017  
Accepted: December 27, 2017

## Introduction

With an increase in people describing themselves as spiritual - seeking alternatives to organised religion to answer important existential questions (Crowley and Jenkinson, 2009) – Western society seems ready for the contemporary “mindfulness revolution” (Pickert, 2014). A once marginalized practice is gaining credence in secular society (Crossland-Thackray, 2012) with various mindfulness-based therapies on offer (such as ‘MBSR’ Mindfulness-Based Stress Reduction, Kabat-Zinn, 1982; and ‘MBCT’ Mindfulness-Based Cognitive Therapy, Segall, 2003) and considered as “treatment of choice” in the UK (NICE guidelines, 2003).

Mindfulness-based therapies draw upon the meditation practices of Buddhism, a 2600 year-old non-theistic system of teachings that point the practitioner to observe one's personal experience in order to gain greater understanding and wisdom (Loizzo, 2012). Like the various therapies (a term used in this paper to cover ‘counselling’ and ‘psychotherapy’), the ultimate goal of Buddhism is to alleviate suffering. This has led therapists and their clients to question how Eastern and Western psychologies relate (Welwood, 1980). Since 2010, over 14,000 books and articles have been published on the area (data gathered from Google Scholar); the majority focusing on mindfulness interventions.

There is a growing critique regarding the extrication of mindfulness-meditation from the Buddhist context (Vanderkooi, 1994), primarily because a ‘technique’ orientation omits the ethical and philosophical aspects of the Buddhist ‘three-fold trainings’ (Goleman, 1988). Moreover, mindfulness sold as a ‘tool’ and antidote to the speed of contemporary life fails to make use of Buddhism’s total framework: The Buddhist *abhidharma* is considered by some to provide the most comprehensive psychology in covering cognition, emotion, behaviour and inter-subjectivity (Brazier, 2012; Magid, 2012). Whilst there is much theorising of Buddhist thought in relation to psychotherapy (readers are directed to the writing of Epstein, Magid, Loizzo) there is a comparative dearth of empirical research about the actual practice of Buddhism-informed therapies.

The research question emerged from my (HC) experiences as a Buddhist, a Humanistic

therapist, and a teacher of mindfulness-meditation. I came to meditation, like many others, in the hope of relieving a common Western malaise: stress. At that time seven years ago, I was leaving my ‘safe’ career as a research scientist and struggling with the transition. When a Buddhist monk appeared at the front of the class, it invoked a mix of curiosity and resistance. Yet the more this once positivist listened to the ideas of Buddhism, the more I noticed, “this is making sense”. By the time I started my counselling training, some two years later, I had a regular meditation practice and was attending Buddhist retreats.

After graduating from my initial counselling training, my main therapeutic frame was Gestalt, not surprising given its strong links with Buddhism. The Buddhist-in-me could no longer be separated from Helen or Helen-therapy: I found myself using the Buddhist View in understanding clients’ distress, and undoubtedly the practices supported my being with the client. The way in which I presented myself to the world (on the internet and in marketing) denoted my influences as “Gestalt and Buddhist psychologies” – and this brought more Buddhists and meditators to my therapy room looking for someone open to the spiritual life.

This present study arises from the MSc in Psychotherapy that I completed at the University of Brighton supervised by Dr. Dennis Greenwood (the co-author). The requirement to carry out a research project for the MSc award felt like a timely opportunity to explore as to how the Buddhist teachings (*Dharma*) and practices could be integrated in to my therapeutic work. At the time I felt like I had consolidated my path of Buddhist practice and understanding of the *Dharma* sufficiently to be integrating the teachings in to everyday life. I also had the personal experience of the two paths – my practice and being in personal therapy – running concurrently, and how useful it had been for me. I therefore had a strong desire to bring this to others, yet noticed my frustration at the lack of resources to help me apply the *Dharma* in the therapy room. It thus made sense to speak with therapists like me who have felt inspired to bring Buddhism into their therapeutic practice.

The aim of this paper is to contribute to the understanding of how ideas from Buddhism can be brought in to the therapeutic work. It is hoped that non-Buddhist and Buddhist practitioners alike will

gain some value from this study, especially given more clients may come to therapy who have a mindfulness practice or those hoping to reconcile psychological and spiritual work.

### **Methodology**

Chosen methodologies should be consistent with the researcher's ontological and epistemological position (Willig, 2001). My view when a research scientist was one of a 'real' world that could be 'tested'. Becoming a Buddhist jolted my world-view from the positivist perspective towards understanding the diversity of views and realities. Starting therapy training provided a further shift along the continuum from explanation toward meaning, and recognition that I bring my own experience and assumptions to an interpretation of others' worlds. Thus my ontology is relativist, my epistemological stance one that hinges on phenomenology and co-construction (Crotty, 1998). Conducting this study, my first in qualitative research, has thus been an interesting challenge – to some extent attempting to 'bracket off' my prior history and engagement with research questions, hypothesis testing and the search for one 'truth'.

The results presented in this paper were produced using the heuristic approach, and processes described by Moustakas (1990). The selection of this method was based upon two principles. Firstly, there was a wish to use an approach that focused on an individual's perception of Being-in-the-world, at one moment in time; and engaging with an individual's sense making. The research question requires the detailed exploration of bringing together experience 'as Buddhist' and 'as therapist': thus a phenomenological method was preferred. Secondly, it followed that given the question arose from my own being as a Buddhist and therapist a heuristic inquiry was appropriate. The question is a "personal quest" or 'puzzlement' that the researcher seeks to illuminate (Moustakas, 1990), and requires the researcher's "direct personal encounter with the phenomenon being investigated" (Moustakas, 1990, p.14). A final factor takes in to account Heidegger's Dasein: we cannot separate the individual (Being) from the worldly (Being-in-relation-to; Finlay, 2009). Although it is possible to conduct heuristic research alone, Moustakas (1990, p. 47) says that 'a study will achieve richer, deeper, more profound, and more varied meaning when it includes depictions of the expe-

riences of others'. The paths of Buddhist study and practice as well as therapy can be viewed as introspective, at worst solipsistic. I therefore wanted to bring in the relational and speak with other practitioners.

### **Phases of heuristic research**

There are six phases in the heuristic approach (Moustakas, 1990). What follows is a brief description of the methodological tasks carried out in each.

#### **Initial engagement**

Is the coming in to contact with the autobiographical source of the question, generating movement towards the search for clarity, understanding and integration (Kenny, 2012). I began contemplating the interaction of my personal Buddhist path and professional path when I commenced my humanistic therapeutic training in the autumn of 2012. That summer, seeds had been sown when I read Mark Epstein's work "Thoughts without a Thinker" (1995) as part of my meditation teacher training. The end of this initial phase culminated with the selection of my research question and submission of the proposal to the University of Brighton's ethics committee.

#### **Immersion**

Requires a 'living inside' the research question until it is answered (Kerr, 2008). In this time, the major tasks with which I engaged were designing the method for data collection, identifying and contacting co-researchers, and conducting and transcribing the interviews. For this study, eight therapists who were interested in exploring their experiences of using the Buddhist Dharma and meditation in their therapy work were asked to be 'co-researchers'. Four were practicing Buddhists, trained in mainstream psychotherapeutic training backgrounds; and four were therapists specifically trained in 'contemplative psychotherapy'. All were accredited therapists (4 British Association of Counselling and Psychotherapy; 3 United Kingdom Council of Psychotherapy; 1 Licensed Mental Health Counsellor in the US); had been meditating for over 3 years with a regular ongoing practice (>20 mins / day, > 4 days per week); and made explicit reference to their Buddhist background / training in their marketing.

Four females and four males made up the group (age range 32 to 71 years).

Interviews (duration range 1h20 – 1h50) were conducted in the co-researchers' home or therapy room. Two of the interviews were held over Skype. Taking 'an informed conversational approach' allowed a more egalitarian relationship between the interviewer and interviewee (Hodgins, 2010) as well as a free flowing dialogue that speaks to the heuristic principle of co-research and disclosure on the part of the researcher (Patton, 2015). Interview audio was transcribed verbatim personally so I could gain familiarity with the text as well as to ensure confidentiality. Long pauses, strong tonal emphases and gestures were noted in the text of the transcript as these can often help grasp a co-researchers' particular meaning-making (Kerr, 2008). A copy of the transcript was emailed to the co-researcher for accuracy checking and commenting. The interview transcript and this 'member check' constituted a data set. Transcripts were analysed according to the thematic analysis method proposed by Braun and Clarke (2006). Thematic analysis has been used in a number of heuristic studies because of its effectiveness in drawing out themes in human experience inductively (West, 2009; Djuraskovic & Arthur, 2009). All data and participants' personal details were treated and held in accordance with the Data Protection Act (1998).

The immersion phase lasted some 8 months, during which time I stayed in touch with my tacit knowing and embodied process through on-going meditation, focusing and journal writing. Two, 8-day blocks were spent with the research data: one block spent transcribing; and one performing thematic analysis.

### **Incubation**

Invites a retreat from the intense and focused attention on the question and engaging in activities un-related to the research (Kenny, 2012). Following thematic analysis I left the data aside for 2 weeks, however I was aware how much processing was continuing – in particular, noticing how I was viewing my client work and in preparation of a case study assignment for the MSc.

### **Illumination and Explication**

Is the main concern for the rest of this paper. Although Moustakas (1990) describes these as two phases, my own experience was one of something more parallel and indeed circular. Contemplative processes (mindfulness, focusing, recording of dreams, journal writing) led to a series of "a-ha" moments – changes in perception and shifts in internal references. These phases engaged my tacit-intuitive awareness, helping me consolidate the core meanings of the data (Kenny, 2012). A dedicated two-week 'writing retreat' period allowed a full examination of what emerged: not only in the data, but also what came to light in my own process through the data.

### **Creative synthesis**

In heuristic inquiry expresses an integration of the researcher's intuitive and personal knowledge gained through the experience of working through the research process (Kenny, 2012). The creative piece is presented later.

### **Results**

As I was coming to the end of the thematic analysis, I envisaged how the emerging main themes and sub-themes could be presented using the Tibetan Buddhist system of 'threefold-logic' (see Table 1): the 'ground' as the being of the therapist, the 'path' as the nature of the work, and the 'fruition' as the therapeutic outcome. A fourth category helped form a container in acknowledging the cultural interface of 'East meeting West'.

### **Ground**

The co-researchers spoke of Buddhism as a container that "holds [my] practice as a psychotherapist" (Catherine) and within which Western ideas and interventions could be placed. For some, like Karl, it was the prioritised view: "So when I think of a person, it is a Buddhist model of a person", while others spoke of the Dharma as a refuge or "a place I can go home to, a place I can refer back to... like having a mothership" (Diane). However, few considered it an identity, rather "it doesn't matter if we call ourselves a Buddhist or not, what matters is the authenticity of the practice,

**Table 1.** Themes and sub-themes by category

Category	Theme	Sub-themes
Ground: for the therapist	Container	a) View b) Refuge c) Identity
	Presence	a) As it is b) Developing the watcher
	Suffering	a) Turning toward b) Path to healing c) Equaliser
Path: for the therapy	Relationship	a) Attunement b) Compassion c) Interdependence
	Skilful means	a) Relative & absolute b) Cutting through c) Languaging d) Middle-way
	Direct experience	a) The body b) Relationship to thoughts
Fruition: for the client	Human condition	a) Buddha-nature b) There is suffering c) Confidence in experience
	Alleviation of distress	a) Awareness to insight b) Acceptance not change c) Choice & responsibility
East Meets West	Mindfulness movement	a) Ethics b) Lacking meaning & joy c) Technique driven
	Spiritual bypassing	a) Narcissistic wounds b) Self-improvement c) Spiritual & psychological
	Dichotomies	a) Spiritual vs science b) Religion vs secular c) Discovery vs development

and how it expresses itself in kindness and compassion” (Nathan).

All co-researchers practiced meditation daily. For many, like Vanessa, meditation facilitated presence, the noisy mind “quietened down so much... and therefore creates much bigger space for the client, that’s its okay just to be with them”. This presence had a certain quality, to be with experience as it is, “to be present with it, feel it fully and not run away from it, and begin to notice the nature of it, transitory” (Nathan). This relied on developing the watcher of experience. As Jacob observed “I get caught in thought, I get caught in emotion; and I really breathe and notice that I have

been caught and contemplate “what is it, what am I being caught by?” and try to attend to that, and relax again so I try to do that all the time I think”.

Suffering was reported as pivotal in joining the Buddhist path. In turning toward suffering and “being present with how things actually are” not only does “some ease can come out of that” (Nathan), “dukkha is actually helpful, it is what propels us towards growth, you use it as a springboard for what you do next” (Daniel). Suffering seen as workable thus provides a path toward healing. Awareness that “we all suffer, it may have been a different type of suffering, but we’ve all experienced similar things” (Catherine) was con-

sidered a great equaliser by the therapists, and helped compassion for their clients.

### **Path**

The co-researchers believed “a Buddhism-informed therapy may lead to a more enhanced relationship” (Diane). For example, Jacob described how his meditation practice helped attunement to clients’ experience by “following it in my body and try to read what they are saying as a feeling even if they are not feeling it because they will be feeling it, but not have linked to it”. Vanessa spoke of how the Dharmic view helped her go beyond empathy, offering “compassion. I mean, passion means suffering, com-passion, suffering with. I wouldn’t call it directive, but its almost as if its more active”. For Karl, this provided awareness of interdependence as “we do have to live with others. And whilst meditation might be a practice that takes us inwards, it’s with the intention of taking that awareness of self-out in to the world”.

Nicole was one therapist who described how an integrated Buddhism and therapy provided skilful means. She explained “the absolute view is that everybody is fully awake and the relative experience is that we are in pain, we are in suffering and we don’t know why”. She continued by describing how “the western traditions are very what we would call, the skilful means...the relative tools to help lessen our suffering so that we can start to experience, you know, more of the absolute qualities of our nature”. For Daniel, Buddhism provided ways to challenge clients, “to be able to say something in a kind of a matter of fact way...that other people would get terribly embarrassed about, quite often it just "cuts through". Nathan commented on the importance of not using “the technical languaging...because I want to translate it in to ordinary language. I really believe if you can't say it in a simple way its not worth saying”. Another Buddhist idea used by therapists was that of the middle-way, “so depending on where the client is you can push or invite them. Like AjahnChah once said in a teaching ‘if the student is leaning too far to the left you tend to go to the right’” (Karl).

The group referred to the importance of direct experience emphasising “the job of mind is to attend to immediate experience which is the five

senses plus the sixth consciousness” (Jacob). Helping clients in alleviating psychological distress required helping them locate “where do I feel that in the body, and the second I place it in my body, we have already established a certain sort of relationship to it, we are no longer identified”. Attending to experience in this way changed the relationship to thoughts. For some clients suffering from anxiety and stress, “meditation practices enabled them to have a bit more space between their thoughts” (Karl).

### **Fruition**

All the therapists in some way referred to the understanding of the human condition, “seeing [my] clients have fundamental sanity” (Nicole) yet holding this Buddha-nature with ‘there is suffering’ simultaneously. Jacob described how holding the dual “nature of purity and defilements” could ultimately lead to the therapist and / or client finding “confidence in one’s experience; so if I feel really confident in what I’m experiencing is what I’m experiencing, I don’t attack myself for it”.

With all 8 therapists, there appeared much in common between Buddhistic and Humanistic approaches to the alleviation of distress. Daniel suggested “by raising awareness then there is choice... with that comes insight, very often the client then tells you something else that you weren’t expecting”. Catherine encapsulated the aim of acceptance not change in how “clients are being heard on that basic level of suffering as well as, their own innate self, their own goodness but also their suffering, its held, both, with the same degree of love, kindness, joy and equanimity”. For Vanessa, Buddhism “made me take responsibility for my life, in a way that I never had” and helped her see choices she was making. She added “I hear this a lot with clients wanting to blame others for their situations. One of the 'a-ha' moments for me was you know what, YOU are responsible for your life”.

### **East meets West**

Nathan expressed his devotion to “Buddhism, I absolutely love it, I am fascinated by it...and this latest mindfulness movement I don’t know what is going to happen with that”. Particular concerns with the 8-week model were “the

quality of the teaching” (Nathan) and how “it doesn't include any ethical considerations” (Karl). Daniel felt “there is a great danger in our Western thinking that we technologize Buddhism, its a product of too much ego, the practitioner wants to be in charge, wants to have their own technique that they get their results from”. Jacob considered such a technique-driven approach is lacking meaning and joy explaining how he “found the experience very depressing because there was very little encouragement of group interaction with very little joy or mystery, or beyond oneself”.

All the group referred to spiritual bypassing, “using Buddhism as an escape of wanting to be part of the world, be in my body, suffer emotions” (Nathan). Understanding the pros and cons of concurrent spiritual and psychological work was deemed integral to being a Buddhism-informed therapist. It was also perceived to attract clients as “a Buddhist was seen as a safe place to go, where you could say spiritual things and not be ridiculed; you wouldn't be...hit with a load of dogma” (Daniel). However, application of Buddhist practices in the West could be “problematic. In Buddhist cultures, it is so collective anyway obviously, they are talking about evolving consciousness but when transporting it here, it seems to reinforce...narcissistic wounds, individuals...and independent ‘grow up already, you can heal yourself, you don't need anyone else’” (Jacob). Diane's words pointed to how mindfulness is being claimed for self-improvement, “that is not to say it cannot be found IN there, but its not you know, like the new statin”.

There was a striking range of dichotomies when the co-researchers spoke of integrating Buddhism and psychotherapy. Diane addressed the spiritual versus science when observing “the questions of neuroscience have been the questions of Buddhism for thousands of years. Neuroplasticity, all of that is embedded in Buddhist theoretical Abhidharma”. Jacob pointed to religion versus secular when noting “religion has claimed the word sacred whereas actually nature is sacred, anything that connects us to the earth, and human relationships can be sacred”. Whilst Vanessa concluded the Buddhist view as “slightly different. I think there is self-discovery”, thus discovery versus development so central to Western models of psychological health.

## Discussion

Trusting ‘the free-fall surrender’ (Sela-Smith, 2002) of heuristics generates a wealth of data, yet raises a dilemma: how to fully discuss the data in the context of existing literature, *and* bring my own experience of the themes within the space limitations of a journal paper. Discussion is therefore delimited to themes that have evoked the most resonance or discord with my own experiences as a Buddhist and therapist.

My co-researchers provided several examples of so-called ‘skilful means’ in delivering ideas from Buddhism to non-Buddhist clients (Pye, 2004). Whilst Kabat-Zinn (2011) described this as a vital consideration in setting up MBSR programmes to maximise the embracing of mindfulness in secular setting, to my knowledge this is not mentioned in the psychotherapeutic literature. For example, in challenging clients’ strongly held scripts the co-researchers made specific mention of the Tibetan Buddhist ideas of ‘cutting through’ (Trungpa, 2002). Blending wisdom and compassion (Neale, 2006) was deemed a helpful skill by the two person-centred therapists trained to be non-directive; whereas the two Gestalt therapists appreciated practices that supported more compassionate ‘experimentation’. A second example of skilful means was the holding of both absolute and relative truths. A Buddhism-informed therapist might hear the stories of clients that point to the relative ‘there is suffering’ (the first Noble truth in Buddhism, Brazier, 2012), but hold Buddhism's absolute view that everyone has Buddha-nature. A final example is when using *karma* to explore with the client their role in perpetuating an unhealthy situation. Karma, often misunderstood, simply helps with an understanding of continuity and how certain actions will set up consequences. Skilful language and re-framing from ‘blame’ to ‘responsibility’ finds parallels in Existential and Gestalt ideas on choice, responsibility and self-agency (Perls, Hefferline and Goodman, 1951).

The co-researchers offered a view that being Buddhist attracted clients wishing to explore the integration of the spiritual and psychological. Some co-researchers considered Buddhism their own personal spiritual path utilised *in service of* the client's psychological work rather than *on the part of* the client. Others considered the client's psychological and spiritual realms inextricably intertwined (Vaughan, 2012) postulating that

meditation might access further dimensions of human experience than Western psychotherapies (Bogart, 1991). Interestingly, two therapists questioned Buddhism being a spiritual pursuit at all, viewing the *abhidharma* as a comprehensive psychology in itself 'necessary and sufficient'.

Jung (1978) emphasized the importance of balance and harmony in therapeutic work cautioning against heavy reliance on science, instead encouraging the integration of spirituality and appreciation of the unconscious realm. The co-researchers fully supported such a view, but brought forth both personal and client experiences of spiritual bypassing, when Eastern spiritual ideas are being used to sidestep unresolved psychological wounds and unfinished developmental tasks (Welwood, 1984). With mindfulness being proposed as a possible 'antidote' to Western society's individualism (Safran, 2003), several co-researchers saw how Buddhism's lone practices could inflame narcissistic wounds. The Buddha's methods for evolving individual consciousness were constructed on personality models of interdependence and arguably balanced the collective-based culture at the time (Kitayama, Markus, Matsumoto, and Norasakkunkit, 1997). Co-researchers expressed equal disquiet concerning meditation being sold as self-improvement and thus counter to the view of Buddha-nature; a danger especially without a Buddhist container to "reflect you as a mirror does" (Trungpa, 1974, p. 171).

It has been proposed that a 'sequential model' of therapy and meditation avoids the risk of bypassing (Bacher, 1981), respecting the developmental tasks before commencing spiritual practice: "You have to be somebody before you can be nobody" (Engler, 1986 p.17). My own experience of a 'simultaneous model' however concurs with Epstein (1988) who argues against transpersonal approaches that *transcend* ego, instead proposing meditation modulates *within* ego by focusing on the 'experience of I' without having to undermine the mediator and supervisor at functional level (Epstein and Lieff, 1981). Such dialogues with co-researchers have highlighted to me not only the advantages of being a spiritually-informed therapist but also the inherent risks including collusion if an overly enthusiastic therapist allows spirituality to dominate and obscure (Cashwell, Bentley, and Yarborough, 2007).

In his study of spiritual empowerment through Buddhist practice, Hodgins (2010) described a deep resonance with his co-researchers and their stories, one that encouraged his own journey of self-inquiry with a sense of enthusiasm and affirmation. I strongly identified with the co-researchers' personal stories of how suffering acted as a gateway to meditation and Buddhism thus 'ending a search'; yet how turning toward suffering can be experienced as both counter-intuitive and ramping-up suffering. In the West, the medicalization of thought, emotion and behaviour and a societal "rush to normal" (Epstein, 2013, p. 48) ignore the endemic of suffering in everyday life. Whilst acknowledging ideas such as Jung's 'wounded healer' and Gestalt's 'integrating polarities' (Zinker, 1977) from the Western view, Buddhism emphasises suffering as a deliberate practice (Jones, 2007): noticing an emotional reaction, recognising 'there is suffering', and opening rather than rejecting. Accordingly, the dialogues contained in this study have deepened my understanding of suffering being the 'noble' path toward healing (Brazier, 2012). This underlying suffering need not negate the view of an underlying Buddha-nature nor be seen as a pessimistic view (Rahula, 1974). One co-researcher's words have stayed with me in particular: that "the job of mind is to attend to immediate experience; the five senses plus the mind sense, that is it", and if practiced, ultimately that brings "confidence in one's experience".

Consistent with existing research, the co-researchers saw their practice of meditation enhancing presence (Winghart, 2008; Solomon, 2006) citing two specific characteristics: firstly, when an individual runs in to resistance, the individual stays with the resistance 'as it is' (Magid, 2012) and labels any layers of narrative simply as "thinking". Secondly, standing back from the experience whilst having the experience 'develops the watcher' (Magid, 2012), opening up a split between the content of consciousness (emotions, thoughts) and consciousness itself (Bogart, 1991). These two characteristics improve meta-awareness and affect-tolerance (Davis and Hayes, 2011) and it can be seen how this might transfer to therapy: the 'being here' of the therapist preceding a 'being there' for the client. However, it was perhaps surprising there was little explicit mention of meditation for the co-researcher's self-care as reported in previous research (Hysjulien, 2013); and an indifferent attitude as to the use of meditation either in or alongside therapy. Whilst a heavily theorised as



a benefit of combining therapeutic and Buddhist ideas for the co-researchers meditation simply provides the means to direct experience also afforded by approaches such as Gendlin's focusing (1981).

I had anticipated that Buddhist-specific therapy training might influence themes that emerged, but this was not the case: the *Being-a-Buddhist* seemingly permeating the work of the Western trained therapists. This even extended to their view of human nature: a fruitional view of health where inherent Buddha-nature is there to discover, not develop. Given the majority of the co-researchers had been exposed to Tibetan Buddhism (as practitioners, or through contemplative psychotherapy training) perhaps there was little probability of differences being exposed. Furthermore, all the therapists interviewed had completed some training in Humanistic modalities that share a more positive view of human nature (Ennenbach, 2015). I had very interesting discussions with the PCA trained therapists regarding their struggles to completely reconcile the oft-claimed parallels between enlightenment with Rogers' actualisation (Wickramasekera, 2004; Chang and Page, 1991). And whilst the co-researchers expressed an intellectual awareness around the subtle differences in uncovering as opposed to *reaching* a potential, like me they shared that in reality trusting in Buddha-nature was challenging.

### A personal journey of 're-search'

The interviews and subsequent analysis initiated a period of deep contemplation about my personal and professional paths. I became aware how the dialogues related to the theme of Buddhism providing a container were invoking a lot of emotion. On the immediate level, I noticed a spur for my future practice as a Buddhist-inspired therapist. The co-researchers' presentation of a therapeutic model that stood upon Buddhist ground promised a more evolved application of the Humanistic approach I was trained in. As I continued my contemplation of the container, the process became progressively painful, revealing loneliness and a yearning to belong. Remembering Sela-Smith's (2002) criticism of Moustakas' retreating from the personal pain of loneliness, I relied on meditation to feel my way into the experience as best as I could. I was inspired by the writings of Romanyshyn (2007) who proposes "re-search" as an act of "un-forgetting", the question emerging

through the researcher's unfinished business. I made sense of my research question as linked to a childhood wound of separation and not being understood. Ever since, I have made several attempts to search for and form community – becoming "a Buddhist" (and in turn a Buddhist-therapist) the latest attempt to find home (Nichtern, 2015). Ironically, as discussed with my co-researchers the identity of "being a Buddhist" is an oxymoron (Segall, 2003) contradicting the teachings of non-self. In uncovering my loneliness and a yearning to belong, I was using co-participants' experiences as 'reflectors' to help open up my 'blind spots' (Sela-Smith, 2002).

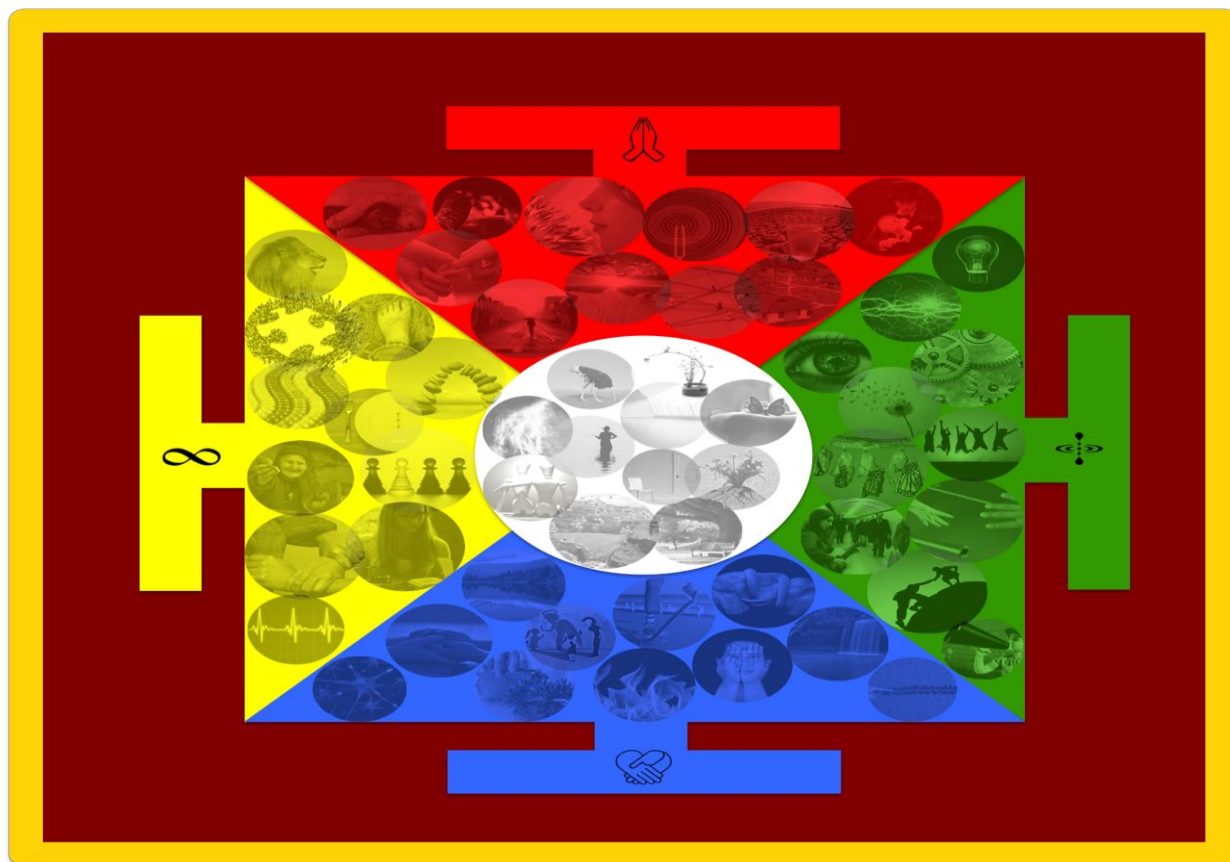
Moustakas identified two types of loneliness (1961). The first as 'existential', concerned with our relationship to the unknowable and mysterious aspects of life; the second as loneliness that comes about through our relationships with others and experiences of loss – the type I have contacted through this research. Thanks to my practice I was able *experience* loneliness (Sela-Smith, 2002) getting in touch with (and not defending against) a whole body experiencing. How does this relate to a Buddhism-informed therapy? Firstly, in experiencing my loneliness, I have touched and understood my own form of suffering, essential in developing the compassion mentioned by my co-researchers. Secondly, I believe the teachings in Buddhism offer a path to explore the dialectic between aloneness (we make the meditative journey alone) and interdependence (taking refuge in the *sangha*).

### Creative synthesis

I decided to create a Buddhist mandala (Figure 1) where in the themes form a composite of the fully-functioning or enlightened psychotherapist. Themes were taken in turn and positioned according to their association with one of the Five Wisdom Energies, a Tibetan Buddhist teaching that reveal the subtle energetic dimension of the basic elements of our experience—body, emotions, mental activity, and sense perceptions (Rockwell, 2002).

**Figure 1.**

Mandala representing how the findings compose a fully-functioning or enlightened psychotherapist in manifesting the Five Wisdom Energies: Spaciousness (Buddha, white); Clarity (Vajra, blue); Richness (Ratna, yellow); Passion (Padma, red); Activity (Karma, green).



### Implications

It has been proposed that Buddhism and psychotherapy offer a synergistic system of well-being (Young-Eisendrath, 2003): while Buddhism speaks to “the ubiquitous human striving for security and stability because of ignorance of impermanence and change” (pg303), therapy offers insight into the dynamics of personal suffering, such as inner conflicts, deficits, complexes, projections, or identifications. This research serves as a reference for practitioners who wish to adopt such an integrative approach.

This study found limited differences in the experience reported between Western and Contemplatively trained therapists. Future research might seek to recruit participants with a clearer segregation in training background. Furthermore, with a focus on the therapist side of the dyad it would be interesting to investigate the experience of clients undergoing a Buddhism-informed psy-

chotherapy. Concerning practice, this research has highlighted potential the advantages that a therapist with spiritual empathies can provide to clients. The growth of spiritual interest within the general population suggests a need for counsellors to incorporate spirituality into the therapeutic relationship. Furthermore, the present research might give therapists who like me hold a dual-role as mindfulness instructor an opportunity to consider how the two might provide a synergy within the Buddhist frame.

### Limitations

I believe heuristics to have been the most appropriate methodology for this intensely personal topic, and in matching the phenomenological insistence of ‘going back to things themselves’ relevant to both these practices exploring the inner-world. However, the very strengths are its vulnerabilities (Sela-Smith, 2002). Applying heuristics -

bordering on the obsessive with its depth in rigour (Wall, 2006) - to highly introspective domains could lead to hazardous self-interest and self-indulgence. At times in this process, I have been 'gripped' (e.g. in loneliness) making my commitment to the Buddhist practice of non-attachment critical (Neale, 2006). Likewise, I am very aware that there is a potential bias when a researcher investigates a topic with personal resonance; potentially compounded by interviewing other people with a similar world-view. Krippner and Ryan (1998) talk of the 'chaotic attractor', the potential for unconscious material to filter experiences and interpretations that support existing structures. I appreciated this as a particular threat when selecting data extracts and matching codes. I have endeavoured to avoid such bias by employing reflexive means through journaling, and employing transparency in the write-up. I hope this has safeguarded the research question i.e. emphasising the experience rather than proselytizing Buddhism-informed therapy.

### Conclusions

The aim of this paper was not to provide a comprehensive model of how to deliver a Buddhism-informed therapy, but rather to bring forth experience of practitioners in the field and highlight some common factors and meanings made in their work. Using Buddhism as a source of inspiration to help others is not new, yet the specifics of a Buddhism-informed therapy *as practiced* needed elucidating.

The findings of this study support existing theory that suggests the Buddhist view and practices can assist the therapist in their work. Particularly apparent was the view of Buddhism's potential for offering an optimal therapeutic relationship, facilitated in part by enhanced presence on both sides of the therapeutic dyad. On the therapist's side, the presence developed in the therapists' meditation practice allows enhanced attunement to the client, that when viewed through the lens of interdependence, appears to manifest in a deepened compassion for client suffering. On the client's side, Buddhism-informed therapy guides them towards direct experience. This study points to the importance of 'skilful means' in using Buddhist ideas as interventions in the therapeutic task since vigilance is needed with any therapeutic frame perceived as 'spiritual'.

Buddhism-informed therapy could be conceived of as a 'strength-based' approach since it honours the inherent wisdom and capacity of the individual. The outcomes of a Buddhism-informed therapy appear to rest on a Buddhist non-dual view, with both therapist and client being able to trust the capacity for experiencing distress whilst being fundamentally "okay" (Harris, 1969). This exemplifies co-researchers description of the Buddhist view as more than a mere frame of reference, but rather a container that held them, their work, and their clients.

The practitioners in this study are working on the interface of Western and Eastern wisdom traditions, and this has raised certain issues. Secular mindfulness is a cause for concern; but there was also some appreciation of it being a catalyst for a path of self-reflection. A Buddhism-informed therapy also appears to help clients wishing to integrate the psychological and spiritual dimensions, but requires the therapist to be aware of the spiritual work becoming a proxy for resolving psychological distress.

Thus, the Buddhist teachings and practices, according to the therapists in this study, provide all the key principles of an effective therapy: a view of the human condition; an understanding of psychological distress; and the means and interventions toward ameliorating that distress. The findings certainly do not contradict what many Buddhist writers and therapists have conceived: that Buddhism provides a comprehensive system of psychology, one that can even take an individual beyond the remedial and toward total liberation (Neale, 2006).

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