

Buddhist Counseling: A Rising Field in Professional Psychology

By Kin Cheung (George) Lee, Ph.D.¹

“A viable application, a valuable study for academia and a practical contribution to the public. I find this to be a useful study, it helps with reference work, applications and references in areas of need. JBS journal appreciates the contribution of this scholarly research.

- Thich Giac Chinh, Chief Editor.

¹ California State Licensed Psychologist (PSY28022)
Centre of Buddhist Studies - The University of Hong Kong.

Buddhist Counseling: A Rising Field in Professional Psychology

Abstract

Buddhist counseling is a professional counseling approach based on Buddhist teaching. In response to the increasing criticism of mindfulness-based interventions and calling for Buddhist intervention in professional psychology, Buddhist counseling emerges to provide treatment models using Buddhism as a core theoretical orientation. The rise of this profession signifies a powerful integration of a highly influential theoretical basis in the last 2,000 years and a contemporary framework for professional counseling. The rise of this profession is likely to provide culturally congruent services to millions of individuals affiliated or resonated with Buddhism, thereby providing a new treatment of choice for mental health professionals and suffering individuals. By way of introduction to this profession, this article discusses (a) the history of integration of mindfulness into psychology, (b) increasing criticisms and concerns of mindfulness-based interventions, (c) emergence of Buddhist

counseling and its uniqueness, and (d) implications to mental health professionals interested in Buddhist counseling.

In counseling and psychotherapy, Buddhism has gradually become a core addition to existing treatment methods. In the last two decades, the blossoming of mindfulness has shifted the paradigm of mental health from focusing on traditional Western theories to considering Buddhist theory and practice. The integration of mindfulness into mental health treatment has generally been a success while there are increasing criticisms and shortcomings reported in the literature (e.g., Lee, 2018; Shonin, Van Gordon, & Griffiths, 2014a; Sun, 2014). Due to imperfections in the current application of mindfulness, the fields of professional counseling and psychotherapy have started to search for a better, or fuller, integration of Buddhism into psychology. In particular, some scholars have proposed that Buddhism can stand alone as a theoretical orientation for counseling

Buddhist Counseling: A Rising Field in Professional Psychology

instead of being a component of a treatment model (Lee & Ong, 2019; Negi et al., 2014; Sik, 2010). With its particular epistemological assumptions about human nature, psychopathology, a healthy ideal, and curative factors, Buddhism offers a comprehensive system of psychology to understand the human mind and behaviors. Due to this belief, some scholars, including the author, started to propose a new field named “Buddhist counseling” (Lee et al., 2017). This article aims to introduce this rising field by (a) reviewing the integration of mindfulness into psychology, (b) discussing criticisms of mindfulness-based interventions, (c) introducing the emergence of Buddhist counseling and uniqueness, and (d) formulating implications to mental health professionals interested in Buddhist counseling.

Brief History of Mindfulness-based Interventions

In the late 1970s, a new technique emerged in the research literature on mental health treatment. Some scholars—including

Gary Deatherage (1975), who was one of the very first to use mindfulness techniques based on Satipaṭṭhāna Sutta on mental health patients, Richard Davidson, Daniel Goleman (1977) who compared the effectiveness between Buddhist meditation and hypnosis on increasing attention, and Daniel Brown (1980), who compared practitioners of different levels of Buddhist meditation on their Rorschach² responses—initiated a series of social scientific investigations of Buddhist mindfulness practices by either integrating it into practices of psychology in their time or comparing it with similar psychological constructs. However, mindfulness studies did not yield much attention in the field until the emergence of Jon Kabat-Zinn.

Using chronic pain as a treatment target, Jon Kabat-Zinn (1982) designed a 10-week stress reduction and relaxation program based on Theravāda Buddhist meditation, Mahāyāna Buddhist meditation, Zen traditions, and Yogic

Buddhist Counseling: A Rising Field in Professional Psychology

traditions (p. 34). Over these 10 weeks, participants received didactics on mindfulness and practiced mindfulness meditation and yoga in a group format. The result was surprisingly effective: 50% of participants reported a 50% reduction of pain symptoms after the program. Since then, mindfulness has quickly become a hot topic of research and has created a trend of integrating mindfulness into mental health treatment models.

Scholars have described intervention models integrating Buddhism teachings as “mindfulness-based interventions” (MBI). They include Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990), Dialectical Behavior Therapy (DBT; Linehan, 1993), and Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002). Many of these MBI, which have shown high efficacy in clinical studies, incorporate mindfulness interventions as an essential component (Simiola, Neilson, Thompson, & Cook, 2015). The following section will briefly review

several common MBIs to explain their rationales for treatment briefly and briefly illustrate their effectiveness.

Mindfulness-Based Stress Reduction.

Since the first successful study, Kabat-Zinn coined the term MBSR as an intervention designed to reduce distress and enhance quality of life using mindfulness (Kabat-Zinn, 1990). It was one of the earliest psychotherapy methods to incorporate Buddhist ideas, and it demonstrated high efficacy in different clinical studies. Utilizing the important Buddhism concept of Right Mindfulness, this treatment program attempts to help clients achieve nonjudgment, awareness, attention, and compassion through the four primary mindfulness practices of sitting meditation, walking meditation, hatha yoga, and body scans (Kabat-Zinn, 1990). Through MBSR practices, practitioners are expected to foster greater awareness and compassion toward themselves and, consequently, reduce their suffering. MBSR has been found to be effective at

Buddhist Counseling: A Rising Field in Professional Psychology

reducing stress, anxiety, and depression (Hofmann, Sawyer, Witt, & Oh, 2010; Fjorback, Arendt, Ørnbøl, Fink, & Walach, 2011; Gallegos, Lytle, Moynihan, & Talbot, 2015). In addition, MBSR is an empirically supported intervention for reducing the symptoms of PTSD (Kimbrough, Magyari, Langenberg, Chesney, & Berman, 2009; Kearney, McDermott, Malte, Martinez, & Simpson, 2012; Goldsmith, Gerhart, Chesney, Burns, Kleinman, & Hood, 2014; Gallegos et al., 2015).

Mindfulness-Based Cognitive Therapy. Cognitive Therapy and Cognitive Behavioural Therapy are arguably the most popular mental health treatment in contemporary society. Mindfulness-Based Cognitive Therapy (MBCT), a treatment that combines mindfulness techniques and cognitive therapy, was developed to treat recurrent depression (Segal, Williams, & Teasdale, 2002). It aims to teach clients to gain more awareness of their thoughts, emotions, and bodies and to develop improved coping mechanisms by

building new relationships between their thoughts and emotions (Segal, Williams, & Teasdale, 2002). Again, the notion of mindfulness from MBCT is similar to the idea of Right Mindfulness in Buddhism since both emphasize becoming more conscious of one's mind, body, and feelings. MBCT has been proven effective in treating generalized anxiety disorder (Evans, Ferrando, Findler, Stowell, Smart, & Haglin, 2008; Hofmann et al., 2010), residual depressive symptoms (Kingston, Dooley, Bates, Lawlor, & Malone, 2007), mood disorders (Hofmann et al., 2010), and bipolar disorder (Miklowitz, Alatiq, Goodwin, Geddes, Fennell, Dimidjian, Hauser, & Williams, 2009).

Dialectical Behavior Therapy. Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment developed to address parasuicidal behaviors among women with borderline personality disorder (BPD) (Linehan, 1993). The core treatment modes of DBT include individual therapy, skills training, client and therapist consultations, and therapist

Buddhist Counseling: A Rising Field in Professional Psychology

consultation meetings. DBT aims to teach clients to regulate their emotions, improve their interpersonal skills, tolerate distress more effectively, and employ self-management skills. In addition, DBT incorporates the core tenets of Zen Buddhism: mindfulness, nonjudgement, and observation (Linehan, 1993). These tenets, used to help clients increase their awareness of their bodies, feelings, and thought processes, are similar to the notion of Right Mindfulness in Buddhism.

Acceptance, a crucial component of DBT that encourages therapists to accept clients as they are while teaching them to change and accept themselves, also resonates with the Buddhist practice of observing, accepting, and discerning internal experiences in the present moment. DBT has been demonstrated to reduce substance abuse (Linehan, Schmidt, Dimeff, Crat, Kanter, & Comtois, 1999), depression, hopelessness and psychiatric distress (Iverson, Shenk, & Fruzzetti, 2009), binge eating disorders (Chen, Matthews, Allen, Kuo, &

Linehan, 2008), emotional regulation (Alexrod, Perepletchikova, Holtzman, & Sinha, 2011), and suicidal and non-suicidal behaviors (Chen et al., 2008; McDonell, Tarantino, Dubose, Matestic, Steinmetz, Galbreath, & McClellan, 2010). Some studies have also shown that DBT significantly reduces PTSD symptoms (Steil, Dyer, Priebe, Kleindienst, & Bohus, 2011; Wagner, Rizvi, & Harned, 2007).

Acceptance and Commitment Therapy. Acceptance and Commitment Therapy (ACT) is psychotherapy that starts from the assumption that psychological problems are rooted in a person's psychological rigidity. The treatment method attempts to increase the client's psychological flexibility, including one's ability to implement positive actions when faced with unfavourable emotions or experiences instead of avoiding them (Hayes, Strosahl, & Wilson, 1999). To enhance one's psychological flexibility, ACT emphasizes six concepts: acceptance, diffusion, self as context (observing self), contact with the present

Buddhist Counseling: A Rising Field in Professional Psychology

moment, values, and committed action (Hayes, Strosahl, & Wilson, 1999). The central assumptions about human nature behind ACT resonate with the Buddhist perspective on the causes of suffering, which is usually explained as rigidly clinging to the delusion of self and the craving to satisfy infinite and insatiable personal desire. The six core concepts are also similar to beliefs in Buddhism that acceptance aligns with the idea of accepting current experiences, that diffusion aligns with detachment from the clinging to self, that the self is context-explicable in relation to the concept of non-self, that personal values align with Buddhist ethics, that contact with present moment represents mindfulness, and that committed action aligns with Right Effort as explained in the Eightfold Path. ACT is effective in treating obsessive-compulsive disorder symptoms (Twohig, Hayes, Plumb, Pruitt, Collins, Hazlett-Stevens, & Woidneck, 2010), depression (Twohig et al., 2010; Karlin, Walser, Yesavage, Zhang,

Trockel, & Taylor, 2013), and psychosis (Bach & Hayes, 2002).

Criticism on Mindfulness-based Interventions

Regardless of the success of mindfulness-based interventions, there has been heated controversy over whether Buddhist-derived interventions attempt to extract certain components of Buddhist theories and practices and apply them to a secular mental health treatment model. Noteworthy progress has been made in the development of evidence-based treatments that incorporate Buddhist concepts and practices—including Mindfulness-Based Stress Reduction, Mindfulness-Based Cognitive Behavioural Therapy, Trauma-Focused Cognitive Behavioural Therapy, and Dialectical Behaviour Therapy—for various psychological disorders (Simiola, Neilson, Thompson, & Cook, 2015). In reviewing these MBI and outcome studies, MBI is undoubtedly supported as effective treatment programs for an array of

Buddhist Counseling: A Rising Field in Professional Psychology

psychological symptoms. However, in the past decade, some scholars in Buddhism and Psychology started to express the following concerns about this application of Buddhist mindfulness:

1. Contemporary models of mindfulness have tended to utilize a reductionist approach that divorces mindfulness from the spiritual paradigm of Buddhism, which may undermine the essence of Buddhist teachings (McWilliams, 2011). Some mental health professionals regarded this reductionist approach as a possible reduction in effectiveness (Huxter, 2007), a superficial calming technique that may not bring lasting changes (Neale, 2011), and a probable abandonment of the transformative potential in Buddhist mindfulness (Sun, 2014).

These psychotherapies may not incorporate the essence of Buddhist

principles and theories, and this practice can have potential risks to clients who are misusing practices (Neale, 2011; Shonin, Van Gordon, Slade, & Griffiths, 2013). First, applying mindfulness solely as a relaxation technique may lead the practitioners into dullness and hence hinder the progress of meditation (Britton et al., 2014).

Certain scholars pointed out the possible risks of practicing mindfulness without the guidance of ethics. Mindfulness practices can enhance the quality of awareness, but it does not naturally result in compassion or morality (Sun, 2014). In other words, one can apply mindfulness in violence or criminal behaviors, and the U.S. Marine Corps are utilizing mindfulness skills to optimize performance during combat (Watson, 2013). Third, most of the

Buddhist Counseling: A Rising Field in Professional Psychology

mindfulness research was conducted as quantitative studies that measured symptoms reduction related to short-term mindfulness-based interventions (e.g., Spinhoven, Huijbers, Ormel, & Speckens, 2017). Little is known about the experiences of long-term practitioners of the secularized version of mindfulness and the possible differences between them and the Buddhist mindfulness practitioners.

2. Moreover, some empirical evidence demonstrates the aversive effect of such mindfulness practices. Dobkin, Irving, and Amar (2012) conducted a literature review on the attrition and adverse effects of the mindfulness-based stress reduction (MBSR) program, a popular Buddhism-derived intervention that extracts mindfulness practice from Buddhism and found that participants in several

studies reported significant adverse effects, such as relaxation-induced anxiety, perceived stress, and depression. Therefore, the extraction of either compassion or mindfulness from Buddhism, a holistic religion, may sabotage the approach, reduce the effectiveness, and result in potential risks.

3. A traditional Buddhist approach to psychological healing may promote more lasting positive changes (Neale, 2011), cultivate a different, keener, wiser kind of attention (Hyland, 2015), or provide more interventions that help mental health professionals to better address the needs of multiple clients (Lee et al., 2016). Consequently, several scholars have recommended that practitioners and researchers acquire a foundation in Buddhist teachings and an understanding of the Buddhist

Buddhist Counseling: A Rising Field in Professional Psychology

rationale for mindfulness to deliver effective BDIs to clients (Lee et al., 2016; McWilliam, 2011; Shonin, Van Gordon, & Griffiths, 2014a; Sun, 2014).

4. Bhikkhu Bodhi (2011), a recognized Buddhist scholar and the president of the Buddhist Publication Society, pointed out the potential danger in integrating theories or techniques from different schools of thought. As the theoretical assumptions of each school can be different, dissonance may arise from the mergers, which may produce short-term benefits, but unlikely to result in long-term beneficial effects. This viewpoint implies the importance of matching techniques with its theoretical assumptions in any practice.

In response to the current dilemma, many scholars and mental health professionals have shown an increasing interest in learning

traditional and original Buddhist knowledge and practices to apply authentic Buddhist wisdom to treat clients. Regardless of the acceptance and integration of Buddhist concepts and techniques into professional psychology, most contemporary psychotherapy models maintain the approach to selectively extract relevant components of Buddhism instead of using all Buddhist tenets as the foundation for treatment. One possible reason is that secularized version of Buddhist-derived interventions would probably be more acceptable in Western cultures dominated by Christian denominations. Another highly possible explanation is that little is known about whether Buddhism can serve as a discrete treatment model or theoretical orientation for mental health counselling in the current framework of professional psychology. To reconcile this problem, some scholars have attempted to employ a Buddhist framework in the development of their treatment models.

The emergence of Buddhist Counseling

Buddhist Counseling: A Rising Field in Professional Psychology

Following the Buddhist principles of the last 2,500 years, many scholars have pointed out that Buddhism has been a healing method for numerous individuals across different countries and periods (e.g., Bodhi, 1999). With its own epistemological assumptions about human nature, psychopathology, a healthy ideal, and curative factors, several scholars proposed that Buddhism has a comprehensive system of human psychology and is well qualified as an independent theoretical orientation for professional counselling. Unlike traditional treatment models in psychology, the Buddhist teaching-based model uses Buddhism as a conceptual framework. Two particular treatment models have received significant research and clinical attention.

Cognitively-Based Compassion Training. Cognitively-Based Compassion Training (CBCT) is a secularized mind training program based on Tibetan Buddhist compassion meditation practices (Negi et al. 2014, A24). The program

includes six modules of meditative practices and contemplative exercises, including attentional stability and clarity, insight into the nature of mental experience, self-compassion, cultivating impartiality, appreciation and affection, and empathic concern and engaged compassion with two meditation strategies: (a) stabilizing meditation and (b) analytical meditation (Ash et al. 2019). Moreover, the program emphasizes fostering participants' skills across three levels: content knowledge, personal insight, and embodied understanding. CBCT has shown strong efficacy for various psychological disturbances. For example, CBCT was found to increase hopefulness and decrease generalized anxiety in at-risk adolescents (Reddy 2013, 219), reduce psychological stress in infants and young children (Poehlmann-Tynan 2020, 126), and reduce depressive symptoms and increase self-compassion for African American suicide attempters (Sun 2019).

Meditation Awareness Training. In response to the specific criticism of applying

Buddhist Counseling: A Rising Field in Professional Psychology

mindfulness out of context of Buddhism in MBI, Shonin, Van Gordon, and Griffiths (2014) developed the Meditation Awareness Training (MAT) to incorporate more Buddhist concepts and practices techniques in treatment, such as fostering clients' understanding of impermanence and emptiness. MAT is designed as an 8-week group-based secularized program applying Buddhist principles to promote emotional regulation, ethical awareness, patience, generosity, and compassion in participants. The eight sessions include an introduction to meditation and mindfulness, introduction to impermanence and emptiness, cultivation of joy and equanimity, generosity towards self and others, ethical awareness and patience, revisiting impermanence and emptiness, loving-kindness and compassion, and letting go. With a combination of didactics, assigned self-practice for participants, one-on-one support sessions, and a series of guided meditation, participants gradually learn and practice different meditative skills and

techniques. MAT has demonstrated its effectiveness in enhancing emotion regulation ability in higher education students with issues of stress, anxiety, and low mood (Van Gordon 2014), improving levels of work-related stress, job satisfaction, psychological distress, and employer-rated job performance (Shonin 2014), and ameliorating fibromyalgia symptomatology and pain perception (Van Gordon 2017, 186).

Van Gordon and Shonin (2020) considered the emergence of new-age MBI, such as CBCT and MAT, as a new trend of mindfulness-based interventions, which they termed second-generation mindfulness-based interventions (SG-MBI). In their working criteria and definition, they consider SG-MBI as (a) being explicitly psycho-spiritual or spiritual, (b) integrating more Buddhist meditative techniques, (c) acknowledging ethics as a critical component of the program, and (d) employing an instructor training program in which instructors usually requires several years of supervised mindfulness practice. Given this

Buddhist Counseling: A Rising Field in Professional Psychology

trend, contemporary psychological treatment approaches are moving towards further integrating Buddhism as core treatment components. CBCT and MAT have strong empirical support for their effectiveness, and, as such, social scientific evidence has been an indicator for suitable treatments in the field of professional psychology. At the same time, some other Buddhist treatment approaches, especially those developed in Asian countries, may have received less research attention, but it is worth reviewing them for this dissertation.

Awareness Training Program. Based on Mahāyāna Buddhist teaching, Awareness Training Program (ATP) is the first group-based program to foster wisdom and compassion in participants (Wu et al., 2019). Based on the Sandhinirmochana Sūtra as a theoretical foundation, ATP relinquishes participants from their delusion attachment to the concept of self through the development of tranquillity and observation. In of six 3-hour workshops plus two whole-day weekend retreats, participants

learned and memorized the mantra Om maṇi padme hūṃ and involved in lectures, meditation practices, experiential and reflective learning activities, and group discussions to actualize the meaning of the mantra. Results showed that participants reported reduced stress and improvement in coherence and psychological well-being. Unlike CBCT and MAT, which have been developed for a few years, ATP is a new development, and the founders have only published one article to indicate its effectiveness.

Non-empirically Supported Treatment Models based on Buddhism. There are also other attempts to apply Buddhism to psychotherapy. In particular, Sik Hin Hing (2010) developed a treatment model named Dharma Therapy based on Early Buddhist teaching. Following the Buddha's path to liberation, Dharma Therapy designed a six-step model as an individual approach to helping clients eliminate suffering. Moreover, Uthayaratana, Tanaphong, Nattasuda Taephant,

Buddhist Counseling: A Rising Field in Professional Psychology

and Kullaya Pisitsungkagarn (2019, 119) proposed a Four Noble Truths Based Problem Solving (FNTBPS) model based on Theravāda Buddhism. Applying Buddhist concepts to the Western framework of problem-solving, FNTBPS aims to help clients increase understanding of their current psychological suffering and its cause, which informs psychological and behavioural suffering cessation. Besides mindfulness practices, FNTBPS emphasizes the observation and investigation of how craving, clinging, and ignorance contributes to the current state of suffering. In addition, Priyadarshana (2017) used Pāli literature, Theravāda Buddhist resources, and Ayurveda medical therapy to develop a Buddhist psychotherapy model for mental illness. Priyadarshana proposed Buddhist answers to these categories to guide the progress of treatment primarily based on meditation employing psychological terms of psychopathology, mental disorders, therapist, and treatments. In particular, he proposed that

the application of sīla (morality) for behavioural modification, fostering of samādhi (concentration) to control behavioral and emotional problems, and vipassana (insight) meditation to treat every kind of human predicaments.

To integrate Buddhism as a theoretical orientation for professional counseling, the author has a Buddhist counseling approach, known as Note, Know, Choose, based on core Early Buddhist teaching (Lee & Ong, 2019; Lee & Ng, 2020; Lee & Tang, 2020). Applying the Buddhist ideal of mind cultivation, the Note, Know, Choose model aims to train the skilfulness of the mind by (a) refining the level of concentration for the mind to notice its habits and nature, (b) gaining insight into how its unrealistic expectations contribute to suffering, and (c) choosing wholesome thoughts and behaviours rather than attaching to specific judgements and thoughts. The implementation of the model starts with an assessment of clients' external conditions (environment and

Buddhist Counseling: A Rising Field in Professional Psychology

systemic factors influencing the client) and internal conditions (the client's mental states, such as type of dukkha, common defilements, predominant types of clinging, and level of awareness of body and thoughts) related to suffering. In the Note phase, clients learn to develop clarity and stability of mind through various Buddhist mindfulness techniques such as mindful breathing, sustaining attention on different body parts, chanting, or reciting a mantra. Clients develop regular meditative practices throughout the treatment process. The Know phase helps clients gain insight into how suffering, desire, and craving arise from the mind's contact with external objects. Therefore, previously neglected choice points are discovered and intervened. The Choose phase focuses on applying the insights that result into daily encounters and fostering the skills needed to make alternative decisions. Techniques such as cultivating a compassionate view of self and others visualizing the non-self are adopted. Overall, the Note, Know, Choose model can

serve as an iterative and dynamic process to help reduce clients' suffering.

Although these are all admirable attempts to utilize Buddhism as a framework for counseling, and each of these models has certain scholarly publications, there have not been any empirical studies examining the effectiveness of these approaches.

The Rise of Buddhist Counseling

Regardless of the emergence of these new and effective interventions, there has been no standardized definition of them. Several scholars are working towards their own definition or parameters of this field. According to Srichannil and Prior (2014), scholars in counseling and applied psychology, Buddhist counseling is defined as counseling based on Buddhist teachings. The key element described in the definition seems to pinpoint the importance of a theoretical foundation for the practice of counseling instead of any interventions or techniques. Rungreangkulkij and Wongtakee (2008) applied Buddhist

Buddhist Counseling: A Rising Field in Professional Psychology

mindfulness training to their treatment of anxiety symptoms and yielded positive results. Although they coined their intervention as “Buddhist counseling,” they did not articulate a definition of this term or describe their intervention as a complete model of treatment. Instead, Rungreangkulkij and Wongtakee, (2008) emphasized that Buddhist counseling has a strong focus on the “mindfulness practice” of meditation instead of using meditation as an isolated relaxation technique. This emphasis implied the importance of using mindfulness within the context of Buddhist teaching. In a conceptual paper written by the author and his research team (Lee et al. 2017, 1), Buddhist counseling is defined as a process of reducing suffering in individuals using wisdom and interventions from Buddhism, which aims to train the human mind to attain a state of equanimity, joy, and liberation. In a more recent definition by the author, “Buddhist counseling is a holistic counseling approach that helps clients to use each therapeutic encounter to open a

gateway to the cultivation of the mind to gain an understanding of human nature in accord with the Buddhist view of reality” (Lee & Tang, 2020, p.2). From these working definitions, it seems that “Buddhist counseling” is an integrative term to apply Buddhist teaching to the framework of professional counseling, thereby providing a contemporary psychological method to reduce suffering in others.

In the Historical Buddha’s lifetime, the concept of counseling or psychotherapy did not exist, although what the Buddha taught might be considered counseling in the modern world. Counseling is a western construct rooted in psychoanalysis, which was the first method of talk therapy, as developed by Sigmund Freud (Paris, 2013). In the early 1900s, counseling emerged as a form of advice and information-giving in school and hospital settings. After more than 100 years of its development and diversification, counseling has become a common choice for treating socioemotional problems. Given its origins in psychoanalysis,

Buddhist Counseling: A Rising Field in Professional Psychology

counseling usually involves developing a counsellor-client relationship, helping clients accept and express their feelings, and providing guidance to facilitate clients to cope and problem solve (Crago, 2000). Usually, the role of the counselor is to build a safe, somewhat egalitarian environment that includes professional boundaries. One of the largest and most recognized associations for counseling, the American Counseling Association (ACA 2014), defined counseling as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (1). On top of the standardized definition, throughout the development of psychotherapy, many different theories and practices have emerged as new ways to conceptualize and treat mental illness or empower clients in their particular situations. Depending on the theoretical orientation and personality of the counselor, he or she may aim the counseling process at helping clients search for meaning in

life, resolve childhood conflicts, develop more realistic and helpful ways of thinking, or other methods of helping. Moreover, the terms “counseling” and “psychotherapy” are often used in a loosely interchangeable manner, but counseling is usually targeted toward less severe psychological problems than psychotherapy (Crago, 2000). In sum, counseling is a framework signified by a professional counseling relationship, while the content and approaches can vary across counsellors.

Buddhism has a long history of providing psychological help to individuals worldwide, but it has different cultural neurons than the Western model of counseling. Instead of assuming a professional relationship to empower suffering individuals, Buddhist helpers are usually Buddhist or meditation teachers and monastic members who guide suffering individuals to practice the Buddhist path (Lee et al., 2017, p. 2). As a result, Many individuals who sought guidance from Buddhist helpers have become students of the Buddhist

Buddhist Counseling: A Rising Field in Professional Psychology

helpers and formed spiritual and therapeutic relationships with their teachers. To reduce suffering, the students usually engage in personal practices and regularly seek advice and guidance from their teachers. In other words, these teacher-student relationship is somewhat different from counsellor-client relationship.

In conclusion, since the emergency of mindfulness in professional psychology, the field has gradually moved towards integrating Buddhism into existing models of counseling and psychotherapy in the last 30 years. The forefront of the trend is to move beyond integration by developing treatment models employing Buddhist teaching as the core theoretical foundation. At the same time, these new endeavors tend to remain in the contemporary framework of professional counseling and substitute the treatment content with Buddhist teaching. Using the idiom of “old wine in a new bottle” as a metaphor, Buddhist counseling is the “new tea in an old bottle,” thereby substituting *Buddhadhamma* (tea) with

extant psychological theories (wine) while using the same bottles (counseling).

The Uniqueness of Buddhist Counseling

In professional psychology, each treatment model is based on a theoretical orientation that is a set of principles based on theories that guide the counseling processes and practitioners' decisions. The theoretical orientation holds specific philosophical assumptions about human nature, psychopathology, human development, and approaches to address presenting problems. As a theory-driven practice, counseling or psychotherapy guides the practitioner to employ a particular theoretical lens to conceptualize a client's presenting problems, analyse the reasons for suffering, intervene to reduce or eliminate the presenting problems and decide on any clinical decisions or activities. As different theories have different worldviews and values, Buddhist counseling is to adopt the worldview and views in the professional practice. With that said, Buddhist counseling models use the core

Buddhist Counseling: A Rising Field in Professional Psychology

doctrine of Buddhism, the law of dependent co-arising, as a guiding principle for treatment. Under this paradigm, the treatment approach may vary according to the treatment design and target population. The common focus should align with assumptions of Buddhist teaching, such as non-self, dukkha, impermanence, compassion, and other key concepts.

For example, dependent co-arising, or dependent origination, is a unique concept that is usually inapplicable to non-Buddhist counseling models. In Buddhist counseling, dependent origination describes the process of life without introducing any creator or created being with a fixed identity. Instead, all phenomena are seen as emerging from a plurality of causes and conditions that co-originate and co-arise within and across lifetimes. Consequently, Buddhism does not posit the existence of a permanent self or the need for the annihilation of self. Instead, it describes the self as an experience grounded in phenomena that are constantly susceptible to

change. However, the human mind is inclined to form a fixed understanding of phenomena and believe in the intrinsic, independent, and permanent nature of existence. The result is the creation of constructs or logical abstractions based on a reification of ontological events. For example, seeing a flower is a phenomenon supported by the attention we pay to the object, our eyes receiving the sensual of light, our previous knowledge of flowers and recognition of the present object as similar, and the object in question, which itself is supported by sunlight, soil, oxygen, nutrients, seeds, and other elements. If any of these conditions change, the phenomenon of “flower” can change or cease. A flower, in other words, does not have a self-existing nature.

In the case of understanding depression in professional psychology, different schools would have different interpretations. For example, cognitive-behavioural therapy tends to assume that distorted or irrational belief contributes to depression, client-centered

Buddhist Counseling: A Rising Field in Professional Psychology

therapy may assume the inability to realize and actualize the unique self to cause depression, and some psychodynamic schools of thought may conceptualize depression as a sign of ongoing struggle in developing and maintaining healthy emotional contact with desired people. However, most schools assume an inherited existence of self (Shonin, Van Gordon, & Griffiths, 2014a) or remain silent about it. Besides Buddhist counseling, no school would claim that the concept of self is a fabrication and depression is a label of deconstructable phenomenon subjective to arising, changing, and ceasing. This treatment theory is highly unique.

Using the perspective of dependent co-arising in Buddhist counseling, some clients who suffer from major depressive episodes tend to feel trapped in a permanent state of depression. From the standpoint of dependent origination, depression is only a mental label attached to a phenomenon. It is constructed through interdependent conditions at a given

moment. These conditions might include physical pain in the stomach and back, unpleasant sensations in the body and mind, tiredness, recognition of a mental category called “depression,” the intention and urge to resist this state, inner voices and imageries that ruminate over past events, ill-will towards oneself, and related factors. If one or several of these conditions were to cease through increasing self-compassion that dissolves self-directed ill-will or soothing of the strong physical discomfort, the phenomenon of depression experienced at the moment may change or cease.

As a counseling model based on Buddhist teaching, Buddhist counseling uses old wisdom to offer a new perspective on contemporary problems, promoting a unique treatment of choice for counsellors and clients alike.

Implications of Buddhist Counseling to Mental Health Professionals

Buddhist Counseling: A Rising Field in Professional Psychology

The best form of counseling should be a culturally congruent form of counseling in which the worldview of counseling resonates with that of the client. As most of the therapeutic approaches were developed from Western philosophical assumptions, there have been numerous attempts at cultural adaptations for non-Western populations. However, cultural adaptation of a treatment model is not the highest ideal. Cultural congruence, at its core, requires the use of a theoretical orientation that is developed from within the culture of clients. In its 2,000-year history, Buddhism has deep cultural roots for millions of individuals globally, making it a highly culturally congruence form of indigenous psychology. While there are over 500 million Buddhists globally (World Population Review, 2021), most of the intervention models in psychology are based on Western worldviews and traditions. Although these models can be effective for certain populations and cultures, these traditional Western models, including the

secularization of mindfulness-based interventions, may not be culturally congruent to clients with Buddhist affiliations. Due to this reason, the emergence of Buddhist counseling has at least three implications to the field of counseling.

First, cultural congruence fosters therapeutic rapport and emotional attunement between a counselor and a client. Buddhism has been highly influential to numerous countries and populations, and many concepts and wisdom have become seeds of these cultures. For example, the Buddhist concepts of impermanence, clinging, and interconnectedness are used daily in China, Japan, Korea, Vietnam, Cambodia, and many other Asian countries. Buddhism as a common language with clients with Buddhist affiliation is likely to facilitate therapeutic connections.

Second, the traditional Western models usually do not focus enough on spirituality and religiosity, while spiritual needs can be crucial for clients, including those suffering from

Buddhist Counseling: A Rising Field in Professional Psychology

chronic illnesses, patients in palliative care, certain trauma survivors, and some individuals suffering from grief and loss (Raweewan et al., 2016). Many Buddhist counseling models take spirituality and religiosity as treatment components, thereby addressing different clientele's spiritual and religious needs.

Third, this new counseling trend can be particularly helpful for Buddhist Chaplains and Buddhist spiritual care providers, as there has been a lack of specific professional training resources for these professionals. It is essential to provide more practical resources for frontline mental health professionals, and the contemporary Buddhist counseling models may fill in this gap in professional practice.

Last but not least, Buddhist counseling is a new trend, and many models have not been validated empirically. Practitioners and researchers should continue the process of clinical studies to examine and polish the integration of Buddhism into professional counseling. If we can successfully show that an

approach towards non-self (Buddhist counseling) is more effective than an approach towards the flourishing of oneself (traditional counseling and psychotherapy) is more effective, it will be a major shift of paradigm in professional psychology. The author hopes that this article will increase academic and practice attention on the field of Buddhist counselling to this field and benefit thousands of clients who have resonated with Buddhist teaching.

References

- American Counseling Association. "20/20: Consensus Definition of Counseling." ACA(WEBusage), 2014. <https://www.counseling.org/about-us/about-aca/20-20-a-vision-for-the-future-of-counseling/consensus-definition-of-counseling>.
- Ash, Marcia, Timothy Harrison, Melissa Pinto, Ralph DiClemente, and Lobsang Tenzin Negi. "A Model for Cognitively-Based Compassion Training: Theoretical Underpinnings and Proposed Mechanisms." *Social Theory & Health*, December 13, 2019. doi:10.1057/s41285-019-00124-x.
- Basten, C., & Touyz, S. (2020). Sense of Self: Its Place in Personality Disturbance, Psychopathology, and Normal Experience. *Review of General Psychology*, 24(2), 159–171. <https://doi.org/10.1177/108926801988088>
- Brown, Daniel P., and Jack Engler. "The Stages of Mindfulness Meditation: A Validation Study." *Journal of Transpersonal Psychology* 12, no. 2 (1980): 143–92. <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=psych&AN=1982-02778-001&site=ehost-live&scope=site>.
- Bodhi, B. (2011). Dhamma and non-duality. Retrieved from http://www.accesstoinsight.org/lib/authors/bodhi/bps-essay_27.html. Accessed 17 June 2020.
- Davidson, Richard J., and Daniel J. Goleman. "The Role of Attention in Meditation and Hypnosis: A Psychobiological Perspective on Transformations of Consciousness." *International Journal of Clinical and Experimental Hypnosis* 25, no. 4 (October 1977): 291–308. doi:10.1080/00207147708415986.
- Deatherage, Gary. "The Clinical Use of 'Mindfulness' Meditation Techniques in

Buddhist Counseling: A Rising Field in Professional Psychology

- Short-Term Psychotherapy.” *Journal of Transpersonal Psychology* 7, no. 2 (1975): 133–43. <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=psyh&AN=1977-06234-001&site=ehost-live&scope=site>. 011
- Dunkley, C., & Loewenthal, D. (2013). Mindfulness: Current practices and criticisms. *European Journal of Psychotherapy and Counselling*, 15, 105–115. <http://dx.doi.org/10.1080/13642537.2013.795016>
- Farb, N. A. S. (2014). From retreat center to clinic to boardroom? Perils and promises of the modern mindfulness movement. *Religions*, 5, 1062–1086. <http://dx.doi.org/10.3390/rel5041062>
- Freud, S., & Strachey, J. (1922). A Differentiating Grade in the Ego. In *Group psychology and the analysis of the ego*. (pp. 101–109). Boni and Liveright. <https://doi.org/10.1037/11327-011>
- Fung, Kenneth. “Acceptance and Commitment Therapy: Western Adoption of Buddhist Tenets?” *Transcultural Psychiatry* 52, no. 4 (August 2015): 561–76. doi:10.1177/1363461514537544.
- Harter, S. (2003). The development of self-representations during childhood and adolescence. In M. R. Leary & J. P. Tagney (Eds.), *Handbook of self and identity* (pp. 610–642). New York, NY: Guilford Press.
- Hansen, J. C., Stevic R. R., & Warner, R. W. Jr. (1986) *Counseling: Theory and Process* (4th ed.). Boston, MA: Allyn and Bacon.
- Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15, 1277–1288. doi:10.1177/1049732305276687
- Ivey, A. E., Ivey, M. B., & Simek-Downing, L. (1980). *Counseling and psychotherapy: integrating skills, theory, and practice*. Englewood Cliffs, NJ: Prentice-Hall.

Buddhist Counseling: A Rising Field in Professional Psychology

- James, W. (1890). *The principles of psychology*. New York, NY: Henry Holt.
- Kabat-Zinn, J. “An Outpatient Program in Behavioral Medicine for Chronic Pain Patients Based on the Practice of Mindfulness Meditation: Theoretical Considerations and Preliminary Results.” *General Hospital Psychiatry* 4, no. 1 (April 1982): 33–47. <http://0-search.ebscohost.com.library.alliant.edu/login.aspx?direct=true&db=mnh&AN=7042457&site=ehost-live&scope=site>.
- Karunadasa, Y. (2013). *Early Buddhist Teachings: the middle path position in theory and practice*. Hong Kong: Centre for Buddhist Studies, Hong Kong University
- Karunadasa, Y. (2010). *The Theravada Abhidhamma: its inquiry into the nature of conditioned reality*. Hong Kong: Centre for Buddhist Studies, Hong Kong University
- Lee, K. C. & Ong, C. K. (2019). The Satipaṭṭhāna Sutta: An Application of Buddhist Mindfulness for Counsellors. *Journal of Contemporary Buddhism*, 19(2), 327-341. <https://doi.org/10.1080/14639947.2018.1576292>
- Lee, K. C. (2019). A Clinical Psychologist as a beginning Buddhist: A Personal Reflection on the Buddhist Path. *Journal of Psychotherapy and Counselling Psychology Reflections*, 4(1), 11–18.
- Lee, K. C. & Oh, A. (2018). Introduction to compassionate view intervention: A Buddhist counseling technique based on Mahāyāna Buddhist teachings. *Journal of Spirituality in Mental Health*. <https://doi.org/10.1080/19349637.2018.1464422>
- Lee, K. C. (2018). Demystifying Buddhist mindfulness: Foundational Buddhist knowledge for mindfulness-based

Buddhist Counseling: A Rising Field in Professional Psychology

- interventions. *Spirituality in Clinical Practice*, 5(3), 218–224. <https://doi.org/10.1037/scp0000133>
- Lee, K. C., Oh, A., Zhao, Q., Wu, F., Chen, S., Diaz, T., & Ong, C. K. (2017). Buddhist counseling: Implications for mental health professionals. *Spirituality In Clinical Practice*, 4(2), 113-128. doi:10.1037/scp0000124
- Meares, R. (2004). The conversational model: an outline. *American Journal of Psychotherapy*, 58(1), 51–66.
- Murdock, N.L. (2017). *Theories and Counseling of Psychotherapy: a case approach*. New York, NY: Pearson.
- Murguia, E., & Díaz, K. (2015). The philosophical foundations of cognitive behavioral therapy: Stoicism, Buddhism, Taoism, and Existentialism. *Journal of Evidence-Based Psychotherapies*, 15(1), 37–50. Retrieved from <http://0-search.ebscohost.com.library.alliant.edu/lo-gin.aspx?direct=true&db=psyh&AN=2015-15699-004&site=ehost-live&scope=site>
- Negi, Lobsang Tenzin, Thaddeus W. W. Pace, B. Alan Wallace, Charles L. Raison, and Eric L. Schwartz. “Effects of Eight-Week Meditation Training on Hippocampal Volume: A Comparison of Mindful Attention Training and Cognitively-Based Compassion Training.” *Journal of Alternative & Complementary Medicine* 20, no. 5 (May 2014): A24. doi:10.1089/acm.2014.5059.abstract.
- Nelson-Jones, R. (1982). *Nelson-Jones' Theory and Practice of Counselling and Psychotherapy* (1st ed.). London, UK: SAGE Publications Ltd.
- Poehlmann-Tynan, Julie, Ashleigh Engbretson, Abra B Vigna, Lindsay A Weymouth, Cynthia Burnson, Carolyn Zahn-Waxler, Amita Kapoor, Emily D Gerstein, Kerrie A Fanning, and Charles L Raison. “Cognitively-Based Compassion Training for Parents Reduces Cortisol in Infants

Buddhist Counseling: A Rising Field in Professional Psychology

- and Young Children.” *Infant Mental Health Journal* 41, no. 1 (January 2020): 126–44. doi:10.1002/imhj.21831.
- Poznanski, J. J., & McLennan, J. (2003). Becoming a psychologist with a particular theoretical orientation to counseling practice. *Australian Psychologist*, 38(3), 223–226.
<https://doi.org/10.1080/00050060310001707247>
- Poznanski, J. J., & McLennan, J. (1995). Conceptualizing and measuring counselors’ theoretical orientation. *Journal of Counseling Psychology*, 42(4), 411–422.
<https://doi.org/10.1037/0022-0167.42.4.411>
- Reddy, Sheethal D., Lobsang Tenzin Negi, Brooke Dodson-Lavelle, Brendan Ozawa-de Silva, Thaddeus W. W. Pace, Steve P. Cole, Charles L. Raison, and Linda W. Craighead. “Cognitive-Based Compassion Training: A Promising Prevention Strategy for at-Risk Adolescents.” *Journal of Child and Family Studies* 22, no. 2 (February 2013): 219–30. doi:10.1007/s10826-012-9571-7.
- Rungreangkulkij, S., & Wongtakee, W. (2008). The psychological impact of Buddhist counseling for patients suffering from symptoms of anxiety. *Archives Of Psychiatric Nursing*, 22(3), 127-134. doi:10.1016/j.apnu.2007.07.004
- Rogers, C. (1959). A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. In (ed.) S. Koch, *Psychology: A study of a science. Vol. 3: Formulations of the person and the social context*. New York: McGraw Hill.
- Sears, Richard W. *The Sense of Self*. London: Palgrave Macmillan UK, 2016.
- Shamdasani, S. (2018). Towards transcultural histories of psychotherapies. *European Journal of Psychotherapy &*

Buddhist Counseling: A Rising Field in Professional Psychology

- Counselling*, 20(1), 4–9.
<https://doi.org/10.1080/13642537.2018.1425111>
- Shonin, Edo, William Van Gordon, and Mark D. Griffiths. “Meditation Awareness Training (MAT) for Improved Psychological Well-Being: A Qualitative Examination of Participant Experiences.” *Journal of Religion and Health* 53, no. 3 (June 2014): 849–63. doi:10.1007/s10943-013-9679-0.
- Shonin, Edo, William Van Gordon, Thomas J. Dunn, Nirbhay N. Singh, and Mark D. Griffiths. “Meditation Awareness Training (MAT) for Work-Related Wellbeing and Job Performance: A Randomised Controlled Trial.” *International Journal of Mental Health and Addiction* 12, no. 6 (December 2014): 806–23. doi:10.1007/s11469-014-9513-2.
- Srichannil, C., & Prior, S. (2014). Practise what you preach: Counsellors' experience of practising buddhist counselling in thailand. *International Journal for the Advancement of Counselling*, 36(3), 243-261.
doi:http://dx.doi.org.eproxy2.lib.hku.hk/10.1007/s10447-013-9204-x
- Shah, Monica. "Acceptance-Based Therapies and Asian Philosophical Traditions: Similarities and Differences in the Concept of Acceptance." *Journal of Rational-emotive and Cognitive-behavior Therapy*, 2020, Journal of Rational-emotive and Cognitive-behavior Therapy, 2020-05-05.
- Sik, H. (2010). Dharma therapy: An intervention program with mindfulness as one of its key components. In M. G. T. Kwee (Ed.), *New horizons in Buddhist psychology: Relational Buddhism for collaborative practitioners* (pp. 353–372). Chagrin Falls: Taos Institute Publications.
- Simiola, V., Neilson, E. C., Thompson, R., & Cook, J. M. (2015). Preferences for trauma treatment: A systematic review of

Buddhist Counseling: A Rising Field in Professional Psychology

- the empirical literature. *Psychological Trauma: Theory, Research, Practice, And Policy*, 7, 516–524. <http://dx.doi.org/10.1037/tra0000038>
- Srichannil, C., & Prior, S. (2014). Practise what you preach: Counsellors' experience of practising buddhist counselling in thailand. *International Journal for the Advancement of Counselling*, 36(3), 243–261. doi:<http://dx.doi.org.eproxy2.lib.hku.hk/10.1007/s10447-013-9204-x>
- Sun, J. (2014). Mindfulness in context: A historical discourse analysis. *Contemporary Buddhism*, 15, 394 – 415. <http://dx.doi.org/10.1080/14639947.2014.978088>
- Sun, Shufang, Alison M. Pickover, Simon B. Goldberg, Jabeene Bhimji, Julie K. Nguyen, Anna E. Evans, Bobbi Patterson, and Nadine J. Kaslow. “For Whom Does Cognitively Based Compassion Training (Cbct) Work? An Analysis of Predictors and Moderators among African American Suicide Attempters.” *Mindfulness*, August 1, 2019. doi:10.1007/s12671-019-01207-6.
- Uthayaratana, Tanaphong, Nattasuda Taephant, and Kullaya Pisitsungkagarn. “Four Noble Truths Based Problem Solving: A Therapeutic View.” *Mental Health, Religion & Culture* 22, no. 2 (February 2019): 119–29. doi:10.1080/13674676.2018.1512565.
- Wolff, S., & Auckenthaler, A. (2014). Processes of theoretical orientation development in CBT trainees: What internal processes do psychotherapists in training undergo as they “integrate”? *Journal of Psychotherapy Integration*, 24(3), 223–237. <https://doi.org/10.1037/a0037514>
- Van Gordon, William, Edo Shonin, Thomas J. Dunn, Campayo, Javier Garcia, and Mark D. Griffiths. “Meditation Awareness Training for the Treatment of Fibromyalgia Syndrome: A Randomized

Buddhist Counseling: A Rising Field in Professional Psychology

- Controlled Trial.” *British Journal of Health Psychology* 22, no. 1 (February 2017): 186–206. doi:10.1111/bjhp.12224.
- Van Gordon, William, Edo Shonin, Alex Sumich, Eva C. Sundin, and Mark D. Griffiths. “Meditation Awareness Training (MAT) for Psychological Well-Being in a Sub-Clinical Sample of University Students: A Controlled Pilot Study.” *Mindfulness* 5, no. 4 (August 2014): 381–91. doi:10.1007/s12671-012-0191-5.
- Van Gordon, W. & Shonin, E. (2020). Second-Generation Mindfulness-Based Interventions: Toward More Authentic Mindfulness Practice and Teaching. *Mindfulness*, 11, 1-4.
- Wasantha Priyadarshana, "Buddhism As a System of Psychotherapy." *The Smaratungga Journal of Buddhist Studies and Education* 1, no. 1 (March-Augst 2017): 35-47
- Wu, Bonnie Wai Yan, Junling Gao, Hang Kin Leung, and Hin Hung Sik. “A Randomized Controlled Trial of Awareness Training Program (Atp), a Group-Based Mahayana Buddhist Intervention.” *Mindfulness*, January 17, 2019. doi:10.1007/s12671-018-1082-1.
- World Population Review. (2021). Buddhist Countries 2021. <https://worldpopulationreview.com/country-rankings/buddhist-countries>.