

Changing paradigms: Buddhist insight in Western psychological treatments

Edo Shonin, William Van Gordon & Mark D. Griffiths

RESearch AND UTILISATION of Buddhist contemplative practices in clinical settings has increased significantly in recent decades. The assimilation of Buddhist techniques by allied health care disciplines is likely to have been influenced by factors such as: (i) increased rates of transnational migration and the need to develop culturally syntonic treatments for Asian Americans and Asian Europeans; (ii) a growth in research investigating the effects of Buddhist meditation on brain neurophysiology; and (iii) the growing popularity of Buddhism in the West including the founding in Western countries of Buddhist practice centres representative of the majority of the world's Buddhist traditions (Shonin, Van Gordon & Griffiths, 2014a). Although scientific interest has predominantly focussed on mindfulness meditation (see Singh et al., 2008), there is growing interest into the clinical applications of Buddhist insight principles such as *emptiness* and *impermanence*. This article provides a brief explication of Buddhist insight practices used in clinical settings and discusses current directions in terms of their psychotherapeutic applications.

Emptiness: Deconstructing the Self

Buddhist psychological and philosophical doctrines regarding the nature of self and reality reflect what might be seen as a paradigm shift when compared with widely subscribed to Western psychological beliefs regarding the ego and the self. For example, Western psychological approaches to treating mental illness or improving psychological well-being are invariably based on the

explicit or implicit acceptance that there is an inherently existing 'self' or 'I' entity (see Sedikides & Spencer, 2007). In other words, irrespective of whether a cognitive-behavioural, psychodynamic, or humanistic psychotherapy model is employed, these approaches are ultimately concerned with changing how the 'I' relates to its thoughts, feelings, and beliefs, and/or to its physical, social, and spiritual environment.

This reflects a fundamental departure from the Buddhist ontological perspective where it is both asserted and believed that human beings (and indeed all phenomena) are devoid or *empty* of an intrinsically existing self (Shonin et al., 2014a). This may seem to be a somewhat abstract concept but it is – as we shall argue – common sense, and the principle of *emptiness* is universal in its application. For example, Buddhism asserts that the human body comprises the five elements of water, wind (i.e. air), earth (i.e. food), sun (i.e. heat/energy), and space (i.e. in the bodily cavities and between molecules, etc.) (Shonin et al., 2014a). This means that although the body exists in the relative sense, it does not exist in the absolute sense because the body cannot be isolated from all of its contributing causes. Just as a wave does not exist in separation from the ocean, the body does not exist in separation from all other phenomena. According to the Buddhist teachings, when looking at the body, we should also be able to see the trees, plants, animals, clouds, oceans, planets, and so forth (Shonin et al., 2014a). Thus, the body, and indeed the entire array of animate and inanimate phenomena that we know of, cannot be found to exist intrinsically or independently.

An alternative method utilised in Buddhism of refuting the existence of an inherently existing self is based on deductive logic and was widely employed by the Indian Buddhist scholar Nagarjuna in the second century (AD). A simplified demonstration of this approach is provided in Box 1 that shows a hypothetical discussion between a professor and their student regarding the ultimate nature of existence. As the conversation in Box 1 demonstrates, any given

object cannot be said to exist: (i) in isolation from its parts; (ii) as each part individually; or (iii) as the sum of its parts (because as a collective, the component parts do not cease to be component parts but are nonetheless assigned a label that by convention denotes an entirely new phenomena). Thus, consistent with Nagarjuna's philosophical and didactic approach, all phenomena (including the self) are imputed constructs that exist only as mentally-designated labels.

Box 1. Hypothetical discussion between a professor and their student to demonstrate the emptiness principle

Professor: Does my fountain pen exist?

Student: Well, the pen certainly writes when I put it to paper. Yes, it exists.

Professor: So your criteria for existence is based on the function that an object performs?

Student: Yes, of course.

Professor: I see. Go ahead and take away all of the components of the pen so that you're left with nothing other than the nib. Does the nib still write?

Student: Yes, there is still a small amount of ink left in the nib. It still works.

Professor: But the nib isn't the pen?

Student: Ah, good point. The nib is just a single pen component and cannot be all of the individual parts that comprise the pen. One thing cannot be another thing.

Professor: So does the pen exist?

Student: Well, having just taken the pen apart and seen that all of its component parts are present, I would still argue that it exists.

Professor: So you're saying that the pen exists as the sum of its component parts?

Student: Yes, that is correct.

Professor: But you've already said that a component part can't be two things at once. Yet now you seem to be saying that when the nib, cartridge, lid, and other pen components are put together, they stop being those components and become a new single entity?

Student: No, that is illogical. The component parts still exist in the pen but the word 'pen' is used to designate the collection of individual components that collectively form a pen.

Professor: Right, so you're saying that the pen is just label?

Student: I'm not sure – I guess so. But if the pen is just a label then it doesn't inherently exist. Oh yes. I see now.

Professor: Excellent.

Adapted from Shonin & Van Gordon (2014a).

The Buddhist teachings go on to assert that suffering, including the entire spectrum of distressing emotions and psychopathologic states, results from adhering to a false view about the ultimate manner in which the self (and reality more generally) exists. As a means of operationalising this notion within Western psychological and clinical domains, we recently introduced the concept of ‘ontological addiction’. Ontological addiction can effectively be considered a new category of addiction (i.e. in addition to chemical addiction and behavioural addiction) and is defined as *‘the unwillingness to relinquish an erroneous and deep-rooted belief in an inherently existing ‘self’ or ‘I’ as well as the ‘impaired functionality’ that arises from such a belief’* (Shonin, Van Gordon & Griffiths, 2013, p.64). Due to a firmly-embedded (yet scientifically and logically implausible) belief that the self is an inherent and independently existing entity, Buddhism asserts that afflictive mental states arise as a result of the imputed ‘self’ incessantly craving after objects it considers to be attractive or harbouring aversion towards objects it considers to be unattractive (Shonin et al., 2014a).

In Buddhist terminology, this process is known as ‘attachment’ and it is deemed to be an undesirable quality that leads to the reification of the ego-self. We have previously defined attachment as *‘the over-allocation of cognitive and emotional resources towards a particular object, construct, or idea to the extent that the object is assigned an attractive quality that is unrealistic and that exceeds its intrinsic worth’* (Shonin et al., 2014a, p.4). Thus, attachment takes on a different meaning in Buddhism vis-à-vis its construction in Western psychology where attachment (i.e. in the context of relationships) is generally considered to exert a protective influence over psychopathology. Based on a Buddhist construction of attachment, lower levels of attachment have been shown to predict greater levels of mindfulness, acceptance, non-reactivity, self-compassion, subjective well-being, and eudemonic well-being (Sahdra, Shaver & Brown, 2010). Further-

more, the Buddhist attachment construct is positively correlated with avoidance (i.e. of intimacy), dissociation, fatalistic outlook, and alexithymia (i.e. an impaired capacity to recognise or describe feelings) (Sahdra et al., 2010).

Having understood from a Buddhist perspective that attachment and harbouring an erroneous belief in an inherently existing self contraindicates adaptive psycho-spiritual functioning, Buddhism teaches that the next step towards recovery from ontological addiction is to embrace *emptiness* and begin deconstructing our mistaken belief regarding the existence of an ‘I’. Based on this Buddhist approach, a number of novel psychotherapeutic techniques have recently been developed that integrate meditative practices aimed at cultivating an understanding of the *emptiness* construct. One example is a six-week programme known as Buddhist Group Therapy (BGT) that has been shown to be effective for treating anxiety and depression in diabetes patients (Rungreangkulkij, Wongtakee & Thongyot, 2011). A further example is an eight-week secular psychotherapeutic approach known as Meditation Awareness Training (MAT) that utilises phases of concentrative meditation to order to calm and focus the mind, immediately followed by insight meditation techniques such as guiding participants to try and find an inherently existing self. In a number of separate studies, MAT has been shown to be an effective treatment for individuals with anxiety and depression, workaholism, schizophrenia, pathological gambling, work-related stress, and fibromyalgia (for example, see reviews by Shonin et al., 2013, 2014a, 2014b).

From a mechanistic point of view, terms such as ‘witness consciousness’ have been used to refer to the process of therapeutic reconnection and transformation that takes place as client and therapist begin to widen their view of self and work in an *‘open and empty ground state’* (Sills & Lown, 2008, p.80). Greater awareness of emptiness is also believed to assist in gradually uprooting

egoistic core beliefs and, therefore, complement therapeutic techniques that work at the surface level of behaviour and cognition (Chan, 2008). Furthermore, an understanding of *emptiness* can enhance therapeutic core conditions because *'the more the therapist understands non-self, the less likelihood that the therapy will be about the selfhood of the therapist'* (Segall, 2003, p.173).

Impermanence awareness: Preparing for change

Closely related to the Buddhist insight principle of emptiness is *impermanence*, which is referred to in Buddhism as the *first mark of existence*. According to the Buddhist teachings, *impermanence* refers to the fact that all phenomena are transient occurrences and are subject to decay and dissolution (Shonin et al., 2014a). The Dalai Lama asserts that the universal law of *impermanence* applies as much to psychological phenomena such as thoughts, feelings, and perceptions, as it does to material phenomena both animate (e.g. the birth, life, and death of sentient beings) and inanimate. Buddhism also teaches that human beings have a tendency to ignore the fact that they only live for a limited period of time, and that rather than simply experiencing the here and now 'as it is', people tend to corrupt their experience of the present moment by superimposing their last moment onto the next one (Shonin & Van Gordon, 2014b).

Cultivating an awareness of *impermanence* (including the certainty of death and the uncertainty of the time of death) is believed to help improve life purpose and life perspective (Dalai Lama, 1995). The Buddhist insight principle of *impermanence* is also believed to have utility for facilitating recovery from trauma and grief. Traditional Western models of grief are based on a phasic bereavement process and normally involve stages of: (i) shock; (ii) distress and

denial; (iii) mourning; and (iv) recovery (e.g. Jacobs, 1993). However, a greater acquaintance with the impermanent nature of life may exert a form of resilience effect. For instance, it has been suggested that increased acceptance and internalisation of *impermanence* may help to soften the grieving process and facilitate earlier-onset of the recovery and restorative phases (Shonin et al., 2014a; Wada & Park, 2009). Similarly, Kumar (2005) postulates that *impermanence* awareness can facilitate post-traumatic growth due to a *'radical acceptance'* of the fleeting nature of human existence (p.8).

Conclusions

Recent decades have witnessed an increase in the research and clinical utilisation of approaches that derive from Buddhist contemplative practice. As previously outlined, mindfulness reflects the most empirically researched Buddhist technique (as well as one of the fastest growing areas of psychological research more generally) (Van Gordon et al., 2014). As scientific knowledge relating to Buddhist meditative modalities such as mindfulness advances, interest into the applications of techniques that traditionally underpin and/or complement mindfulness practice is also growing (Van Gordon et al., 2013). Accordingly, although further empirical evaluation is clearly needed, preliminary findings indicate that techniques aimed at cultivating an awareness of the Buddhist emptiness and impermanence constructs may have applications in psychopathology treatment settings. However, given the variance between Buddhist and Western psychological standpoints regarding the ego and the merits of reinforcing a belief in an absolute self, future research is required in order to assess the suitability of utilising Buddhist insight techniques for particular service-user groups.

Acknowledgement

This article is a much expanded and adapted version of an article originally written for *Psychology Review*.

References

- Chan, W.S. (2008). Psychological attachment, no-self and Chan Buddhist mind therapy. *Contemporary Buddhism*, 9, 253–264.
- Dalai Lama (1995). *The path to enlightenment*. New York: Snow Lion.
- Jacobs, S. (1993). *Pathological grief: Maladaptation to loss*. Washington, DC: American Psychiatric Press.
- Kumar, S.M. (2005). *Grieving mindfully: A compassionate and spiritual guide to coping with loss*. Oakland, CA: New Harbinger.
- Rungreangkulkij, S., Wongtakee, W. & Thongyot, S. (2011). Buddhist Group Therapy for diabetes patients with depressive symptoms. *Archives of Psychiatric Nursing*, 25, 195–205.
- Sahdra, B.K., Shaver, P.R. & Brown, K.W. (2010). A scale to measure non-attachment: A Buddhist complement to Western research on attachment and adaptive functioning. *Journal of Personality Assessment*, 92, 116–127.
- Sedikides, C. & Spencer, S.J. (Eds.) (2007). *The Self*. New York: Psychology Press.
- Segall, S.R. (2003). Psychotherapy practice as Buddhist practice. In S.R. Segall (Ed.), *Encountering Buddhism: Western psychology and Buddhist teachings* (pp.165–178). New York: State University of New York Press.
- Shonin, E., Van Gordon W. & Griffiths, M.D. (2013). Buddhist philosophy for the treatment of problem gambling. *Journal of Behavioural Addictions*, 2, 63–71.
- Shonin, E., Van Gordon W. & Griffiths, M.D. (2014a). The emerging role of Buddhism in clinical psychology: Towards effective integration. *Psychology of Religion and Spirituality*. doi: 10.1037/a0035859.

Correspondence

Edo Shonin

Research Psychologist,
Division of Psychology,
Chaucer Building,
Nottingham Trent University,
Burton Street,
Nottingham, NG1 4BU.
Email: meditation@ntu.ac.uk

- Shonin, E., Van Gordon W. & Griffiths, M.D. (2014b). Mindfulness as a treatment for behavioral addiction. *Journal of Addiction Research and Therapy*, 5, e122.
doi: 10.4172/2155–6105.1000e122.
- Shonin, E. & Van Gordon, W. (2014a). Dream or reality? *Philosophy Now*. In press.
- Shonin, E. & Van Gordon, W. (2014b). Mindfulness of death. *Mindfulness*.
doi: 10.1007/s12671–014–0290–6.
- Sills, M. & Lown, J. (2008). The field of subliminal mind and the nature of being. *European Journal of Psychotherapy and Counselling*, 10, 71–80.
- Singh, N.N., Lancioni, G.E., Wahler, R.G., Winton, A.S. & Singh, J. (2008). Mindfulness approaches in cognitive behavior therapy. *Behavioral and Cognitive Psychotherapy*, 36, 659–666.
- Van Gordon, W., Shonin, E., Sumich, A., Sundin, E. & Griffiths, M.D. (2013). Meditation Awareness Training (MAT) for psychological well-being in a sub-clinical sample of university students: A controlled pilot study. *Mindfulness*.
doi: 10.1007/s12671–012–0191–5.
- Van Gordon, W., Shonin, E., Zangeneh, M. & Griffiths, M.D. (2014). Work-related mental health and job performance: Can mindfulness help? *International Journal of Mental Health and Addiction*.
doi: 10.1007/s11469–014–9484–3.
- Wada, K. & Park, J. (2009). Integrating Buddhist psychology into grief counseling. *Death Studies*, 33, 657–683.