

Buddhism and Psychotherapy: The Role of Self-control Strategies

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ABSTRACT

This paper discusses an aspect of Buddhism that has clear relevance to present-day psychotherapy. The focus is on Early or "Theravāda" Buddhism. Buddhism stresses self-development, and offers many strategies for achieving changes in behaviour and emotional reactions. These strategies have relevance to psychotherapy, where the remediation of disordered or maladaptive behaviour/emotions is one of the primary aims. It is argued that these Buddhist strategies represent a therapeutic model which treats the person as his/her agent of change, rather than as the recipient of externally imposed interventions. This Buddhist approach can make a valuable contribution to the development of a humanistic psychotherapy. It is also argued that the Buddhist approach has relevance for the prevention of psychological disorders, an acknowledged - and higher order - aim of psychotherapy.

1. Introduction

Buddhism has a rich and highly sophisticated psychology, which has been studied in some detail in recent years (e.g. de Silva, 1990, 1996; Kalupahana, 1987). Some sections of the canonical texts, as well as of later commentarial writings, are examples of explicit psychological theorizing, while most of the others include psychological ideas and much material of psychological relevance. For example, the *Abhidhamma Pitaka* contains a highly systematized psychological account of human behaviour and mind; the English translation of one of the *Abhidhamma* books, the *Dhammasangani*, was in fact given the title *A Buddhist Manual of Psychological Ethics* by its translator, Caroline Rhys Davids, when it was first published by the Pali Text Society in London in 1900. The practice of Buddhism, as a religion and a way of life, involves much in terms of psychological change. The ultimate religious goal of the *arahant* state both reflects and requires major psychological changes. In addition, as can be seen from an examination of the basic Buddhist teachings, the path towards the achievement of this goal, the Noble Eightfold Path, also involves steps many of which can only be described as psychological.

The rapid popularization of Zen Buddhism in the West no doubt provided a special impetus for the relatively recent interest in the study of Buddhist psychology (e.g. Shapiro, 1978). However, quite independent of this, several scholars had begun to appreciate, and to examine closely, the psychological aspects of Buddhism several decades ago. The work of some of these early scholars concentrated on specific aspects of Buddhist psychology and attempted to compare them with modern psychological notions, while others have endeavoured to analyse Buddhist concepts in terms of theoretical frameworks derived from contemporary Western psychology. For example, Govinda (1969) analysed the basic principles and factors of consciousness as found in the *Abhidhamma Piṭaka*, and Johansson in 1965 offered an analysis of some fundamental psychological concepts of Buddhism (*citta*, *mano* and *viññāna*, all of which refer to different aspects of 'mind') using a paradigm derived from psychosemantics. He later carried out a similar exercise for the concept of *Nibbāna*

(Johansson, 1969), and attempted to elucidate it using the semantic differential technique of Osgood. More recently, Kalupahana (1987) has provided probably the most detailed discussion of the psychological concepts of Buddhism. In his work, he draws illuminating parallels with the psychology of William James. One of the parallels particularly highlighted by Kalupahana is the notion of the stream of thought or consciousness. Kalupahana's analysis also emphasizes the close links that exist between the philosophy of Buddhism and its psychological notions.

Detailed discussions of some key psychological concepts of Buddhism are also found in the *Encyclopaedia of Buddhism* published by the Government of Sri Lanka. An extract from it published recently (Department of Buddhist Affairs, 1995) covers the central concepts of *citta*, *cetasika*, *cetanā* and *viññāna*.

More general overviews of Buddhist psychology have been provided by, among others, Padmasiri de Silva (1991) and Ross Reat (1990).

2. Buddhism, mental health and psychotherapy

While studies such as the above are of much value in the examination of the basic psychology of Buddhism, the special relevance of Buddhism for mental health and psychological therapy has been commented on by several other authors (e.g., de Silva, 1984, 1990; 1996; Goleman, 1976; Mikulas, 1981, 1991, 1996). In the following sections of this paper, several topics falling within this area will be discussed. This discussion will focus on Early or "Theravāda" Buddhism. Many of the general points that will be made, however, are equally applicable to other schools and forms of Buddhism. It is perhaps worth noting that there is already a rapidly growing literature on other schools of Buddhism, especially Zen, from the standpoint of psychological therapy (e.g. Shapiro, 1978).

Buddhist psychology is relevant to mental health in today's world in two obvious ways. First, it has techniques and strategies which can be used for the remediation, or therapy, of disordered or maladaptive behaviour and emotions. In other words, it has much to offer for the treatment of psychological problems. Second, it has techniques, as well as an overall stance, that can help in the prophylaxis - i.e. prevention - of psychological disorders. Prevention of psychological disorders is acknowledged as a legitimate aim of psychotherapy. In the sense that preventive work does not deal with existing aberrations, but enables a person to become less vulnerable to such aberrations and disorders, this can be seen as a higher-order aim of psychotherapy. We shall examine and comment on these in some detail in the following sections.

The techniques and strategies in question are essentially part of self-control, which is a key feature of Buddhism, and a cornerstone of Buddhist psychological practice.

Self-management and self-control are of particular significance in Buddhism. The Buddha repeatedly emphasised that one's emancipation lies in one's own hands. In the absence of the notion of God, Buddhism considers one's fate to be determined

entirely by one's own actions and efforts. The Buddha, as teacher, can only show the way; one's task has to be accomplished by oneself. The Fourth Noble Truth, the way or path to the attainment of *Nibbāna*, is essentially a course of action to be followed, practised and cultivated by the individual. It consists of self-discipline in body, word and mind, in other words of radical self-development. It has nothing to do with belief devotion, prayer to a higher being, worship or ritual (cf. Rahula, 1967). The importance of managing one's own behaviour, including self-control, is emphasised in numerous places in Buddhist texts. The following examples are from the *Dhammapada*:

Irrigation engineers lead water where they want to. Fletchers make the arrow straight. Carpenters carve and shape the wood. Likewise, the wise ones control and discipline themselves.

By endeavour, diligence, discipline and self-mastery, let the wise man make himself an island that no flood can overwhelm.

One may conquer in battle a thousand men; yet the best of conquerors is the one who conquers himself.

3. The relevance of meditation

One major aspect of Buddhist psychological practice which has obvious relevance to mental health, and which has already gained entry into modern psychological therapy, is meditation. Meditation is a key element in a Buddhist individual's religious endeavour. The ultimate aim of this endeavour is to reach a state of perfection, and personal development is an essential part of this quest. Whereas restrained and disciplined conduct is part of this training and preparation, meditation is considered a crucial ingredient. Large sections of the *Visuddhimagga*, an early authoritative expository text by Buddhaghosa, are devoted to this topic, which is discussed in considerable detail. It is worth noting that the Pali word for meditation is *bhāvanā*, which literally means 'development' or 'cultivation'. In Buddhism, meditative efforts are seen primarily as a means of personal development.

Two forms of meditation are described in the canonical texts: *samatha* (calmness or tranquillity), and *vipassana* (insight). For the sake of completeness, a brief account is given below of what these two forms of meditation consist of (for detailed discussion, see Sole-Leris, 1986).

The word *samatha* means 'tranquillity' or 'serenity'. *Samatha* meditation is aimed at reaching states of consciousness characterized by progressively greater levels of tranquillity and stillness. It has two aspects: (a) the achievement of the highest possible degree of concentration, and (b) the progressive calming of all mental processes. This is done through increasingly concentrated focussing of attention, where the mind progressively withdraws from all stimuli, external and internal. In the end, states of pure and undistracted consciousness can be achieved. The *samatha* meditation procedure starts with exercises in concentrating the mind on specific objects and progresses systematically through a series of states of mental absorption, called *jhāna*. *Vipassanā*, or insight, meditation also starts with concentration exercises

using appropriate objects to focus on. In this procedure, however, once a certain level of concentration is achieved so that undistracted mindfulness can be maintained, one goes on to examine with steady, careful attention, all sensory and mental processes. One becomes a detached observer of one's own activity. The aim is to achieve total and immediate awareness of all phenomena. This leads, it is claimed, eventually to the full and clear perception of the impermanence of all things and beings. It is held that *samatha* meditation by itself cannot lead to enlightenment or perfection; *vipassanā* meditation is needed to attain this goal. Whereas the former leads to temporarily altered states of consciousness, the latter leads to an enduring and radical transformation in the person's mental functioning and paves the way for achievement of the *arahant* state.

The claims made in Buddhism for meditation have obvious relevance to mental health in general, and to psychological therapy in particular. The meditative experiences of both types, when properly carried out and developed, could be expected to lead to greater ability to concentrate, greater freedom from distraction, greater tolerance of change and turmoil around oneself, greater ability to be unruffled and unaffected by such change and turmoil, and sharper awareness of - and greater alertness to - one's own responses, both physical and mental. Meditation would also lead, more generally, to greater calmness or tranquillity. Although the ultimate goal of perfection, the *arahant* state, requires a long series of regular training periods of systematic meditation, along with major restraint in conduct, the more mundane benefits of meditation should be available to anyone who seriously practises it.

From a psychotherapeutic perspective, what this means is that Buddhist meditation techniques can be useful as an instrument for achieving certain clear benefits in the sphere of mental health. Primarily, meditation would have a role as a stress-reduction strategy, comparable to the modern techniques of relaxation (Benson, 1975; Goleman, 1976). There is a substantial and growing literature in present-day clinical psychology and psychiatry that shows that meditation does in fact produce beneficial effects in this way (see Carrington, 1984; Shapiro, 1982). To cite some examples: In an early study, Goleman and Schwartz (1976) showed that meditation was able to lead to a lowering of anxiety levels and to an acceleration of recovery from stress. Studies of the physiological effects that accompany meditation have shown several changes to occur which, together, indicate a state of calmness or relaxation (Woolfolk, 1975). These include: reduction in oxygen consumption, lowered heart rate, decreased breathing rate and blood pressure, reduction in serum lactic acid levels, and increased skin resistance and changes in blood flow. These peripheral changes are generally compatible with decreased arousal in the sympathetic nervous system. There are also central changes, as shown by brain wave patterns. The amalgam of these physiological changes related to meditation has been called the 'relaxation response' (Benson, 1975). This kind of evidence clearly establishes the role of meditation as an effective relaxation strategy.

Meditation techniques have been used in recent years systematically for numerous clinical problems, and recent work has moved towards the scientific evaluation of the efficacy of these techniques. Indeed, if meditation is to establish itself as a viable and worthwhile stress-control strategy in modern mental health care, the only way this can be achieved is through subjecting it to such systematic and

rigorous evaluation. The available data show that systematically carried out meditation has definite value for certain problems with certain client populations. The problems for which meditation has been used in clinical settings include general stress and tension, test anxiety, drug abuse, alcohol abuse, and sleep problems (see Carrington, 1984; de Silva, 1990). Some impressive research has also shown the usefulness of mindfulness meditation (a form of *vipassanā* meditation) training in the management of chronic pain (Kabat-Zinn, 1982; Kabat-Zinn, Lipworth & Burney, 1985). It is remarkable that the early Buddhist texts contain explicit references to the value of this form of meditation for the control of pain (e.g. *Samyutta Nikāya*, Vol. 5). Similarly, the Buddha also recommended meditation as a means of achieving trouble-free sleep (*Vinaya Piṭaka*, Vol. 1).

It is perhaps worth dwelling briefly, at this point, on the use of mindfulness meditation for pain control. Kabat-Zinn *et al.* (1985) reported that ninety chronic patients who were trained in mindfulness meditation in a ten-week stress-reduction programme showed significant improvement in pain and related symptoms. This was in a stress reduction programme at the University of Massachusetts Medical Centre. A control group of patients who did not receive meditation training did not show such improvement. The authors explain their rationale for selecting this strategy for the treatment of pain as follows: "In the case of pain perception, the cultivation of detached observation of the pain experience may be achieved by paying careful attention and distinguishing as separate events the actual primary sensations as they occur from moment to moment and any accompanying thoughts about pain" (p. 165). In an earlier paper, Kabat-Zinn (1982) had given an ever fuller account of the rationale for using mindfulness meditation for the control and alleviation of pain. He describes how training in mindfulness meditation can enable one to focus on sensations as they occur, rather than try to escape from them. It helps one to recognize the bare physical sensation, unembellished by psychological elaboration. These psychological elaborations are separate events - that is, separate from the physical sensations - and one learns to observe them as such. This uncoupling is crucial. It has the effect of changing one's overall pain experience. To quote Kabat-Zinn (1982): "The nociceptive signals (sensory) may be undiminished, but the emotional and cognitive components of the pain experience, the hurt, the suffering, are reduced" (p. 35). It is this detached observation of sensations that mindfulness meditation, as described in the Buddhist texts, helps one to develop. This makes such meditation a strategy particularly well suited to pain control. It is significant that the references to pain control by mindfulness meditation in the original Buddhist texts appear to make this very point (de Silva, 1990). There are several instances, described in the *Samyutta Nikāya*, in which someone in considerable pain is advised to engage in mindfulness meditation as a way of alleviating it. For example, the venerable Ananda, the Buddha's personal assistant, once went to see a sick householder named Sirivaddha in Rajagaha. Hearing from the patient that he was in much pain, and that the pains were increasing, Ananda counselled him to engage in mindfulness meditation. A similar episode is recorded with reference to another householder, Manadinna. The most notable example is found in the account about the monk Anuruddha, who fell quite ill. When some visiting monks asked him about his pain, his reply was that the pain-generating bodily sensations could not perturb him, as his mind was firmly grounded

in mindfulness: "It is because I dwell with my mind well grounded in mindfulness. This is why the painful sensations that come upon me make no impression on my mind". The implication here is that meditation can reduce, or 'block out', the mental aspect of the pain – that is, although the physical sensations of pain may remain, vulnerability to subjectively felt pain is reduced. This account is from the *Samyutta Nikāya*, which appears to maintain this position quite explicitly in a different passage (*Samyutta Nikāya*, Vol. 4).

It is worth quoting from this: "The untrained layman, when touched by painful bodily feelings, weeps and grieves and laments ... and is distraught ... But the well-trained disciple, when touched by painful bodily feelings, will not weep, not grieve, nor lament ... nor will he be distraught ... The layman, when touched by painful bodily feelings, weeps, etc. He experiences two kinds of feeling: a bodily one, and a mental one. It is as if a man is hit by one arrow, and then by a second arrow; he feels the pain of two arrows. So it is with the untrained layman; when touched by a painful bodily feeling, he experiences two kinds of feeling, a bodily one and a mental one. But the well-trained disciple, when touched by a painful bodily feeling, weeps not, etc. He feels only one kind of feeling: a bodily one, not a mental one. It is as if a man is hit by one arrow, but not by a second arrow; he feels the pain of one arrow only. So it is with the well-trained disciple; when touched by a painful bodily feeling, he... feels but one feeling, bodily pain only".

The view of pain contained in this expository account is clear: physical pain sensations are usually accompanied by psychological correlates, which is like a second pain. The subjective experience of the pain is very much influenced by these correlates. The disciple who is trained (in mindfulness meditation), however, sees the physical sensation as it is, and does not allow himself to be affected by psychological elaboration of pain. Thus his experience is limited to the perception of the physical sensation only. It is this account of pain that provides the rationale for the instances cited above, where those in pain are advised to engage in mindfulness meditation.

In present-day psychotherapy, mindfulness meditation has also been successfully used for the dermatological condition of psoriasis which is known to have a psychological contribution (e.g. Kabat-Zinn, Wheeler, Light, Skillings, Scharf, Copley, Hosmer & Bernhard, 1998). It has also been used, in a well-controlled clinical trial, for anxiety (Kabat-Zinn, Massion, Kristeller, Peterson, Fletcher, Pbert, Linderkin & Santorelli, 1992). Even more important is a very recent development, involving well-established clinical psychologists in three centres - Cambridge in England, Bangor in Wales, and Toronto in Canada. The researchers, Teasdale, Williams and Segal, have been conducting a trial of mindfulness meditation to see whether this intervention will reduce the chances of relapse in patients who have recovered from depression. Those who recover from depression with treatment have a high probability of suffering further episodes of clinical depression, so reducing relapse rates is a challenge to the clinician. These researchers have compared a group of recovered depressives engaging in mindfulness practice, with a second group with no such intervention but receiving the usual psychiatric and medical follow-up. Up to now, data from 145 subjects have shown that mindfulness meditation does indeed lead to a reduction in relapse. This is a major finding in the content of present day

psychiatry and psychology. A theoretical discussion of the rationale behind this work is provided by Teasdale (1999).

It must be stressed, however, that meditation techniques are not to be taken as a panacea for all psychological disorders. They were intended in early Buddhism for self-control and self-development, and the texts refer, as seen above, to their additional beneficial effects in certain contexts and conditions. The point here is that the nature of the meditational endeavour, and its results as part of a Buddhist's self-development, suggest a useful role for it in the remediation for certain psychological disorders, especially stress-related ones, and also for the psychological aspects of certain physical conditions. The available clinical literature provides favourable evidence. Further studies, especially systematic and rigorously controlled clinical trials, will no doubt shed more light on what specific uses meditation can have in psychotherapeutic settings.

4. Other self-control strategies

There are other aspects of Buddhist psychology that are also of relevance from a therapeutic perspective. The literature of Early Buddhism contains a wealth of self-control strategies in addition to meditation, used and recommended by the Buddha and his disciples. A few examples are worth highlighting.

a. Anger Control and the Development of Loving Kindness

The virtues of controlling aggressive feelings and, conversely, of developing loving kindness (*mettā*) are extolled in early Buddhism. In the *Visuddhimagga*, one is advised on how best to set about developing loving kindness towards all. The psychological exercises recommended for this embody a hierarchical approach: one is advised to begin by suffusing oneself with loving kindness, in the following way: "May I be without enmity, without ill-will, and untroubled. May I keep myself happy". After this, one endeavours to gradually progress outwards - cultivating, in succession, thoughts of loving kindness towards:

1. someone liked and admired;
2. dear friend;
3. a person towards whom one's feelings are neutral or indifferent;
4. a disliked person or enemy; and, finally,
5. all living beings.

The discussion about how to develop loving kindness towards one's 'enemy' is of much psychological interest. It is recognized that this is a difficult task. Thoughts of anger may arise; memories of offences committed by the person may re-surface. If the efforts to develop feelings of loving kindness towards this person fail, one is advised to return to one of the previous steps, and repeatedly suffuse with loving kindness any person of the three previous classes. Immediately after emerging from the loving kindness thus developed, one should cherish the thought towards the person who has aroused anger and enmity. In this way, it is said, the feelings of antipathy can be conquered. This is a remarkable psychological strategy, where the strength of one mental state is used to modify an opposite or antagonistic one; this is very much like

the concept of 'reciprocal inhibition' suggested by Wolpe (1958). In his work on fears, Wolpe (1958) postulated that the way to get over and eliminate anxiety was to counter it with a response antagonistic to anxiety, such as relaxation.

b. Stimulus Control

It is recognized that when a particular unwanted or maladaptive behavior is dependent upon the presence of an identifiable stimulus, that behavior may be eliminated by getting rid of the stimulus in question. A case is cited, in the *Dhammapada Commentary*, of a monk by the name of Kuddāla who kept returning to a lay life on account of his attachment to certain material belongings - a pint-pot of seed beans and a spade. In the end, after seven such returnings spanning a period of seven long years, he was determined to break this attachment to lay life, so he threw away the items in question. He did not leave monkhood ever again. There are other similar cases in the texts. Stimulus control for the modification of behaviour is a widely used technique in modern psychological treatment (e.g. Martin & Pear, 1988).

c. Control of Unwanted, Intrusive Cognitions

Intrusive cognitions that arise in one's mind are regarded as a major problem, especially as they could interfere with and frustrate one's meditative efforts. Early Buddhist texts offer very specific techniques for the control and elimination of these. In one discourse, the *Vitakkasanthāna Sutta* of the *Majjhima Nikāya*, which is addressed exclusively to this matter, a package of techniques is recommended, which is hierarchically organised. Five different techniques are suggested, each one to be tried if the preceding one fails to achieve the desired results. These are further elaborated in *Papancaśūdanī*, the commentary to the *Majjhima Nikāya*. The techniques are:

1. switch to an opposite and incompatible thought;
2. ponder on harmful consequences;
3. ignore the cognition and distract oneself;
4. reflect on removal of causes; and,
5. control with forceful effort.

A different, sixth, method is suggested in the *Satipaṭṭhāna Sutta*, in which one simply concentrates on the intrusive thought, with no effort to get rid of it. The thought is then said to lose its potency and even disappear.

These strategies bear close similarity to techniques used in modern behavioural psychotherapy for the problem of intrusive cognitions, especially obsessions. The first (switching to an opposite, incompatible thought) is basically no different from the thought-switching or thought-substitution technique described by de Silva and Rachman (1998), Rachman and Hodgson (1980), and others. In this technique, the client is trained to switch to thinking a thought different from the unwanted intrusion. The Buddhist technique has the added refinement that the thought to be switched to should be both incompatible with the original one and wholly acceptable in its own right. For example, if the unwanted cognition is associated with lust, one should think of something promoting lustlessness; if it is associated with malice or hatred, one should think of something promoting loving kindness. The third

Buddhist strategy mentioned above (ignoring and distraction) is essentially similar to the distraction techniques advocated by modern therapists (e.g. Rachman, 1978; Wolpe, 1991). The client is instructed to engage his or her attention on a different stimulus or activity. The Buddhist texts also offer suggestions as to what distractions might be usefully employed; these include both physical and cognitive ones. For instance, one might recall a passage one has learned, concentrate on actual concrete objects, or undertake an unrelated physical activity. The sixth technique (concentration on the unwelcome, intruding thought) is similar to the modern strategy of satiation/habituation training (e.g. de Silva & Rachman, 1998; Rachman & Hodgson, 1980). Present-day therapists may instruct the client to expose him/herself to the thought repeatedly and/or prolonged periods of time. The Buddhist texts advise one to face the unwanted thought directly and continuously, concentrating on that thought and nothing else. Similar comparisons can be made between most of the other strategies found in the Buddhist texts and those established in present-day psychotherapy for similar purposes.

5. Relevance for mental health prophylaxis

As noted in a previous paragraph, another potential application of Buddhist self-control/self-development strategies in the field of mental health lies in the area of prophylaxis. There is much scope for this which needs to be seriously studied. Several Buddhist strategies appear to have a clear potential role in the prevention of certain kinds of psychological disorders. For example, systematic training in meditation, leading to greater ability to achieve calmness and tranquillity, can help enhance one's tolerance of the numerous inevitable stresses in modern life. One may, in other words, achieve a degree of immunity against the psychological effects of stress and frustration. This brings to mind the notion of stress inoculation training of Donald Meichenbaum (1985). One should be able to inoculate oneself against the breakdowns that conflicts and stresses in life can cause. Meditative exercises found in Buddhism should enable one to make significant progress in this direction, mainly through achieving a high threshold for stress tolerance. In addition, the facility and skill in self-monitoring that one can acquire with the aid of mindfulness meditation could provide a valuable means of self-control. The role of self-monitoring in the self-regulation of behaviour is well-documented in modern clinical psychology (e.g. Kazdin, 1974). The overall self-development that Buddhism encourages and recommends also has something, one might say a great deal, to offer for prophylactic purposes. For example, if one trains oneself not to develop intense attachments to material things and to those around one, which is a major feature of the overall stance of Buddhism, one is less likely to be vulnerable to psychological distress and disorders arising from their loss, including abnormal and debilitating grief reactions. A further example is the emphasis placed in Buddhism on the four *brahma-vihāras*, or sublime moods. These - *mettā* (loving kindness), *karunā* (sympathy), *muditā* (congratulatory benevolence) and *upekkhā* (equanimity) - when well cultivated, enable one to interact with one's fellow-beings in a peaceful and conflict-free manner, and thus are a clear means of preventing maladaptive behaviours and cognitions such as jealousy, excessive anger, frustration and envy. Total renunciation of all worldly comforts is not required in order to achieve this kind of mental attitude, as the Buddha clearly acknowledged.

Thus, some of the meditation exercises and other personal development strategies found in Buddhism, as well as the overall attitude of Buddhism to life which such strategies help one to develop, can potentially enable a person in today's world to develop an outlook on life and patterns of response that will help him/her to cope with the problems of living with greater calmness and assurance, and with reduced vulnerability to common psychological disorders. This kind of primary prevention is clearly a major contribution to mental health. And it has particular relevance in today's hectic, competitive and conflict-ridden world.

6. Concluding comments

Some comments are in order at this point about the nature of the Buddhist strategies we have highlighted and discussed here. These are for application by the person on himself/herself. The philosophy is essentially one of self-development, not one of having changes imposed upon one by other agents. This is an important consideration. As noted in an earlier paragraph, the Buddha regarded each person as responsible for his/her own personal development, the use and recommendation of self-control strategies is entirely in keeping within this. This stance, it can be argued, paves the way for a broadly humanistic approach to psychotherapy, as each person chooses his/her own goals and uses strategies to achieve these. These goals are the remediation of aberrant behaviour/emotions, and the reduction of the proneness to develop such problems. The role of the therapist, in this context, is entirely that of a benevolent teacher and guide, who encourages the client to retain responsibility. There is a further aspect that warrants mention in this context. Humanistic psychotherapy places much emphasis on self-actualization and personal growth. The pioneering work of Maslow (e.g. 1970), who saw self-actualization as the final stage in the hierarchy of human needs, highlights this very well. Humanistic psychotherapists see their kind of psychological therapy as primarily aiming at helping the client to achieve growth and self-actualization. This aspect of the humanistic approach to psychotherapy is well in keeping with the overall goals of Buddhism. The aim of a Buddhist, in the ultimate analysis, is achieving personal growth, where the final goal is the state of being *arahant*, a state of perfection. Even in the day to day life of a lay person, personal development in this direction is encouraged and fostered.

One final point needs to be made. It has been argued, by writers including the present author (e.g. de Silva, 1984; Mikulas, 1981), that Buddhism has much in common with present day behavioural psychotherapy. This is a form of psychotherapy which places emphasis on the modification of behavioural abnormalities by treating the presenting problem behaviour at a behavioural level (see Wolpe, 1991). In both Buddhism and behavioural psychotherapy, specific problems are seen as remediable through the use of specific, well-defined strategies. Buddhism also shares with the behavioural approach the value placed on empirical evaluation, as exemplified in the *Kālāma Sutta* (*Anguttara Nikāya*). Does this mean that Buddhist contribution to therapy is primarily in the domain of behavioural psychotherapy? Is it irreconcilable with the humanistic approach? I believe that there is no contradiction here. While many Buddhist strategies are similar to modern behavioural techniques, as pointed out above, the choice and application of the

strategies are a matter of individual choice; the individual is his/her own agent of change. External control, or imposition by others, is not the way change is achieved. This is very much within the broad humanistic approach. Equally, the emphasis on overall personal development also makes the Buddhist approach akin to the philosophy of the humanistic psychologies, in which personal growth is seen as a major goal in therapy (Maslow, 1970; Rogers, 1967). Thus Buddhism clearly has the ability to contribute to present day psychotherapy in a truly wide sense, transcending the divisions that exist between the various schools. For this reason, Buddhism is likely to exert a major and growing influence on the field of psychotherapy, both in its practical aspects and - even more - in its underlying philosophy.

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佛教與心理治療：自我控制的角色

- 帕德摩·迪·席爾 (Padmal de Silva) 教授著 -

摘 要

本文將就佛教與現代的心理治療的相關性做一番討論，重點將放在早期或南傳的佛教上。佛教強調自我啟發，並且提供諸多修行方法來改變行為及情緒上所產生的反應，這些方法跟心理治療所專對的心理失調，或適應不良之行為(情緒)的治療有所關聯。論點指出佛教的這些修行方法所呈現的治療模式，是將人視為自我改變的主體，而非接收外來干預的客體，這一方法對發展符合人道的心理治療將有寶貴的貢獻。論點又指出，佛教修行方法有預防心理失調之效，這是心理治療學所認定的更高一層的治療目標。

Intelligent Compassion

Compassion is the highest virtue. If one has compassion the other virtues will follow. If one does not have compassion, Buddhism will soon lose its luster. Since compassion is so central to Buddhism, it is difficult to remain a Buddhist for long without it.

I have spoken about compassion often in this letter. Compassion is a state of mind and it is a state of the heart. Human beings possess both minds and hearts. When we talk about intelligent compassion, we mean a mature compassion that listens to promptings from both the heart and the head.

For example, if we listen only to our hearts, we might not do the hard work necessary to teach our children the discipline and skills they need to acquire if they are to become productive members of society. If we listen only to our heads, however, we over-train our children and cause them to reject our values entirely. Intelligent compassion requires that we consider our children's feelings as well as their needs.

Whenever we try to help others, our emotions usually spring from compassionate sources. In small matters, no further thought is necessary. However, in large matters, we need to think much more about what we are doing. We need to ask ourselves if our compassion will generate feelings of shame or worthlessness in the recipient. How would we feel if we were them? Are we prepared to allow our compassion to become the start of an ongoing relationship, or are we just acting out of

pity, or to allay our own guilt feelings? If you do not want to have any further relationship with the person toward whom you are directing your compassion, there is a good chance you are looking down on him. This should not be an excuse not to be compassionate! On the contrary, this is an opportunity to ask yourself why you want to exclude someone from the circle of your larger concern.

The highest compassion can hardly be called compassion since it makes no distinction between the giver and the one given to. Until we reach a full understanding of that, however, we need to practice intelligent compassion.

— Grand Master Hsing Yun: *Epoch of the Buddha's Light I*, International Buddhist Translation Center, San Diego, 1997, p. 206-208

Book Reviews

Reinventing the Wheel: A Buddhist Response to the Information Age

By Peter D. Hershock.

Published by State University of New York,
Albany, 1999.

Reinventing the Wheel is basically a long and subjective argument in favor of "community" and "interrelatedness." The argument is drawn from the premise that modern technology has robbed us of too much of our attention; attention that used to be put into community building. The author, Peter D. Hershock, offers Buddhist concepts of karma and selflessness, among others, as solutions to this problem. In the main, this argument is familiar to most people. Hershock makes it interesting by supporting his claims with detailed analyses of many of the things that make modern life what it is.

In his introduction Hershock states his case like this: "In what follows, I want to argue that the rapid spread of high-tech media is adversely related to the ideal of cultural diversity, not because of their explicit content or the varied intentions directing their use, but rather because of the way in which they tacitly reconfigure our awareness as such." (xii)

This "reconfiguration of awareness" is described as a sort of "colonization" of the mind. The media is the colonizer, our minds are the colony, while our "attention-energy" is the natural resource that is being drained from us. In another metaphor, Hershock compares the values that permeate the media to germs. He says that such Western values as "individuality" and "autonomy" are like the "germs" carried by European sailors that "killed off four out of every five native Hawaiians in a matter of a generation or two."

Colonization of awareness is not something that only non-Western societies must suffer. Hershock says that all of us do. He says that TV generally is deadening to all of us, not because of the "explicit program material" of TV, but because of "...the

technology of mass mediation, the way it structures our conduct and consciousness and captures our attention-energy." (208)

In the case of professional sports, "The immense popularity of professional sports... signals not just the dearth of drama and personal meaning in our own, immediate lives, but the successful commodification of both meaning and drama." (204)

In the case of health care, he says "...institutionalized medicine actually precipitates a recession of responsive resources throughout a served population." (121)

Though I am inclined to agree with many of the parts of Hershock's argument, I am not convinced by the whole. Hershock says that the Western values of personhood are "in opposition to those prevailing in cultures where appreciative contribution—and not control—is taken as the nexus of all technical values; where relationship—and not individuality—is understood and valued as irreducible; where communication is not the successful exchange of information, but the harmonious sharing of a common perspective..."

I wonder. In much of the world "relationship—and not individuality" is the stuff of abuse, while "communication" all too often is the communicating of commands.

Hershock says that "Relinquishing our obsession with objective control and practicing instead the art of seeing things as enlightening and worthy of limitless appreciation directly orients us away from 'things' toward the originally ambiguous narration of which they are but conceptual, emotional, or perceptual abstractions."

I agree with this, but for me "limitless appreciation" only really began the day I moved out of a small community "where relationship—and not individuality" was the prevailing norm; in the case of that community, alcohol and dominance by a few individuals set the "relational" tone for everyone else. I suspect that this is the case in much of the world and that it always has been the case. Modern media may carry some destructive germs, but it also carries

information that allows us to dramatically improve our lives.

Hershock says that Buddhist practice offers a way of liberating our minds from the colonization of the mass media. He says that if we learn to practice a sort of Zen mindfulness and "...place our attention-energy into appreciating rather than controlling our circumstances—and so the people and things sharing in our narration—our lives will be naturally and dramatically enriched." (275)

I have no argument with that at all. *Reinventing the Wheel* is an interesting book. Hershock deserves praise for having written it. It contains many solid ideas and many original insights into the nature of modern life. Hershock writes with an engaging mixture of passion and intelligence. Readers interested in thinking about the mass media will find many things of interest in this book.

Reinventing the Wheel: A Buddhist Response to the Information Age by Peter D. Hershock is recommended for those who are interested in the philosophy of mass media.

Tom Graham

The Voice of the Buddha: The Beauty of Compassion

Translated into English from the French by Gwendolyn Bays. Two volumes. Berkeley: Dharma Publishing, 1983. Pp. xxii + 704. ISBN 0-913546-86-0 (pbk.: vol. 1) and 0-913546-87-9 (pbk.: vol. 2).

Although biographies of the Buddha appear only after two centuries following his Parinirvāna, their importance cannot be underestimated. It was probably through this genre that the teaching and practice of Buddhism became popular for those common folk who did not have the educational background to understand the finer points of Buddhist doctrine. Thus it was that the story of the Buddha took on mythical proportions, exalting him to a level that was transhuman and unique. Within this context also was the establishment of the venue through which the

fundamental teachings and practices of Buddhism could be presented by the biographers. It is little wonder, therefore, that biographies, birth stories (*jātakas*), and parables or edifying stories (*avadāna*) remained popular among teachers of the lay Buddhist population. In addition, many of the scenes at Buddhist centers (for instance, on the gates and railings of tumuli or *stūpas* or at cave temple sites) exhibit scenes of the Buddha's life, another indication of the centrality of the life of the Buddha. This confluence of art and literature helped to make Buddhism a vibrant and meaningful religion to the lay majority.

Since bibliographies of the Buddha evolved in different schools, it is little wonder that variations appear. The earliest complete biography (2nd century B.C.E.), the *Mahāvastu*, reflects the philosophy of the school from which it derived, the Lokottaravāda. This Mahāsaṃghika school emphasized the supramundane (*lokottara*) nature of the Buddha, emphasizing that the body of the Buddha is not of this world, and that his actions are performed merely for convention's sake. On the other hand, the *Nidānakathā* of the Sthaviravādins (1st c. B.C.E.) reflects the Buddha's more human qualities.

In some ways, the most readable of the biographies, the *Lalitavistara*, is a product of both the Sthaviravāda and Mahāyāna traditions: originally a product of the Sarvāstivāda (belonging to the Sthaviravāda tradition) but later adopted and considerably altered and expanded by the Mahāyānists. It is a text that appears in Sanskrit, Tibetan, and two Chinese versions (*Taishō shinshū Daizōkyō* 186-187), and has appeared in a number of Western languages since the 1800s. The present work is a translation based on Philippe Édouard Foucaux's French translation from the Sanskrit and Tibetan, *La Lalita Vistara—Development des jeux—contenant l'histoire du Bouddha Cakya-Mouni depuis sa naissance jusqu'à sa prédication* (Paris: E. Leroux, 1884 and 1892, *Annales du Musée Guimet*, vols. 6, 19),¹ and the Tibetan translation from the

¹ This date reflects the holding in the British Museum. The date of the first volume is also mentioned in the Publisher's Preface of the present work (p. xiv). An earlier translation is