



## Buddhism: An Application in Contemporary Psychotherapy

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### Introduction

The purpose of this paper is to describe an application of Buddhist philosophy, psychology and methodology in the practice of contemporary psychotherapy. It will highlight some ideas that are important to the practice of psychotherapy and delve more extensively into a few.

Buddhism provides a unique science of mind. Unlike Western psychology, which is largely developed through intellectual theory-building and modeling, eschewing personal experience as being unreliable, Buddhism bases its intellectual presentation on an "experimentally valid" framework. With the emphasis on experience and the training of awareness, Buddhism presents many features that are similar to Gestalt therapy and biofeedback training, as well as to the philosophies of Michael Polanyi and Henri Bergson.

Biofeedback, Gestalt therapy and Buddhism share a number of conceptual premises that shape their therapeutic approaches. Each of them places an emphasis on the development and alteration of subjective awareness as the primary healing technique, and emphasizes the importance of direct experience over intellectual modeling to change human behavior.

All stress the importance of self-help and de-emphasize the therapist as the agent for change.

An understanding of the total interdependence of body/mind is paramount in these three systems.

They view the content of awareness as flexible, malleable, self-controllable, and directable (e.g., experience is to a significant extent volitional.)

Finally, all understand the momentary boundary or contact aspect of awareness.

The most recent and clearest discussion of the shifting boundaries of awareness has been made by Ken Wilber.\* In his book *No Boundary*, Wilber selects five arbitrary levels of experiential boundaries. Boundaries are defined as the points at which I identify the difference between myself and what's not myself. Wilber's boundary levels are: persona/shadow, self/body, self/environment, transpersonal consciousness and unity consciousness (no boundary). The boundaries self/body and self/environment are so commonly understood as not to require explanation and the no-boundary level can perhaps be understood by definition. An example of the persona/shadow boundary is a patient who disowns parts of his own personality or mental organization. Consider a patient who is depressed, anxious and confused. He identifies himself as a worrier and says about his depression, "The dark cloud that comes over me is vaporous and vague and is not me." He associates the cloud with being frustrated and uncomfortable. When asked to play the role of this dark cloud, he reports feeling safe, comfortable and sinister. "This is a thing that gets into my head." When asked to be the anxious worrier, he replies, "If I were that, I'd be a mindless fool." Dark cloud replies, "I make his thoughts and words fade away and I try to protect him from possibilities and feelings."

\*See also Perls, Hefferline and Goodman, *Gestalt Therapy*.



The transpersonal boundary level is achieved when I still identify as part of myself some experiences that are outside my skin. A simple way to experience the transpersonal boundary comes from an experiment reported by M. Polanyi. Take a pencil by one end and, with your eyes closed, utilize the pencil as a probe to explore your environment. As you poke about with the pencil, where does the boundary go? Where does your mind go? To the far end of the pencil? The pencil now clearly becomes an extension of yourself.

Biofeedback operates largely at the self/body level and is a means of providing information to the patient about ongoing changes in physiology, and concomitant mental processes, principally by employing electronic instruments and external tools (outside of the skin) to detect these changes. Biofeedback is used primarily to display changes in bodily processes that are beyond normal awareness. The purpose of providing the biofeedback information display is to help the patient contact internal cues associated with the physiological changes. Utilizing these external cues, the patient is guided to develop either indirect or direct volitional control over aspects of these processes. Examples of common types of direct volitional control easily learned by biofeedback might be the dilation or constriction of blood vessels in the extremities or the control of muscle tension. Indirect control of physiology might be exemplified by running in place to increase heart rate, taking a sauna to dilate peripheral blood vessels, and so on.

An example of psychotherapeutic utilization of biofeedback techniques to augment awareness involved a very angry eight-year-old boy. After training him to tense and relax his trapezeous muscle (while watching an electromyograph register between .25 microvolts, relaxed and 20 microvolts, tense), I asked him to produce 20 microvolts and hold the indication for more than one minute. I inquired as to his experience. He replied that he was angry. He was next asked to produce an indication of 1 microvolt for one minute. On doing so he stated with astonishment that the anger was gone. A few days later at his school, when asked about his anger, he replied, "I don't get angry now; I just go from 20 to 1."

Gestalt therapy, operating principally at self/persona, self/body and self/environment levels of awareness, is both a philosophy and a method of psychotherapy that utilizes subjective experiments with the patients own awareness to both explore and resolve difficulties. Though evolving in part from psychoanalysis, Gestalt therapy eschews intellectual rationalizations in favor of direct experiences. Psychotherapeutically directed experiments may be as simple as "staying with" an uncomfortable feeling, instead of avoiding it, or role playing each of the elements in a dream.

Buddhism is an Eastern philosophy or religion which posits that although life may be inherently unsatisfactory, this condition of being can be changed by an individual's own endeavors. These activities involve various subjective experiments and the development of observational and mental capabilities, as well as novel intellectual perspectives. Typical training procedures range from developing the ability to focus awareness on a single content for extended periods to try to identify what part of experience is the self or ego. Buddhism deals with all five of Wilber's boundary levels and perhaps an additional level, depending on how it is defined. However, Buddhism's fortes are with the self/body, self/environment, transpersonal and no boundary levels.

Table 1 (Page 3) compares Buddhism with Gestalt therapy and biofeedback in terms of theories of pathology, the desired state, methods of healing, the theory of healing and other major concepts.



|                                  | <b>Gestalt Therapy</b>   | <b>Biofeedback</b>  | <b>Buddhism</b>  |
|----------------------------------|--|---|--|
| <b>Theory of Pathology</b>       | Boundary disturbances (introjection, projection, confluence self, retroflection) (Perls, 1969), disturbance in contact/withdrawal  | Confused physiology   | Idea that there is a self, desire; (Rahula 1959)   |
| <b>Desired State (Objective)</b> | Organismic self-regulation, no pathology, no body/mind dualism, no mind/mind dualism, no sense/ intellect dualism, ability to complete gestalts  | Self-regulation, no disease, no body/mind dualism   | End of Dukkha (Nirvana) End of the round of birth and death, compassion and to wisdom, no dualisms, manifestation of true self               |
| <b>Method</b>                    | Contact normally-avoided material, concentration, frustration of manipulations, awareness of pathological - processes, re-experience trauma (psycho-dramatically, directing awareness to the obvious (shuttle) | Providing accurate, specific, real-time information about what is going on physiologically, providing new elements to awareness | Cultivation of compassion and wisdom, seeing things as they are (suchness), meditation, study, cessation of conceptual thought, ethical life |
| <b>Theory of Healing</b>         | Paradoxical theory of change, loosening of boundaries, emergence of repressed and unfinished gestalten   | Negative feedback loop  | Radical shift in consciousness (Suzuki, 1932)  |
| <b>Other Major Concepts</b>      | No fixed goals, contact boundary, fantasy  | Direct control, indirect control passive volition   | Illusion, emptiness, inter-dependence, dualism, conditionality, four noble truths, eightfold path, no fixed way of being.                    |



## Useful Buddhist Concepts and Methods

There are a wide variety of Buddhist concepts and psychotherapy, ranging from Zen meditation to visualization practices. Many of these concepts are useful not only for the patient, but also for the therapist in determining both the nature of the work and the patient/therapist role.

One of the most useful concepts for the training of awareness and introspection is that of the innkeeper. The analogy of the innkeeper is used to describe an attitude or position one can take with respect to mental material or environmental input. The "self" is the innkeeper and mental events and phenomena are likened to guests who check in and out of the inn. One can take the position of the innkeeper or identify with the guests. The innkeeper observes sadness checking in, staying for a while and checking out. An empty bank account appears for a while and then is gone. Frustration, anger, noisy children and the like check in to our lives and stay for varying periods until they are replaced by something else. Learning to take the position of the innkeeper is a useful technique for developing both "ego strength" and detachment. The position of the innkeeper is, of course, an expedient and the position of the guest is equally relevant in some instances.

During a recent session a new client of mine gasped. I inquired and she replied, "I just thought the word 'murder.' Does this mean I want to kill someone? The approaches of various therapies would diverge at this point, but clearly learning the position of the innkeeper and observing various thoughts checking in and out would be generally instructional to this young woman.

Impermanence, the ceaseless change in all things, is another key Buddhist observation. Although impermanence is seen by many as negative, it is actually a positive and necessary aspect of our existence. A common neurotic way of trying to cope with impermanence is by trying to hang on: hanging on to persons, perceptions, events, feelings, etc. The problem with hanging on can be demonstrated visually. Look away from this paper while simultaneously trying to hold on to what you see on this page, i.e., simultaneously see something else in your environment. You may experience a variety of things, however the more skillful you are at "holding on" to the page the less you will be able to see of your environment. Letting go and an understanding of the nature of impermanence, are necessary to the flow of both perception and life.

A corollary of this observation is the continuous transmutation of awareness, the transmutation of experience and the transmutation of self. These transmutations range from the miniscule and perhaps irrelevant to the powerful Zen statement, "From thought instant to thought instant—heaven or hell." This insight points to the instantaneous and dramatic changes in contents of awareness that we all can experience.

In line with this train of thought is the important idea of conditional existence. The Buddhist theory is that all things are conditional, i.e, depend on a variety of other elements for their being. Nothing of its self has a self-nature, or is an uncompounded essence. (8) Thus all experience, as well as emotions and feelings are not only subjective, but malleable, variable and conditional. What is experienced then is a compound of thought, fantasy, environment, neurology, posture, physiology, perception, direction of energy, etc. All things, as well as all experience, are conditional and an important application of this theory is the doctrine of no self or no fixed self. A clear experientially based understanding of "no self" is seen as a fundamental requirement for ultimate healing by the Buddhist system. In Zen it may even be expressed as a directive. As the patriarch Huang Po states it, "Only put yourself in the same freedom as the clouds." (1) Furthermore, the idea of no self is reasonably congruent with Gestalt therapy's founder Fritz Perls' condemnation of "character" as neurotic structure. (5) The observation of "no fixed self" as a veridical outcome of the search for self can also prepare the therapist to deal with a wide variety of presenting problems.



Buddhism is especially aware of the impact of language, concepts, labels and modes of thinking on both the point of contact for awareness (boundary location) and on the quality of experience. Much of the training in Buddhism is directed at prying the labels off experience, solving the personal koans of life, and removing the screen of intellect from direct experience. Both Buddhism and Gestalt therapy have many methods of working with intellectual and perceptual polarities. Zen is particular rallies behind the cry "good and evil not two!," while Gestalt therapy looks to figure/ground reversals for analogous examples. The literature of both Gestalt and Buddhism is replete with demonstrations of the polarity of concepts and conceptually based feelings. Feelings of inadequacy quickly shift to adequacy and back again as a Gestalt therapist works with a client. When polarity is resolved, the client is neither adequate nor inadequate. There is no "issue" and he is engaged in other activity.

Both Gestalt therapy and Buddhism view intellectualism with skepticism when it comes to changing human behavior. Basically, in order for people to change they have to do something differently. Thus, the emphasis is on behavior (not behaviorism). An ancient Buddhist parable tells of a warrior shot by a poisonous arrow. When the healer starts to remove the arrow the warrior asks: "First, before you pull it out, who shot it? Why did he shoot me? How is the arrow fletched? What kind of poison did he use? Was he angry with me? and on... (6) In addition, Buddhism emphasizes the impact of language, labels and concepts in psychological processes to produce abstraction and illusions of reality, i.e., mistaking the map for the territory, or, as a favorite Buddhist analogy has it, dealing with the horns on a rabbit and a turtle's fur (7).

Buddhist meditation\* techniques are of great utility in psychotherapy. The salient features of techniques that I find particularly useful will be described below. First let me say that I encourage each of my clients to engage in one or more forms of meditation on a daily basis. The two forms of meditation that I most commonly recommend are a listening meditations and breathing meditation. The listening meditation involves sitting still, erect and comfortable while focusing awareness of listening to sounds. I instruct my clients to listen to sounds without naming or labeling them; just listening, or bare attention to listening; perhaps being aware of how sounds appear, stay for varying durations, and disappear. I ask them to "just listen" for 20 minutes, and if they find, as they will, that their awareness wanders from sounds to fantasizing or thinking, that they should let goof the thoughts and fantasies and gently return to listening.

Over a period of weeks I may ask them to turn their attention to the question, "What is there where the sound was?" or "What was there before the sound?" And eventually I may ask them to explore the question, "Who hears?" (2: 163-164). I start this meditation with my clients in my office. Invariably, after three to four minutes of "bare listening," they will have a positive experience. I utilize this meditation technique to promote relaxation and tranquilization, training in detachment from thoughts, training in letting go of unwanted material (e.g., unwanted thoughts or fantasies), and, importantly, developing an ability to concentrate or stay with mental processes.

I utilize a breathing meditation in much the same way. The instructions are to sit still and erect, to focus awareness on feeling the excursions of the lower abdomen (Hara or Tan Tien) as one inhales and exhales. Similarly they are instructed to let go of thoughts and fantasies as they arise, and gently return to the awareness of breathing. When they have difficulty staying focused on the excursions of their abdomen I may suggest that they count their exhalations sub-audibly. In addition to the consequences described for the listening meditation, this meditation, over time, significantly alters breathing patterns to the slower and deeper rhythms useful for combating feelings of anxiety.

Since I am not a meditation instructor, I do not have the same initial objectives as one would find in a



meditation hall or Zendo. Although I take, perhaps, a more shallow approach than those of a meditation master, these techniques can be nonetheless effective and efficient psychological tools.

Other meditation techniques that I use less frequently follow. In another breathing meditation the focus of awareness is on the air entering and leaving the nostrils. This is more energizing than the breathing method described above. Vipassana or mindfulness meditation provides training in making very fine and unbiased observations and is dehabituating and dehypnotizing. I also use a body scan meditation in which one gradually and systematically moves one's awareness from one part of the body to another while observing what can be experienced at each location. This is very useful for both training the ability to volitionally direct awareness and for enhancing bodily awareness. I also employ the Nyingmapa Kum Nye meditation techniques for softening body armor, energizing, and as direct and simple ways to introduce a client to an altered or profound state of consciousness. For example, while breathing softly, evenly and equally through the nose and mouth, gradually, and as slowly as possible, let the head fall to the chest and just as slowly bring it up again. Usually three such excursions are sufficient to provide a comfortable introduction to a profound state.

It is important when dealing with a client population to provide adequate explanations of the types of common illusions that might be experienced during meditation, e.g., floating, body disappearance, bodily distortion, etc.. Explanations of the mechanism of these types of illusions are usually sufficient to eliminate most anxiety should they occur.

**\*For an excellent discussion of meditation see *Stray Thoughts on Meditation*, Shinzen Young, International Buddhist Meditation Center, 1981.**

### **Application of Buddhist Techniques to Psychotherapy**

At this point I want to describe ways in which I apply these approaches in my practice. I will take a typical patient as a point of reference for the discussions that follow. Our reference patient is male, thirty to thirty-five years of age, quite handsome, unusually energetic, a college graduate with an M.A., and unmarried. His occupation is painting houses. He first presents himself exhibiting anxiety, confusion, guilt and anger, with frequent bouts of tearful crying. We soon find, in addition to a number of practical life problems, negative self statements and internal dialogs to which he responds and reacts shuttling rapidly between concomitant feelings of anger/frustration and guilt/helplessness. He is also, as one of my other clients put it, stuck to his internal verbalizations like an abalone to a rock.

Normally I see my clients for an hour once or at most twice a week. The "in office" therapy sessions are conducted principally as Gestalt therapy sessions with time allowed for adequate review of the daily therapy "homework" aspect of my therapeutic approach. Within three weeks this patient is daily engaged in the following activities:

He practices a progressive relaxation technique programmed on a cassette tape for twenty-five minutes and a listening meditation for twenty minutes.

He lists, in a pocket notebook, all negative self-statements with tally marks for repeated statements, and listens to a self-made tape of his negative self-statements ten to twenty times.

He practices the internal self dialog externally utilizing chairs in the Gestalt therapy tradition for ten to fifteen minutes.



Eventually he makes maps of the location and type of physiological sensations that make up every uncomfortable feeling—ad lib.

And finally, I ask him to practice producing the uncomfortable feelings with as little reliance on fantasy imagery as possible.

The function and purpose of these daily exercises will be described below:

The progressive relaxation tape that I make for my patients is similar to most tapes of this type, e.g., tighten your buttocks, hold them tightly, let go! However, there are thirty seconds in between each instruction on the tape. The patient is instructed to employ the tape while lying horizontally on the floor, to tighten and then relax only the particular body part mentioned (e.g., when tightening the buttocks make sure not to tighten elsewhere simultaneously), and during the interval in between the instructions to pay attention to other changes that are happening as a consequence of “letting go” of the self-induced tension.

The functions of this exercise are to teach and assist in the redirection of attention, develop an awareness of internal activity and bodily processes, develop a skill with both tension and relaxation of tension, develop a sense of “self-control,” and assist in general stress reduction.

I have described the meditation exercise and its function in the previous section of this paper. To reiterate, the function of this exercise is to reduce labeling and thereby achieve some detachment from words and phrases. Not labeling is also an excellent way to combat judgmental feelings toward oneself or others.

Staying with listening also facilitates the ability to concentrate and improves the ability to stay with a program of activity or with uncomfortable feelings that the client wants ‘to avoid. This aspect of meditation is a little bit like the mental equivalent of weight lifting to gain strength.

The other side of concentration, letting go of disturbing thoughts and fantasy, is extremely useful training for this patient.

This patient was also instructed to carry with him a pocket notebook and to write out every negative self statement that is made, and exactly as it occurs internally, i.e., “You’re really stupid,” versus “I’m really stupid.” Repetitive self-statements receive tally marks to identify the most popular of negative verbalizations.

The exercise of tallying negative self-statements in a notebook focuses attention on the type, quality and frequency of the self-statements and facilitates the redirection of awareness toward internal processes.

The client is also requested to make a cassette tape of all the negative statements—end to end—and to listen to the tape ten to twenty times a day. Ideally, when the client starts to make a negative statement, he will learn to stop in mid-thought, so to speak, and activate the tape recorder. Thus the patient changes his behavior and becomes inured to his own negative statements. The principal consequence of this activity is to reduce both the patient’s level of response to the negative self-statements and their frequency of occurrence.

Based on his experience in the individual therapy sessions my patient is asked to practice his internal dialog externally and vividly. This client was involved in a top dog/under dog scenario. The top dog was demanding, abusive, guilt-producing, with feelings of anger and dominance, and was organized around a work/success ethic. The underdog, on the other hand, was resistant, with feelings of helplessness, submission, and guilt. Utilizing the method developed by F. Perls (5) the client spends at least ten minutes each day moving between two chairs set up facing each other and shuttling between these two personalities with an audible verbal dialog.



This exercise functions to improve awareness by slowing down the "internal dialog," making the shift of feelings less tumultuous and confusing, leads to the reclamation of split-off parts of the personality, educates the client in the polar aspects of conceptually based feelings (.i.e., critical and pitiful are but two end points of the same process), brings to awareness the intellectual, perceptual, and feeling aspects of this "conceptual shuttle," and eventually habituates the shuttle process.

I give my clients empty line drawings of a human figure with the instructions that whenever they experience an uncomfortable feeling or emotion they are to graphically map the locations of the sensations of emotion they are experiencing. **Figure 1** is an example of such a drawing. It is not without some surprise that we observe how idiosyncratic the gestural display involved in feelings and common emotions is. Mapping feelings can be a difficult task at first. But questions such as, "How do you know when you are afraid?" help individuals observe the manner in which they use their bodies to display feelings, emotions and meanings.

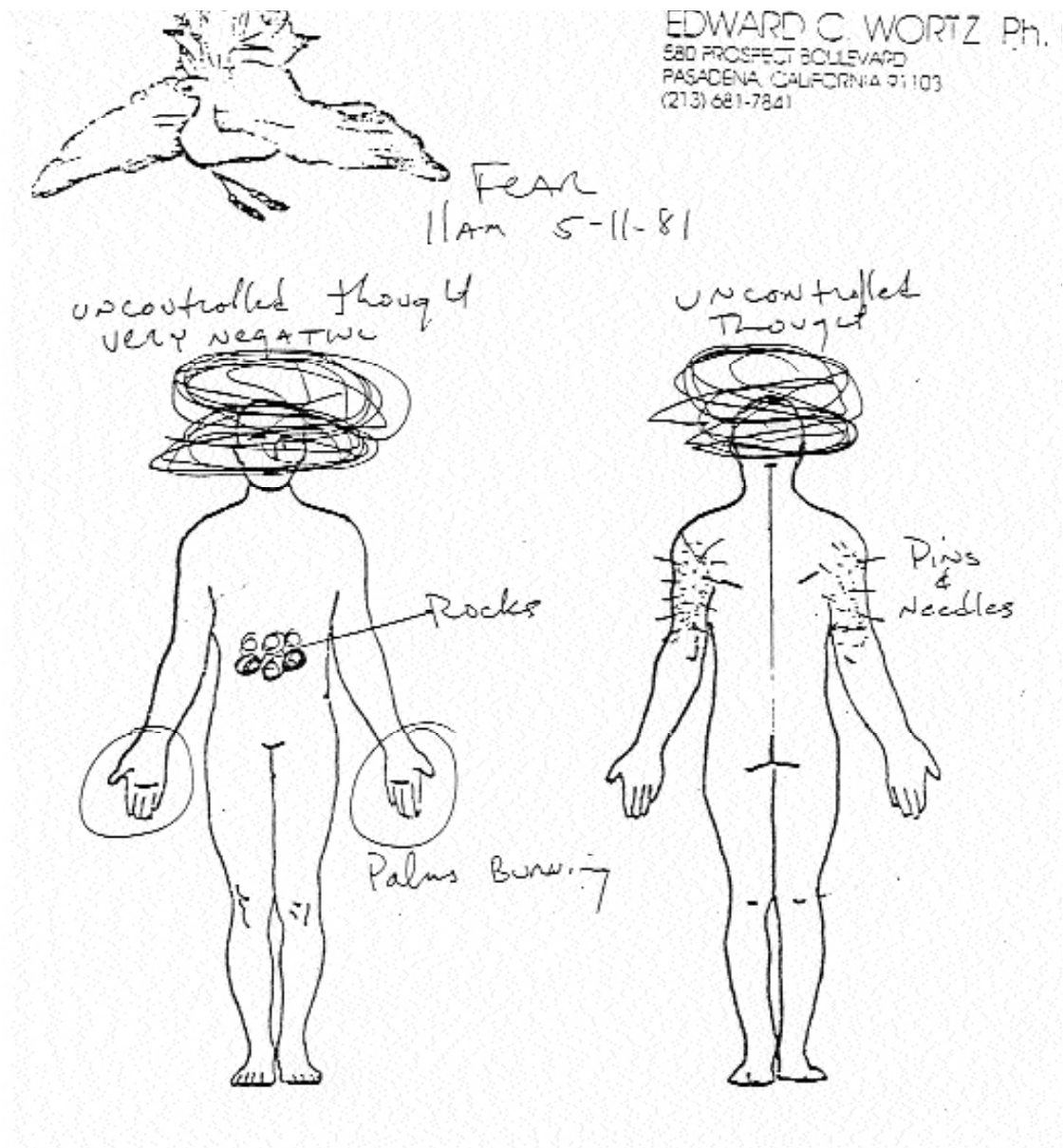


Figure 1



This exercise develops an awareness of the constellation of body events that make up a feeling. In addition it provides visual information about body events. Verbalization of bodily changes is poor and memory of them is even worse. Thus the map becomes a very useful tool for therapist/client communication and once again it serves to direct awareness inward. This tool is especially important in order to learn to observe how feelings come into existence (e.g., how does hurt happen?).

This patient is also asked to produce the feeling of guilt ten times a day. I have given him the objective of eventually being able to produce the constellation of sensations that is, for him, guilt, without resort to fantasies or self-admonishments, to produce the feeling directly. Whenever he experiences guilt in the normal course of his life he is to use that opportunity to observe the feeling in order to know better how to produce it volitionally in his practice sessions. This exercise promotes awareness of the characteristics of the negative experience by attempting to control or take charge of its occurrence, establishes a skill with respect to feelings and emotions, and allows for healing by direct self-regulation.

### **Practicing Suffering**

At this point I want to expand on the last exercise described in the previous section. I call this exercise practicing suffering, which means to volitionally practice uncomfortable feelings and emotions. Although the exercise is to practice the discomfort, the objective is to reduce or eliminate its effect. If we observe how uncomfortable feelings or emotions come into existence, we are ultimately led to the conclusion that we produce our own pain and discomfort. Although this is largely agreed upon by psychotherapists, few utilize this understanding in a direct way to ameliorate the distress. We do bring the discomfort into existence by our own activities. That is, to produce a feeling or an emotion, we have to change ourselves, change our bodies, in unique and uncomfortable ways. For example, in order to feel sad I make the feeling of a lump in my throat and heaviness in my chest and shoulders, together with recalling an appropriate memory. To produce anxiety, I have to do rapid and shallow breathing, tense my neck, make a cold feeling over my heart, get my mind jumping about from idea to idea and fantasize a future event that I don't want. If someone that I respect says an unkind thing about me, I'll stop my breath for an instant, make a pain in my chest and complain that "they hurt me."

The illusion, that we've all agreed on, is that external events or other people can cause us pain and discomfort. Yet this is clearly not the way things occur. If someone strikes me, it's clear how the pain comes about. If my lover disappoints me and I feel hurt, it's not so easy to observe the mechanism of inducing the pain. How does pain come into existence and how does it disappear? Someone apologizes for an insult and the discomfort of resentment fades. How? Why do people keep suffering even when they "know they are the ones who are doing it"? The common psychiatric explanation is secondary gain, i.e., they get some reward for continuing the pain. In my practice, however, I find many situations in which secondary gain is not a reasonable hypothesis. Rather, it seems that people are unconscious or ignorant of what they are doing. They do not know how they make pain, discomfort, sadness, etc. The purpose of practicing suffering, then, is to bring the method of making discomfort into awareness. And to bring the mechanism into awareness is to watch it gradually fade out as the normal self-regulatory mechanism commences to operate.

Practicing suffering is an awareness method of therapy. The focus is on how discomfort is made, where it comes from, rather than on the external attributes (i.e., content) of a situation. The patient may be asked, "When you feel guilty, how do you know you feel guilty? How is this feeling different from others, such as hurt?" Patients who are unable or unwilling to shift their focus from the content of suffering to its process are not successful in this therapy.



Consequently, we want to change the direction of attention and interest, in a sense moving toward the discomfort rather than avoiding it. Soon the patient begins to observe the negative experience as conditional, as a compound. These experiences are then seen to be processes, gestures or movements, rather than reified entities, such as “my buried anger.”

This method then entails the mapping of changes that occur with a feeling or emotion, and practicing trying to bring the uncomfortable feeling into existence and then letting it go. I ask my clients to practice both with and without the props of fantasy, thoughts, memory and the like. I suggest that when the uncomfortable experience “just happens” to them that they use the opportunity to observe it closely so that they will be able to do a more accurate job during the practice attempts. Exaggerating the negative experience is another good way to both improve their observations and to locate awareness of control, i.e., “get their fingers on the control buttons.” Important adjunct skills for this approach are developed by relaxation tapes, listening meditation, body scanning meditation, and vipassana meditation. The upshot of this method is to become skillful with the negative emotion or feeling. There is a big difference between covering up pain or discomfort and the process of learning how to produce the experience volitionally. As the skill develops with the negative gesture, it gradually dissipates from the automatic repertoire of the patient. Or we might say that the patient’s responses become more field-independent with practice. As the negative experience ceases to be performed in present contexts, it also ceases to be performed in conjunction with memories of the; past or fantasies of the future, thus changing their quality and meaning.

As a simple example of the power of these gestures to impart meaning, consider the following dialog. When I gave this type of homework to a patient of mine, she responded:

P:        That sounds hard.

T:        How do you make the understanding that the homework will be hard?

P:        I don’t know.

T:        I can see you tightened your chest and stopped breathing when you said “that sounds hard.”  
Now breathe with your belly, relax your chest and say it again.

P:        That sounds hard. Hmm, that’s a lie.

T:        Tighten your chest and say it again.

P:        That sounds hard. Now it’s true.

T:        Breathe with your abdomen and say it again.

P:        That sounds hard. Now it’s a lie again.

*And from another case with a more experienced patient:*

P:        I really feel afraid. I’m afraid I’ll turn around and everyone will be gone.

T:        Now relax and make the same statement.

P:        I’ll turn around and everyone will be gone. Now it’s not at all true and I’m not afraid.



T:        Now make the fear and say it again.

P:        I'm trying to make it a true statement—to hold everything together.  
            As long as I'm on guard, everyone won't be gone. I'm in control.

Thus we use discomfort, feelings, and emotions to display the meaning of events, actions, thoughts and phrases to ourselves and to others. In addition, I find that the detailed fine structure or constellation of conditions making up the experience is generally idiosyncratic and arbitrary. Until I find out in detail what a person does when he or she makes a feeling such as guilt or depression, I really have only the most general idea of what he means when he says "I'm depressed" or "I feel guilty."

When it comes to pain, discomfort, emotions and suffering, there is much confusion and illusion in our world. People think it's important to suffer. This is an idea that's ingrained in all societies and religions. Suffering is part of deeply held belief systems concerning such things as value, affection and love. In our society we understand love in the following manner. If I love you and you do something I don't want you to do, I will hurt myself and blame you for my pain. If I don't love you, you can do almost anything and I won't hurt myself. Furthermore, if you go out with someone else and I don't hurt I will take the lack of pain to mean that I don't love you. Other examples are the myth of the suffering artist, and value placed on imitating the suffering of Christ. In Buddhist philosophy suffering or dukkha (dissatisfaction, desire, impermanence), "has within itself the nature of its own arising, and also within itself the nature of its own destruction" (6: 31). Thus the end of dukkha is the end of suffering. Clearly we have to change ourselves to bring the experience of dissatisfaction into existence. We ourselves, by the action of making dissatisfaction, pain, negativity, anxiety, etc., are the source of dukkha. During his life on earth the Buddha taught the end of dukkha. My experience with clients using the psycho-therapeutic methodologies discussed above have led me to believe that they are highly effective in putting an end to dukkha. 🌸

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