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Traditional Healing and Critical Mental Health

*(International Journal of the Society for Integrating Traditional Healing into
Counselling, Psychology, Psychotherapy, and Psychiatry)*

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Traditional Healing and Critical Mental Health is a refereed international and interdisciplinary journal of SithCp3 (the Society for Integrating Traditional Healing into Counselling, Psychology, Psychotherapy, and Psychiatry). The journal is both clinical and academic, qualitative and quantitative, historical and contemporary, creative and pluralistic, and focuses on all aspects of cultural, indigenous, traditional, and new age healing traditions and their intersectionality with mental health globally.

The aim of this international journal is to offer a forum for researchers, scholars and practitioners of mental health care practice to critically reflect on the ideas, theory, and practices of global mental health and indigenous (traditional and cultural) healing. The journal will facilitate a critical reflection of the research and wellness practices that places a priority on improving equality of mental health and well-being for all people worldwide. The journal seeks to define and locate critical traditional healing methods within the broader historical, economic, social and political contexts of global mental health care. Through a critical examination of the various ways in which Western mental health is practiced globally, the journal would establish a critical understanding of the economic and political engagements that underpin clinical practice at local, national, and international levels.

Moreover, the journal seeks to engage in a critical examination of the various ways in which Western models of diagnosis and treatment – DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th ed.) and the ICD-10 (International Statistical Classification of Diseases and Related Health Problems, a medical classification list by the World Health Organization (WHO) – have dominated the mental health arena. While Western models seem to dominate the mental healthcare terrain in the West, it is fast becoming the norm in Low and Middle Income Countries' (LMIC) mental health trajectory of care. Western narratives about mental illness, mental health, and well-being tend to dominate over local LMIC traditional and indigenous healing practices.

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Editorial: Introduction to the Journal

Traditional healers often use techniques common to self-regulations strategies common to mind-body medicine. Rituals that facilitate access to unconscious processes and use hypnotic states of consciousness predate modern medicine and can be tracked to early shamanistic practice. However, modern Western medicine can reduce complex psycho-physiological processes to overly simple or concrete concepts. Worse, human suffering can be relegated to simple and materialistic definitions that ignore the complexity of human social context. The concepts may be flawed, but if the concepts gain political and economic strength, it will hold sway in the face of good science that proves it wrong. An example of this is the debate regarding the serotonergic theory of depression. Irving Kirsch conducted a meta-analysis of antidepressants using the freedom of information act to access buried data from pharmaceutical research. His findings question the effectiveness of antidepressants and question the use of “science” behind the multibillion-dollar industry.

Theories become popular and, often driven by sociological and economic forces, lead to obdurate scientific positions and perspectives. Often, these perspectives are not even supported by good science as is seen in recent criticism of the DSM-5. When we interpret traditional healing through the filter of Western science, there is always the danger of missing something essential and important that is provided by the indigenous perspective.

Science often advances by grappling with anomalies, that is, persistent experiences and observations that do not fit contemporary paradigms. It advances by scientists thinking outside the box, presenting more comprehensive theories and breaking beyond the limits of old theories. For example, Einstein's insights into physics did not dispose of Newton but rather contextualizes the old ideas in a broader framework.

We must be careful to try and look at the world with a fresh perspective. Personal experience is important; and a phenomenological approach to acquiring knowledge and developing new theories is paramount. To truly appreciate our

life, mental health, and our potential, we need to take a broad perspective that incorporates a variety of methods and scholarly thought. That's why other subjects like philosophy, religion and art are included in a liberal education. However, it is true that we can be duped by our senses. Luckily, science gives us a strong method to protect ourselves. Clear thinking is necessary in order to not jump to conclusions; clear thinking is also necessary to not miss what is right in front of our eyes. While science provides a systematic method to advance our knowledge of the world, we must remember that our assumptive worlds can blind us to reality.

Traditional views are often dismissed out of hand by modern medicine because they do not fit contemporary paradigms. Traditional views often involve magic, spirits and other religious phenomena that are assumed to have no room in our modern world. However, perhaps a respectful attention to traditional views can lead to new understanding. Careful analysis of cultural differences can offer challenges to our beliefs or they can just be dismissed. Sometimes, the dismissal of traditional views as barbaric, primitive, or silly is nothing more than the political prejudice inherent in Western colonial practices, the imposition of Western markets on Third World domains.

The purpose of this journal is to provide a forum for quality scientific papers and scholarly work. Also, its intention is to present traditional views as having something to offer. Perhaps considering the limitations of modern science and respectfully considering traditional views, not as primitive, barbaric or silly, but reasonable, will do us a favor.

This initial issue of *Traditional Healing and Critical Mental Health* presents three papers that look at traditional healing in a modern context. They are followed by a section called "Wisdom of the Elders." This will be a section dedicated to providing a voice for traditional healers themselves, as well as those who have dedicated their life to the study of traditional healing and global mental health.

The first article looks at "in-between healers," or healers that appropriate non-western practices in western healing contexts. By tracing the healer's cultural journey in

relationship to the culture of the healing art itself, the politics of authenticity, expropriation and belonging are examined as the paper describes cultural commonalities shared by these culturally “in-between” healers. The second article examines the value of a traditional, “animistic” worldview for psychological growth, exploring how a traditional perspective can counter limitations in medical materialism and can foster a view of the universe that promotes psychological wellness. The third article examines the popularity of mindfulness in modern medicine and suggests that its value as a therapeutic may be more robust if it is not extirpated from its traditional cultural context, that is, by re-integrating the key elements of the Buddhist path to well-being.

The final section of the journal is our “Wisdom of the Elders” section edited by Michel Ferrari. This issue offers four short pieces by preeminent scholars in the field. First we have Joseph E. Trimble (Connecting to the Spiritual and the Sacred Through the Straight Path), followed by Clemmont E. Vontress (Traditional Healing Research in West Africa). The third piece is by Uwe P. Gielen (Healers and Counselors in Buddhist Ladakh), followed by a piece by Suman Fernando (Some Thoughts and Reflections on Therapy and Healing Across Cultures). The section is completed by an interview on the nature of suffering with a Buddhist priest by Hyeyoung Bang (Buddhism and *Up* (Karma): A Buddhist Priest’s Wisdom to Help Suffering). Future issues plan on offering interviews and reflective pieces by scholars as well as individuals who promote traditional views of healing around the globe.

Our hope is to offer an open-handed and creative venue to examine traditional healing and its value for modern medicine. We would like to find a place for new ideas, challenges to scientific paradigms, and traditional paradigms alike, and advocate for mental and scientific rigour. We will gather contributions from a wide range of academic areas, including psychology, medicine, anthropology, philosophy, and comparative religion. Through critical thinking and phenomenological respectability, we might stimulate a synthesis of ideas. Perhaps in the tradition of Hegel, our future can

involve old and new ideas that come together and advance our concepts and practice of mental health on a global scale.

The Culture of the ‘In-Between’ Healer: A Pilot Project

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Abstract

This paper addresses questions of culture and identity arising around healers whose practice draws strongly from cultures other than their culture of origin. Using data from interviews with four Western-born practitioners who offer traditional healing modalities from non-Western cultures, the paper explores the personal and professional meaning that is accorded to the culturally foreign modality by the Western therapist. To examine the process of meaning making that such a therapist undergoes, the paper charts the stages of the therapists’ development as non-Western healers. Based on the interview data, these stages include the therapists’ disillusionment with the mainstream healing modality in their culture of origin, their sense of wonderment at the possibilities of the non-Western modality they chose, the reception they receive in the culture of the healing therapy, and eventually the way in which they locate themselves culturally with respect to their local health care settings as well as to the culture of the healing art itself. By tracing the healer’s cultural journey in relationship to the culture of the healing art itself, the paper examines the politics of authenticity, expropriation, and belonging through a description of the cultural commonalities shared by these culturally “in-between” healers.

Keywords: culture, traditional healing, Western therapists, authenticity, in-between healers

Introduction

While reading Freud's 1914 paper on the history of the psychoanalytic movement, two analysts, Gabbard and Ogden (2008), noticed that much of Freud's paper was quite simply a massive tirade against Jung's departures from Freud's original theory and an effort to assert that Freud alone was the founder of psychoanalysis. The writers understood the defensiveness in Freud's tone as "a reflection of his insecurities regarding competing claims of authorship of his idea (i.e., of psychoanalysis as a discipline) and a fear that Jung would subvert what he had invented *and continue to call it psychoanalysis*" (p. 321). The concern about authenticity that Freud had about Jung's psychoanalysis has been raised in cross-cultural psychotherapy to the extent that the methods and stance of the Western therapist towards non-Western patients has been questioned (Moodley & Palmer, 2006). However, there is a relatively new area of growth in cross-cultural counselling and psychotherapy—the practice of non-Western therapies (such as mindfulness and Yoga) by Western-born healers—that has, as yet, not fully examined the questions of authenticity and origin. This paper is written in the service of activating and re-engaging the dialogue on authenticity for Western healers practicing non-Western medicine or therapies.

Cross-cultural therapy evolved and developed since the 1960's, particularly in North America, to address the lack of race, culture, and ethnicity as variables in counselling psychology. The phrase 'cross-cultural' refers, among other things, to the particular accommodations (such as cultural competencies of skills, knowledge/s, ethics) that counsellors, psychologists, and psychotherapists make towards the "crossing over" from their personal culture of origin into the culture of the patient in order to effectively and ethically treat them (Pedersen, 1985). Historically—inasmuch as a few decades can speak of a history—the term cross-cultural therapy has been used to refer to the practice of therapy by Western trained therapists with non-Western patients. More recently, a number of studies on alternative, complementary, and traditional healing practices have suggested that the term merits the inclusion of many Euro-Americans who have been using healing practices of other cultures alongside allopathic medicine (e.g., Moodley & West, 2005; Rao, 2006).

Western therapists who practice a treatment modality that is culturally foreign create an unusual dimension to our typical understanding of cross-cultural. Rather than the client taking the risk of being a cultural 'other,' the therapist themselves take that risk by studying and practicing a 'traditional' therapy from a culture other than their own. It is the path of this group of healers, who bring a non-Western healing method to the Western community, and to the questions of authenticity that surround their practice, that we have given particular attention to in this paper.

The question of authenticity in the healing arts has been largely neglected amongst the population of Western-born healers practicing non-Western therapies. While the efficacy of the traditional therapies have been widely questioned in the West and in some cases even rigorously tested, there has been little dialogue on the efficacy of the Western healers who practice them. What is the cultural impact of a healer on a therapy when the healing modality or therapeutic approach comes from a significantly different culture from the healer? What is the cultural process that the healer experiences in seeking out and receiving an education in a non-Western healing art? To what extent is it ethical for the healer to practice a version of the therapy that he or she has learned in a foreign country and *still call it by the same name*? Inasmuch as Freud concerned himself with Jung purloining the psychoanalysis he considered proprietary, to what extent are issues of expropriation relevant in the practice of the in-between healers? Using a qualitative methodology detailed below, this paper will elaborate on the politics of authenticity, expropriation and belonging by analyzing data on the cultural position and collective practices of the in-between healers.

Methodology

The study used semi-structured interview questions with four White therapists (2M; 2F) who practice South Asian traditional healing arts that trace their origins to India. Interview data included each participant's recounted story of how they came to practice a traditional healing modality from another culture; their experiences of training and practice; their perception of the culture from which their healing modality originates; and finally, the participant's relationship to the culture from which their healing modality originates. Interviews ranged from 60-90 minutes, transcribed and analyzed

using interpretative phenomenological analysis (IPA), which is a qualitative approach that requires the researcher to read the transcribed audio recordings several times in order to facilitate a deep immersion in the data. Through a hermeneutical understanding of the data emerging, themes are organized sequentially to establish an integrative pattern within which the researcher's subjective interpretations are superimposed (Biggerstaff & Thompson, 2008). The participants' reflections triggered several issues regarding authenticity, cultural expropriation, and the ethics of psychotherapy by Western clinicians using non-Western healing modalities. The data set used in this paper was from a larger research project on Traditional Healers and Healing in the Greater Toronto area, a large metropolitan and multicultural city in Canada (see Moodley, 2011). Ethics approval was granted by the University of Toronto Research Ethics Board. The small data set provided an opportunity to consider this project as a pilot study with a view to offering a global understanding of culturally in-between healers. Pseudo-names are used when referring to participants' stories.

Results

The predominant themes that emerge from the interviews with respect to authenticity, expropriation and belonging are: The journey to becoming healers; cultural entitlement; fixed subject and object; and the known and the unknown yet know-able. In sharing their experiences as culturally infused healers, all four participants were motivated by the desire to alleviate pain and suffering from their clients.

The Journey to Becoming Healers

All the participants described how they became interested and were eventually initiated into the role of healers. All were introduced to the idea of healing through personal narratives with their own lives. For some it began at a young age and evolved into adulthood; while for others, as adults going through their own pain and suffering, they sought out their own healing; this eventually led them to become healers themselves.

For example, one participant said:

Well, I think that may have started as a kid. When I was small, I had an uncle who was schizophrenic and he was my best friend... my uncle was really interested in yoga, because he loved the Beatles... the Beatles connection to yoga sort of woke him up... my first experience was actually sitting with him and listening to music... when I was 20, I was very depressed and I had my own kind of awakening... I started working with a therapist, I started studying yoga, and meditation practices, and reading crazy...all those pieces started to come together.

Another participant reflected:

I was introduced to yoga more than 35 years ago by dance teachers... and I did a little bit... late 60s early 70s and I actually, I started with meditation in the late 60s. Transcendental meditation, met the Maharishi. And then I was going to India to study Indian dance... for about eight months and had a one-to-one lesson with (---) ... I'd see him probably about three times a week. He'd given me a lesson, he'd given me a practice. And I started to practice... over the years I have been back to India about seven or eight times.

Reflecting on how she became a healer, another participant shared that the experience of trying to meet her own healing and learning needs, and working closely with a Yoga teacher, led her to becoming a healer:

I think ultimately what led me to do this ... was my own needs essentially, um, I would say that this started almost 20 years ago... I started and then I stopped and then I went back to about 10 years later and worked fairly closely with the teacher... inspired me to think I wanted to incorporate some of what I was learning from her work into what I was doing.

And the fourth participant remembered:

... the lineage of the women of my family are all medicine women ... so I grew up you know, my grandmother was a medicine woman, and people would come to her... she was like a hidden... underground shaman... people would come to her for healing of herbs and different types of rituals... and my grandmother, when my mother was fifteen, she

told her that her first born daughter would be, you know, carry on the lineage. And so they prepared for my initiation when I was fifteen and we continued that cycle of understanding the elements and understanding the personalities behind those elements and how to use them for healing purposes... which is why Ayurveda really fit with me, because it's that earth wisdom... so I really became infatuated with Krishna at a very young age... I was 14 and I started to study Krishna consciousness and really integrate myself with the devotees of the temples... and then I started to follow the tantric path and became very interested in the Shivite tradition of healing...

The journey to becoming a healer took different routes for the participants. For some their trajectories of healing were deeply ingrained in their family histories and lineages. While, for others the process happened through travel and encounters with South Asian cultural healers; each participant taking on the mantle of the in-between healer. As one participant reflected:

What I decided to do was to continue in the philosophical, spiritual, psycho-spiritual aspect of and then Jyotisha, and then keep integrating all that stuff...it an integration of everything... on rejuvenation therapy... stress release and restoration therapy... applied and behavioural kinesiology...emotional support through touch... so I use my Ayurvedic externally working on more of the auric field...

While the four participants reflected on their own histories of becoming healers, none of them raised the question of their own cultural authenticity with reference to traditional healing as an area of doubt or concern; rather their position as Westerners appropriating and appropriately using an Eastern therapy was taken for granted.

Cultural Entitlement

Participants reflected on their relationship to the culture where the healing modality they practiced originated, all of the interviewees described a privileged position of entitlement to shape and grow the Eastern healing arts using the superior scientific research tools and healthcare delivery systems of the West. As some participants reflected:

I never saw that there was any problem integrating Western psychology, physical yoga practices and what we call Indian psychology which they call philosophy.

I have studied and taught ... at university. So why do I call myself a healer?... But a healer I think in the West has a certain side, there are Christian healers laying of hands, and I am a very practical person...I see the role, my role as being someone who's a bit like a mirror and a bit like a catalyst ...

Three of the four healers saw themselves as special and unique in the way they were supporting another culture by preserving and promulgating the healing arts of that culture in the West. One participant summed up his practice in this way:

My psychotherapy practice... the only people who don't come are Indian, which is really interesting ... they have such fixed ideas about what yoga is. So they don't know. And it's only being resurrected now by a return from the West back to India... I really feel like my commitment is to the truth of what happening in the present experience... I read the Buddha and Patanjali ... I feel like the dharma that the Buddha has affected me in ways much deeper than the religion that I was born into...

Cultural entitlement involves a lacuna, an intermezzo, indeed, a kind of narcissism that involves not-seeing or acknowledging the other. Cultural entitlement and narcissism has been linked to race (Gustafson, 2007) and Western cultural values, such as an individual's self perception as an autonomous agent with vast personal jurisdiction (Pryor, Miller, & Gaughan, 2008).

Fixed Subject and Object

Participants used their own subjectivity to describe, appropriate, and utilize the Eastern modality which remains object to their subject, without a subjectivity of its own. Another analogy could be the metaphor of the pioneer and the land, wherein the Western practitioner is the pioneer and the Eastern modality he or she studies, and then practices, represents the land. In this archetypal metaphor, the land is available to the courageous pioneers who are willing to go

through the hardship to get it, but the land itself does not have a voice to receive or accept the pioneer. The strength of the pioneering spirit itself is considered sufficient reason for his or her taking over of the land. This idea is reflected by one of the participants who understood that South Asian healing traditions were not ‘really fixed schools,’ but ‘still in process’ and the West now has ‘access to that’:

... Eastern healing tradition ... they are not really fixed schools. Schools are always alive and growing and in process, and so they come here now, and they are still in process. Yoga is not in India. It's in the present moment and you have access to that and that's profound...

While another participant saw her role as someone who ‘cultivate the land and remove the blocks’:

I am a practitioner of yoga myself...so the image of the yoga sutras is of a farmer, a kshetriya, that the Sanskrit word, and what the farmer does to nurture a crop is to, you know, cultivate the land and remove the blocks so that there's an image of a kind of dam and the teacher removes the blocks so that what's there can flow and cultivate the fields...

In describing their entry into the world of Yoga through a metaphor of cultivation of the land, participants were unconsciously reminding themselves of the relationship between the colonizer and the colonized—where the Eastern healing system is the object to their subject.

The Known, Unknown and Know-able

In the interviews, participants described Western health and mental healthcare as a known science, while Eastern healing traditions are an unknown but know-able method. The known has rules, guidelines, and a fixed structure and form. The unknown but know-able must first be known and the way of knowing it is to give it form, since by itself it does not have form.

As one participant shared:

We know what we know through our senses, and yet much of our scholarly training on the one hand within psychology is to take observational data, to be very behavioral ... to operationalize things, to

measure... as a source of knowledge ...I value traditional healing and mindfulness; it has a tradition that's thousands years old, how it looks and how we adapt it... some people call it the third wave in psychology, acceptance based approaches.

The Western born and trained therapists often come to the Eastern arts of yoga, Ayurveda, and meditation at a later stage in their professional development, having already qualified themselves as psychotherapists. They have in common their embracing of a foreign healing modality as well as their knowledge of the existence of mainstream Western medicine and psychology. The known—Western medicine and psychology—is treated with a particular respect and gravity since its rules and form are clearly acknowledged. All the participants demonstrated a singular protectiveness and deference for Western medical practices that they did not extend to the traditional Indian medicine. The Indian healing arts that they practiced were always “know-able,” available to be given form according to the subjectivity of the knower. The same Western practitioners who exercise caution around making biomedical recommendations feel free to make therapeutic recommendations from Indian healing traditions, suggesting a clear delineation in their minds between the untouchable already known realm of Western biomedicine in contrast to the available-for-the-plucking branches of Eastern traditional healing.

A cultural zeitgeist seems to evolve among the participants. In their desire to promote integration of South Asian traditional healing methods, the participants enter into the space of the exotic, the erotic, and a coloniality of the historic. As Western-trained therapists engaging in creative clinical interventions within cross-cultural settings, they also invariably enter into the discourse of the politics of authenticity, expropriation, and belonging. This cultural zeitgeist could only evolve in the way it has if the healers overlooked their own cultural roles and issues of expropriation and dominance when reflecting upon their maturational process as a therapist-healer.

In the next section of the paper we draw from the interview data to discuss how such a cultural zeitgeist may have evolved, implicating the following intersecting sources in its genesis: The residues of Orientalism—an Occidental-based approach to the Orient—amongst Western healers, the marginal status of the in-

between healer in his or her own culture, and the healer's personal needs for cultural self-definition in relationship to his or her own marginal status.

Freedom, Choice and Healing: Orientalism and the Western Healer

Orientalism is understood as a process of European construction and representation of people and cultures of the Middle East, North Africa, South West Africa and Asia as the other. Through Western cultural hegemony the other is defined as the opposite of the European civilization: Inferior, underdeveloped, static, and irrational. Orientalism has been described as “a corporate institution for dealing with the Orient...dealing with it by making statements about it, authorizing views of it, dominating it, describing it, by teaching it, settling over it and ruling it...” (Said, 1978, p. 3). In the context of our discussion, the culture of Orientalism in Western science means approaching non-Western science from a certain power structure and political ideology; in the words of Edward Said, “a strategy of flexible *positional superiority* which puts the Westerner in a whole series of possible relationships with the Orient without losing him the relative upper hand” (Said, 1978, p.7).

The strategy of flexible positional superiority characteristic of Orientalism appears very relevant when considering the professional practice of the Western healer who is offering non-Western traditional healing. There are two characteristics of the participants' approach to the foreign modality they practice that stand out in terms of positional superiority. The first idea is that of non-Western medicine as a free bouquet of welcoming largess in which the Western therapist is welcome. The second is the implicit freedom for the Western therapist to partake of the largess in a *unique creative style*, meaning not in the way of studying or practicing it that is at present current in the culture itself, nor particularly in the way it was historically once practiced in that culture, but in a way that suits that particular Western practitioner *as an individual*.

One of the participants, Athena, stands out in her perception of the sense of the abundant availability of the variety of South Asian traditional healing methods as compared to the protected sphere of Western medicine and psychotherapy with its rigorous qualification and licensing process. As a “healer using Ayurveda,” Athena gives us

a taste of this sense of freedom when she tells the story of her training process and transition from spa instructor at the successful Aveda beauty corporation to Ayurvedic trainer for the conglomerate.

As she tells the story, Athena is going about her job as a spa instructor when the owner of the corporation,

a hairdresser from the 70's popping cocaine...gets in an accident and goes to India and now he's become a saint. And he's been healed by the swami's and he's been integrated into Ayurveda and he tries to convert all his flamboyant team of that lifestyle into holistic. So he had to get rid of all his staff and hire new people and new consciousness.

Athena happens to be one of these aforementioned new staff and she starts her training through Aveda's professional training program. In her embracing of the training program, Athena exhibits the kind of naive sense of wonder at the ease of the training that we find to be typical of the leftover Orientalism referenced earlier. There is no sense of thoughtfulness about Ayurveda being a system of medicine originating in India and the typical Ayurvedic medical doctor's qualifications being about a 5-7 year process, much like a Western medical doctor. Rather there is a rapid and excited escalation into the process of qualification with an almost manic innocence about the complexity of such a process for practitioners in India, the culture in which Ayurveda originated. Athena says while she had an interest in Ayurveda, there had been no way of studying it formerly except by traveling to India, and she had not been ready to "do a hike" to receive the appropriate educational qualification. However, to her delight she finds the education has come to her in the form of the Aveda professional training program for Ayurvedic beauty practitioners. Unfortunately, the idea of being educated in Ayurveda via an Aveda program is somewhat the equivalent of comparing a dermatology based medical specialization (an eleven year process) to a drugstore diploma in cosmetics application; yet this issue is not raised by Athena. Instead, the questions of depth and complexity are banished in a wave of excitement and name-dropping generated around meeting various well known and charismatic Ayurvedic doctors, and the overall sense is that Athena is able to imbibe the essence of a whole medical system by some kind of osmosis.

By the time she is providing training to over ninety beauty schools at the Aveda corporation Athena decides to get some more training in Ayurveda, and as she develops as a healer we see again the sense of largess she experiences around training with Ayurveda. She strikes up a connection with a well-known Indian doctor of Ayurveda and reports that “we just hit it off,” and she decides not only to train part-time with him but also spontaneously move into the local Hare Krishna temple “because it’s like going to India...and I can treat all the devotees at the temple as my case-studies”.

Athena’s India is not a place as much as a sensual reality, her training as much as an introduction to a medical modality as it is a way for her to live in tune with her senses. In answering questions about her training, Athena speaks of her fascination with temple deities, the intoxicating scents of jasmine flowers and incense, and barely grazes over the content of the “Ayurvedic” classes she is having. She does not complete her training with the doctor she mentions because now she feels the urge to travel to India. Once again the idea of creative osmosis looms high as she moves from one practitioner to the next, receiving an inculcation not only into Ayurveda but also into Indian astrology (Jyotish), spirituality, and philosophy, and even acquiring an Indian name in the process. Her training in the Indian medical arts is eclectic and she parleys her experience as a practitioner of these arts via the medium of being a beauty salon worker such that “a full leg wax becomes a full Jyotisha session”.

Eventually Athena describes her training as complete; she has received her diploma as a practitioner of Ayurvedic medicine, and decides that she does not want to go to a formal medical training in India. She bypasses this step of formal medical training—which in India would be necessary for a professional to declare themselves an Ayurvedic practitioner—by calling herself a “rasayana therapist”. Rasayana therapy is a branch of Ayurvedic Medicine related to rejuvenation therapies and ordinarily in India there is no such possibility for a practitioner to qualify themselves solely as a Rasayana therapist. However, free of the limits that might crop up in the country of origin of the modality, Athena is able to do “an integration of everything...Nadibigyankriya mixed with Jyotisha mixed with the whole spa beauty therapy...” She looks at clients’ “symptoms, emotions, karmic debt” and reports a mind-boggling array of

interventions that she utilizes with clients depending upon their needs, as well as a range of Ayurvedic treatments in which she provides training to aspiring aestheticians.

While Athena herself is careful not to call herself an Ayurvedic doctor and to refer out patients who have a “medical condition,” the fact that she is able to study and then implement and even teach bits and pieces from what would normally be a full medical education in traditional medicine is, we believe, a form of Orientalism, in that it approaches the Oriental medicine from the convenient vantage point of a capitalist consumer who can shop and trade those items desired and jettison those that are undesirable. Athena herself exercises caution in treating medical conditions and is therefore well within any limits of liability. However the process of her approach—not her personal morality or ethics—is worth commenting upon because it incorporates so many elements of fantasy wish fulfillment, capitalist ideology, individual choice and personal freedom, the very things that many find necessary to give up from their medical education, whether in India or in the West.

Another participant, Mark, also prefers the freedom of a non-structured curriculum, choosing to end his PhD program in psychology and practice with a master’s degree while continuing to study yoga in free-form class structures. Like Athena, both his method of training and his clinical practice offer Mark the freedom of integrating Eastern methods into psychotherapy without supervision or licensing from either discipline, but nevertheless using the terms “psychotherapy” and “yoga” to describe his practice. He practices psychotherapy without supervision because he feels he works in a way wherein it is not helpful to have a psychotherapy supervisor, and “talks to” many different yoga teachers rather than one. The practice of having different yoga teachers is a quintessentially North American. According to Mark, this is to avoid idealizing a single teacher. Oddly this concern around idealization, very common in Western practitioners of yoga, is virtually absent in India where it is considered diligent to study many years with a single teacher. Being endowed with the right to choose, based on personal preference, the type of education in a healing art versus feeling the need to follow a previously clarified and structured educational program can be linked to the literature around cultural differences in self-concept. In cultures with egocentric or independent self- concepts such as North

America, the individual is regarded as an autonomous, separate entity, socially sanctioned to assert personal needs, desires, and goals, while in cultures with sociocentric or interdependent self-concepts, like India, the individual is framed by his or her place in the social network, rather than by personal autonomy or agency (Wainryb & Turiel, 1994).

Given the historical existence of power dynamics between Western and non-Western countries, the possibility of a culturally equitable sharing of healing knowledge may appear impossible. Yet the mere exercise of freedom and choice are not inherently Orientalist, and research has suggested that both Western and non-Western individuals exercise freedom and choice, however they tend to do so in different ways (Wainryb et al., 1994). We argue that increased thoughtfulness around the use of freedom and choice, coupled with awareness around pre-existing economic and social hierarchies, would be a step towards such equitable knowledge sharing. At a fundamental level, holding cultures on equal footing has to include the acknowledgement that traditional healing represents a structured system of ordering, classifying, and explaining illness, inasmuch as the biomedical system that is also a cultural system in its own right, complete with its system of beliefs and faith in precise methods and forms of knowledge (Kleinman, 1995). Exercising personal choice to pick and choose pieces of the traditional healing system to practice, while simultaneously according the respect of 'medical' only to the Western biomedical system, is Orientalist in that it uses the dominant characteristics of one culture to describe, explain, and understand another culture, versus meeting that culture on its own terms.

In a culturally equitable transaction, healers would receive training in the cultural modality as per the formal education system of the culture, either as it stands in the present or as it did in antiquity. As it stands, cultural variations in moral concepts are not equally acknowledged. Rather, a morality based on autonomy, personal freedom, and rights is being asserted over a morality based on interdependence, duty, and the maintenance of social roles (cultural variations in morality described in Shweder, 1986). Conversely, Western medicine in India has enjoyed the respect of a morality based on duty and the maintenance of social roles: Colleges and universities offer the *Medicinae Baccalaureus*, *Baccalaureus*

Chirurgiae (Bachelor of Medicine degree), seek accreditation from noteworthy institutions in the West, and do not offer opportunities to receive parts of the MBBS training piecemeal.

It is worthwhile to note that present day Orientalism is a co-constructed reality. Doctors of the Ayurvedic medical system in India been willing to teach pieces of Ayurveda to Western practitioners—medically qualified and otherwise—who want to “incorporate” it, whereas they typically would not do the same for Indian students. Similarly, yoga teachers in India now offer “intensives” for Western students where advanced material that is typically taught following years of study and practice of the beginning material is now presented immediately. The Indian government has not taken measures to provide protection for their medical system and has thus contributed to the overlap between Ayurveda, yoga, and spa in the popular consciousness. Finally, the lack of liability and medically based litigation surrounding Ayurveda coupled with the Western idea of legally based morality contributes to the sense of freedom and availability of individual items from Ayurveda’s menu to be had for parcel and take-out service.

The Quest for Professional Identity: The Creation of the In-Between Healer

Western-trained practicing healers who are drawing extensively from non-Western tradition can be viewed as circumspect, even amongst their peers. While extensive research on complementary and alternative medicine has to some extent normalized certain non-Western medical traditions, non-Western healers who practice the less-researched traditions tend to have a difficult time gaining legitimacy amongst their mainstream peers who synonymize “scientific” with healing systems that have already been verified by the Western evidence-based method. The growth of multicultural and diversity counseling psychology and psychotherapy as a field has successfully legitimized the need for Western doctors to work alongside traditional healers (Moodley & West, 2005). However, the Western healer practicing a non-Western method is still of circumspect status. By nature of forging a bicultural practice largely created on individual terms, such a healer’s professional identity, is not explicitly clarified by a set of goals and objectives set up by a regulatory or licensing body as is the case with conventional

medicine, psychiatry, or psychology. If called upon to discuss and clarify their professional identity, these healers cannot fall back on naming one of the conventional categories of Western training because they do not fit neatly into any one category. When they attempt to explain their professional identity, the conversation turns quickly to culture.

Certain commonalities unfold amongst the healers interviewed, and these commonalities come from their personal and professional journeys. Based on the interview data, the culture of the in-between healer includes a few stages not dissimilar in some ways to a Jungian hero's quest. These stages are: A sense of yearning for certain cultural elements absent from the mainstream, a personal quest for healing, an answer to this quest via means of a non-Western tradition, and the development and articulation of a professional identity in which the healer brings back to his culture of origin the most valuable aspects of the healing modality, as well as taking pride in his or her sense of preserving the continuity of the heritage from which the healing modality is from.

For many of the therapists interviewed in this study, the development of their professional identity involved a personal search for something that was not found in the Western culture in which they lived but that they were nonetheless exposed to prior to beginning their professional life as Western healers. "I was essentially led there by my own needs," reports Lisa, a psychotherapist, when asked about how she became a healer who uses meditation alongside psychotherapy. Lisa had once learned yoga and returned to it after she began training in Western psychotherapy that she found lacking in body-awareness. After she was able to receive help for the headaches that bothered her in graduate school, she began to read more about mindfulness and saw an opportunity for it to become more mainstream if integrated into psychotherapy.

Another one of the participants whom we described previously, Athena, evokes a deep longing for a return to a nostalgic past in which she grew up amongst the medicine women of South America, where women's community and the "earth's wisdom" held a place of great importance. She finds this sense of return in Ayurveda, not by studying it under the structure of a medical degree as would be the case were she was growing up in India, but by dipping and diving into sensual and spiritual aspects of Hindu culture

alongside receiving academic training in Ayurveda with the freedom of an unstructured curriculum where she picks and chooses the Ayurveda teachers that she wants. In this way she receives her own sense of personal healing while also qualifying herself as an Ayurvedic healer.

On the other hand, Mark describes a sense of disconnection from society at large from a young age: “My uncle was schizophrenic and he was my best friend,” and a sense of wistfulness for the community that his uncle has at the mental health center where he lives. Through his uncle, Mark finds music, the Beatles, and yoga, and revels in the connection between “psychology, spirituality, and community.” Years later, when he falls into a major depression, Mark returns to these beginnings and starts studying yoga and meditation as well as receiving psychotherapy. He chooses a career as a therapist in order to fuel his personal growth and then finds these precious cultural elements missing from mainstream psychotherapy. The realization that Western psychotherapy seems to “end” with the individual self comes along with the sense that “the talking cure seems limited.” Using the awareness of the breath and body that he has gained from yoga and meditation, and his personal knowledge that there exists a realm of spiritual experience that lies beyond an individual, Mark integrates yoga and meditation into his psychotherapy practice as he has for so long in his personal life. Thus his path has a process of bringing back to his culture of origin, to his community, the cultural elements that he was exposed to in childhood at his uncle’s halfway house but found generally missing in the mainstream professional sphere, yet present in the yoga community and tradition.

Following the quest for personal healing and the answers becoming available in the traditional medical systems, the healers bring their learnings back to their own culture of origin. In doing so, a kind of healer mythology gets created, a kind of cultural agreement that appears to prevail amidst the interviewees. This agreement holds that their efforts to integrate the traditional healing modalities into the Western mainstream is helping preserve the purity and promulgate the future of these modalities. Thus dance teacher turned yoga therapist, Mary, explains during her interview that in choosing the particular teacher and yogic tradition, she is part of a movement to prevent reducing yoga to a brand or a style. Mark, who integrates

yoga into his psychotherapy practice, also sees himself as a protector of essential elements of yoga that are being lost. “Yoga in India has died you know” he says, “And it’s only being resurrected now by a return from the West back to India.”

Clearly, the efforts at preservation and propagation of the traditional medicine modalities is taking place in a way that is quintessentially Western. In Lisa’s case, for example, meditation classes are formed around symptoms like fibromyalgia and chronic fatigue. Individual creativity and entrepreneurship are valued over rote adherence to original teachings, and new ideas regarding the application of meditation to different symptom sets are researched and publicized. Again, in Lisa’s description, as these new ideas become integrated, the “product” that gets defined as having an empirical result is “Mindfulness Based Stress Reduction” (MBSR), the brain child of Jon Kabat-Zinn, a Westerner.

Using meditation as a cure for various symptoms and renaming it MBSR raises some questions about culture and intellectual property that Lisa does not address in her interview. Nor are these addressed by the large and somewhat economically profitable MBSR community in its teaching and coursework.

This study echoes a sense of manifest destiny around the Western healers’ particular and special role to play in history by virtue of their actions of bringing Eastern knowledge to the West. Lisa uses the metaphor of a tide from the ocean that cannot be pushed back unless all the water evaporates, and she speaks of a “Third Wave” in psychology that will include the Eastern methods. However, her perspective is solely from the point of view of the importer of the therapy, not from the perspective of therapies in relationship to each other. Mark speaks of a “resurrection” of yoga that is spearheaded by Westerners and brought to India, analogizing himself to yogis such as Krishnamacharya who left India to study yoga in Tibet where it was more satisfying to him. He comments upon the lack of Indian students who study yoga and the gaps in the development of yoga that exist in India and are being filled by the West. As we read his and the other narratives, what stands out is that as the participants speak about their special role in bringing the East to the West, the healers are not simply describing a Westernizing of the traditional modality but, at a more personal level, they are describing their own role in relationship to the healing art they practice. In clarifying their

professional identity between cultures, the archetype of the cultural savior emerges amidst the participants. Not only does the Western healer propagate and fuel renaissance of a tradition that is at risk of losing ground in the country in which it originates, s/he also brings the wealth of that tradition to his own country's medical system that is starving for such new energy.

Conclusion: Ethical Concerns in Culture and Healing

Our objective in writing this paper was to give voice to the motif of culture and culturally based power dynamics in the case of Western born healers whose practice includes a traditional healing modality from another culture. What we noticed in our analysis of interview data is that Western healers who practice traditional non-Western medicine, a group whom we termed the "in-between healers" due to their culturally unique position, have a set of commonalities that mark their professional development. Together the in-between healers form a sub-cultural group that has an agreed upon value system that includes looking to traditional medicine for the pieces that they as individuals felt were missing in Western healing, and importing those pieces into their professional practice. In the process the healers become cultural emissaries (of sorts). Following a personal search for meaning they are able to share the answers that they received in that search via a professional practice that integrates the elements that were personally useful to them. They are supported by a free flow of information between traditional and Western medicine that appears to support piecemeal learning without the accountability that medical learning typically requires.

In our analysis we hypothesized that at the heart of the culture of the 'in-between healers' was the presence of a culturally entitled 'Occidentalism,' a perspective of looking at South Asian healing traditions in an objectifying way that was 'West looking at East,' versus cultures looking at each other in reciprocal dialogue. The study suggests a need for the dialogue of cultural difference, borrowing, and sharing to be brought into these communities in order to raise awareness about some of the issues of authenticity and expropriation discussed above. These issues are linked to certain internal cultural attitudes and belief systems (see Table 1) on the behalf of these Western healers and as such may need to be addressed through dialogue with traditional healers and teachers.

Table 1

Issues, macro problems, historical links, and cultural attitudes associated with the 'in-between' healer.

Issue	Macro problems	Historical links	Cultural attitude to be addressed
Healers learning piecemeal interventions in unstructured settings	Limited learning being marketed as specialty Lack of holism in learning	Colonialism/Orientalism Excitement around the possibilities of an East waiting to be discovered Cartesian dynamics towards medicine	Entitlement Exoticism Culturally encapsulated approaches to learning
Healers re-inventing a traditional modality based on their individual subjectivity	Intellectual property not well-respected Fully qualified traditional healers at risk for competition from trendier creatively qualified "combination" healers	Neo-Mercantilism: import of Eastern raw materials to the West and export of Western finished goods worldwide at the cost of the local industry	Manifest Destiny Objectification of the East based on Subjectivity of the West
Western medicine delivered in fixed structured and regulated format, Eastern medicine available in informal, unregulated and flexible formats	Both Western and Eastern healers collude to offer a quicker, more convenient route to qualification and practice	East opening to Western trade and resultant exploitation	Unexplored power dynamics Unexplored questions about how this affects local healers in the countries where the traditional modality originated

Perhaps the most meaningful first step in this awareness raising would be a further definition of terms and issues to further clarify the particular power dynamics, economic and intellectual property issues that are raised by this type of importing of knowledge. ‘In-between healers’ tend to operate in the absence of structured curriculum and regulatory bodies. They appear to rely on the presence of informal communities who are connected by the shared experience of development as traditional healers and as bringers of this healing back to their cultures of origin. Raising awareness about cultural issues could take place alongside the collection of further data to ascertain to what extent issues of cultural entitlement and objectification pervade amongst Western born traditional healers, the current study being from a very limited data set. Finally, a dialogue needs to be created between the teachers and healers of South Asian healing traditions and Western trained practitioners to explore the ethics of integration, the politics of authenticity, expropriation, and questions of clinical practice.

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Living Intelligence: A Traditional Weltanschauung to Promote Appreciation of a Meaningful Universe

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Abstract

A materialistic and objective view of the world has predominated in science for centuries; and a strict scientific view renders the cosmos as random and personally meaningless. However, traditional medicine views nature and the cosmos as intimately related to our personal experience and growth. While the traditional view has been termed "animistic" and considered primitive by modern science, this paper will propose that the traditional view may be a more useful and productive view of reality. Looking at examples from Native American and personal experience, this paper proposes that a traditional perspective helps foster a view of the universe that promotes psychological wellness and better fits emergent science and psychology.

Keywords: shamanism, disenchantment, Jung, magical consciousness, collective unconscious, trickster archetype

Introduction

We live in a disenchanted world. It is an argument made by many and particularly by a founding father of sociology, Max Weber. Weber borrowed the term 'Entzänberung der Welt' from Friedrich Schiller and suggested that the modern world had become more rational. Mystery and the magical had retreated in the face of scientific understanding and a more calculated bureaucratic and objective view of the world (Gerth & Mills, 2009). Another son of Victorian society, Sigmund Freud, suggested that religion was an illusion, close to delusional, a belief system common to children, mentally ill, and the primitive (Freud, 1961). The mystical and magical was extricated from

the intellectual domain. The modern ‘secular’ view left us in a relatively random and meaningless existence, albeit objective and understandable. However, traditional and indigenous views continued to see the world around us as intimately related to us. For traditional cultures, our needs and concerns were reflected in our environments and knowledge was obtainable, not just by observing, but by asking. In fact, this worldview is not lost to history but very much alive in traditional healing practices, as well as modern esoteric religions such as Wicca and western paganism.

This paper will argue that the traditional worldview which sees the universe as alive may in fact offer an important correction to a strict materialist, deterministic, and scientific view. The traditional view was termed ‘animistic’ by 19th-century religious scholars and social scientists (Taylor, 1871/ 2010). Animism was a view considered to be primitive and is still associated with immature or psychopathological thought processes. However, traditional practices still persist. For example, an eagle flying overhead may signal a message to a native medicine person and the message may help dictate a course of action. I believe that this perspective has persisted because it offers psychological advantages to those who understand how to think magically in a sophisticated manner. Thinking in a traditional way, thinking magically, offers a correction on a detached and antiseptic approach that too often leads to poor bedside manner in medicine.

Thinking magically in a sophisticated way, as I view it, consists of cultivating an awareness of one’s environment and how it affects the perceiver, as well as how the perceiver is effecting his or her environment. It involves cultivating intuition, a mindful approach to one’s surroundings and a sensitivity to gut feelings; an awareness of unconscious processes as they emerge into preconscious realms; a hypersensitivity to our relationship with living things which feels as though one is communicating with them, that is, with plants and animals. Traditional medicine people would argue we can communicate with them.

There are examples of this type of communication, what I call ‘magical thinking,’ in modern psychology and medicine. For example, Carl Jung talked to Philemon, a winged male figure that he came to appreciate as a manifestation of the ‘old man’ archetype. Jung understood Philemon to be a representation of superior insight (Jung,

1963): “I understood something in me which can say things I do not know and do not intend, things which may even be directed against me,” while Philemon argued that Jung “...treats thoughts as if I [Jung] generated them...in his view [Philemon] thoughts were like animals in the forest” (Jung, 1963, p. 183). He felt that engaging the imagination in a deep way, a way that honored the autochthonous characteristics of the archetypal, helped one to facilitate personal ‘individuation,’ his idea of psychological and spiritual potential. Josef Goldbrunner explains, “Individuation does not lead to individualism but breaks down the barriers and walls which the ego has erected between itself and the surrounding world” (Goldbrunner, 1966, p. 122). Goldbrunner continues to argue that the process toward individuation leads to true objectivity.

To be objective means knowing the real object and acting with it, not with some illusory object that is “desired....The process of differentiation from the Persona and the removal of the personal unconscious which occur in the cause of individuation make one sensitive. It is as though a protective skin had been removed and the naked soul exposed to reality and its own experience. (Goldbrunner, 1966, p. 122)

Furthermore, there is a field of literature that argues doctors can cultivate an intuition of other’s health and illness that allows them to appreciate signals and messages from patients that supplement their objective analysis with an understanding that is deeper and more effective, essentially a ‘radical empathy’ (Hefner & Koss-Chioino, 2006; Schulz, 1999; Shealy, 2010).

There is a tendency in the training of modern physicians to diagnose, analyze, and cure illnesses as a mechanic diagnoses a dysfunction in an automobile. As the problem is objectified and fixed, the patient and his or her illness is objectified and the person is sometimes forgotten. As the world is objectified, it becomes a resource to utilize rather than a vibrant living being to interact with and a source with which one can build a relationship. However, the traditional healer assumes the world and its constituents are beings with whom we can build a relationship and with whom we can communicate. Let me give an example that comes from my friend and colleague Don, himself. I was visiting in Albuquerque, New Mexico and needed to pick up some extra clothing. We went to a

used clothing store on the outskirts of the city and I started looking through the racks of men's shirts, searching for those that were my size and ones that I thought were fashionable. At one point my friend came over to me, watching me carefully.

I had narrowed it down to a few shirts that I thought I might want to buy. Don reached in and start to handle the shirts. He pulled one off the hanger and felt it, holding it in his hands with a look of concentration and thoughtfulness. He held another shirt stating something to the effect of, "You *don't* want this one," he laughed and said "Someone probably died in this one." He handled a few more shirts and then held one in his hand and surprisingly said something to the effect of, "This one has got nothing. It's like it's brand-new or had never been worn." Then he suggested I get that one. As I looked at the shirts and him somewhat perplexed, he looked back at me and said with a shake of the head, "You should learn how to do this."

A worldview that defines the universe as alive and intelligent is common to shamanistic and indigenous spiritualities across the world. My Native American friends and colleagues in North America communicate with nature and are sensitive to information that they can feel in items in the world around them. Likewise, shamans in Asia interact with nature spirits and European pagans collaborate with fairies or powers in the forest. The anthropologist Susan Greenwood (2005) defines this mode of thought as 'magical consciousness.' She argues that this mode of consciousness does not see the material world as inert but rather as vital. She makes an alternative point and does not distinguish magic from science or the irrational versus the rational. Rather, she argues that magical consciousness is an expanded awareness that is common to earth-based or nature-based religions.

[M]agical consciousness is an expansive awareness—one that actively develops the imagination in making connections between other things both seen and unseen—that constitutes the basis of magical practice. Above all, magical consciousness concerns the awareness of the interrelatedness of all things in the world. (Greenwood, 2005, p. 7)

Being sensitive to messages in the world around you involves ways of thinking about consciousness and human behavior that push the boundaries of our present understanding in psychology and psychiatry. Dean Radin (2013) goes as far to argue that the potential

for superhuman abilities is outlined in ancient yogic texts. He explains that they are now finding scientific confirmation. However, even a fundamental shift toward an animistic worldview opens us to psychological insight and growth that we would otherwise not foster. Mental practices described by Radin may lead us personally and collectively to greater spiritual awareness and amazing feats. However, I believe that merely cultivating a more intuitive and sensitive presence in the world can surely open us to self-improvement. Let me share a story of my own attempt at fostering this type of consciousness.

I remember driving to the north section of Chicago to pick up some supplies for a weekly gaming meeting that I attended with my son, Matthew. I was in search of a place called the 'dice dojo' that sells board games and gaming equipment. I was actually excited as I was looking forward to purchasing some items to enhance the weekly role-playing games that had become inordinately important to me. Each week, I took my son to meet some of his friends and their dads to delve into pure fantasy: Adopting new identities, solving puzzles, and battling evil. The role-playing games at the local comic book store had become one of the few creative outlets that I had at the time. These social excursions of 'pretend' were activities that I looked forward to, perhaps to an unreasonable extent and I fear, at times, even more than my son.

'Gaming' had become one of the few creative outlets I had in a period of life where most of my time was spent preoccupied with managing a business, business activities I had come to loathe. I had to fight with insurance companies to get paid for work rendered to people in much need of psychological services. However, the tendency to have claims denied and thus work hard for nothing was frustrating, difficult, and draining. Not getting paid had made work at the hospital aversive. I came to crave the short periods of time spent engaging in pure fantasy, critical thinking, and play.

So, driving to the north side was a moment of peace, in spite of the fact that I was driving through Chicago. Streets come together at odd angles, the L (elevated train) rides overhead and buses stop abruptly to pick up passengers; passengers dart across the street, often oblivious to traffic, bicyclists, moms with baby carriages, it is all cacophony. However, I am pretty happy to be in it, for the most part. I am exploring the city and heading to the game store.

Briefly, under the elevated train track and peeking out at me from a shop window is an image of a laughing skull topped with a jester's hat. The shop was tucked away among a variety of stores at a strange juxtaposition of streets next to a triple intersection and train tracks. It seemed a bit hard to get to and crowded by other advertisements, signs, and pictures. Yet the image stuck in my mind. It was a skull, laughing, colorful and menacing. I continued to drive thinking, "Hum, what the hell was that?" But it stuck, I was intrigued, curious and I promised myself, that when I had time, I would go back and explore.

This jester of death came to haunt me over the next several days and continued to captivate my imagination. I have come to collect quite a few T-shirts, cups, and other items with depictions of similar images which I have come to refer to as the 'Skeletal Jester.' The gaping mouth and grinning teeth of the skull, laughing, wearing a hat so colorful with bells dangling. It is an interesting juxtaposition of images, death and the fool. It is an image that speaks to antiestablishment feelings, mocking and foreboding. It also connotes mortality and perhaps a fair amount of menacing morbidity. Certainly it is associated with a rebellious sentiment. When I returned to explore the area, my Skeletal Jester was on the window of a store that sold smoking paraphernalia and water pipes. This was truly an interesting excursion; this was definitely a subculture of rebelliousness. After all, medical marijuana was not yet legal in Illinois, certainly not recreational use. I had not seen a store like that since high school in the 1970's or at least since I had visited Amsterdam several years earlier. It was funny and it definitely stirred up feelings of rebelliousness and freedom, but combined with some self-consciousness—I mean, I was a 50 year old psychologist hanging out in a head shop. Still, this image became something of an obsession and I began to grapple with unconscious impressions that I felt were trying to tell me something.

The Skeletal Jester or 'death and the clown' is an old juxtaposition of symbols. It is a notable theme in the works of Shakespeare (Shickman, 1998). It is maybe best exemplified by the following quotes from one of his plays, *The Tragedy of Hamlet, Prince of Denmark*, in which a young prince looks death in the face.

Hamlet Act 5 Scene 1

Hamlet is in a graveyard with his friend Horatio and picks up the skull of his father's jester 'Yorick,' holding it in his hand.

Hamlet: Alas, Poor Yorick! I knew him Horatio: a fellow of infinite jest, of most excellent fancy: he hath borne me on his back a thousand times; and now, how abhorred in my imagination it is! (Barnet, 1998)

Hamlet is literally looking death in the face and imagining his old friend's fleshy face, as he knew him. At the end of his speech he says,

Prithee, Horatio, tell me one thing.

Horatio: What's that, my lord?

Hamlet: Dost thou think Alexander looked o' thus fashion I' the earth?

Horatio: E'er so. (Barnet, 1998)

Shakespeare uses the Skeletal Jester to make a point. The jester, the fool, was the only one in the court who could question and poke fun at the King's opinions. His mocking could challenge, asking: What is really important? What is true? Likewise, death is the great equalizer of all people, kings and fools both. All vanities, power, and prestige are nothing in the end.

Arguably, the Skeletal Jester is an example of the 'trickster,' a symbol found across cultures. In traditional societies, the trickster is not merely a literary device but is sacred. George Hansen in *The Trickster and the Paranormal* argues that C.G. Jung's idea of the archetype is useful to understand the trickster's role. Trickster tales across cultures involve themes such as liminality, loss of status, questioning the status quo, and supernatural manifestations (Hansen, 2001).

The image continued to weigh on me with a fair amount of emotional curiosity and temptation. I began to engage the Skeletal Jester and I am suggesting that everyone can work at cultivating an awareness of these types of messages. It is a conscious effort to awaken intuition. To awaken one's intuition, we need to challenge ourselves to break the bounds of our habits and daily limitations, to broaden our awareness to thoughts and feelings beyond our immediate consciousness and to notice the messages around us. This is in fact what the shaman does.

The Skeletal Jester, elaborated in interactions with my own unconscious, was telling me to focus on what was important. Not just time with my son but making sure I allocated proper time for creative outlets and spiritual searching. This trickster questions the status quo, and too much focus on the mundane and social business can be psychologically and spiritually stifling. The imaginal and creative must receive its due and be given proper attention.

The type of worldview I am advocating was also proposed by Carl Jung in his paper, *Synchronicity: An Acausal Connecting Principle* (Jung, 1960). Jung argues that a non-causal principle is at work in the collective unconsciousness. He argues that processes in the external world can have relevance to our psychological processes and events may be connected by meaning rather than causal determination. Meaningful coincidences reflect a profound underlying structure to the universe that is entwined with consciousness and he believed that the new discoveries in physics at the time were relevant to understanding this deep structure. Jung engaged in discussions and correspondence with Wolfgang Pauli, a cofounder of quantum physics (Atmanspacher & Fuchs, 2014). They suspected that consciousness has a deep relation with the very fabric of reality, an idea that continues to this day (Lindorff, 2013).

Now, to return to my personal example of the trickster, and perhaps an example of Jung's idea itself, I will reference a video that was posted on social media by a friend after I had started writing about the Skeletal Jester. In July 2015, CBS News, Channel 2 in Chicago, Illinois ran a news report that showed a video captured by a young married couple at a cemetery less than 2 miles from where I live. Around 10 pm, the couple was driving by the cemetery which houses the final remains of several historically famous individuals from the state of Illinois, such as the financial moguls Richard Warren Sears and Aaron Montgomery Ward; Charles Dawes, who was Vice President under Calvin Coolidge; and John Shedd of the Shedd Aquarium.

The couple noticed a tall clown, slowly waving at them from behind the fence. He or she must have broken into the cemetery, as the gates are locked in the later afternoon. They quickly took a video of this jester, slowly waving in the dark with the tombstones in the background. The wife stated she was "freaked out" when she noticed someone in the cemetery. She reported, "When we get closer, we

realize it's a clown, which is super weird." As the interview goes on she acknowledges that somebody put a lot of effort to do this, repeating that it was "weird," "really weird," and "super weird" at various points in the interview. Clearly, the experience unnerved her and she concludes, "I just think it's creepy and wrong."

I was happy to come across this news report as I was working with the idea of the skeletal jester. The clown in the graveyard presents the same juxtaposition of death and the fool. Furthermore, I was not surprised by the wife's reaction although I believe it supports my hypothesis. The trickster's purpose, in this case the Skeletal Jester, is to poke fun at our cultural assumptions, and challenge our complacencies, our inauthenticity. His job is to make us feel uncomfortable and shift our view to the big picture, to stir our existential concerns, to challenge our ethical and aesthetic assumptions. Apparently, clowns in graveyards are a phenomenon found around the USA. The news report stated examples from California to New York. I'm not sure how aware or philosophical these clowns are? I suspect they are predominantly pranksters. But nevertheless, I feel their efforts reflect the archetypal theme I have presented. The Skeletal Jester is alive and well, and I would like to think they are suggesting that everyone question their assumptions, challenge their beliefs and think outside their comfort zone.

Taking traditional worldviews seriously can help us all think outside our comfort zone and expand our awareness of ourselves in the world. A traditional worldview has something to offer modernity, and as Jung suggested, a rectification of a strictly mechanistic and rational perspective. Focusing on subtle sensitivities and careful observation has arguably led the human race to great insights, scientific advancement, as well as psychological and spiritual growth. However, science often gives little credence to information provided by subtle senses. For example, meditation has been around for thousands of years, yet only considered a legitimate object for scientific examination when modern technology offered ways to observe and measure meditative phenomena in the 1970s (Goldberg, 2013).

The shamanistic, the magical, the traditional views of the world focus on cultivating sensitivity to our own interiority and how our inner world relates to and reflects the outer world. Traditional perspectives fostered intuition; they recognize internal impressions

catalyzed by communications and interaction with the world. The outer world and our inner world become more interactive and less distinct. I would argue that this type of sensitivity to the world results in greater respect for all and a greater appreciation of our environment. Realization of our interdependence with the world leads to greater responsibility and appreciation of our fellow human beings and living things in the world. Furthermore, keeping in touch with those liminal realms helps foster messages from our unconscious which leads to greater creativity and encourages greater contributions to society. Finally, paying homage to the trickster helps us not just to attend to the status quo but to 'what might be,' and helps us question authority in productive ways that lead to better ways of being in the world. It can lead to what William James argued is the sense of something missing in life, which promotes our own confrontation with spiritual urges and promotes our spiritual development (James, 1982).

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Re-Contextualizing Mindfulness Meditation: Integrating Traditional Buddhist and Contemporary Approaches to Healing and Well-Being

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Abstract

Mindfulness meditation has become increasingly popular in the west as an intervention for a number of medical and emotional disorders. From its onset it has been presented as a secular form of Buddhist meditation in order to widen its accessibility. Within the Buddhist spiritual tradition, mindfulness is considered as one of several key practices that are deemed to be integral to the cessation of suffering and psychic pain, and the cultivation of unconditional emotional health and well-being, sometimes termed nirvana or enlightenment. This article argues that modern mindfulness meditation may show more robust clinical outcomes and benefits if it is re-contextualized by integrating the key elements of the Buddhist path to well-being, each of which addresses different aspects of human functioning and which holistically can profoundly transform the personality.

Keywords: mindfulness meditation, Buddhist mindfulness, Buddhist psychology, eight-fold path, mental health

Introduction

Twenty-five centuries ago in what is modern Nepal, Siddhartha Gautama, after many years of self-examination, reflection, and contemplation, awoke from the 'mirage' of distorted and destructive beliefs about his own identity, the nature of his mind, and of the phenomenal world. He had undergone a radical metamorphosis. He emerged from the limitations of his conditioned personality as

Siddhartha Gautama and realized the state of empty Being, the Buddha ('Awakened Mind'). Hence began a religious tradition, unlike any other, that emphasized the psycho-spiritual transformation of the self as the path to liberation. In the ensuing centuries, Buddhism spread from the Indian sub-continent to become the dominant religious tradition in a number of South and East-Asian countries. Much more recently, within the past few decades, Buddhism has spread throughout Europe and North America as well (Laumakis, 2008; Lopez, 2002; Seager, 2012; Schumann, 1989; Williams, 2000).

Growing Popularity of Secular Mindfulness Meditation

One of the benefits of the expansion of Buddhism to the West has been an explosive growth of interest in meditative practices among the public at large accompanied by a corresponding scientific interest in Mindfulness Meditation. Popularized by the work of Jon Kabat-Zinn (1990, 2003), this most well known aspect of Buddhism has received intense research interest. Within the last few decades, hundreds of studies have demonstrated that Mindfulness Meditation could significantly enhance physical and mental well-being, alleviating dysphoric emotions, improving quality of life, and reducing disability in a wide range of mental and physical disorders (e.g., Chiesa & Serretti, 2011; Siegel, Germer, & Olendzki, 2009). In addition to showing benefits on mental and physical well-being, extraordinary claims for Mindfulness Meditation are also often made (e.g., modifying the structure of the brain, slowing down cellular aging, increasing longevity, improving the academic and social performance of children; Meiklejohn, Phillips, Freedman, et al., 2012). No doubt we are in a 'Mindful Revolution' with a growing commodification of mindfulness through an ever increasing number of books, treatment manuals, websites and apps that outline, step-by-step, methods to practice mindfulness meditation. Mindfulness-based interventions are now offered throughout healthcare and educational systems throughout the world and are widely available to the public (Chiesa, 2010; Grossman, Niemann, Schmidt, & Walach, 2004).

The fact that the majority of research studies are clinical in nature, with the goal of ameliorating physical and mental distress, has influenced how secular Mindfulness Meditation is conceptualized and commodified. That is, it has become a method, approach, or technique to treat clinical forms of suffering. Not surprisingly, secular

Mindfulness Meditation is increasingly becoming referred to as an 'intervention,' 'treatment,' or 'therapy.' In its evolution into what is essentially a clinical tool, it has been purged of any elements that would associate it with its traditional roots in the Buddhist teachings (Kabat-Zinn, 1990).

This article will not address the significant and troubling methodological limitations (e.g., lack of adequate control groups, poor internal validity, short follow-up, small samples, high attrition rate), conceptual confusion (e.g., how to define and measure mindfulness), and arguable empirical efficacy (e.g., lack of evidence for the majority of clinical disorders, only modest effect for mindfulness in controlled trials) of secular Mindfulness Meditation (Bishop, Lau, Shapiro, et al., 2004; Baer, 2011; Chiesa, 2013). Rather, this article will point out the striking differences between secular Mindfulness Meditation and traditional Buddhist Mindfulness teachings, which, beyond sharing the term mindfulness, share little else. Mindfulness meditation has always been associated with the path to enlightenment, nirvana, unbounded bliss, and happiness, ever since Siddhartha sat under the pipal tree and 'awoke' as the Buddha. The traditional teachings on meditation are situated within a context of radical transformation of personality and character. There is little doubt that within some (but not necessarily all) Buddhisms, meditation is considered the most important pathway to personal and spiritual growth, arguably the central soteriological Buddhist praxis that can potentially lead to the final overcoming of suffering, that is, psychic and emotional distress (Thera, 1973; Wallace, 1999).

The mindfulness practices that are developing in Western culture have been challenged to adapt to the Western context but yet retain some of the promise and potential that is explicitly associated with the Buddhist mindfulness tradition. Secular mindfulness practices have required the elimination from traditional mindfulness any semblance of its comprehensive bio-psycho-social-ethical (i.e., Buddhist) context in order to make it adaptable or acceptable to a cultural (i.e., secular and modern) context far removed from its source (Monteiro, Musten, & Compson, 2015; Rapgay & Bystrisky, 2009). In and of itself this adaptation to a novel cultural context is not necessarily problematic. In the same way that Buddhism as a religion has adapted to every culture it has spread, fusing with local traditions and practices, there is no reason to expect that a similar

adaptation should not be made to mindfulness as it takes root in Western culture. Mindfulness Meditation has increasingly become, some might argue, reduced to a cognitive technique, focused primarily on the regulation of attention and accompanied by certain attitudes (e.g., nonjudgmental, acceptance, presence, openness). Thus, the issue has less to do with the adaptation of mindfulness but rather, given the radical re-conceptualization that has characterized secular mindfulness, it has to do with whether such interventions can be expected to yield outcomes that resemble at all what has been attributed to the traditional Buddhist healing meditative traditions. Or, does the de-contextualization of this traditional Asian healing practice diminish what can be expected? Does the secularization of Buddhist mindfulness, essentially its re-casting as a cognitive technique, require that the projections and expectations for secular mindfulness meditation be made more modest, especially as mindfulness interventions are tested with increasingly difficult clinical populations (e.g., psychosis, addiction, trauma)?

Limitations of Secular Mindfulness Meditation

What has often been left out of the discussion of the power of mindfulness is that the extraordinary benefits attributed to Mindfulness Meditation can only be realized if attention is paid to every aspect of the human experience, every level of functioning, and not simply the 'cognitive' one that modern or secular Mindfulness Meditation seems to privilege. This is the key point on which secular Mindfulness Meditation and the traditional, cultural, contextual, spiritual Mindfulness Meditation described in Buddhism differ sharply. For example, and as will be discussed in greater detail below, the greatest benefits of mindfulness can only be realized within an interpersonal context, in the relationship between oneself and others, and not simply in the self-regulation of attention or other cognitive, purely intrapsychic, processes. These kinds of discrepancies are indicative of the challenges of integrating traditional healing practices outside of its natural cultural matrix in a way that preserves its integrity and efficacy.

The traditional and secular approaches to meditation differ not only in their understanding of the nature of psychosocial health and happiness but also the means to achieve it. If one examines the most popular secular approaches to Mindfulness Meditation, such as

Mindfulness-based Stress Reduction (MBSR) and any of its many adaptations (Chiesa & Malinowski, 2011), one observes that the main practice can be described as essentially (usually) sitting down, engaging in mind-calming techniques through breath awareness, and then observing the natural flow of conscious mental content such as thoughts, feelings and sensations. One is encouraged to refrain from judging or otherwise engaging such content but rather noting how they arise and subside (Segal, Williams, & Teasdale, 2002). Gentle yoga, breathing awareness, and body scanning often accompany this core mindfulness practice. Content related to the needs of a specific clinical group (e.g., anxiety, chronic pain, trauma) might also be included. Nonetheless, the core mindfulness practice can be seen to be highly cognitive in the sense that the focus is on the conscious mind and the ongoing flow of cognitive events (e.g., thoughts, feelings, sensations, perceptions, fantasies). Most mindfulness-interventions are composed of 8 sessions (and often fewer) with a one-day retreat between Sessions 6 and 7. Participants are asked to practice mindfulness on most days in between sessions. This eight-week program is the basic paradigm that has been evaluated in most studies and believed to lead clinically significant reductions in distress and suffering as measured by symptom severity. The variables that may mediate these outcomes are not well known at present although there is a growing literature on a number of mechanisms, biological and psychological, of Mindfulness Meditation (Kok, Waugh, Fredrickson, 2013; Sauer, Walach, Schmidt, Hinterberger, Lynch, Bussing, & Kohls, 2013; Shapiro, Carlson, Astin, & Freedman, 2006) as well as Buddhist analyses (Grabovac, Lau, & Willett, 2011).

The outcomes included in virtually every study of Mindfulness Meditation focus on medical, emotional, or psychological symptoms, in contrast to Traditional Mindfulness in which the focus is on developing deep and abiding states of happiness, well-being, compassion, loving-kindness, and equanimity. These types of variables are never assessed in clinical studies, reflective of the much more narrow and restricted scope of secular Mindfulness Meditation than that of Traditional Mindfulness. To understand why this is a serious problem which may threaten the long-term viability of Mindfulness Meditation as an intervention or adjunct in the treatment of mental and physical disorders, a basic understanding of Buddhism and Buddhist psychology may be helpful.

Although one of the world's major religions, Buddhism can also profitably be considered a psychology, a philosophy, and a way of life. Buddhist psychology (like much of psychotherapy) is mainly concerned with transformative self-knowledge, the understanding of the self, the nature of the mind, and healthy ethical and moral behavior as a means of achieving not only release from emotional suffering but also to maximize states of authentic happiness and well-being, equanimity, compassion, loving-kindness, and transcendence. Buddhist psychology complements what is often lacking in Western psychology and psychotherapy, which has generally ignored the higher aspects of human experience, relationality, and potential. Buddhist psychology and other Contemplative Psychologies (e.g., Yoga, Advaita) offer non-Western and non-Medical (i.e., non-reductionistic) approaches to mental health, happiness, and flourishing, but only when the traditional sources of the teachings are respected and preserved.

The Psychology of Buddhist Mindfulness Meditation

The Buddhist path to well-being is expressed in the 'four Noble Truths' (or Insights), the Buddha's analysis of the human condition and briefly summarized in Table 1. The first and second truths/insights were concerned with the cause of emotional suffering (our reflexive reaction to pain) which the Buddha situated primarily (but not only) within the mind. The first and second 'Noble Truths' describe the situation we find ourselves in presently, our existential condition. The first 'Noble Truth' simply claims that *there is suffering (or psychic pain)*, our natural state. The important insight of this first truth destroys denial and forces us to recognize and encounter the existential reality that human life is characterized by unavoidable dissatisfaction, insufficiency, frustration, stress, and lack. No experience can be ultimately satisfying, and even the greatest pleasures and joys have within them the source of their own dissatisfaction. The second 'Noble Truth' tells us that craving is the condition for suffering. This insight points to the creative power of our minds, for better or worse, and its natural tendency to project our need and fears, veiling our perceptions of others, events, and objects with conditioned, fabricated, and illusory meanings. The second 'Noble Truth' reveals the profound psychology of Buddhism in

Table 1

The Four 'Noble Truths'

Truth	Brief Description
There is suffering, psychic pain	This insight destroys denial and forces us to recognize and encounter the existential truth that psychic pain and stress is inherent in the nature of phenomena.
Craving (projection) is the condition for suffering	This insight points to the power of our minds (projecting, idealizing, and obsessing) is the basis for our psychic suffering.
Suffering (psychic pain) ceases when we fully understand our minds	This insight shows the power of the mind to heal suffering and produce genuine, unconditional happiness and flourishing.
The path to end suffering (psychic pain) requires the transformation of the personality	This insight is the Buddha's path to emotional well being and harmony (i.e., the Eight-fold path) and addresses every level of human functioning.

situating our suffering, our tendency towards psychic pain, in the way our minds function, defensively distorting subjective experience. The first two 'Noble Truths' thus describe our natural state, the unenlightened mind, characterized by the agony of suffering, facilitated by the habitual tendency to distort and misunderstand what we encounter (Hanh, 1998; Laumakis, 2008).

It is the third and fourth 'Noble Truths'/Insights that describe the Buddhist path to solving the problem of suffering identified in the first two 'Noble Truths.' The third and fourth 'Noble Truths' describe our potential for enlightenment, for lasting and durable happiness, and how to realize it. The third 'Noble Truth' tells us that suffering (or psychic pain) can cease only when we have understood how our minds work. This insight clearly points to our potential to fully overcome suffering and is often equated with nirvana. The experience of the third 'Noble Truth' is authentic and durable

happiness and joy, unconditional and stable, not determined by the vicissitudes of life. The fourth ‘Noble Truth’ reveals that the way to end suffering (psychic pain) and achieve unconditional happiness is through the systematic transformation of the personality. The insight of the fourth Truth is the Buddha’s path to emotional well-being and harmony (i.e., the Eight-fold path; Hanh, 1998). The Buddha describes step-by-step how durable mental and psychic health is multi-dimensional, multi-determined, transforming every aspect of our functioning, both intrapsychically and interpersonally.

Table 2 summarizes the major focus of each of the eight paths. Each path can be described as consisting of a specific ‘wisdom’ or realization to be developed, cultivated, and nurtured. The Eight-Fold Path, the journey to well-being, is a ‘sensory/perceptual-cognitive-interpersonal-behavioral-societal-emotional-metacognitive-physiological’ radical transformation of the entire personality. One could view these ‘paths’ as levels of human functioning or aspects of our body-mind (i.e., *nama-rupa*). The Buddhist approach is holistic, integrative, and comprehensive, neither reductionist nor simplistic (which many modern models of health tend to be) but also neither prescriptive nor moralistic.

As Table 2 shows, the Eight-fold Path is based on *Ethics* (or interpersonal behavior), focused on harmony, balance, interconnectedness, and skillful means, *Wisdom* (or genuine discernment into the nature of mind), focused on understanding the nature of phenomenal experience, cause and effect, and skill in interacting with the outer world, and *Meditation* (or fearless encounter with one’s experience situated with deep equanimity) focused on cultivating deep states of calm and harmony. The Eight-fold Path stresses the development of skillful interpersonal behavior as essential to true and lasting happiness and wisdom. In secular mindfulness meditation, with its emphasis on the cognitive aspects of human functioning, much is ignored or excluded, thus limiting severely its potential.

It is also important to not be misled by the tendency to present the Eight-fold path in a linear fashion, traditionally beginning with Skillful View and terminating with Skillful Concentration. This presentation is primarily for pedagogical reasons. One might consider the eight paths forming a sphere or matrix in which each of the eight paths interact with all of the other paths simultaneously with no path

Table 2

<i>The Eight-Fold path</i>		
	Wisdom	Brief Description
<i>The Path of Wisdom</i>		
View	Sensory-perceptual	Understanding cause and effect (karma); all experience, including the self, is transient (impermanent) and conditioned (empty); understanding the nature of suffering, cause of suffering, and the solution to suffering.
Intention	Cognitive	Treating ourselves and others with kindness, compassion and empathy, free of envy or hate; sensory moderation and balance.
<i>The Path of Ethics</i>		
Speech	Interpersonal	Monitoring our speech and thought patterns to avoid causing harm to self/other through gossip, hateful, divisive speech.
Action	Behavioural	Not intentionally hurting other beings by lying, violence, stealing, sexual impropriety, losing control of our behaviour.
Livelihood	Societal	Earning a living ethically with minimal harm to ourselves, other beings, and the environment.
<i>The Path of Meditation</i>		
Effort	Emotional	Preventing negative emotions (anxiety, desire, aversion, depression, doubt) or coping with their onset to avoid harming self and other.
Mindfulness	Metacognitive	Relating to our mental life without confusion, aversion, or clinging, neither identifying with mental experience nor avoiding it.
Concentration	Physiological	Cultivate inner stillness, calm, mental clarity, focus, and thus reducing mental and physical stress.

being primary, the beginning or end. In the traditional presentation of the fourth Noble Paths, there is an understanding that our biopsychosocial being is the crucible within which authentic happiness can be cultivated, nurtured and realized, and that attending to each of the eight aspects of our existence is necessary (Laumakis, 2008).

As is obvious from Table 2, Right Mindfulness and Right Concentration form the basis of the most common types of Buddhist meditation in our culture, including the secular mindfulness-based programs. Sometimes they are referred to as vipassana or shamatha, insight or concentration, open or closed, meditative practices, respectively. The Western or scientific models of mindfulness focus primarily on these specific aspects of Buddhist spirituality and in a somewhat simplified and reductionist manner at that (i.e., reducing Right Concentration to the regulation of breathing, relaxation, or one-pointed focus; reducing Right Mindfulness to cognitive regulation and observation of thoughts and feelings). Such programs seem to exclude (or may assume they already exist) the other components of the Eight-fold path and thus ignore the other aspects of human functioning. Furthermore, the interconnectedness between Right Mindfulness and Right Concentration with the other elements of Buddhist wisdom is not made explicit in secular mindfulness approaches. Without including all of the elements of the Eight-fold path, the benefits of any one aspect, such as Mindfulness or Concentration, can only be modest.

It is not surprising then that a close reading of the empirical research reveals the benefits of Mindfulness Meditation to be much more modest than what we are led to believe from the media, research reviews, and non-critical summaries of the empirical literature. Apart from the serious methodological limitations of the majority of the research, which precludes any firm conclusion to be made about Mindfulness-based interventions at the present time, and even when the research is adequate, Mindfulness-based programs are generally as effective as the active treatments with which they are compared. That is, the better the research design, the less likely that mindfulness will show any unique advantage over other treatments (Kuyken, Hayes, Barrett, Byng, et al., 2015; Sundquist, Lilya, Palmer, Memon, Wang, Johansson, & Sundquist, 2015). While it is difficult to predict what the study outcomes would be if the entire Eight-fold

path were included within Mindfulness-based interventions, interventions that focus on only two of the eight paths (Mindfulness, Concentration) and in a relatively unsophisticated fashion compared to the traditional Buddhist description of these paths, are limited in their effectiveness.

Indeed, the Buddhist spiritual literature suggests mindfulness meditation can significantly contribute to our personal well-being when it is part of a comprehensive and holistic approach to mental health. Each of the eight paths or levels of functioning described in Table 2 addresses a specific aspect of human functioning that serves to ensure that any other aspect or path is not used inappropriately or ineffectively. Each path represents a type of wisdom that contributes to a deep and lasting transformation of the self that is traditionally expressed as nirvana in the Third 'Noble Truth.'

Conclusion

One of the potential long-term dangers of the de-contextualization of mindfulness is that Mindfulness Meditation will eventually lose the lustre or appeal that it currently possesses as the modest empirical outcomes accumulate. Traditional Buddhist teachers have often found such de-contextualization to be a questionable approach to making meditation accessible, and many researchers in the field are now coming to the same conclusion. Modifying the traditional Buddhist context of Mindfulness in the name of simplicity, or aesthetics or cultural concerns must then also be accompanied by lowered expectations of what meditation can offer. While secularizing mindfulness and removing it from the traditional Buddhist healing context may have been necessary to popularize it and make it accessible, the cost may be that what is left may not always be worth the considerable investment required to deliver high-quality mindfulness interventions. We are learning that without attending to one's total life context, the benefits of Mindfulness Meditation may be sub-optimal, especially when it is applied to wounded and traumatized people for which it is increasingly offered (e.g., Chadwick, 2014). Since Mindfulness Meditation is neither a positive nor negative practice in and of itself and can be used for harm or health outside of the proper traditional context, Mindfulness Meditation can in fact become a morally ambiguous practice as we

are witnessing when corporate and military interests invest in mindfulness.

Re-integrating or re-contextualizing mindfulness meditation, re-introducing the traditional elements that make meditation truly effective, by no means requires the adoption of Buddhism as a religion or in any way practicing Buddhism. As can be observed in the brief descriptions of the eight paths listed in Table 2, these are highly practical, common-sense, and psychological activities that, when practiced and realized, allow mindfulness meditation to fulfil its potential in genuinely alleviating suffering and enhancing human flourishing (Olendzki, 2007). This represents the challenge the mindfulness movement currently faces, to integrate properly and respectfully the insights developed 25 centuries ago in India to the 21st century consistent with both the Buddha's message and our modern needs.

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Introduction to the Wisdom of the Elders

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It is a great pleasure to be here at the launch of this journal devoted to Traditional Healing and Wellbeing, and of this section devoted to *Wisdom of the Elders*. We all have an intuitive shared understanding of what we mean by ‘elders,’ but there is a wide range of possible meanings of the term ‘wisdom’; are people referring to personal maturity, an elusive interaction between personality and intelligence, or simply one of a small set of culturally-constructed character types? Perhaps Powell (1901) said it best by considering wisdom the science of instruction about what is most valuable to learn, when instruction is considered broadly enough to include therapeutic spiritual healing—healing that inevitably relates to cultural meanings, necessarily incorporating philosophical and religious meanings about the proximal and ultimate nature of human life in society and the cosmos. No matter how we choose to define it, wisdom certainly spans, or is at least open to, alternative worldviews and their understanding of how to heal people who are suffering, as well as how to support effectively the researchers who have devoted their lives to studying these approaches to healing.

Wisdom is always sought after, elusive, and rare, something we will try to capture with two very different kinds of contribution to this section: (1) we will invite short pieces of about 1500 words from senior scholars in the field asking them to reflect on their careers and the lessons learned about alternative healing, mental health, and how to study this, and (2) we will include original commented interviews with healers themselves. Our hope is that the wisdom of elders in the field can help guide and improve the quality of interviews made with alternative healers so as to augment their impact and relevance for current practice in Western contexts, as well as to give a clearer voice to their understanding and vision of what is needed for effective healing. We also hope they will raise an awareness of issues that are rarely considered, but obviously important to those elders who have

long worked on these questions; for example, Vontress in his piece identifies cross-cultural ethics as an important topic that is rarely, if ever, addressed. We are off to a very strong start with the collection of articles we have for this section in our inaugural issue.

Joseph E. Trimble (*Connecting to the Spiritual and the Sacred through the Straight Path*) describes how healing involves a transition toward ever greater “meaning, balance, wholeness, and connectedness,” key elements with deep roots in healing traditions and practices of many traditional shamans and healers. Focusing especially on North American First Nations like the Navajo, Trimble reminds us of the importance of harmony and staying on the ‘straight path’ to living the best life, and advocates restoring these as a core aim of healing—a view more consonant and therefore more helpful to indigenous people than many modern therapy methods that do not align with their worldview. He reminds us that the value of spirituality in healing has been widely documented and is increasingly acknowledged in psychological and psychiatric practices underpinning Western approaches to healing. He suggests that we must go beyond the narrow bounds of impersonal empirical science and urges us to consider dissenting voices about the best ways of human life and thought from other ethnocultural traditions that are becoming increasingly respected as we enter a new century/millennium in which the limitations of Western approaches are becoming apparent.

In a very similar vein, **Clemmont E. Vontress** (*Traditional Healing Research in West Africa*) recounts how his experiences in Africa showed him the limits and inappropriateness of interview techniques he had learned in North America. Although the traditional healing methods that he encountered may seem exotic to Western readers, he points out that it is the only health care available to about 80% of the people in Africa; to understand such healing one must understand the animistic world view of people who use it, in which—as for North American aboriginals—a general spirit permeates and unites all things, in life and even in death. Known by different names, these approaches often use the same understandings, tools, and techniques for healing (e.g., communication with departed elders, touch therapy, advice, herbal remedies, shock therapy, music, drumming, fetishes, and tea made from sacred ingredients); blending these approaches with Western medicine is not always an obvious task: Concerns about ‘cultural authenticity’ are of paramount concern

(to be professionally ethical, these techniques must be used holistically, and with deep understanding of their cultural significance, and some traditional healing practices may be forbidden by law of professional guidelines). Cross-cultural ethics thus become an important topic, even if it is rarely directly addressed.

Uwe P. Gielen (*Healers and Counselors in Buddhist Ladakh*) explores in detail one example of a cultural context for healing from a career that spans 35 years, describing work he has done with indigenous Buddhist healers in the Northwestern Leh District of Ladakh, India—a region now undergoing rapid and stressful cultural changes. Gielen gives a fascinating account of the environmental and cultural ecology for their practices, the hierarchy of traditional healers we find within it, and how they position themselves vis-à-vis Western trained doctors now entering the region. It is remarkable to read that most Ladakhis, being pragmatically-minded, shop around among a variety of advisors-healers until they find the one most helpful for them, even if these healers themselves have very different (perhaps irreconcilable) worldviews. And while Gielen welcomes empirical research about these healers, he predicts that general factors involved in effective psychotherapy are probably the same worldwide, using the example of a young wife experiencing serious tensions with her new mother-in-law. Like Vontress, Gielen acknowledges that it is not entirely obvious how best to meaningfully integrate psychology into these beneficial traditional practices.

Finally, **Suman Fernando** (*Some Thoughts and Reflections on Therapy and Healing Across Cultures*) recalls his experience as a psychiatrist in and around London over the past half century, from his training in ‘mental hospitals,’ to his work in a London hospital, and—after deinstitutionalization became prevalent—as part of a multi-disciplinary team offering community-based service through a district hospital serving London. He decries the medicalization of healing that sometimes ‘loses the plot’ by focusing on technological fixes rather than of personal recovery and healing. Originally from Sri Lanka, Fernando reflects on the striking differences between understanding of ‘mental health’ and ‘mental illness’ he encountered in that country and in the West—a difference that sometimes compromised care for immigrants from Asia, Africa, and the Caribbean now residing in the UK, as a result of culturally inappropriate categories applied to their experience of illness. This

was brought home for him by his return to Sri Lanka, as part of a research team from 2007-2012, where he noticed that Western terms for mental illness were now much more commonly used by locals than they had been in the 1950s, but with a very different meaning, often still tied to spirituality and healing rather than to something requiring biological intervention to fix.

In addition to these reflections by leading scholars, wise in their understanding and potential to orient and lead the field, we also include an interview by **Hyeyong Bang** with a South-Korean Buddhist healer about wisdom, karma, and their relation to healing. We hope that this section provides a space where both scholars and healers can be heard.

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Connecting to the Spiritual and the Sacred through the Straight Path: Advancing the Helping Professions through Connections with Indigenous Nations

Joseph E. Trimble

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When I saw the cover of the book authored by the clinical psychologist Richard Katz (1999) titled, *The Straight Path of the Spirit: Ancestral Wisdom and Healing Traditions in Fiji* lying on the floor of a local bookstore, I was quickly drawn to it; the book must have fallen on the floor before I walked down the slender aisle in search of another book. Maybe it was waiting for me and somehow or other ‘mysteriously knew’ that I would follow the path to it. I knew of Richard Katz’s passion and interest in traditional healing through his earlier work, titled *Boiling Energy: Community healing among the Kalabari Kung*, published in 1982. In his first and subsequent books, Richard explains and elaborates on his firm belief that healing is a process of transition towards meaning, balance, wholeness, and connectedness and that these key elements are deeply rooted in the healing traditions and practices of countless traditional shamans and healers.

In the opening chapter of ‘The Straight Path,’ Richard leads us into the book with a brief conversation with the Fijian healer, Ratu Noa’ who said,

Sometimes our story must be told by one of us—from the inside; sometimes by one of you—from the outside. Today our story must be told by someone like you. And I’m happy about that because you know our story. You look like one of them, but you’re really one of us. (Katz, 1999, p. 3)

In his writings, Richard repeatedly points that traveling along the straight path requires constant struggle and vigilance. The journey is not a clear and linear process but rather one filled with ambiguity, confusion, and temptation, sometimes leading to wrong turns on the

way to understanding. Specific behaviors may be necessary to travel a straight stay. The path is a way of being and not so much an exact guide for the way that life should be lived. Critical to this way of being are fundamental values and attitudes needed to find and stay on the path, typically including respect, humility, love, sharing, and service (Katz, 1983, pp. 6-7).

Belief in the 'straight path,' a way of living the ideal life espoused by Fijians, is a lifeway common to numerous indigenous cultures worldwide. In North America, the Dine (Navajo) emphasize harmony and beauty in relationships and connections with others and nature, while for the Lakota, one can choose to follow the Red Road or the Black Road, each of which presents unique challenges for the proper way to live (Mohatt & Eagle Elk, 2000); for the Inupiat Inuit, 'ahregah,' or 'well-being,' is a state of being in which one experiences a healthy body, inner harmony, and "a good feeling within" oneself (Reimer, 1999, p. 6); and for the Anishinabe, the Seven Council Fires of Life mark significant transitions through life.

Numerous North American Indians and Native mental health practitioners and scholars maintain that Native American Indians believe that individuals choose their state of wellness. If one stays in harmony with all that embraces them, follows all the tribal and sacred laws, one's spirit will be strong, and thus negativity will be unable to influence it. If harmony is broken, the spiritual self is weakened and one becomes vulnerable to physical illness, mental and /or emotional upsets, and the disharmony projected by others. The 'path' or 'way of living' provides the individual with traditionally grounded directions and guidelines for living a life free of emotional turmoil, confusion, animosity, unhappiness, poor health, and conflict-ridden interpersonal and intergroup relations.

American Indian and Alaska Native tribes and villages developed and maintained sophisticated and elaborate systems or collections of principles, beliefs, or practices that have guided individuals along the straight path. Healing practices were also well established to assist individuals who strayed from the straight path. Shaman or healers were delegated or inherited by birthright the responsibility to conduct healing ceremonies, and healing traditions were handed down from one generation to the next following highly regulated rites of transmission and passage. Healing practices as well as the specifics concerning the 'ways of living' no doubt varied

considerably from one tribe or village to another. Moreover, many of these practices likely changed over the centuries through exchanges of practices, rituals, and ceremonies generated by contact with other groups and new insights gained by healers through personal and spiritual experiences. Traditional 'ways of living' continue to be endorsed and practiced by most North American Indians and Alaska Natives, although some vary considerably from the ways they were practiced and carried out centuries ago.

For modern observers to assume or claim that mental health healing practices are new to Indians and Natives would be presumptuous. In one form or another, healing those who stray from the straight path has always been a part of the holistic fabric of the lifeways and thought ways of indigenous peoples. Most American Indians and Alaska Natives know something about contemporary versions of these practices. However, not all Indians or Natives choose or have the opportunity to participate in them, owing to a number of factors, including orthodox religious convictions marked by conformity to doctrines or practices held as right or true by some authority, standard, or tradition; geographic distance of traditional healers from their home villages or communities; distrust of traditional healers and their practices; lack of access to traditional healers, especially in urban settings; lack of awareness of the presence and effectiveness of traditional practices; and confusion concerning the choice between traditional healing and use of mental health counselors and clinicians. Certainly, the reasons vary from one individual to another. For those who choose not to seek the services of traditional healers, the only available alternative is to seek the assistance of professionals in the conventional mental health fields; that choice, too, can be compounded by numerous factors, including distrust, misunderstanding, apprehension, and the real possibility that mental health practitioners may be insensitive to the cultural backgrounds, worldviews, and historical experiences of Indian and Native clients. The main issues for these clients are concerns that their 'presenting problems' may be distorted by the results of psychological tests that are incongruent with their cultural worldviews and that professionals may arrive at clinical diagnoses grounded in psychological theories that do not value and consider culturally unique perspectives.

Distortions of everyday human situations are frequent in interpersonal exchanges; however, when such exchanges take place between unfamiliar people from differing cultural backgrounds, distortions can intensify and result in erroneous judgments and generalizations. For many Indian and Native clients, interpersonal and interethnic problems can emerge when counselors' lack of experience and knowledge, deeply held stereotypes, unwitting racist attitudes, and preconceived notions interfere with the counseling relationship and thwart counseling effectiveness. Yet there is ample evidence that by using person centered empathic techniques, counselors can promote client trust and improve the counselor-client relationship, both in general and with American Indian and Alaska Native clients.

Recognition and interest in the traditional healing beliefs and ways of American Indian and Native people is increasing in the mental health fields (Gone, 2016). Not long ago, my life-long interest in spirituality was sparked by the contents of the January 2003 edition of the *American Psychologist* that was devoted in part to spirituality, religion, and health. Attention also should be given to the highly stimulating and insightful work of the Nobel laureate physicist and mathematician and physicist at Northeastern University, Albert-Laszlo Barabasi—in his best-selling 2002 book, *Linked*, where he takes the reader on an exciting journey describing how everything is connected to everything else. And then there is the extraordinary survey research findings of Edward Canda and his colleague, Elizabeth Smith (Canda & Smith, 2001). In 1999, the researchers surveyed members of the National Association of Social Workers and found that 71% of respondents work to support their clients' search for spiritual meaning and purpose in their lives; 63% assist clients in creating their own religious and spiritual rituals to support their treatment; and 15% reported incorporated physical touch in their healing practice.

Psychology and psychiatry are at the edge of a cultural revolution in the way we view fundamental and conventional philosophies of knowledge. Empiricism, the hypothetical-deductive method of investigation and the tenets of the 'scientific method' are being challenged and questioned. Emerging knowledge grounded in a multitude of the lifeways and thought ways of ethnocultural groups form the basis of the challenges and the dissenting voices.

Challenges emanating from the mental health and helping communities in general illustrate the political influence and power that holds sway over challenges to epistemology and research empires crafted by those who continue to believe that psychology must emulate the methods of the physical sciences to achieve credibility. Ethnocultural and gender based cognitive, behavioral, perceptual, and affective compartments conflict with the findings of the dominating Euro-American ethnocentric bias.

As the flow of ethnocultural knowledge increases and findings continue to challenge psychological traditions, a glimmer of light—an opening enshrouded in a misty blue haze—has been exposed and is ever widening. Scientific colonialism and its long-standing traditions in the helping professions are under assault. Proponents are digging deeper trenches to staunchly defend a perspective and a method that has gone unchallenged in any significantly way in the last century. With the first light of the new millennium upon us small knowledge gains have given ethnocultural and gender perspectives increased credibility. Along with the victories, identities are being reified and strengthened. What many acquired through legends and ceremonies are being validated. The revolution continues as it spires upward to greater heights as represented in the growth of multicultural, indigenous, ethnic, cross-cultural, and cultural psychology.

The greatest challenge though comes from our passionate convictions about spirituality and the sacred—a formidable challenge that can no longer be viewed as ‘fodder for mysticism’ in the humanities. Spirituality and the sacred is an intimate and integral part of all of us and our communities—a ‘boiling energy.’ Ethnocultural groups have been picked at, excluded from the flow of academic discussions, prodded, surveyed, saturated with questionnaires and interview probes, deceived, and ignored. Through most psychological and psychiatric studies, the academy has all but ignored spirituality, the very foundation upon which all ethnocultural lifeways and thought ways are connected.

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Traditional Healing Research in West Africa: Respect, Appreciation, and Lessons Applied to Counselling

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I have been visiting West Africa for over a quarter of a century. I became interested in Côte d'Ivoire, Senegal, and Burkina Faso in the late Seventies. Several students from these and other African countries were enrolled in my graduate classes in counseling at George Washington University where I was a professor. Although they were excited about counseling and psychotherapy, the American way of helping, at the same time they were eager to tell me about traditional healing which they and their families knew about first-hand.

A student from Côte d'Ivoire invited me to visit his country, where the majority of the people use traditional healing for help when they have problems in living. After three or four years of library research preparing for field research on the topic, I visited Côte d'Ivoire, Burkina Faso, and Senegal. My graduate students put me in touch with their relatives and friends who helped me schedule interviews with people in cities and villages in West Africa. I visited families, dined with them, attended church services with them, and witnessed healers in consultation with their clients wherever and whenever possible.

During my first trip to Côte d'Ivoire, I took my note pads and tape recorder with me. However, I soon discovered that the interview research methods I used in the United States often caused anxiety in my African interviewees. On subsequent trips, I left at home all such paraphernalia. My interviewees were more comfortable talking with me without microphones in their face. I made my notes at the end of each day.

French is the official language of the countries I visited. Although I studied French for many years and have travelled in France, I discovered that most people in the villages spoke only their ethnic language. I was therefore forced to find an interpreter who

spoke the official language of the country, the ethnic language of the village, and sometimes English. I also learned to enjoy homemade beer, which my village hosts offered me with great pride. I could see the disappointment on their face when I showed little pleasure in drinking their beer. After several years of library research in the United States, France, and Africa, I started sharing my findings by publishing articles and chapters in books, in order to share some of the findings of what was to me an exciting area of research. Even so, I recognized that the more I learned and shared with others, the more I needed to learn about traditional Africa. Although traditional healing and healers may appear unusual to some Westerners, it is the only health care approximately 80% of African people know, as the World Health Organization points out (Vontress, 1999). So during the last several years, I have joined other academics throughout the world that are interested in learning how Western healers and their traditional counterparts can work together to benefit people who need their services most.

In order to understand traditional healing, I needed to understand the people who use it. That means that I needed to become aware of and sensitive to their culture. Healing is only one of the institutions that fit together like a puzzle to make up what is usually called culture. One piece fits together with all other social units in the society. Overarching each institution is a *Weltanschauung* or worldview that hovers their way of life. Animism pervades most African societies (Vontress, 2005). It is the belief that a general spirit unifies all things—animate and inanimate. People never die; their spirit lingers to merge with and influence the life of those who live. This belief explains in part why mediums or healers who have the ability to communicate with departed elders are important to Africans, even college graduates who may, in talking with Westerners, dismiss traditional beliefs as outdated. However, an Ivorian journalist indicated that Félix Houphuët-Boigny, the first president of Côte d'Ivoire from 1960 to 1993, although a physician and politician, often consulted a Western trained physician first and a traditional healer second when he had a physical, psychological, or spiritual problem, just to “make sure.”

There are many traditional healers known by different names in different ethnic groups (Vontress, 1991). However, they often use the same understandings, tools, and techniques. The treatment

procedures include communication with departed elders, touch therapy, advice giving, herbalism, shock therapy, music, drumming, fetishes, and drinking tea made from ingredients used to write Koran verses on leaves or paper. So when discussions emerge regarding blending Western and traditional techniques, it is not always clear whether there is interest in integrating traditional techniques with Western ones, or vice versa. During my trips to West Africa, I often heard Western trained physicians express their concern about traditional healers not prescribing the right dosage for specific conditions. Another uneasiness of physicians is the sanitation of instruments or tools used by their traditional counterparts. During the last few years some of these and similar concerns have been addressed by a few African governments that have set up traditional departments of medicine next to departments of Western medicine in medical colleges.

Now that traditional healing is recognized as a significant contributor to world health, professionals in many branches of helping contribute to research directed toward merging effectively their insights with divergent insights of all medical providers (Offiong, 1999). After a quarter of a century of what I now realize to be cursory research, I know that much more research is needed. For many years, we in counseling have advocated that counselors and clients be authentic in consultation. As a cross-cultural therapist and researcher, I am also concerned about cultural authenticity when therapists work with clients from cultures other than their own. Can or should Western therapists attempt to use techniques used in a culture new to them? For example, I once worked in a clinic with a therapist who used what he described as “voodoo techniques” with a client born and socialized in Haiti. According to him, in order to help the client, he bought a doll and stuck pins in it at the client’s next counseling session. He had never been to Haiti and only knew about the culture and some of the psychotherapeutic treatment methods from what the client had told him. It appears that such a practice presents questions concerning ethics. Therapists, Western or traditional, need training in the use of therapeutic techniques used in their own culture and that of traditional cultures as well. Otherwise, there is danger of harming clients. The belief that a client holds about treatment methodology may be the most important ingredient of therapeutic intervention.

The most important thing that I took away from my research on traditional healing is a tremendous respect and appreciation that I now have for the holistic approach of helping. I have been able to apply it in counseling all of my clients, regardless of where they were born and socialized. By holistic, I mean diagnosing and treating holistically. I try to understand a client's relationship with the universe, others, and him or herself. The universe includes the spirit world, which is important to many Africans, especially people in rural communities (Myss, 1996). Maintaining good rapport with others, living and dead, is important for good mental, physical, and spiritual wellbeing. Finally, knowing the self includes not only an understanding of the self, but surroundings that affect the wellbeing of the self.

During the last few years professional ethics have become progressively significant to therapeutic professionals who play important roles in the lives of consumers. In the United States and other developed countries, rules governing the conduct, transactions, and relationships within helping professions and their publics are often reinforced by law. This important area has not been adequately addressed in cross-cultural counseling or traditional healing. With the advent of this new journal, I am sure that scholars throughout the world will address this topic. It is a challenging undertaking because, in the West as in West Africa, there is not just one category of helping, but several. For example, in the United States, there is not just one set of ethics for one profession, but a set for each category of helping. There is a set for social workers, counselors, psychologists, psychiatrists, and other categories of professionals. In some cases in some countries, there are professional ethics for traditional healers. However, professional associations such as the ones that exist in the United States are not yet developed, except in a few cases. Professional ethics are usually products of the associations.

Professional ethics implies therapeutic behavior just as do techniques. Both involve ways of performing the therapeutic enterprise that are approved by professional colleagues. In the U.S. professional ethics may also be reinforced by law. Although some village healers touch and massage young couples during intercourse to help them conceive, ethics and law forbid such a therapeutic methodology, except perhaps in the case of a few medical providers.

Each professional must be aware of what he or she can ethically do to keep his or her license.

In Burkina Faso, I was surprised to learn from a traditional healer that he kept one of his clients with his family for several days until he could be sure that the young woman was cured. I have never heard of an American counselor, physician, or social worker treating the client as a family member either as a part of treatment or follow-up. Cross-cultural ethics is a topic that few if any authorities have addressed. I have not heard any of my interviewees discuss it. However, it is an area that I expect to hear more about in the future.

I am pleased to be recognized by this new journal devoted to a worthy topic. The exchange of ideas encouraged and promoted by it is an exciting venture. The research that flows from the ideas expressed on the pages will be invaluable to all psychotherapeutic professionals and politicians interested in the wellbeing of everybody in the world.

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Healers and Counselors in Buddhist Ladakh

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You yourself must strive, the Buddhas only point the way.
Dhammapada, Verse 276

During the past 35 years I have explored the psychological nature of healing and counseling in various parts of the non-Western world. Although not a practitioner, I have worked together with cross-culturally oriented clinicians and counselors such as Juris G. Draguns, Jefferson M. Fish, and Roy Moodley, in an attempt to understand culturally distinctive healing practices through personal observation, the analysis of ethnographic descriptions and reports by medical anthropologists, counseling psychologists, other specialists, and the comparative study of counseling and psychotherapy across the world (e.g., Gielen, Fish, & Draguns, 2008). I would like to give a brief overview of indigenous healers practicing in the Leh District of Ladakh, Northwest India. The district is mostly a Buddhist region situated in the Indian State of Jammu and Kashmir. The 1981 Indian Census counted 68,380 residents in the district but by 2011 this number had already increased to 147,104 persons. Surrounded by dramatic high-altitude mountain scenery, barley, buckwheat, potatoes, turnips, and walnut and apricot trees are grown in some of the valleys. Most residents are farmers, craftsmen, small businessmen, government officials, monks and nuns, or are employed by the Army. They speak a variety of languages such as Ladakhi (a Tibetan language), Urdu, Hindi, English, and Balti. Although 23% of the people are Muslims, this article focuses on Buddhists endorsing some form of Vajrayana or Tibetan Buddhism (Gielen, 1997).

Between 1977 and 2000 I visited Ladakh on four occasions. During 1980-1981, I conducted 72 interviews with male and female Ladakhis including *rinpoche* (recognized reincarnations and abbots), monks, nuns, *lhapa* and *lhamo* (male and female “spirit persons”), children and adults of various backgrounds. These interviews focused on the respondents’ religious and moral ideas and identities. In

addition, I attended public and private healing sessions by three *lhamo* (Schenk, 1994) and participated in religious festivals.

In the early 1980s as well as today, Ladhakis experiencing spiritual-physical-psychological problems and those in need of practical advice could consult with at least five types of specialists: Abbots and other monks, traditional Tibetan doctor-pharmacists called *amchi*, allopathic doctors and paramedics including those working at the local Army hospital, astrologists called *onpo* or *tsipa*, and shamans or ‘house oracles’ called *lhapa* and *lhamo* (Kuhn, 1988). Table 1 provides an overview of these healers and counselors.

Table 1

Five Kinds of Healers and Counselors in Buddhist Ladakh

Healers/Counselors	Social Status	Clientele	Typical Problems
Abbots, <i>rinpoche</i> , other monks: Male but the status of nuns has been increasing	Very high—high	Everybody	Spiritual-emotional; medical; family; social relationships
<i>Amchi</i> (traditional Tibetan doctor-pharmacist): Male	High	Villagers & town people	Medical & spiritual-medical
Allopathic doctors (and paramedics)—Army hospital; dispensaries: Mostly male	Fairly high and increasing	Some villagers & many town people	Medical only (not spiritual)
<i>Onpo</i> , <i>tsipa</i> (astrologers): Male	Rather high	Mostly villagers and monks	Decisions of all kinds; horoscopes; supernatural illnesses (“Primary prevention”)
<i>Lhapa</i> , <i>lhamo</i> (house oracles, shamans): Both males and females (increasing)	Medium—ambiguous	Some villagers & town people	Medical; veterinarian; spiritual-emotional illnesses; recover lost objects

The abbots enjoy high prestige and are frequently asked to give advice about a broad range of human situations. For instance, Nawang (pseudonym) wished to marry an American woman who served as a volunteer for a local NGO but encountered major resistance from his family. Consulting a divination system called *mo* to arrive at a likely prognosis for this situation, the (former) *Rinpoche* of Takthok Gompa advised him not to pursue his plan. In general, *rinpoche* are selected during the first few years of their lives and undergo extensive spiritual and leadership training from early on.

Amchi are trained in Tibetan medicine, an ancient and complex system that teaches one how to modify clients' behavior, change their diets, create medicines made from natural materials, and adjust a medical treatment according to a given client's temperament and body type. *Amchi* are expected to lead impeccable lives and derive their healing powers both from their medical-pharmaceutical knowledge and their spiritual purity.

By the early 1980s, a number of allopathic doctors trained at major Indian universities had begun to work in the hospital of Leh, the capital of Ladakh. Many of them were not Ladakhis, did not speak the local language, and were unfamiliar with both Vajrayana Buddhism and many local customs. Many Ladakhis believe(d) that whereas these doctors were able to successfully treat major physical problems (e.g., common eye diseases) they would make a poor choice for the treatment of spiritual-emotional disorders such as, for instance, serious 'wind' disorders during which the patient loses contact with reality.

Male *lhapa* and an increasing number of female *lhamo* can be found in quite a few of the villages. Like other Himalayan shamans, they must reach a state of altered consciousness or dissociation prior to the beginning of their often public treatment sessions. During these sessions, a specific *lha* (frequently a local, low-ranking spirit/deity) takes over the body of the healer and chants in his/her voice, speaks, argues, shouts, makes demands, predicts, pacifies ghosts, sucks out evil poisons, and thereby heals. The clients, in turn, often present with physical and emotional symptoms but may also ask for concrete advice such as where to look for missing objects. There also exist a number of 'monastery oracles' whose dramatic performances during annual monastery festivals focus on community

oriented tasks such as predicting what kind of harvest the villagers and monks should expect in the forthcoming fall.

As in various other parts of India, astrologers called *onpo* or *tsipa* are frequently consulted by traditional Ladakhis. These might believe, for instance, that it would be foolish to marry without asking an *onpo* beforehand whether the horoscopes of the potential couple are reasonably compatible with each other. Similarly, the wedding and other important events should take place on a day designated as auspicious by an *onpo*.

To sum up: Ladakhis have access to a considerable variety of advisors-healers, a situation that induces many of them to engage in ‘healer-and-advisor-shopping.’ Pragmatically inclined, they believe that it would be foolish to consult with just one type of healer/counselor/guide. Although different kinds of healers may endorse different worldviews, such discrepancies do not appear to be of major concern to most of their clients.

I share their pragmatism and believe that it is compatible with the results of many Western studies that have been exploring the outcomes of various types of psychotherapy and counseling (Wampold & Imel, 2015). The studies show that it is the positive quality of the ‘therapeutic alliance,’ the therapist’s committed interest in, and sympathy for the sufferer, the shared belief systems between healer and patient, the healer’s charisma, and a flexible approach to therapy that make positive outcomes more likely. In contrast, such outcomes seem to depend less on a therapist’s theoretical orientation or his/ her specific training. While as a scientist I welcome outcome studies investigating indigenous forms of counseling and healing, I suspect that the same *general* factors involved in good psychotherapy also are operative in indigenous forms of intervention.

Let me introduce an example from Ladakh for this suggestion: Rigzen was a young wife who experienced serious tensions with her new mother-in-law with whom she shared the same kitchen. A monk consulted by her family suggested that she go on a pilgrimage to a remote monastery, circumambulate it numerous times while turning her prayer wheel, and thereby increase the possibility that potent spiritual beings and powers would help her to overcome some of her negative karma. This pilgrimage also removed her temporarily from the presence of her mother-in-law, helped to calm down the situation

at home, and thereby increased the chance that some kind of truce between the two might ultimately be established.

In recent decades, Ladakh's economic, educational, political, religious and family systems have changed in a sometimes dramatic fashion. However, whereas social workers have become more visible than before, psychologists still do not play much of a role in this new world. For instance, it is not uncommon to hear from nuns who wish to become social workers while hoping to work together with NGOs and other organizations in their Buddhist-inspired efforts to help families in need.

Although many Ladakhis are economically better off than their grandparents, they nevertheless live in a rapidly changing society that is simultaneously characterized by progress and new forms of sociocultural stress. Wouldn't it be interesting for psychologists to practice their craft in such a challenging yet basically benign world? Psychologists in Ladakh and other rural areas of India might be challenged to develop or join in pioneering efforts that combine and integrate more traditional with more modern forms of counseling, spiritual guidance, therapy, and social work. In Ladakh as elsewhere, a new Indian society composed of both traditional and novel features is evolving which should offer psychologists rich opportunities to develop new and creative forms of psychosocial intervention.

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Some Thoughts and Reflections on Therapy and Healing Across Cultures

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Nearly all my experience as a psychiatrist (before I became an academic) had been in or around UK's capital city, London. I trained as a psychiatrist in the 1960s while working in asylums (called by then 'mental hospitals') located just outside London and later worked at a teaching hospital in London itself; and finally, as deinstitutionalisation took hold, I worked in a multi-disciplinary team running a community-based service linked to a district hospital serving a multicultural part of London. The change from asylum-care to community-care that happened in the 1970s occurred soon after the 'medication revolution'—the advent of neuroleptic drugs when hopes were raised that mental illness would be cured by drug therapies. These changes led to the current mental health system in the UK where specific diagnosis and packages of treatment mostly centred around medication—a technological approach—take precedence over caring and human relationships as the bedrock of what people with mental turmoil and in extreme states of social suffering need.

I have no doubt that closing the asylums was a good thing—many had become corrupt and places of oppression and always worsened the stigma that many people in the throes of mental distress suffered from. Yet, there were several asylums that helped some people quite a lot by simply providing a safe place where they could develop, free from the stresses and indignities they often faced in the world outside. I remember working at one where the admission wards were run on therapeutic community lines (see Shoenberg, 1972) where some people really got much better (although admittedly others just became institutionalised) because they were able to work through their problems at their own pace and in their own ways with just occasional medication—we now call this the 'recovery approach' as if it's a new invention. Unfortunately, when the ethos of this

‘recovery approach’ is taken on, our current system all too often seems to lose the plot by turning it into a technological treatment process that is doled out in the form of courses run by specialists in ‘recovery.’ Looking back on the asylum era, I think we have lost something very important by forgetting that many people suffering distress or confusion, apparently mentally disturbed and disorganised, need time for reflection in a safe environment and the support of caring human beings—something that good asylums provided—and by looking instead to drugs targeted at symptoms and to packages of social support provided by various specialists.

In my studies after training as a psychiatrist, I found it illuminating to read about the history of East-West interactions in the field of what we call ‘mental health’ and ‘mental illness’; and to get a grasp of differences between various cultures in the ways in which they approach matters to do with ‘mind.’ In the West, the disciplines we now call psychology and psychiatry developed through the study (during the eighteenth and nineteenth centuries) of ‘madness’ as identified in the West and within a cultural context of post-Enlightenment thinking where individuality (rather than communality) and a mind-body duality devoid of spirituality were emphasised. Doctors in charge of asylums theorised about (what they thought were) abnormalities of the ‘mind’ in people trapped in institutions, although many were there because of various social and relationship problems. These so-called mental abnormalities (psychopathologies) were attributed to biological, inherited causes; and clinical psychology took on this ‘medical’ approach by biologizing (philosophical) ideas about the mind, seeing the mind as something concrete like organs of the body. Yet, well before this sort of clinical psychiatry and psychology developed, a very different approach to mental problems, conceptualised as illness in Greek medicine, had thrived in Islamic mental hospitals (*māristāns*) in North Africa of the middle ages where (for example) “a sort of spiritual therapy was carried out, involving music, dance, and theatrical spectacles and readings of marvellous stories” (Foucault, 2006, p. 117)—but Western scholars apparently ignored this knowledge.

In the 1970s, I became a consultant in a multi-ethnic area of greater London. I saw then how people from Asia, Africa, and the Caribbean who had migrated to the UK seemed to get a poor deal

from the mental health services provided there. I realised that racism was involved but also that cultural differences played a part—both race and culture were involved. So, in an attempt to find out why this was happening I looked at cross-cultural and cross-national studies. Unfortunately, much of the research published in psychiatric and psychological journals seemed problematic when looked at critically, mainly because they failed to deal with ‘category fallacy’—the disadvantage of applying culturally inappropriate categories (Kleinman, 1977). Cross-cultural studies carried out in the traditional style of medical epidemiology did not seem to offer much that was useful. But more recently, I have been impressed by some work done in India.

Raguram et al. (2002), writing in the *British Medical Journal*, reported that the outcomes of people attending a Hindu temple in Tamil Nadu—a place known for helping people with mental health problems—matched the sort of result one would expect from good psychiatric treatment. A paper in the journal *Transcultural Psychiatry* (Halliburton, 2004) documented the experiences of 100 people who had accessed treatment in three forms of therapy in Kerala, namely Ayurvedic medicine, bio-medical psychiatry, and religious healing at one or other of three locations, namely a Hindu temple, a Muslim mosque, and a Christian church—all of which had reputations for healing people who suffer from mental illness. All the people studied in this piece of research were people who had sought help because they were in distress; and when their stories were looked at through the lens of psychiatry, they had mixtures of symptoms that amounted to the diagnosis ‘schizophrenia’ or similar severe mental disorder. Similar proportions of these people benefited from each form of therapy, and several had changed from one location to another until they found one that they benefited from. This shopping around had resulted in a very high overall improvement rate.

All through my life as a psychiatrist in the UK, I kept recollecting what I remembered of my life in Sri Lanka where I had spent my formative years—how differently people in non-Western settings conceptualised (what I had been trained in the UK to call) ‘mental illness / disorders,’ ‘mental health problems’ and such like. So, I was delighted when I was invited by colleagues in the section of transcultural psychiatry at McGill University in Canada to participate in a research program in Sri Lanka between 2007 and 2012. This was

led by a Sri Lankan sociologist and aimed at examining how local people had coped with distress and suffering that had come about as a result of conflict and natural disasters—and there were many since Sri Lanka was experiencing a civil war at the time and had been struck by several natural disasters including a tsunami—and at helping in local capacity building in the field of mental health (see Fernando, 2014).

I had been away from Sri Lanka since 1961 except for short visits to see family and it was only in 2007 that I got to know Sri Lankan people very closely again. As I talked to them, it struck me that, although (in 2007) the words and concepts (about mental health and illness) formulated in the West were being used—something that was not the case in the 1950s for example—many people still saw the problems they called ‘mental’ or ‘psychological’ (often using the English words) in terms of spirituality and healing, rather than illnesses requiring interventions directed at brain functions—the theories promoted by psychiatrists and psychologists. For many local people, notions of what is ‘mental’ seemed to fuse together Eastern and Western ideas and concepts. Yet, the services that were being built up to provide a proper mental health service were being led by psychiatrists and psychologists who had been trained in the Western systems of psychiatry and psychology that I had experienced in the UK—and I knew these were proving to be inadequate in the UK for people from non-Western cultural backgrounds.

I discovered during my work in Sri Lanka between 2007 and 2012 that most people who experienced social suffering and distress were willing to reach out for any sort of help that was offered, from indigenous healers, psychiatric clinics and hospitals, religious bodies and so on, but only felt fully ‘recovered’ when they felt connected to their families and communities. As for treatment, there was a plurality of systems available for (what they called) ‘mental’ or ‘psychological’ problems. An example of the systems in one particular district is given in Table 1 based on research done by a Dutch psychotherapist Beatrice Vogt (1999). The main problem was one of access—the poor and those without caring families missed out.

I visited the mental hospital just outside Colombo at Angoda, one that I had known in 1960, to find it virtually unchanged. However, I saw distinct changes take place for the better while there, and was delighted to be able to help the process as part of the

capacity building program of work I was involved in. I recalled that a centre for healing people deemed to suffer from ‘mental’ problems had been popular in the forties and fifties in preference to the mental hospital—even among relatively wealthy middle-classes in Colombo (the capital city of Sri Lanka). This was located at a Buddhist temple at Nilammahara, not far from Angoda, but alas was no longer operational (in 2007). But I read that the principles of treatment established there had been taken up by indigenous practitioners in several parts of Sri Lanka and were far from forgotten. According to anthropologist Gananath Obeyesekere (1997) the Nilammahara system recognised 22 types of psychopathology; and no doubt treatments would have consisted of physical interventions (like decoctions and head packs) combined with herbal remedies and life-style advice including Buddhist values. In 2007, I heard of many indigenous practitioners who claimed to treat ‘mental illness’—using a literal translation of the English word ‘mental illness’ into Tamil and Sinhala (the two main local languages)—and it seemed that, although there was no recognisable *standard* Ayurvedic treatment for mental illness in Sri Lanka, a lot of it was going on (often at a price). I heard that exorcism was still practiced widely often with *kattadiyas* (the specialists who arrange exorcism ceremonies practiced in the community) working in partnership with indigenous doctors. A book by a local sociologist (Kusumaratne, 2005) about current indigenous medical practice in Sri Lanka notes that one such practice in a small hamlet in the south had overseen 50–60 exorcisms (presumably for ‘psychosis’) and 25–30 snakebite cases in just one month. Yet in another area we heard that exorcism had become very expensive, partly because the drummers and dancers necessary for the full rituals earned more by performing for tourists—and so exorcism was only accessed by the fairly well off.

Today, we live in a globalising world with cultural mixing and easy communication—and even more importantly, we live in a *post-colonial* world. During colonial times, colonialists built asylums like those in Western countries for people diagnosed as ‘mentally ill’ in some parts of (colonised) Asia and Africa, disregarding the fact that health and illness, and the notion of what is ‘mental,’ were all seen very differently in Asian and African cultures to those in the West. More recently, powerful forces, especially those allied to the pharmaceutical industry, are promoting a view that Western

biomedical therapies and psychological interventions are superior to indigenous forms of help (for example local healing systems) for people deemed to be suffering from mental and psychological problems (for examples of how this is being done, see Fernando, 2014). Drug-based biomedical treatments are being popularized through various social and political forces, and indigenous ways for alleviating mental distress, social suffering, and ‘madness’ are being pushed out (see Watters, 2010). What I have learned from my own studies and experience in British mental health services—and from what I experienced during my work in Sri Lanka between 2007 and 2012—is that, in developing mental health services anywhere, it is very important to focus on *local* needs and *local* cultures while taking on board knowledge drawn from East and West, North and South, on how best people with mental / psychological problems can be helped, and to keep in mind the benefits of the people that the services are meant for.

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Buddhism and Up (Karma): A Buddhist Priest's Wisdom to Help Suffering: A Conversation with Ji-Gong Bob-Sa

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Introduction

When I met Buddhist priest Ji-Gong (Ji-Gong Bob-Sa* [Priest], Ji-Gong hereafter), it was a cold winter day in Seoul, South Korea. One of my Buddhist friends introduced him to me when I asked him if he knew any Buddhist monk he admired. I was, at the time, interviewing Koreans nominated by others as wise and moral individuals motivated to live a virtuous life. Ji-Gong graciously accepted my invitation to interview him, which I appreciated greatly because I knew how difficult it was to interview people like him. On top of that, Ji-Gong spent the bulk of the day with me, from 3 PM to 12 AM. He even graciously accepted my follow up questions for this article. It was really a great pleasure to meet someone who would happily devote their time to others. He has been sought by many who have heard that he has been helping individuals suffering from physical and emotional wounds. No wonder that he became the person to go to for help. Just judging from what I heard and what I observed, I can say that he is altruistically helping others who come to seek his help. Many times in our interview, he emphasized that he is following Buddha's compassion.

Before I met Ji-Gong, I received one of his books from my Buddhist friend, entitled, *Buddha Speaks of Disabilities* (Choi, 2016). While I was reading the book, it became apparent that Ji-Gong is

* A Buddhist Priest, and the founder of Hwa-Gwang Seon-Won (Zen Center). He is also a Buddhist scholar and has published many books such as *Buddha Speaks of Disabilities*, *Rediscovering the Diamond Sutra*, *Rediscovering the Heart Sutra*, and *Rediscovering Jung-Do-Ga* (증도가: 證道歌). He teaches Buddhism and the wisdom of Great Buddhist teachers.

someone who reads people's previous lives (humans who do not reach nirvana will repeat samsara/reincarnation according to Buddhism, as well as other Indian religious traditions), which made me even more excited to interview him.

Buddha Speaks of Disabilities is not the typical book where you might expect to hear about challenges people with disabilities have suffered. The book shows how Zen can be practiced in real life, and in Ji-Gong's words—borrowing Buddha's wisdom—thus the book is full of wisdom (J. Choi, Personal Communication, March 24, 2017). While reading the book, I observed that people born with disabilities or people who had been involved in an accident and became unexpectedly disabled suffer resentment toward their fate. The same holds true for their parents and other family members who take care of them. Often times disabled people ask, 'Why me?,' and, 'What is my *Up* (업: Karma, hereafter *Up*) that made me suffer like this?' They recycle this story in their head and have hard time moving on with their lives. This phenomenon might be accentuated among people with disabilities. However, trying to understand one's *Up*, carrying their *Up* on their shoulder, and holding resentment about their fate is very common, based on what I have seen and what I have experienced among Koreans. This can be a huge threat to Koreans' mental health. In our conversation, Ji-Gong stated (although the book focused on people with disabilities) that people with disabilities are just a few individuals who suffer from various challenges in life and want to be relieved from their psychological 'pain.' He also use a dialogue similar to Socratic dialogue, or a kind of cognitive therapy, that helps people to see different sides of their sufferings—a practice often used by Buddhist teachers.

This piece is largely composed of my conversation with Ji-Gong and two of his students, as well as quotes from Ji-Gong's writings. Throughout, I explore mental health issues concerning not only people with disabilities, but people more generally based on Ji-Gong's experiences in helping his patients. I also explore Ji-Gong's healing method focused on *Up* and Buddhism (*Seon* in Korean and *Zen* in Japanese). I divide the piece into two basic sections: *Up* (Karma) and Korean Culture, and Buddhism and Healing. Although the issues discussed throughout the conversation might appear to narrowly relate to Koreans and Korean culture, I believe they in fact provide potential insights for psychologists, psychiatrists, and other

mental health professionals (secular and non-secular) who help people with mental health issues.

Up (Karma) and Korean Culture

Hyeyoung: As I read the book *Buddha Speaks of Disability*, it seemed that there was a common difficulty among people with disabilities (either born with or through a sudden accident) and their parents and family. These people not only suffer from physical difficulties, but also suffer from trying to understand their *Up* (Karma). What did you think?

Ji-Gong: The human mind that analyzes cause and effect in any incident or phenomenon is rooted in a very rational and scientific way of thinking. If a phenomenon is hard to understand, it is assumed to be too mysterious to discover the cause. The causes of this kind of phenomenon could be beyond what we recognize in this time and space. However, understanding their own *Up* helps people to be less resentful and angry and to accept their life as it is, which helps them to start a new life. Furthermore, if [I help them] to obliterate their *Up* they can make progress in more easily overcoming and rehabilitating their disabilities. I have experienced this with many individuals: It is much more painful for them to be unable to explain why they have disabilities when they are trying so hard, than having the physical pain itself.

Up was a universal concept that was known to India before Buddhism. Thus, *Up* is not necessarily a Buddhist ideal but, rather, a human idea. In Buddhism, the essence of *Up* is empty (∅: emptiness); thus, anyone can be taught and guided to overcome their *Up*. Individuals can alter their recognition from *Up* that is a challenging phenomenon in this world to a different dimension—somewhere without *Up*. [...] Thus, my job was helping individuals who are suffering from *Up*, with whatever challenges they have; to provide them wisdom to overcome their *Up*. One of the things I do is tell them what their *Up* is, when absolutely necessary.

Hyeyoung: What relations do you think there are between the attachment to *Up* and Korean culture?

Ji-Gong: If you deny *Up*, you deny cause and effect, thus law and order can be confused and can destroy justice. *Up* is a universal ideology among Easterners, and *Up* is a hidden truth and wisdom in the current state. *Up* is the experience and memory embedded underneath, in your unconscious. Korean culture is, in many ways, based off of Buddhism; thus, *Up* can be also part of it. Consequently, people repress their desire for bad behaviours while building up good behaviours that promote benefit to others (공덕: Gong-Deok), which builds good *Up* (Karma). I had grown up hearing, ‘Humans need to build Gong-Deok’ (Good behaviours that benefit others). *Up* ideology has not only has contributed to protecting individual consciousness, but has also been essential to maintaining societal goodness, naturally, before we established law; that is because promoting goodness is more convincing with much scientific cause-and-effect than just promoting goodness as moral virtue.

Hyeyoung: What have you done to help people who are suffering from ‘*Up* dilemma’?

Ji-Gong: What I do is not a common practice that anyone can learn and it is not limited one or two methods, because each individual has different *Up*, a different current state, and various states of consciousness. I am only able to do that with [my] clear discernment and with the help of Buddha’s power and wisdom. I have helped so many people who are suffering from, not only physical challenges, but also mental suffering. Each case has been unique and I remember each one of them. A lot of cases are described in my book. Also, many of my clients became my students.

Hyeyoung: I felt astonished when I read in your book that you treat your clients by telling them their previous lives. How

did they responded to your treatment? Did they understand it well?

Ji-Gong: If one obtains wisdom, anybody can see their previous lives and understand their *Up*. [...] I only discuss their *Up* when it is absolutely helpful toward their understanding their own *Up*. When I tell my clients their *Up* in detail, they are able to understand that their suffering in this present life is directly connected to their *Up*. They experience this as miraculous. But, I do not stop there. If [I] removed their *Up*, their long mental suffering disappears. That is evidence. The reason I do this is to provide evidence that Buddha's teaching is the truth. If I just teach people [that Buddha's teaching is the truth], it may remain in their superficial level [of understanding (i.e. a notion)], but would not create any changes in their deep heart.

Hyeyoung: I am curious how you can remove people's *Up*.

Ji-Gong: If you look at the source of suffering, from the pain of the body and the mind, *Up* that is engraved in the soul is very active. Psychologically speaking, it is an unconscious trace. Eliminating *Up* destroys the power of this trace and erases the trace itself. Buddhism has so many teachings for this purpose that I use it freely to match my students and clients. One typical method is the mantra (진언: Jin-Un). Once you have extinguished your *Up*, you are able to see your achievement and progress as much as you strive for it.

How *Ji-Gong* removes *Up* is shown in the following example. *Ji-Gong* suggested I ask one of his students/clients—who is also my friend (pseudonym: H)—and his wife (pseudonym S), who had actually introduced me to *Ji-Gong*, about how they knew him, their story, the method of healing, and its effect.

Example (Interview with *Ji-Gong's* clients): Our daughter Y (pseudonym) has scoliosis and she constantly had to see a doctor, 360 out of 365 days a year. The symptoms worsened when she entered high school. She constantly complained

that she had backache, finger ache, headache, neck-ache, etc., because she had studied so hard for her college entrance exam, because she wanted to go to a medical college, which is hard to get into; so we encouraged her to sleep more, but the symptoms wouldn't go away, no matter how much she rested. At that time, we didn't believe any of what she was saying. We blamed her and told her that she was going crazy due to lack of sleep. We never believed in any 'spirit' or 'ghost' story. Her school performance was also fluctuating widely. She would get 100% score one day and she would get a failing grade the next.

One day, we got the phone number of *Ji-Gong* Bob-Sa-Nim from one of our acquaintances. When we called him, he already knew what was going on. He talked about one of Y's previous lives, which we didn't believe at that time. He said in one of Y's previous lives, she was living with her grandmother. They were so poor and often did not have food. So, she often had to steal food and was beaten by people who found her guilty. Thus, she carried her *Up* even now, and she was in pain for this [for] years. In order to remove Y's *Up*, *Ji-Gong* Bob-Sa-Nim performed a ritual and prayer. For me (S) it was a mind-out-of-body experience. There were *Ji-Gong*, Bosal-Nim (*Ji-Gong's* wife), and just me (S). We were praying while *Ji-Gong* was performing the ritual. He was calling out the ghost (Y's grandmother in her previous life) and scolded her not to stay around Y's present life. He told her that leaving Y's side was protecting her and saving her. We did the praying and ritual twice, and Y said she was no longer in pain. There are still imprinted pains here and there, for which we are continuously praying for her. She is now at the University of Minnesota, studying neuroscience. She is there by herself and taking care of herself, which is miraculous because I (S) had to carry her school-bag in and out of school every day because she could not carry anything. Now, she told us she has carried 22kg of stuff. We have so many people in our temple who are survivors from illness or life sufferings. They all got immense and miraculous help from *Ji-Gong* Bob-Sa-Nim. (Kim & Choi, Personal communication, March 28, 2017)

Hyeyoung: How does this kind of healing relate to traditional mental health therapy (both East and West)?

Ji-Gong: Hypnotherapy might be the closest to what I do: Accessing the clients' unconscious to extract the cause of suffering and treat it. So, I do teach hypnotherapy and some of my students administer hypnotherapy to their clients. However, I do not need to hypnotize my clients to reach their unconscious level to treat them, which might be unbelievable. I do not even need to have them in front of me to treat them. The reason [most] psychotherapy has limitations is a lot of truly important mental health issues might be related to the spiritual dimension beyond the psychic dimension. I am able to access their spiritual level, where their *Up* resides, and treat them invisibly. Thus, my treatment is not visible, and my clients do not need to be in front of me. This aligns with Buddhist practices that access the spiritual level, where the root of *Up* exists, to treat their illness and suffering alone. Further, it changes their immortal being. Zen in Buddhism directly deals with the spiritual level and not the body and mind, thus it is the most difficult practice.

Hyeyoung: Do your students have any license for administering hypnotherapy?

Ji-Gong: In fact, even if you try to escape from a great deal of suffering, the suffering you have suffered is not easy to be erased but is still carved in the unconscious; it's a kind of trauma, so it creates another problem later. So, in order to extinguish the karma and to remove the remnants of mind, I have been teaching hypnosis, through lectures, to my disciples, and my disciples are giving people hypnosis treatment. [...] And the use of hypnosis is so diverse, but it is now being used too narrowly, which is unfortunate. In Korea, hypnosis is not recognized as a medical practice, so there is no national or authorized body [for licensing this]; thus, individual practices are more common. I take advantage

of whatever helps people. How can you handle a variety of people with just one or two techniques? Even if people are experiencing the same symptoms, the causes are all different.

Hyeyoung: Traditionally, many people consulted shamans to cure and help their mental suffering. Many primitive religions in other countries seem to have similar practices. Shamanism is still prevalent in Korean culture. What do you think of that?

Ji-Gong: Shamans mainly use fate counselling and the occult aspects of life. I am also mastering all of these things and use them when necessary. In this world, the visible part and the invisible part merge together, so we are limited if we only comprehend the visible. Everything has both sides, so the invisible part of the illness should be used for the invisible force, and the visible part should be used for the visible force. And we have to use these two things in unison. Just as Western medicine and oriental medicine treat illnesses together.

Since religion has such a high degree of form and systematic organization now, it has lost the various practical powers of shamanism; it became helpless for healing modern people. Now I think that religion should incorporate various treatments, not only from shamanism but also from modern medicine. The Buddha was called Eui-Wang (의왕: King of medicine), and at that time, he healed so many people's bodies and souls. Buddha had the power and wisdom to see and understand the deep source of *Up* of a soul; to heal people, and I am following the Buddha of that time.

Buddhism and Healing

In this section, I discuss *Ji-Gong's* thoughts on a healthy mind in contemporary society and examples of his self-healing remedy. *Ji-Gong* suggested a few pointers for a healthy mind in his book, *Buddha Speaks of Disabilities*, based on Buddhist teachings. He focused on discussing ways for strengthening mental health for people with disabilities, but we can apply his pointers to anybody. He wrote that if something happened to someone (just being injured), do not remain

in sadness by judging the good and bad of the incident. One should instead embrace the new condition one is in and liberate oneself from its challenges (i.e., being physically disabled). I started by discussing how contemporary Korean culture influences mental health, and how Buddhism can help individuals overcome their challenges. His healing remedy is largely based on Zen practice, which is applied to real life situations in his book.

Hyeyoung: How does Korean culture have any effect (good or bad) on Koreans' mental health?

Ji-Gong: We call it Korean culture but the essence is very complicated. Contemporary Korean culture has been influenced by Western culture and has changed tremendously; it became a culture without nationality. Traditional Korean culture placed more weight on mind than the material world, and more weight on spirituality than on mind; thus, it is hard to understand even a traditional proverb without understanding the invisible non-material world. Even under a strict social system, where one cannot move up the social ladder, people would not be disappointed or resentful, but rather value cultivating their inner strength and mental health, based on Buddhism and traditional culture. On the other hand, a side effect was that their material pursuits never progressed. I believe that their unconscious desire to be a person with high morality and high wisdom might have been higher than their desire to be rich. Contemporary Korean culture is a threat to mental health of Koreans in that it encourages too much comparison and too much awareness of what others have. This is especially true in light of everyone's great suffering because of physical and material comparisons; A person whose appearance or property is deficient compared to others suffers more.

Hyeyoung: How can Buddhism affect such things?

Ji-Gong: In Buddhism, there is no competition or comparison with others. It is the best preservation of traditional Korean

culture because it emphasizes mental maturity and control of desire and obsession with material possessions, not your genetic make-up. And, in Buddhism even the most miserable person should be respected, and regarded as having a great potential; thus it will contribute absolutely to achieving equality. In my book, there are many Buddhist guidelines for people to treat those people with disabilities who are seen as the biggest social underdogs well.

Hyeyoung: What is a healthy mind? All people, including people with disabilities and average people have mental suffering and pain; what is the biggest threat to mental health?

Ji-Gong: The biggest threat to mental health is a dishevelled mind. When our mind is disoriented, it is easily pulled back and forth by various free formed forces from outside; that causes fear, conflict, and anger inside, which make us suffer in an outward way, and we have a harder time achieving our goals. That is why it is important to work hard to maintain a clear mind and consciousness. Grasping the nature of incidents happening around one's presence and holding on to the center of consciousness is important for maintaining one's identity. On the other hand, one must broaden the mind; not worry too much about good and bad, not stick to self - thought.

Ji-Gong also discussed ways of accepting nature and destroying and reconstructing *Saek-Su-Sang-Hang-Sik* (색수상행식)(Choi, 2016). *Saek-Su-Sang-Hang-Sik* includes the physical and mental world described in Buddhist teaching.

Saek (Rupa) is the physical world, including earth, water, fire, wind, and our body (Karunamuni, 2015). The mind world includes: *Su* (Vedana) or sensations *Sang* (Samjina) or perceptions; *Hang* (Sankhara) or mental activity, and *Sik* (Vijnana) or consciousness (Karunamuni, 2015). *Ji-Gong* encourages us to embrace and be friends with new challenges and to work hard and not be scared or fearful, and to construct a new *Saek-Su-Sang-Hang-Sik* (Choi, 2016). One should diligently practice the above to achieve this. The following are

some pointers for people who want to overcome their challenges, which, in my opinion, are actually Zen practices to reach liberation. Below I provide a very short summary of each point Ji-Gong discusses in his book *Buddha Speaks of Disabilities* (Choi, 2016).

1. Trust in you: Just trust in yourself in order to construct a new *Saek-Su-Sang-Hang-Sik*. If one truly trusts and lets the future present itself, fear disappears.
2. Encourage yourself: Let yourself out of your body and mind; gently embrace and encourage yourself. This exercise will help you to be brave and maintain a good and healthy self. Do this diligently.
3. Be familiar (get along) with your disabilities/challenges: If you keep fighting against your challenges you lose energy and power, become resentful, and eventually are defeated by your challenges. A sense of self-efficacy will appear when you truly love yourself and embrace your challenges. Everything will become your friend, so you will never lose.
4. Sublimate your desire: Wanting to best anybody might make you a little better than some people, but you will not obtain greater benefit. When you expand your ambition and sublimate your desire to benefit others, you not only overcome your challenges, but also become a better person, with wisdom and strength.
5. Be satisfied with what you have: This does not mean living an average life. It means not wasting energy trying to grab what you do not have. In nature, the physical environment is neither good nor bad: it is just what it is. Accept new challenges as a new starting point.
6. Share your heart: Ji-Gong gives an example of a physically challenged man and wife who help other people in whatever way they can. If they focus on their challenges they will lose their mind to unhappiness. They put their mind and body in a prison-like small cell, they become even more miserable. If they share their heart with others, they appreciate *In-Yeon* (Buddhist term: human connection), and

come to open their heart, which is always a great start to construct new *Saek-Su-Sang-Hang-Sik*.

7. Pledge to yourself: Pledge to yourself not to contaminate your new *Saek-Su-Sang-Hang-Sik*. This requires repressing your evil mind, boosting your goodness, and cultivating your unchanging mind. Anything that breaks a peaceful mind is an evil mind. It is very easy to be polluted when you have challenges: You blame the environment or karma that presents you with challenges, which might ultimately make you disrespect yourself. Diligent practice boost your goodness.
8. Unite your mind: Enduring resentment and anger does not mean being a pushover. It is a great Zen practice to make the source of anger emptiness. It is a great way to not to be shaken by the environment and to maintain your pure heart.
9. Expand your mind: Expanding your mind involves overcoming your challenges and escaping the environment you are in using your new *Saek-Su-Sang-Hang-Sik*. Overcoming your mind disables the challenges. Keep moving forward rather than continuing to feel sorry for yourself.
10. Have tranquil mind: Contain a peaceful mind and put your challenges to rest. Erase your old despair about your challenges. You are in Zen, beyond your given surroundings. Then you are truly free from body and mind and understand that the given surroundings are under an invisible law and order; thus you enter the emancipation gate and, once there, you can take control of your challenges and understand that your challenges are actually your teachers.
11. Light your heart. Ji-Gong discussed many Buddhist Masters who entered nirvana after overcoming their physical challenges. They had lived their lives with great compassion toward others. Great compassion is eternal and never vanishes (Choi, 2016).

Here are a couple examples of Ji-Gong's dialogues with his clients and students from his book that give additional insight into the method he is using to guide others.

Example 1: One day an old lady came to see Ji-Gong and made a complaint. She was tired of helping others. Before she was only thinking of herself but since she attended the temple and listened to his teaching, she started working hard to help others by doing everything and anything, but now she felt exhausted and her husband and kids complained that she doesn't take care of them enough. So, Ji-Gong replied, 'Then, volunteer without volunteering.' Ji-Gong continued, 'It is pure when there is no justification; it is not service if it is for someone, for something.' The lady replied, 'Aha, yes, Buddha said *Ongmusuju Yisangkisim* (응무소주이생기심): Abandon the discernment of 'no, good, mine, subjective, objective, bad, good', but I missed *Ongmusuju* (do not stay in any object). Ji-Gong said, 'You missed *Yisangkisim*. [...] When you help others you also need to see yourself inside of their heart. If they accept your help naturally as if they breathe air, then your family wouldn't complain so much.' He kept going, and wrote the following in his book: "A human mind that humans have a hard time experiencing is not an artificial mind or a compassionate mind, it is a natural mind. Helping others can be artificial if you desire it. [...] When our mind is free for giving love, then helping others becomes so easy and everlasting (Choi, 2016).

Example 2: A mother of a child with a severe disability came and said to Ji-Gong, 'I can't live any longer. I have no confidence. What should I do?' Ji-Gong replied, 'There is nothing I can do to help you to build confidence. What should I do?' She was desperate: 'You should do something.' Ji-Gong replied, 'If so, then you should listen carefully. Can you breathe with confidence? Life is full of unpredictables and your mind is also unpredictable, so desiring to live with confidence is a delusion and comes from arrogance. Even when I work I might show confidence not because I am fully confident but because I believe if I proceed with confidence

there could be more success than failure. [...] If every time something happens you seek confidence, you wouldn't do things that are not in your comfort zone. So, you limit yourself and that is worthless. I have been careful with no confidence. Often times I don't even think about if I have confidence or not. I just do whenever things I face to do. ... that's why I told you that I have no confidence to help you.'

She smiled with realization; 'I will forever have confidence till I die now. I was full of confidence before I had my child. Now I think back it seemed to be "silly confidence" [...] but it must be difficult not to have confidence.' Ji-Gong replied. 'Yes, you are right. First of all, you should not fixate on having or not-having confidence. Because everybody has some degree of fear, they work hard to feel confidence. If you don't fear, you won't need to seek confidence. What are you afraid of?' She replied, [...] 'I fear my child dies like this. I fear that, when I die, how my child will live by himself? [...] Ji-Gong replied, 'You can't be with your child forever, unless you die at the same day and time. Even if your body is gone Karma, Spirit, and Gene are eternal; thus, we live forever and there is no death. [...] Leave a beautiful stone to your child, he will forever carry it and you can die peacefully, without fear. [...] If you live with strength and a cheerful heart, he will forever carry that even when you die.' This mother later volunteered for others, getting back her life with confidence and audacity (Choi, 2016).

Lesson Learned: Concluding Remarks

Ji-Gong is neither a trained counsellor nor psychiatrist. He has been sought by others who have heard of his wisdom and ability to heal people's sufferings. His healing methods are very unique, and thus might easily be misunderstood by others. Reading others' previous lives and calling out ghosts are similar practices to Korean traditional Shamanism, or other primitive religious practices in other countries. Thus, people living in the modern era have a hard time understanding things like this that are beyond our consciousness. Furthermore, as Ji-Gong stated, what he does "is not a common practice that anyone can learn. Although there is quite a lot of evidence showing this type

of supernatural power, I am not sure how practical it is as a tool for modern counsellors, psychologists, and psychiatrists. Nonetheless, I still think that we can learn from this, regardless of whether one believes of this kind of power that can neither be seen nor touched. The following are a few interesting things left for me (us) to think about:

1. The *Up* dilemma is a major theme discussed in this piece. In *Ji-Gong's* lecture, he said, "Regretting builds *Up* (Karma). When something disappears, one thinks that it will come back. If continuously attached to what one has lost, s/he will be exhausted and resentful" (Choi, Lecture, February 22, 2017). If one cannot accept what they have now, one will deny nature and suffer from the evil karma they have created. This is the source of suffering for many of *Ji-Gong's* clients, or for anybody, including me. Some people who suffer from tremendous physical challenges, traumatic experiences, and sudden changes of their lives blame and resent the cause of their suffering. In some cases, they could be helped by changing their views (*Saek-Su-Sang-Hang-Sik*) about the phenomenon with the eleven steps described above in the Buddhism and Healing section. However, some causes or reasons they seek might not always be visible; some causes might be beyond what they can find, and beyond human reality.

People often want to know their *Up* (karma) to understand the deeper part of their suffering, which *Ji-Gong* experienced. On these occasions *Ji-Gong's* miraculous capability plays a huge role in soothing his clients' souls. Aforementioned, this is not a new therapy; it has a history as ancient as humankind. Even in the modern era, there are cultures or peoples who might need this kind of therapy, and it should not be ignored. Transpersonal psychology is a field that tries to understand this kind of extraordinary phenomenon.

2. Religion has the power to provide spiritual strength that helps people to overcome life pains. Religion has a history as long as human existence, and plays a great role both in human suffering and in human happiness. As much as other religions have helped people, Buddhist practice have also soothed people with emotional troubles. *Ji-Gong* found that Buddhism conveys the truth he believes in the best and he has been teaching Buddhist dialogues with students, and through rituals and lectures. *Ji-Gong* also believes that Buddhism will help his students to be wise and spiritually liberated. Goździak (2002)

has also found that spiritual and religious beliefs often provide meaning to people who have experienced life pains. Spirituality and faith often help people learn how to endure and overcome suffering (Goździak, 2002). This could apply to other religions as well. Larson, Milano, and Lu (1998), too, found clinical evidence showing a positive relationship between religious beliefs and behaviour and physical and mental health. They affirm that treatments of meditation, prayer, and worship can actually reduce psychological and physiological stress. The power of religion in supporting mental health should not be ignored. There have been so many great minds, such as those of Jesus Christ and Buddha, whose miraculous compassion healed people. As Buddha said, 'Each of us has Buddha in us,' and Ji-Gong's eleven pointers may help individuals find a peaceful world.

Our conversation did not dwell much on people with emotional disorders, but some of the life challenges of the people we did discuss might cause similar types of emotional suffering. He did speak a little bit about *Hwa-Byung* (pent-up resentment disorder—a cultural illness), which could develop into depression and panic disorder. For example, in Y's case, she was physically ill, but she also probably had suffered from anxiety disorder and post-traumatic stress disorder (seeing ghosts in real life, having nightmares each night, and trauma from her previous life). It was a unique case, but there are a lot of unbelievable incidents that happen in our daily life. I am hopeful that mental health practitioners can take something out of this article to help clients with emotional disorders.

This has been an interesting project that has helped me to reflect upon my own suffering. Humans are not perfect. We fear, judge, regret, hate, desire, and get upset. And most of the things we suffer from are actually from what we created through new challenges that we face. Historically, people relied on religion, nowadays mental health professionals have become the people from whom to receive help. In closing, I do not mean to argue that Ji-Gong's healing method is the best; rather, I merely mean to report his interesting cases, in the hope of providing some insights from his unique philosophy on healing and on Buddhism engaged with altruistic intentions.

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