**Buddhadharma as Psychotherapy**

**According to a UN report on human happiness issued in 2013 : “About 10% of the world’s population suffers from clinical depression or crippling anxiety disorders. They are the biggest single cause of disability and absenteeism, with huge costs in terms of misery and economic waste.” Once seen as afflictions that occurred mainly in prosperous Western societies, a wide variety of mental illnesses now seem to be on the rise everywhere on the globe. The irony is that the rise in mental illness appears to be linked to increased material prosperity throughout the world. A Buddhist analysis, however, would not find anything surprising in the close relationship between rampant materialism and mental illness. Buddhism has always recognised that the principle cause of affliction [dukkha] is craving [trishna] and modern consumerism relies on the stimulation of craving as a means of creating consumer demand. Buddhism also demonstrates its practical relevance in addressing this problem by such ancient techniques as mindfulness [sati] which many Western psychotherapists have made effective use of in treating mental illness. While the introduction of Buddhist practices into psychotherapy is a welcome development, tearing spiritual techniques away from their original religious context entails a certain loss and in the end may also prove counterproductive as an approach to treating mental illness. In this paper I shall address Buddhist views of mental health and mental illness as they apply to contemporary psychotherapy. I shall argue that adapting Buddhism for psychotherapy does call for skilful means [upaya], but bringing the Buddhadharma into the consulting room should not entail a rejection of its core insights into the cause of suffering.**

As a psychotherapist it might seem that I would have some difficulty in arguing for the relevance of psychotherapy to the United Nation's Milleneum Development Goals. Fortunately as a Buddhist, I face no such problem as eradicating hunger and poverty, reducing childhood mortality and fostering peace building and post-conflict recovery are in complete accord with Buddhist ethical principles. Moreover, supporting universal childhood education, pursuing gender equality and women's rights, working towards environmental sustainability and promoting global partnership for development also sit well with any socially progressive Buddhist understanding of how human flourishing can be advanced in the modern world. In truth, all eight development goals express laudable social values that any humane person would be happy to endorse. Fortunately, for a Buddhist these developmental goals may also carry the additional merit of offering the opportunity to express at least three of the four immeasurable virtues, or bhramaviharas: *metta*, loving kindness; *karuna*, compassion; and *mudita*, sympathetic joy. And given the difficulty and inevitable frustration of trying to realise these three development goals in an intractable world, the UN list might also provide ample opportunity to exercise the fourth immeasurable virtue of *upekkha*, equanimity.

One of the most admirable features of the UN development goals is that they are intended to raise social and living standards. It almost goes without saying that that if deprived people receive necessary health care, are adequately nourished, properly housed, and given fair political representation their lives will be vastly improved. The suffering due to largely material causes will be greatly reduced and new possibilities arising out of greater political freedom and material prosperity will begin to emerge. For this reason, any Buddhist should heartily endorse and support such worthwhile development goals. But at the same time, a Buddhist should have a sharp awareness that raised material standards and increased political freedom will not by themselves lead to increased happiness. Indeed, one of the remarkable ironies of modern life is that it is in some of the most prosperous and politically free societies that the incidence of mental illness is the highest. Moreover, someone who suffers from a severe mental illness such as schizophrenia is less likely to recover if he lives in a prosperous society such as the US or the UK than if he lives in a developing country such as India or Thailand.[[1]](#footnote-1) Although this unexpected phenomenon has much to do with the way mental illness is treated in the West, it also has to do with the high levels of stress that prevail in societies which promote material acquisition as the highest social value. The British psychologist, Oliver James, argues convincingly that such stress is due to what he calls “affluenza... a painful, contagious, socially transmitted condition of overload, debt anxiety and waste, resulting from the dogged pursuit of more”,[[2]](#footnote-2) which directly influences the high incidence of mental illness in wealthy countries. Buddhists should not make the mistake of venerating poverty by supposing that it promotes virtue as if it were tantamount to the monastic vow of renouncing possessions. But as the Buddha himself observed, *lobha*, or greed is a poison that ultimately will only produce unhappiness and Buddhists should be especially wary of equating increased levels of material prosperity with increased happiness.

We might well wonder if there is a paradox to be found in the fact that both material poverty and material excess can be sources of great suffering. Or, perhaps as Buddhists we might reflect that the Middle Way between sensual indulgence and extreme deprivation applies just as much to social development as it does to the spiritual life of individuals. As a psychotherapist practising in Great Britain, I sometimes deal with people who have done very well for themselves financially, yet suffer from misery that is directly related to their pursuit of wealth. In fact, a great contributing factor to so much suffering in many prosperous Western societies is the largely unquestioned belief that wealth is the only true measure of success. As a prominent British politician recently declared, greed is good[[3]](#footnote-3) because it leads to material wealth. But as the Buddha declared and every sound moralist has since concurred, greed is in truth a source of incalculable suffering. The Buddha went on to assert that what is truly good is generosity, the polar opposite of greed, by which both giver and receiver benefit. In this paper, I intend to discuss how Buddhism deals with suffering which frequently arises out of passions such as greed, hatred and delusion from my perspective as a practising psychotherapist. Although my area of interest does not relate directly to any of the UN development goals, I hope that this paper may shed some light on the fundamental concern of reducing suffering, which must involve a middle way between extreme privation and extreme excess.

Here is a famous quotation of the Buddha from the Aňgutarra-nikāya, which I have long been tempted to mount on the wall of my consulting room: “O bhikkus, there are two kinds of illness. What are those two? Physical illness and mental illness. There seem to be people who enjoy freedom from physical illness even for a year or two...even for a hundred years or more. But, O bhikkus, rare in this world are those who enjoy freedom from mental illness even for one moment, except those who are free from mental defilements.”[[4]](#footnote-4)4This is a remarkably sweeping statement so we must be careful how we interpret it. Although the Buddha is clearly saying that the vast majority of us are mentally ill, he is certainly not saying that we are all mad according to the modern diagnostic categories of mental illness. Indeed, my own suspicion is that he would have regarded the modern, medical model of mental illness as a form of madness itself, though this is not central to my argument. But in calling most of humanity mentally ill, the Buddha was not simply indulging in an easy metaphor, either. According to his analysis, so long as our actions are influenced by the three poisonous passions of hatred, greed or delusion, people are suffering from mental illness, whether they are aware of it or not. Although mental illness so defined may not quite agree with any modern ideas of madness, from a Buddhist perspective it remains madness just the same. Indeed, people can even mistake mental illness as the Buddha defined it for happiness, particularly if they base their values in material wealth or find their greatest satisfactions in acts of aggression or sensual indulgence.

As a Buddhist therapist, I largely dispense with conventional notions of mental illness and look instead to what motivates the client to enter therapy and how he experiences himself as a person. Still, Western psychology does inform my therapeutic practice and I am well aware that as a therapist I owe at least as much to Western psychotherapy as to Buddhism, particularly in the structure of the therapeutic encounter. So let me discuss how Buddhism informs my practice as a psychotherapist and how I believe psychotherapy can benefit by acquaintance with the Buddhadharma. As it happens, none of my clients at present are Buddhists, but this doesn't mean that Buddhist psychology is out of place in dealing with their problems. Although I make it a point to declare that as a therapist it is not my business to promote any religion, I am not reluctant to invoke Buddhist insights whenever I think they might be helpful. This often proves to be the case, for in my view Buddhism remains unsurpassed in its grasp of the the psychology of experience. Nevertheless, using such insights requires some skilful means or *upaya* as it is sometimes better to disguise an insight by paraphrase or indirect suggestion than it is to refer directly to Buddhist doctrine. For reasons of confidentiality, let me by way of example present the case of a typical, but fictional client who suffers from intense feelings of rage which even he recognises is caused by the anger he feels chronically towards others. My imaginary case will demonstrate that anger can act as a poison, though such cases are common enough among real clients, as well. Like many real clients, my imaginary client does not feel responsible for his anger, but blames a significant figure from his childhood, his father, for the misery which he believes first caused the poison of his anger to be spilled. Though his grievances against his father may have a strong basis in actual events in his past, his misfortune continues to be compounded by his belief that his anger is not just understandable, it is also fully justified as a personality trait.

Now the Buddhist counsel for a case such as this would be both clear and straightforward. Rather than take refuge in anger, my client would be well advised to forgive his father, cultivate compassion and loving kindness and strive to attain equanimity in all his dealings with others. But as any practising therapist knows from experience, even the best advice will be rejected by the client if his defences are set against it. Now imagine that when I tentatively suggest that what happened to my client as a child need not have a direct bearing on the decisions he now makes in his adult relationships, he then responds with rage and denial and storms out of our session, threatening never to return again. Although it would be easy to condemn such conduct as childish and irresponsible, in truth, I was not as skilful as I could have been in tendering this suggestion and it was no benefit to him and no consolation to me that my advice may have been essentially correct. Because of my clumsiness, I had failed to get through with what might have come as liberating insight, but which he received instead as all too familiar chastisement. Therapy should not be about withholding painful truths and it is most successful when it creates a hospitable climate for difficult issues to be addressed. But creating such a climate can happen only if the therapist's accurate understanding of the client is matched by the client's feeling of trust for the therapist. Such trust depends on the therapist coming to understand what it is to experience the world as the client does as an embodied subject. Therapy, in other words, is able to succeed by the therapist's empathic understanding of the self experience of the client in the world. Yet, Buddhist psychology asserts that in essence all experience is not-self and the key to psychic healing, as well as enlightenment lies in discovering the truth of not-self.

The radical claim that the Buddha made about not-self two and a half thousand years ago remains just as radical today. This concept can have far reaching, indeed liberating implications, though it is essential that it not be taken to mean *vibhavana* or self-annihilation. Buddhism is quite clear in stating that not-self represents an ultimate truth which must be seen as deeply connected with two other ultimate truths, impermanence and suffering, in order to be understood. Still, unless we have reached deep insight into the matter, not-self may well seem imponderable metaphysical speculation. Fortunately, Buddhism also recognises that there is a conventional truth that regards the self as the responsible agent of personal experience and from its beginning Buddhism has never been reluctant to address personal, practical matters arising in the everyday world. In all cases, Buddhism enjoins moral restraint and compassionate action irrespective of one's level of insight into the ultimate truth of not-self. But this still fails to answer an important question: how can not-self be relevant to the problems that psychotherapy deals with, which most often revolve around everyday concerns of family and relationships, work and making a living, of being a person among other people in the everyday world? And how, in particularly severe cases in which psychological stability and the integration of personality are crucial concerns, can anything that suggests self negation be helpful?

It turns out that in practice not-self is not so much a metaphysical doctrine as it is a way of looking at experience. Indeed, it is only by looking closely and deeply at one's experience that one may able to find the ultimate truth of not-self. This is what *vipassana* or insight meditation is largely about. In conditions that are conducive to tranquillity, ideally in some remote place, the meditator observes the transience of all phenomena on the most subtle levels of perception. Eventually, even the self of the meditator is perceived to be impermanent, not by becoming dissolved by the effects of prolonged trance, but by directly observing that the self appears and disappears on the strength of intentional actions which can have no lasting reality. Meditation reveals what is in fact always the case. The self cannot be permanent as it must always be generated in order to be sustained. As one frees oneself from the urge to seize on desires and aversions in order to stake a claim on permanence, one sees things as they truly are: impermanent, a source of suffering, not-self. Still, it might be objected, not-self may be all very well for the spiritually advanced bhikku, but what about those unhappy individuals who turn to psychotherapy? The mental condition of these far more numerous people is usually marked by depression and anxiety, so much so that it was once widely thought that most people who turn to therapy would be too disturbed to meditate. But in recent years, thanks to the efforts of such people as John Kabat-Zinn[[5]](#footnote-5)5 and Paul Gilbert[[6]](#footnote-6)6, meditative techniques taken from Buddhism are proving to be highly effective therapeutic tools for treating stress, anxiety and depression. This is a highly welcome development and we may be confident that the use of such techniques will contribute much to the treatment of mental illness as time goes on. But unlike some other approaches to mental illness, psychotherapy must involve something more than technique, even if the technique happens to be sound and has the distinction of being developed by the Buddha himself. Techniques, after all, can be found in books or online, but even the best ones will not work for everyone without personal guidance. Fortunately, psychotherapy has always dealt with people who want or need help in dealing with their problems. But it does not depend on teaching the client to master a technique so much as it requires a joint exploration of the client's experience, which is made possible by the patient building of a relationship of trust. And in this endeavour, not-self can be a most effective device.

Let's go back to my imaginary client. Weeks passed before he returned to therapy after leaving my consulting room in a fit of rage. I had expected him to come back in an abashed or chastened mood, but in the event he merely muttered a perfunctory apology. Although I was not disappointed, I was surprised as I had thought his return might have been partly motivated by regret. But, as he explained, he returned mostly because he had nowhere else to go. Still, I was puzzled that so little had changed in our therapeutic relationship after his outburst. He continued to discuss the same things, still had the same problems in his relationships and was still subject to fits of rage. In short, he remained stuck, which is a common, if unwanted phenomenon in therapy. My task, however, was to help him to see that being stuck was the result of his clinging to an attitude of hostile defensiveness that was thwarting his desire to relate openly to others. Buddhism provides a detailed analysis for cases such as my client's. Not only does it see craving as the root passion that drives one's sense of self, it also has much to say about the *samskaras*, the mental formations that lie behind that sense of self and contribute much to self experience. *Samskaras* are formed from experiences that provoke reactions that become fixed, if largely unconscious habits, but in themselves *samskaras* may be either beneficial or harmful. Unfortunately, *samskaras* may feel quite natural to the person who holds them, even when they are infected by the *kilesas* or defilements of hatred, greed or delusion. The difficulty in therapy is what to do with a *samskara* when it has clearly become a problem.

This is where the psychotherapist with his aims may feel a need to part company with the dedicated meditator who understands that all *samskaras*, even the most benign, should be regarded as not-self. The meditator knows that suffering, impermanence and not-self infiltrate even the most wholesome *samskaras* and his training prepares him against subtle forms of attachment. The therapist, on the contrary, often has to strive to make it clear to his client that states of aversion are in based in *samskaras* that are anything but subtle. As we frequently reviewed the significant events from my client's history, I heard a constant refrain: “that should not have happened to me!” Although it seemed impossible to him that he would want to remain attached to the powerfully aversive emotions that the memory of these events provoked in him, in truth they would always remain as attachments as long as they informed his sense of “me”. I knew, however, that offering direct analysis of my client's *samskaras* was unlikely to be helpful in light of his strong identification with it. Indeed, doing so might have been entirely counterproductive and was more likely to mobilise his defences than free him of a pernicious delusion. Only empathy, born out of close attention and deep attunement to my client's experience, would permit me to reach him with a message that he may have actually known, but could hardly bear to admit. His recurrent rage and the painful emotions with which he so strongly identified were not really essential to his being, at all. By helping him realize that his chronic anger was essentially not-self, psychotherapy would make it possible for him to let go of it and allow better possibilities for living to arise.

Working skilfully to help clients drop their defences to enable them to live more authentically is what psychotherapy has always been about and in this respect there may be little that separates the Buddhist therapist from his secular counterparts. But Buddhist psychotherapy is sustained by the values of Buddhism and these must influence the therapeutic encounter, either explicitly or implicitly. I have already stated that people who turn to therapy with their various problems in living are usually not quite ready to pursue a spiritual practice with the single-minded dedication of an ascetic. But this is not to say that a spiritual life is beyond them or that therapy should not encourage their spiritual endeavours. The problem is how to encourage spiritual growth when the values of a consumerist society are so opposed to it. This, I would argue, is where joint exploration of the client's experience by a Buddhist therapist can yield great benefits, even if psychotherapy should not try to promote the Buddhadharma. To be sure, the dharma provides essential guidelines for this exploration, but following these guidelines in therapy is a much different practice than following the rules of the vinaya or even observing the five lay precepts. For it is not uncommon for therapists to find their clients trapped in deeply unskilful states of mind, which often lead to morally compromised life situations. Unfortunately, this is the world as many people experience it: where violence may be normal; stealing may have become a way of life; routine deceit corrupts the possibility of authentic communication; sex is regarded as a tradeable commodity; and drugs and alcohol are taken as necessary antidotes to the suffering in the world. When people come to therapy there is often one question that stands behind all the symptoms of their discontent: “What is wrong with me?” It is only when they see the conditions that were created by the poisons of hatred, greed and delusion that people begin to realise that nothing is wrong with them, even if everything is wrong with what they are doing. What Buddhist psychotherapy can do is illuminate what they are doing, not just in their observable behaviour, but also, more deeply, in their intentional actions. For, as Buddhism has always observed, if those intentional actions change the effects that follow them will change, as well. Intention implies two things that are relevant to psychotherapy. First, choice is always involved in any action that requires volition; and second, volition implies responsibility for one's actions. Although this may sound more like existentialism than Buddhism, there is in fact considerable agreement between these two radically different ways of looking at experience. But whereas existentialism argues for the necessity of self construction in the face of meaninglessness and dread, Buddhism offers the possibility of freedom from suffering forever by realising the truth of not-self.

One thing no therapy should lose sight of is that the self is not a closed system of psychological processes, but is a project of being in the world of shared experience with others. This observation need not confer decisive importance on outer relationships over introspective understanding, though it does assert that self experience does not occur in a vacuum, but must occur in the world with others. Unlike in certain deeply private meditative experiences, in psychotherapy the inner dimension of experience makes little sense without reference to the outer and vice-versa. Buddhist psychotherapy should not shy away from the social implications of this insight. Although it should not embrace any particular political program, it does need to recognise that a social conscience must inform politics, just as the eight fold path should guide all our actions. Moreover, Buddhist views on interdependence tell us not only that we have a moral obligation to care for others, it also tells us that our intentional actions will be consequential for us as the agents of action, as well. I am convinced by Richard Wilkinson and Kate Pickett who, like Oliver James, argue that modern consumerism is directly implicated in the rise of mental illness. In their book, *The Spirit Level,[[7]](#footnote-7)7* Wilkinson and Pickett present strong statistical correlations between income inequalities and a great range of social maladies including violent crime, mental and physical health, and sexually transmitted diseases. In fact, what they document is what many people observe spreading everywhere in the world: a consumerist society that constantly stimulates a feeding frenzy for things nobody needs and few people would want were it not for an advertising industry that actively seeks to stimulate craving by playing on anxieties for social and peer status. In Buddhist terms, this can be expressed as *dukkha* [suffering] caused by *trishna*  [craving] arising out *avidya* [ignorance], which may be a universal phenomenon, but is made infinitely worse when there is no awareness of the Buddhadharma to counter it. Presenting a veritable orgy of goods, activities and services that promise endless forms of gratification, a consumerist society secretly deals in misery much as an illicit drug dealer pushes dreadfully addictive drugs. Indeed, as consumerism seems to recognise that no customer is more loyal than an addict, it is increasingly hard to find a difference. But by holding firm to the values of Buddhism without attempting to advance any Buddhist doctrines, Buddhist psychotherapy certainly has a role to play in countering the *samsara* of modern consumerism.

I have already expressed my belief that Buddhist psychotherapy is still in an early stage of its potential development, but I believe the same thing can be said about Buddhism in general as a religion in the West. But what is Western Buddhism: Zen? Vajrayana? Theravada? I name only three. There are so many versions of the Buddhadharma that I call myself a generic Buddhist, meaning that I respect and admire them all, but I also carry a number of reservations about each of them. To some, my position might appear to be fence straddling and I concede there may be some truth in the accusation. But because of my experience, my faith in the Buddha, the *dharma* and the *sangha* is both firmly planted and growing as an integral feature of my therapeutic practice. Moreover, I know I could never practise as a therapist without my faith in Buddhist principles. The hopelessness that my clients so often bring into therapy would soon overwhelm my meagre therapeutic talents and might well make me feel as despairing as they do. But just as Buddhism has found an increasingly important place in my practice, I hope and expect that it will find a greater position in psychotherapy in general. Although the picture for Buddhist psychotherapy is still in an early, formative stage of development, in the writings of psychotherapists such as Mark Epstein, Jack Kornfield, Jack Engler and John Welwood, it seems that psychotherapy will have an important role to play in bringing Buddhism to the Western experience. As a beginner Buddhist psychotherapist myself, witnessing that development is one of the great rewards of my vocation.

**RJ Chisholm is a practising counsellor who specialises in Buddhist psychology. He holds a Masters Degree with Distinction in Religious Studies at the University of Kent at Canterbury and a diploma in counselling from the Tariki Trust in the UK. He wrote his Masters dissertation on the radical Scottish psychiatrist RD Laing. Recently, Chisholm has enrolled in the MA programme in Buddhist Studies at the University of South Wales where he intends to further his studies in Buddhist philosophy and psychology. He is also continuing his professional training to become a psychotherapist. He is particularly interested in the intersection of psychology and spiritual experience and as a Buddhist practitioner he is intrigued by the possibilities of bringing the Buddhadharma into psychotherapy. He is presently at work as a co-editor of a collection of essays on psychotherapy and spiritual experience entitled *On Not Knowing*.**

1. Whitaker, R. 2010. *The Anatomy of an Epidemic.* New York: Broadway Books. [↑](#footnote-ref-1)
2. James, O. 2007, *Affluenza.* London: Vermilion Books. [↑](#footnote-ref-2)
3. The Guardian, London, November 27, 2013 [↑](#footnote-ref-3)
4. 4Thera D. ed. 1929. *Aňguttara Nikāya,* Columbo: Pali Text Edition. p. 276 [↑](#footnote-ref-4)
5. 5Kabat-Zinn, J. 2013 *Full Catastrophe Living* New York: Random House Publishing Group [↑](#footnote-ref-5)
6. 6Gilbert, P. 2010. *The Compassionate Mind.* London: Constable and Robinson Limited [↑](#footnote-ref-6)
7. 7Wilkinson, R., Pickett, K. 2009. *The Spirit Level:Why Equality is Better for Everyone* London: Penguin Books [↑](#footnote-ref-7)