Buddhism and Western Psychology: Fundamentals of Integration

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ABSTRACT

Essential Buddhism, the fundamental teachings of the historical Buddha and the core of all major branches of Buddhism, is psychology, not religion or philosophy. Essential Buddhism is described from a psychological perspective and interrelated with Western psychology in general, and cognitive science, behavior modification, psychoanalysis, and transpersonal psychology, in specific. Integrating Buddhist psychology and Western psychology yields a more comprehensive psychology and more powerful therapies.

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Fundamentals of Integration

This paper provides a Western psychological interpretation of the fundamentals of Buddhist thought, and an integration of the concepts with some Western psychological constructs and disciplines. First discussed is the body of knowledge being considered, called "essential Buddhism," and the basic resources. It is argued that essential Buddhism is not religion or philosophy, but rather psychology.

Then the basics of essential Buddhism are covered, including dukkha, clinging, four noble truths, eight-fold path, concentration, and mindfulness. In the next section, essential Buddhism is related to cognitive science, behavior modification, psychoanalysis, and transpersonal psychology. Next is a brief history of Buddhism and its coming to the United States. Finally, in a discussion section, in addition to more global reflections on the previous contents, there is an introductory overview of psychological contributions of other branches and schools of Buddhism.

Essential Buddhism

For the purpose of this paper, the expression "essential Buddhism" was invented to mean the fundamental principles of Buddhist thought that are traditionally attributed to the historical Buddha and are recognized as basic to all major schools of Buddhism. Insightful understanding of essential Buddhism has been continually stressed from the Buddha through to the current Dalai Lama.

The Buddha

The historical Buddha was Siddhatta Gotama (Sanskrit: Siddhartha Gautama), probably born between 566 and 480 BCE in what is now Nepal (Armstrong, 2004; Rahula, 1974).[1] The word "buddha" means "awakened one," referring to enlightenment, discussed later. The expression "the Buddha" generally refers to Gotama, although there were many buddhas before and after Gotama, including many non-Buddhist buddhas.

All of essential Buddhism is attributed to the Buddha, although it is not necessarily held to be original with him. Some of the ideas were drawn from the yoga of the time, studied by Siddhatta before he became the Buddha; while other ideas are probably original with the Buddha (e.g., dependent origination, discussed later, and the emphasis on mindfulness as the vehicle to awakening). It is generally held by Buddhists that the basic principles of essential Buddhism are universal and omnipresent, and thus applicable to everyone, however the principles are conceptualized.

Literatures

Of all the collections of Buddhist writings, the first and best-known is the Pali Canon, where Pali is a dead language related to Sanskrit and perhaps similar to the language the Buddha spoke. The Pali Canon is composed of three separate collections called baskets. One is the basket of discipline (vinaya) which includes the rules for monks and nuns. Another is the basket of writings (sutta), a massive literature of discourses of the Buddha and his immediate disciples. This basket is the major source

of essential Buddhism. And third is the basket of further teaching (abhidhamma), which will be discussed later. The Pali Canon is slowly being translated into English, at first primarily by the Pali Text Society.

In addition to the Pali Canon is the extremely influential Vissuddhimagga ("The Path of Purification"), compiled by Buddhaghosa (1975) in the fifth century CE (cf. also Flickstein, 2001, for a practice-oriented introduction). Buddhaghosa was first a Brahmin yogi (Brahmanism being the precursor to Hinduism) and then became a Buddhist monk. The Vissuddhimagga is a large encyclopedia of the yogic practices and conceptualizations of the time, Brahmin and/or Buddhist.

Theravada Buddhism, as found in Southeast Asia and Sri Lanka, is the branch of Buddhism closest to the teachings and practices of the time of the Buddha. The Vissuddhimagga and the Pali Canon are the basic and most influential resources for Theravadins and this paper.

Not Religion or Philosophy

A basic argument in this paper is that essential Buddhism is not religion or philosophy. Relative to religion, the Buddha did not claim to be other than a human being; he did not suggest he was a god or a god manifested in human form; he did not claim inspiration from any god or external power (Rahula, 1974); and he discouraged veneration of himself (Nyanaponika, 1986). The Buddha is one of the "jewels" of Buddhism because he was just a man; what he achieved in terms of awakening is available to everyone. Essential Buddhism has no personal deity or impersonal

godhead, no creeds or dogmas, no rituals or worship, no savior, and nothing to take on faith; rather it is a set of practices and free inquiry by which one sees for oneself the truth and usefulness of the teachings (Khantipalo, 1992; Nyanaponika, 1986; Rahula, 1974; Snelling, 1999). The Buddha clearly did not want to establish a religion. And the Buddha's community was educational, not religious; the members were prohibited from involvement in religious practices and were not to compete with the Brahmin priests.

Similarly, the Buddha avoided philosophizing and debates with philosophers. He particularly avoided speculative metaphysical questions (Rahula, 1974). For example, he would not discuss whether the world is eternal, whether the soul is the same as the body, or whether a buddha exists after death. He did not consider such philosophizing as useful to the path; rather it is more important to clean up one's life and train one's mind. Practice is more important than philosophy. In a popular analogy, the Buddha described a man shot with a poisoned arrow (Rahula, 1974). What if the man would not let the doctor treat him until he knew the name, caste, appearance, and home of the archer, as well as the type of arrow, bow, and bowstring that were used? He would die before being treated. Similarly, Buddhist practice provides a way to reduce suffering that is not dependent on belief in a cosmology.

On the other hand, a family of Buddhist religions came into being, based on essential Buddhism and later Buddhist teachings. The vast majority of Buddhists in the world approach Buddhism as a religion. Buddhist religions have a good basic code of ethics (e.g., no killing, stealing, or lying) and seem to bring peace and gentleness to many practitioners and cultures. Like most major religions, Buddhism does not claim

that it is right and other religions are wrong.[2] Hence, from a Buddhist perspective, one can be a Buddhist and also be a Christian, Sufi, or atheist. No one has been tortured or has any war been waged in the name of Buddhism.[3]

Similarly, there is now a rich field of Buddhist philosophy (e.g., Abe, 1985; de Silva, 2000; Guenther, 1975; Jacobson, 1983; Kalupahana, 1987).[4] And the Buddhist literature contains some very influential philosophers, including Dogen (Yokoi, 1987), Nagarjuna (Batchelor, 2000; Garfield, 1995), and Dharmakirti (Dunne, 2004).

In mainstream academia in the United States, Buddhism is perceived as being religion and/or philosophy, and is generally taught in those departments. Hence, academic psychologists often perceive Buddhism as being irrelevant or inappropriate, and thus miss out on a powerful psychology. There is nothing "wrong" with Buddhist philosophy and religion, and they can be very helpful. But from the perspective of essential Buddhism, they could distract people from important practice, such as meditation and opening the heart. And, the Buddha warned about becoming attached to views, opinions, rites, and rituals.

Buddhism arose in cultures that believe in reincarnation and karma within and across lifetimes. Hence, these beliefs are part of most Buddhist religions, particularly Theravadin and Tibetan Buddhism. Buddhist practices and morality are then seen as a way to improve one's next incarnation and eventually free oneself from the cycle of rebirth. But, this sometimes limits the full meaning of the dynamics involved. Relatedly, much of the Vissuddhimagga is Brahmanism, not Buddhism, and has thus added

confusion about essential Buddhism, such as the nature of dependent origination, discussed later (Buddhadasa, 1992).

Psychology

If essential Buddhism is not religion or philosophy, although usually confused and confounded with them, then what is it? Clearly it is psychology, for it deals with topics such as sensation, perception, emotion, motivation, cognition, mind, and consciousness. The Buddha said his primary work was to reduce suffering, and the Dalai Lama continually stresses that his approach to Buddhism is about increasing happiness. Padmasiri de Silva (2000) points out how more attention is given to psychology in Buddhism than in any other major spiritual discipline.

Levine (2000) suggests a number of commonalities between Buddhism and Western psychology: Both are concerned with alleviating human suffering. Both focus on the human condition and interpret it in natural rather than religious terms. Both see humans as caught in a matrix of forces, including cravings and drives, based in biology and beliefs. Both teach the appropriateness of compassion, concern, and unconditional positive regard toward all beings. Both share the ideal of maturing and growth. And both acknowledge that the mind functions at a superficial and deep level.

Thus, the major theoretical orientation of this paper is interpreting and describing essential Buddhism from a Western psychological perspective; and, in the process, removing unnecessary religious associations and interpretations. This is not intended in any way to devalue religious Buddhism, but rather to focus on Buddhist psychology. To

facilitate this task a few constructs and distinctions will be drawn from Conjunctive Psychology, the secondary theoretical orientation of this paper.

Conjunctive Psychology

The integration of Buddhism and Western psychology is a subset of a broader project that also involves integration of Western psychology with other Eastern health traditions including yoga, ayurveda (the national healing system of India), Chinese medicine, and Taoism (Mikulas, 2002).[5] In all the Eastern traditions psychological health is part of the overall health of body, mind, and spirit, which are all intertwined.

The integration of Eastern and Western thought, as it relates to psychology, is called "Conjunctive Psychology." The integration takes place across four "levels of being": biological, behavioral, personal, and transpersonal. The biological level is the domain of the body; the behavioral level is the activity of the body, including cognitions; and the personal level concerns the conscious personal reality, including the sense of self and will. The transpersonal level, discussed later, includes forces and domains of being that are superordinate to and/or prior to the self-centered personal reality.

A few conceptualizations, unique to Conjunctive Psychology, are used in this paper, including behaviors of the mind, components of meditation practice, and a "solution" to the self/no-self issue. Hence, whenever the expression "Conjunctive Psychology" is used, the reader will know this is an idiosyncratic theoretical view of the author, and that further information and references can be found in the basic text (Mikulas, 2002).

Basic Constructs

Next are described basic constructs of essential Buddhism. These were all first introduced in the Buddha's classic discourse about the Four Noble Truths, which includes the Eightfold Path (Rahula, 1974). Although the discussion here is from a Western psychological perspective and different from what is found in the traditional Buddhist literature, everything is totally compatible with essential Buddhism.

Dukkha

A very broad and central concept in Buddhist psychology is "dukkha" (Claxton, 1992), which is usually translated as "suffering"; but actually means something closer to "unsatisfactoriness." Literal translations include hard to bear, off the mark, and frustrating. It was used to refer to an axel off-center and a bone out of socket. It includes anxiety as described in Western psychology.

A very common example is when perceived reality does not match how one wants or expects reality to be. This discrepancy can be part of a feedback mechanism to guide behavior (Miller, Galanter, & Pribram, 1960). Dukkha arises when the discrepancy causes an undesired emotion, such as anxiety, anger, frustration, or jealousy. Dukkha then often impairs one's behavior, such as one's thinking. For example, if one's child or co-worker is not acting as one wants, then this discrepancy may cause one to act in ways to influence the other person. But if the discrepancy also causes anger, then one may think less clearly and thus be less effective.

One may compare one's image of one's self with an ideal or possible self as a basic feedback mechanism for behavior change and personal growth (Stein & Markus, 1996). But this comparison may result in dukkha, such as anxiety or depression (Higgins, 1987; Rogers, 1961). One then acts to reduce the dukkha (escape conditioning). This negatively reinforced behavior may be desirable; or it may be problematic, such as binge eating (Heatherton & Baumeister, 1991) or many cases of self-deception, lying to oneself or denying oneself certain information (Lockard & Paulhus, 1988; Snyder & Higgins, 1988).

Another common form of dukkha is a sense of personal and/or spiritual unsatisfactoriness, possibly including the feeling that things are not quite right, the sense that real happiness is continually out of reach, and/or the conviction that one can't get free. This dukkha is often part of the motivation that leads people to religion, spirituality, drugs, psychotherapy, and other possible cures. At the existential level[6] one often encounters a form of dukkha based on a feeling of isolation, not being related to the whole (Yalom, 1980), and/or a threat to one's existence as a self (May, 1967).

A third common source of dukkha, particularly in the United States, results from the more is never enough trap. This occurs when one believes that collecting more of something (e.g., possessions, money, power, fame) is the path to happiness and fulfillment. When this doesn't work, there can be profound dukkha, such as a mid-life crisis.

Dukkha is a very general concept that cuts across many domains and levels of being. This generality makes it particularly useful in integrating Buddhist and Western

psychologies. A strength of the concept is that all of dukkha is explained in terms of one dynamic: clinging.

Clinging

The mind has a tendency to crave for and cling to certain sensations, perceptions, beliefs, expectations, opinions, rituals, images of the self, and models of reality. In essential Buddhism, this craving and clinging is the cause of dukkha. The reason comparing one's perception of one's self with an ideal self causes dukkha is because of some clinging, such as to the desire or belief that there should be no discrepancy. A possible cause of a midlife crisis is the clinging to an unrealistic image of how one's life should be at some point, even when realistically one has a good life.

In Buddhism one of the "marks of existence"[7] is impermanence (anicca), the principle that everything changes. If one clings to something as it is at some time (e.g., one's relationship to child or spouse, a restaurant or vacation place, one's youth), then one will suffer dukkha when it changes. If one doesn't cling, there is no dukkha and one can go along with the change and perhaps influence it (e.g., allow a relationship to evolve, find a new vacation place, age gracefully).

If one clings to certain ideas or opinions, one will suffer dukkha when one is wrong, and will probably have trouble recognizing one is wrong and changing one's mind. Instead one may come up with reasons why one is not really wrong after all. Clinically, it is common for people to cling to some behavior patterns even when they are not working well, in some cases because the people define themselves in terms of these

behaviors and cling to those self-images. Clinging results in psychological inertia, a resistance to change, even when the change would make the person's life more effective and happier. Hence, clinging impairs behavior change and personal growth (Maul & Maul, 1983) and reducing clinging improves them (Mikulas, 2004b).

In addition to dukkha and resistance to change, clinging may also produce distortion in perceptions (e.g., seeing things in ways to fit one's beliefs) and impairment in thinking (e.g., holding on to some assumptions, decreased mental flexibility). This relates clinging to the dynamics of many psychological theories, such as psychodynamic defense mechanisms, cognitive dissonance theory, the "new look" in perception, and schemas in cognitive psychology, which is beyond the scope of this paper.

In Buddhist psychology, clinging is always detrimental, even though what one clings to may be judged desirable or not by various practical, psychological, ethical, and legal considerations. Glasser (1976) suggested there are some "positive addictions," such as for running or meditating; this is disputed in Buddhist psychology. To be motivated and committed to jog every possible morning may be good for one's biological and perhaps psychological health; but if one clings to this, then one suffers dukkha when one cannot jog, as when prohibited by the weather.

Four Noble Truths

In the Buddha's first major discourse, he described the Four Noble Truths (Rahula, 1974). The first Noble Truth is that life is filled with dukkha. The second truth is that the

source of dukkha is craving (which leads to clinging). The third truth is that dukkha ends when craving ceases. At this point, it is said that one is fully in the present, joyful, peaceful, and compassionate. A common misunderstanding is that this will result in a person being apathetic or unemotional. This is not the case; one can still have preferences and goals without clinging. One's behavior becomes motivated more by compassion and appropriateness, rather than security, sensation, and power. In this sense Buddhist psychology is more humanistic than Freudian; it is postulated that the basic nature of people is sane, clear, and good. It is a matter of getting free from defilements, such as the three poisons of the mind, identified as anger, greed, and delusion.

The fourth Noble Truth is the way to get free from craving and defilements, the Eightfold Path (Das, 1997). First is right understanding, understanding the situation one is in (e.g., the Noble Truths and marks of existence) and resolving to do something about it. Second is right thought, including no lust, ill-will, or cruelty. Third is right speech, including being constructive and helpful and avoiding lying, gossip, and vanity. Fourth is right action, including being moral, compassionate, precise, and aware, and avoiding aggression. Fifth is right livelihood, not creating suffering. And sixth is right effort, actually doing what should be done.

Seventh and eighth are right mindfulness and right concentration, which are discussed in more detail next. The nature, function, and cultivation of mindfulness is one of Buddhism's great contributions to world psychology.

Behaviors of the Mind

The construct "behaviors of the mind," unique to Conjunctive Psychology (Mikulas, 2002), is helpful in clarifying the nature of and differences between concentration and mindfulness. A critical distinction is between contents of the mind and behaviors of the mind. Contents of the mind include the various objects that arise in a person's consciousness, such as perceptual experiences, verbal and visual thoughts, reconstructed memories, attributions and beliefs, and cognitive aspects of emotions and attitudes. Behaviors of the mind are those processes of the mind (or brain if one prefers) that select and construct the contents and that provide awareness of the contents. Behaviors of the mind occur prior to, during, and in response to any particular contents. Western psychologists and philosophers often confuse and confound contents of the mind with behaviors of the mind. Behaviors of the mind can be defined operationally, studied directly and through interactions with other behaviors, operantly and respondently conditioned, and shown to differ neurophysiologically (Dunn, Hartigan, & Mikulas, 1999; Mikulas, 2000, 2002).

There are three fundamental behaviors of the mind: clinging, concentration, and mindfulness. Clinging, discussed above, refers to the tendency of the mind to grasp for and cling to certain contents of the mind. Concentration refers to the focus of the mind; and mindfulness involves the awareness of the mind, including properties of breadth and clarity.

Concentration

Concentration is the learned control of the focus of one's attention; it is the behavior of keeping one's awareness, with varying degrees of one-pointedness, on a particular set of contents of the mind. In Western psychology concentration is generally seen as one aspect of attention (Moray, 1969), sometimes discussed in terms of focused attention, controlled attention, sustained attention, or vigilance. However, these literatures usually refer more to the readiness and/or ability to detect the critical signal, rather than the skill to maintain the desired focus of attention. In Western psychology, such as sports psychology (Moran, 1996), most research and theories about concentration are based on information-processing models and variables that affect these processes (e.g., modality, amplitude, and duration of signal, and signal to noise ratio) (Dember & Warm, 1979), rather than how to teach people to have better concentration as a learned skill.

The world literature on meditation-produced concentration, some Western research (Murphy & Donovan, 1997), and anecdotal reports[8] suggest that developing concentration can have a wide range of applications in therapy, education, sports, and art. Students can learn how to keep their minds from wandering while studying. Listening skills can be improved in counselor training and communication therapy. Athletes can learn to not be distracted by the crowd and stay focused on the sport (e.g., keep one's eye on the ball). Artists can learn to fully immerse themselves in their creations. These and related areas are wide open for Western research. Concentration training is a significant addition to our psychological technology. William James (1890,

p. 424) suggested that concentration "is the very root of judgment, character, and will" and an "education which should improve this faculty would be the education par excellence."

One of the most obvious potential applications of concentration training is in attention disorders, including ADD/ADHD (attention deficit disorder, perhaps with hyperactivity), self-focused attention (Ingram, 1990), and attentional bias (Dalgleish & Watts, 1990). ADD/ADHD is usually treated with drugs, perhaps combined with behavior modification for hyperactivity. To what extent and how could concentration training help some of these people?

If a person sits quietly and practices a concentration form of meditation, then the mind becomes calm and relaxed, which often relaxes the body. This biological relaxation is, by far, the most researched effect of meditation in the Western literature (Andresen, 2000; Murphy & Donovan, 1997). If a Western psychology text mentions meditation, it is usually in terms of relaxation and/or stress reduction. Concentration-produced relaxation can be an effective treatment for anxiety (DelMonte, 1985).

This quieting of the mind that comes from concentration gives the practitioner more control over thoughts, an effect with great potential significance for Western psychology. For example, unwanted intrusive thoughts occur in almost everyone in varying degrees (e.g., Freeston, Ladouceur, Thibodeau, & Gagnon, 1991). Clinically, these thoughts may lead to and/or exasperate problems such as anxiety, worry, depression, and anger. Western therapies have had very limited success at reducing these thoughts, with

attempts to control or suppress the thoughts often being counterproductive (Clark, 2005). How might concentration training help here?

In Buddhism concentration has a more profound purpose, the disidentification with contents of the mind and creating space for insight knowing (Welwood, 2000, chap. 8). If one does not quiet the mind, then one will probably stay lost in the contents most of the time; one's reality is the contents and one believes one's self to be the self-related contents (e.g., reconstructed memories involving the self, self-concept). From a Buddhist perspective, there is an existential freedom that comes when one no longer identifies oneself with mental contents; but this is hard to accomplish without quieting the mind. Relatedly, mindfulness-produced insight, the goal of Buddhist practice discussed later, is difficult without quieting the mind. Hence, concentration is part of the Eightfold Path.

The yogic/Buddhist literature describes eight different levels of concentration and absorption called jhanas (Buddhaghosa, 1975; Khema, 1997). Before he became the Buddha, Gotama studied and mastered all eight levels. He later argued that the jhanas could only suppress defilements, while mindfulness could destroy them. And optimal mindfulness only requires some degree of concentration.

Mindfulness

Mindfulness, as a behavior of the mind, is defined as the active maximizing of the breadth and clarity of awareness. It is the behavior of moving and sharpening the focus of awareness within the field of consciousness. This definition corresponds to how

mindfulness is usually described in essential Buddhism. Other times in the Buddhist literature mindfulness is described more as a property of the mind, in which case the above definition corresponds more to the cultivation of mindfulness, rather than mindfulness itself.

Mindfulness involves simply observing the contents and processes of the mind; it is just being aware, bare attention, detached observation, choiceless awareness. It is not thinking, judging, or categorizing; it is being aware of these mental processes. The essence of mindfulness training is simply noticing whatever arises in consciousness while minimizing the occurrence of and getting lost in related thoughts, reactions, and elaborations. Traditionally, mindfulness is cultivated during sitting and walking meditation, as found in the Theravadin vipassana literature (Goldstein, 1993; Hart, 1987; Mahasi Sayadaw, 1978, 1980). "Vipassana" means clear seeing in new, varied, and extraordinary ways.

Vipassana meditation is often called "insight meditation" because in essential Buddhism it is held that cultivation of mindfulness leads to a form of insight called prajna (Pali: panna), an immediately experienced intuitive wisdom. Prajna-based knowing is different than sensory knowing or conceptual knowing (Wilber, 1996), although when it is later thought about, conceptual knowing is involved. Prajna involves mindful and penetrating seeing into the fundamental nature of things in a way that transforms one's being, the ultimate purpose of meditation in essential Buddhism. For example, insightful seeing of impermanence leads to a reduction of clinging.

In a classic discourse (satipatthana), the Buddha suggested four "foundations" of mindfulness (Nyanaponika, 1962; Rahula, 1974; Silananda, 1990), four overlapping domains in which mindfulness can be cultivated: (1) body, (2) feelings, (3) mind, including behaviors of the mind and defilements such as hatred and greed, and (4) mental factors, which refer to variables and characteristics of the mind specifically related to the development of psychospiritual freedom or enlightenment.

In a therapeutic situation, mindfulness training would focus on clinically significant factors, such as thoughts and feelings related to anxiety. Mindfulness could be assessed in terms of its effects on the clinical problem (e.g., anxiety) and/or via a mindfulness questionnaire geared toward general mindfulness (Baer, Smith, & Allen, 2004; Brown & Ryan, 2003; Mikulas 1990) or mindfulness of a specialized domain (e.g., DeMaria & Mikulas, 1991). Mindfulness is critical to developing optimal behavioral self-control (Mikulas, 1986, 1990). When one is aware of a less preferred behavior and/or a sequence of events leading to a less preferred behavior, then one utilizes an intervention strategy to disrupt the sequence, decrease the undesired behavior, and/or increase a desired alternative behavior. Mindfulness training helps one become more aware of the critical environmental cues, body sensations, feelings, and thoughts. Particularly important is moving the mindfulness back earlier and earlier in the chain of events. For example, it is easier to avoid anger with a self-control skill when one is starting to get angry or is becoming predisposed to anger, then to try to stop anger when it is occurring. Similarly, when working with clinging (Mikulas, 2004b): In some cases, first one becomes mindful of the results of clinging (e.g., anxiety, frustration),

then the clinging itself, and then mindfulness moves back to the earlier grasping and craving.

In Western research, Kristeller and Hallett (1999) suggested that increased mindfulness of satiety cues and eating-related social, emotional, and physical cues may help in binge eating; and a similar argument has been made for cues related to substance abuse (Breslin, Zack, & McMain, 2002; Groves & Farmer, 1994). Bennett-Goleman (2001) combined mindfulness and "schema therapy," and suggested that mindfulness helps in becoming more aware of causes and effects in emotions and the dynamics of related schemas, and helps catch these earlier in the chain of events.

In the last decade, mindfulness has become very popular in Western approaches to therapy, including psychotherapy (Boorstein, 1997; Germer, Siegel, & Fulton, 2005; Horowitz, 2002; Segall, 2005) and cognitive behavior therapy (Baer, 2003; Smith, 2004; Witkiewitz, Marlatt, & Walker, 2005). Mindfulness has been identified as a "core psychotherapy process" (Martin, 1997) and a theme "across schools of psychotherapy" (Horowitz, 2002). What is little known in Western psychology is how mindfulness can be developed as a generic skill, over and above its application in specific domains.

The Buddha and his disciples practiced and recommended mindfulness for pain control (de Silva, 1996). More recently Jon Kabat-Zinn developed a stress reduction clinic at the University of Massachusetts Medical Center to treat stress and pain (cf. Kabat-Zinn, 1990). Over 16,000 medical patients have gone through this program, now called "mindfulness-based stress reduction" (MBSR).[9] A typical program would have a group of up to 30 patients meeting for eight weekly two to two and a half hour classes,

plus one all day long class. Treatment components include mindfulness meditation and homework assignments, mindful yoga practices, body scans (slowly sweeping attention through the body noticing sensations), awareness of breathing and stress, noticing sensations and thoughts non-catastrophically, developing concentration, communication training, and discussion of stress and coping.

Research within this clinic has shown the effectiveness of the program for pain Kabat-Zinn, 1982; Kabat-Zinn, Lipworth, Burney, & Sellers, 1987) and anxiety (Kabat-Zinn et al., 1992; Miller, Fletcher, & Kabat-Zinn, 1995). Research by other groups on programs based on Kabat-Zinn's MBSR have provided supporting positive results (e.g., Astin, 1997; Reibel, Greeson, Brainard, & Rosenzweig, 2001; Shapiro, Schwartz, & Bonner, 1998; Speca, Carlson, Goodey, & Angen, 2000). However, in all this research mindfulness has not been well-defined, measured, and factored-out (Baer, 2003; Bishop, 2002). Of all the components of the MBSR program, including mindfulness, it has not been determined their relative weights and contributions to the overall effectiveness of the program. This includes the program components listed in the previous paragraph plus group support, instructor modeling and reinforcement, and non-specific effects such as expectations and demands.

A public television show featuring Kabat-Zinn's MBSR program, supported by his book describing the program (Kabat-Zinn, 1990), was very influential and timely. Kabat-Zinn became a popular celebrity, giving him the opportunity to introduce mindfulness to many other groups of people, including parents, teachers, business leaders, athletes, judges, and prisoners (Kabat-Zinn, 2000). Worldwide there are now over 240 clinics

with programs based on MBSR, and more than 6,000 health care professionals have taken a MBSR training program. At first, psychologists were interested in how MBSR reduces stress and pain. Now researchers are considering how MBSR-type programs can be applied to other domains, such as relationship enhancement (Carson, Carson, Gil, & Baucom, 2004) and "mindfulness-based cognitive therapy" (discussed later).

A relatively new and popular topic in human factors is the construct "situation awareness" (Durso & Gronlund, 1999; Endsley & Garfield, 2000; Gilson, 1995).[10] Currently, there is little agreement on a definition of situation awareness, what it includes, or whether it is a process or a product. One definition is that it is "a skilled behavior that encompasses the processes by which task-relevant information is extracted, integrated, assessed, and acted upon" (Kass, Herschler, & Companion, 1991). It involves mindfulness of the situation that one is in, such as a fighter plane or a basketball game, and how to utilize information in this situation for optimal responding. It often involves mindfulness of technological information, as from a machine monitoring the activity of a vehicle or a human body. Interest in situation awareness began with military aviation psychology and then gradually spread into other areas including air traffic control, nuclear power plant monitoring, anesthesiology, intensive care, firefighting, auto and truck driving, and sports. Depending on one's definition, situation awareness might involve mindfulness, concentration, allocation of attention and multi-tasking, environmental scanning, pattern recognition, and chunking of information; and it might be influenced by system complexity, workload, stress, knowledge of critical cues, and schemata and mental models. Currently the emphasis is on how to alter the

environment to improve situation awareness; the open question, relative to the above discussion, is how training of mindfulness and concentration would help. Is mindfulness the awareness of situation awareness?

Meditation

Worldwide, meditation is the most recommended and utilized practice for improving the health of body, mind, and spirit; it is the central practice of essential Buddhism. There is a large Western research literature on meditation (Andresen, 2000; Murphy & Donovan, 1997) and a fast growing interest in the psychotherapeutic uses of meditation (e.g., Kwee, 1990; Marlatt & Kristeller, 1999). There is no agreed-upon definition of "meditation," and in the United States the term is often used for guided imagery, deliberation, and daydreaming.

In Conjunctive Psychology, the practice of meditation is divided into four discrete components: form, object, attitude, and behaviors of the mind. Form refers to what one does with one's body during meditation. The Buddha suggested four basic forms: sitting, walking, lying, and standing. Object refers to the primary stimulus of one's attention, such as one's breathing, an external visual or auditory stimulus, a sound or phrase said to oneself, or an imagined being or scene. The object determines whether a meditation practice is primarily religious, therapeutic, or something else. Attitude is the mental set in which one approaches meditation, including moods, associations, expectations, and intentions. Optimal practice involves persistent dedication, a

welcoming openness to experience, a readiness to let go, letting be rather than trying to accomplish something, making friends with oneself, and being in the here and now.

The behaviors of the mind component refers to the fact that all the major meditation traditions in the world stress the development of concentration and/or mindfulness (Goleman, 1988; Ornstein, 1986); hence this would be part of an ultimate definition of meditation. All the major meditation practices contain both concentration and mindfulness, but most emphasize concentration. The emphasis given to mindfulness is Buddhism's strong contribution; but in some Buddhist meditation practices and/or an individual's practice at a certain time, concentration is emphasized.

Because meditation is often done within a religious context and/or with a religious object, all of meditation is often seen as a religious practice, and thus irrelevant or inappropriate to some Western psychologists. But meditation can be psychotherapy when in a therapeutic context with a therapeutic object (examples will be given in the section on behavior modification). Also, for Western psychology it is necessary to explore a wider range of forms, including ones individualized for clients, such as running, swimming, fishing, craftwork, and listening to music. But regardless of form and object, cultivation of concentration and mindfulness is critical for optimal results.

Confusions and Confounding

There are a number of very common confusions that permeate all the literatures related to behaviors of the mind, including research and theories about mindfulness, cognitive behavior therapy, meditation, and situation awareness. (Citing people who

show these confusions will not be included because this is very unethical from a Buddhist perspective and sometimes it is not clear exactly what the person means and/or understands.)

Mindfulness, especially of cognitions, is often experientially confused with thinking. Consider a mindfulness of thoughts continuum: On the low side of the continuum is a person who notices a thought and then has thoughts about the thought, and perhaps has thoughts about thinking about the thoughts. This is basically thinking with a small amount of mindfulness, although experientially it may seem quite profound. On the high side of the continuum is a person who has learned to quiet the mind and disengage and step back from the thoughts, the experience being of a passive witness watching thoughts pass through consciousness. At an advanced level of mindfulness a person watches a thought arise in consciousness, pass through consciousness, and then fall out of consciousness; at an intermediate level most people can only see the rising or the falling, plus the passing through. The person on the low end of the continuum is readily pulled into the thoughts, particularly those with high affect and/or personal significance; the person on the high end can more easily maintain some distance from the thoughts, recognize them as "just thoughts," and more easily alter them (e.g., stop, challenge, replace). Beginners in mindfulness meditation (vipassana) often confuse thinking with mindfulness of thoughts, until they experience the difference. Similarly, some cognitive therapy and Western mindfulness programs include descriptions suggesting mindfulness of thoughts, when it is actually just more thinking, such as non-judgmental reflection.

Mindfulness and concentration are often confused and confounded. One reason is that they are usually cultivated together and a change in one usually produces changes in the other. For example, it is usually easier to be mindful when the mind has been quieted and focused through concentration; and one of the things one can become mindful of is how concentrated the mind is, which facilitates developing concentration. Some Buddhist meditation programs begin with an emphasis on concentration and then gradually shift the emphasis to mindfulness, other programs always emphasize mindfulness. In Western psychology, mindfulness and concentration are often confused and confounded because, although in the last few years there has been a moderate interest in mindfulness, there has not been a corresponding interest in concentration. Hence, many mindfulness-based programs are actually cultivating both concentration and mindfulness, but all results are attributed to mindfulness. In some cases more attention to cultivating concentration might improve the successfulness of the program.

Concentration and mindfulness are often confused and confounded with clinging, since they all influence each other. For example, as discussed earlier, cultivation of mindfulness is an important part of developing a self-control program to reduce craving and clinging. And reducing clinging can improve mindfulness by reducing distortion and/or by allowing awareness to move into new areas.

Social psychologist Ellen Langer (1989) has developed her own concept of "mindfulness," which, as she well knows, is very different from Buddhist mindfulness. Langer uses the term to include being open to novelty, being sensitive to context and perspective, creating new categories, changing mindsets, challenging assumptions,

breaking set, getting involved, and taking responsibility. Many of these components are obviously related to clinging. Langer's approach includes components that increase mindfulness, as discussed in this paper, although not labeled as such; and an increase in Buddhist mindfulness might improve some aspects of Langer's program. Some theorists confuse and/or equate Buddhist mindfulness with Langer's concept of mindfulness, and some treatment programs combine them in unclear ways.

We need clearer understanding of the three behaviors of the mind and how they differ and interact. And this is probably best done by people who have at least a moderate amount of experience working with the behaviors in themselves.

Western Disciplines

Next will be considered how essential Buddhism relates to four very different schools of Western psychology: cognitive science, behavior modification, psychoanalysis, and transpersonal psychology.

Cognitive Science

In United States' academic psychology, the dominant and usually exclusive cognitive science is the information-processing computer-simulation model. In this theory humans are information processors, the brain is the major or only vehicle for this processing, and computers are models for how the brain functions. Thus, for example, the learning and memory literature is filled with computer processing concepts such as coding, storage, and retrieval. If one assumes that the mind and/or consciousness are

products or emergent properties of the brain, then these can be reduced to or explained by the same model. If one then maps specific components of information-processing into specific brain areas, one has cognitive neuroscience (Gazzaniga, Ivry, & Mangun, 2002). For example, aspects of short term memory involve the hippocampus and aspects of planning involve the frontal cortex.

Behaviors of the mind is an alternative cognitive science with the strength of obvious implications for therapy, personal/spiritual growth, education, sports, and art. Buddhism in general has much to offer Western cognitive science (e.g., Varela, Thompson, & Rosch, 1991) including a very comprehensive cognitive science in the abhidhamma (deCharms, 1997; Lancaster, 1997).

As briefly mentioned earlier, the abhidhamma is one of the three books in the Pali Canon. It is the further philosophical and psychological development of essential Buddhism (Bhikkhu Bodhi, 1993; see also Guenther, 1976; Nyanaponika, 1976; Nyanatiloka, 1971). For some people, the expression "Buddhist psychology" refers to the abhidhamma. This Buddhist cognitive science includes a detailed dissection of mental processes and experiences, plus an explanation for how they all fit together. On the practical side, it is held that this analysis can facilitate the development of insight (prajna), and it is the basis for some meditation practices.

The abhidhamma ("ultimate teaching") is a critically-analyzed, detailed map of the mind, broken down into sequences of conscious and mental factors. This involves dissecting experience into "dhammas," elementary essences of conscious reality. A dhamma is a irreducible atom of expression, such as a single characteristic or quality.

For example, a triad of dhammas is related to feeling: pleasant, unpleasant, or neutral. Dhammas include momentary forces, defined in terms of function, that create conventional reality. One classification of dhammas is by the five aggregates or "heaps" (Pali: khanda), currently best known in the West by the Sanskrit term "skandha." The skandhas are collections of dhammas that comprise entities such as a person. The five skandas are form (elements of matter, the five physical senses and their objects), feeling, perception (discernment of an object, beginning of concept formation), mental formations (mental contents other than feeling and perception), and consciousness.

The abhidhamma includes many different systems of categorizing and grouping dhammas and other basic components of the mind and consciousness. One is the 52 mental factors (cetasikas), components associated with consciousness. Seven of the factors are "universals" since they are found in all consciousness and are needed for basic cognition of an object: 1) Contact, consciousness mentally touches object; 2) Feeling, experience of affect, 3) Attention, making object present to conscious, 4) One-pointedness, concentration, 5) Perception, recognition of object via its features, 6) Volition, willing, actualization of goal, 7) Mental life faculty, vital making and maintaining associated with mental states (Bhikkhu Bodhi, 1993).

The abhidhamma also includes lists of unhealthy factors and healthy factors (Goleman, 1988). These factors impair or help meditation, and can be the basis for personality and mental health. Therapy consists of cultivating healthy factors that offset unhealthy factors. For example, cultivating the healthy factors of insight and

mindfulness reduce the unhealthy factor of delusion, which could be causing paranoia. The unhealthy factors include delusion, perplexity, shamelessness, remorselessness, egoism, agitation, worry, greed, avarice, envy, contraction, and torpor. The healthy factors include insight, mindfulness, modesty, discretion, rectitude, confidence, non-attachment, non-aversion, impartiality, and composure.

The above is a small sample of how the abhidhamma provides a dissection of mental processes and experiences; but it also includes how these components fit together, as described by the Four Noble Truths and dependent origination. Perhaps the most profound, and certainly the least understood, theory of essential Buddhism is the theory of dependent origination (paticca-samuppada) (Buddhadasa, 1992), also called "co-dependent origination" and "causal interdependence." This elaboration of the Four Noble Truths, which was originally taught by the Buddha and detailed in the abhidhamma (Bhikkhu Bodhi, 1993), is very relevant to Western cognitive science (e.g., Kurak, 2003).

The principle of dependent origination is that everything arises through dependence on something else (Macy, 1991). This is expressed in many ways, such as: with X as a condition, Y arises; because X exists, then Y arises; and through X, Y is conditioned. In the most popular version of dependent origination there are 12 links in a circular chain, with every link depending on the previous link. The 12 links are ignorance, formations, consciousness, name and form, six senses, contact, feeling, craving, grasping, becoming, birth, and death.

Ignorance includes biases, blind spots, and absence of right understanding (first of the Eightfold Path). With ignorance as a condition, formations arise. Formations include bodily, verbal, and mental formations, plus volitional predispositions. Next is consciousness, the five types of consciousness associated with the five physical senses plus the mental consciousness of perceptions, thoughts and memories. The associated state of mind is often restless, little concentration. Next to arise is name and form, mentality and materiality, self and not-self, and a sense of personal experience. This leads to the six senses, the senses associated with the six types of consciousness, such as the eye sense with visual consciousness. With the six senses as a condition, contact arises, the sense organ makes contact with the object of the sense. The apparent world now arises, with sensing and thinking. Contact leads to feeling, the immediate quality of the sensation, whether it is positive, negative, or neutral. With feeling as a condition, craving arises, including approaching the positive and avoiding the negative. Craving leads to grasping, which leads to clinging as discussed earlier. Grasping conditions becoming, the arising of sense of a personal self and will plus predispositions for certain behaviors. Becoming leads to birth, the occurrence of behaviors and an identification of the self with various experiences and actions. And birth is followed by death, everything is impermanent and eventually comes to an end.

The links of the six senses through grasping correspond to two factor theory in learning (Mikulas, 2002). According to two factor theory, respondent variables provide the initial motivation and/or consequent reinforcers/punishers for much of operant behavior (Levis, 1989). The senses and contact lead to feeling: positive, negative, or

neutral. This basic affect could be a natural property of the stimulus or it could be based on respondent conditioning as described by evaluative conditioning (Martin & Levey, 1978). Evaluative conditioning, as opposed to the better known CS-UCS contingency learning, is the simple conditioning of positive or negative affect to stimuli. This affect may later be experienced or interpreted in many ways (e.g., love/hate, excitement/fear). The affect leads to craving, the motivation for an operant response to consume or escape. Craving leads to grasping, including the operant responses to hang on to some things and avoid and fight against others. In the presence of the discriminative stimuli related to feeling and craving, one makes an operant approach or avoidance response (grasping). One theory of drug addiction is that the escape and avoidance of negative affect is the major motive for addictive drug use (Baker, Piper, McCarthy, Majeskie, & Fiore, 2004).

In the Buddhist literature, when dependent origination is discussed, it is almost always described as a model for rebirth and karma (e.g., Ray, 2000); ignorance and formations apply to the past life, the next eight links apply to the present life, and birth and death to the future life. This may be true but it is outside the domain of this paper; and the interpretation reflects the influence of the Vissuddhimagga and the fact that Buddhism arose in cultures that believe in reincarnation. Relative to this paper, it should be understood that this was not the emphasis given by the Buddha (Buddhadasa, 1992). Rather, the Buddha's explanation refers more to how the sense of a personal self may arise at a particular time, and how the principles of dependent origination apply to everything that arises in consciousness. Hence, for any one person,

hundreds or more such cycles occur every day (Buddhadasa, 1992). These are the cycles of interest to psychologists and cognitive scientists.

When a cycle of dependent origination is producing undesired overt behaviors, cognitions, or feelings, then the question is how to break the cycle; the chain can be theoretically broken at any link. Intervention at the link of contact might be done via stimulus control, such as getting liquor bottles out of the house. Some vipassana practices are aimed at bringing mindfulness back through the chain to feelings, as a point of intervention. Perhaps the best point of intervention for Western psychologists is at the links of craving and grasping (Mikulas, 2004b); many Western therapies apply here.

One area where behaviors of the mind and information processing models come together is in the study of an event-related potential (ERP), derived from EEG recording (Cahn & Polich, 2006). An ERP is a time-locked measure of cerebral activity that, when averaged over trials, yields a waveform related to processing of and reacting to a specific stimulus (Zani & Proverbio, 2003). A stimulus is presented and EEG changes from various sites are recorded following the stimulus. By averaging tens or hundreds of trials, the background EEG can be factored out, leaving the ERP, a wave pattern specifically related to the stimulus. One can study how different components of an ERP are affected by concentration or mindfulness, by having trained subjects generate one of these behaviors and/or using a task that requires one of them.

The various components of the ERP waveform are labeled as follows: The first negative movement from baseline is called N1, the second N2, the first positive

movement is P1, and so forth. Specific numbers associated with these components refer to approximately how many milliseconds after the stimulus this change occurred. Here are some research-based suggestions (Mikulas, 2000)[11]: N100 correlates with conscious selective attending, and hence is a good place to study concentration effects. P300 varies with expectancy, habituation, and meaningfulness of the stimulus. There should be less change in P300 during mindfulness than concentration, since mindfulness encourages perceiving all stimuli as if perceived for the first time, and hence less habituation. And workload reduces the amplitudes of several components (e.g., N100, N200, P300). If concentration or mindfulness is difficult, because of the experimental task, experience of the subject, and/or attitude of the subject, workload may be increased. All of this is very tentative, since there are currently only a few studies and understanding of ERP components is changing.

The interrelationships between Western cognitive science and the abhidhamma are just beginning to be explored; there are great opportunities. In comparing and combining Buddhist psychology and Western cognitive science, we can re-evaluate some of our theoretical and practical assumptions, such as the strengths and weaknesses of the computer simulation model.

Behavior Modification

The term "behavior modification" is used here in the broadest sense to include behavior therapy, cognitive behavior therapy, and applied behavior analysis. The first major paper interrelating Buddhism and behavior modification was a comparison of Zen

meditation and behavior self-control (Shapiro & Zifferblatt, 1976). This was followed by papers relating behavior modification to the Four Nobel Truths (Mikulas, 1978) and essential Buddhism in general (Mikulas, 1981). Similarities between essential Buddhism and behavior modification discussed in the latter article include the following: Both stress perceiving reality as it is with a minimum of distortion and interpretation, avoiding theoretical and metaphysical constructs that are difficult to measure or have questionable usefulness. Both are primarily ahistorical with a focus on living more fully in the here and now, historical information is primarily useful in understanding current conditions. Both encourage increased awareness of body, mind, and emotions, and the importance of learning related self-control skills. Although teachers, peers, and others may help in various ways, it is usually best when one takes responsibility for one's life, including one's behavior. In doing this one learns to not identify one's self with one's behavior. Both recognize that everything changes and offer models for how this change takes place. And both focus on reducing attachments, seen in terms of clinging and/or habits.

Padmal de Silva has many publications interrelating essential Buddhism and Western psychology (e.g., 1996, 2003), including two articles describing how the Buddha and other early Buddhists utilized and advocated practices that today would be called behavior modification (1984, 1985). In one example that de Silva presents in full (1984, pp. 666-667), the Buddha helped a king who had trouble overeating. A prince was instructed to watch the king eat and when the king was down to one handful of rice, he would stop the king with a verse from the Buddha about moderation in eating. The

next day the meal was only as large as what was eaten the previous day. Later the king added that he would give away a thousand pieces of money if he had to be reminded by the prince. The king learned to eat in moderation and became lean and energetic.

Since the beginning of the field of behavior modification, counterconditioning has been a basic approach to reduce respondently-based behavior, particularly unwanted emotions such as anxiety. Although there is no agreement about how counterconditioning works, it is clear how to do it (Mikulas, 1978a): In the presence of stimuli that elicit the undesired behavior, an incompatible and dominant response is elicited or emitted. Response dominance is ensured through increasing the strength of the client's response and/or by gradually encountering stimuli along a hierarchy of increasing response strength. Counterconditioning is traditionally done with imagined scenes and/or in vivo, but can also be done in other ways including modeling, stories, and virtual reality. Counterconditioning is also a major and prevalent practice in essential Buddhism. One example, mentioned above, is the use of healthy factors to reduce unhealthy factors. When counseling lay people, Thai monks commonly offer advice such as cultivating friendliness to offset ill-will, or sympathetic joy to offset jealousy. Another example, common in the Buddha's time, was to meditate in charnel grounds on dead bodies in varying degrees of decay, as a way to reduce body-related craving, such as lust or vanity. Counterconditioning also naturally occurs during meditation; when a thought or memory with negative affect arises, if the meditation-produced calm or relaxation is dominant to the negative affect, counterconditioning will occur.

A popular and powerful example of Buddhist counterconditioning is lovingkindness (metta) meditation, which takes many forms (cf. Salzberg, 1997). For example, one person has a hierarchy of people beginning with someone who is very loved, moving through people liked to people disliked, and ending with a hated person. The practice consists of gradually going through the hierarchy, meditating on the people, while maintaining a feeling of lovingkindness. This is obviously very similar to the counterconditioning therapy of systematic desensitization, except that the first item on the lovingkindness hierarchy is very positive rather than neutral, and negative feelings are being counterconditioned by love rather than anxiety by a response such as relaxation. Jesus' admonition to love one's enemies is strong spiritual advice, but often too difficult because of lack of a hierarchical approach. However, for Christians, Jesus might be a good item for the beginning of the hierarchy and/or a vehicle to generate feelings of lovingkindness throughout the hierarchy.

Based on Kabat-Zinn's "mindfulness-based stress reduction" program, described earlier, Teasdale, Segal, and associates developed "mindfulness-based cognitive therapy" (cf. Segal, Williams, & Teasdale, 2002), which they found reduced relapse in depression (Ma & Teasdale, 2004; Teasdale, Moore, et al., 2002; Teasdale, Segal, et al., 2000). The core skill that this program "aims to teach is the ability, at times of potential relapse, to recognize and disengage from mind states characterized by self-perpetuating patterns of ruminative, negative thought" (Segal, et al., 2002, p. 75). It is suggested that mindfulness training facilitates "early detection of relapse-related patterns of negative thinking, feelings, and body sensations" when they are easier to

stop, which is facilitated by "disengagement from the relatively automatic ruminative thought patterns" (Ma & Teasdale, 2004, p. 34). These results are probably due to cultivation of mindfulness and concentration, where the concentration quiets and focuses the mind, which allows one to step back from cognitions. (See McQuaid & Carmona (2004) for a related book for lay people that combines mindfulness and cognitive therapy to treat depression.)

For the past few decades the major behavior modification organization in North America has been the Association for Advancement of Behavior Therapy (AABT) (recently renamed the Association for Behavioral and Cognitive Therapies). In the last few years, two of the most popular topics in AABT have been mindfulness-based therapies and acceptance-based therapies, primarily Hayes' Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999). As a result, mindfulness and acceptance have become heavily intertwined within AABT; one of the association's special interest groups is for "Mindfulness and Acceptance." Publications, talks, and workshops by prominent AABT members usually define mindfulness in terms of acceptance, with acceptance being seen as a critical component of mindfulness, sometimes the most important component. A number of therapeutic approaches combine mindfulness and acceptance (e.g., Gardner & Moore, 2004; Hayes, Follette, & Linehan, 2004; Orsillo, Roemer, & Barlow, 2003; Roemer & Orsillo, 2002), and several Buddhist-based self-help books emphasize a combination of mindfulness and acceptance (e.g., Brach, 2003; Martin, 1999).

In essential Buddhism mindfulness and acceptance are separate and very different. Mindfulness has nothing to do with accepting or rejecting, it is simply awareness of these processes. This distinction has important implications for therapy and personal/spiritual growth, such as when it is important for the person to be mindful of not accepting; this should be particularly important for acceptance-based therapies. If mindfulness training suggests that acceptance is part of mindfulness, then the person will be biased against being mindful of non-acceptance; and this could generalize to related domains and thus impair overall mindfulness. Acceptance is part of the attitude component of meditation, discussed earlier, and it affects all three behaviors of the mind, particularly clinging. Thus, acceptance reduces clinging, which then improves mindfulness.

"Equanimity" is a very important concept in essential Buddhism (Pandita, 1992), a concept related to acceptance.[12] It is equal acceptance and receptivity toward all objects of consciousness, an evenness of mind in which one is not more interested in or drawn to some objects of consciousness than others. A Buddhist analogy is that the sun shines on everything equally. One way of producing equanimity is by quieting the mind via concentration, with equanimity gradually increasing with increasing concentration, until it is at full strength at the fourth jhana (Goleman, 1988). Equanimity is one of the seven factors of enlightenment (Pandita, 1992), "qualities of mind that, when cultivated in practice, profoundly affect our relationship to the world around us" (Goldstein & Kornfield, 1987, p. 61). The other six factors are mindfulness, concentration, investigation, effort, rapture, and calm. Again, it can be seen that

mindfulness, concentration, and equanimity are all different, but related. Mindfulness is considered primary, as it facilitates the awakening, strengthening, and keeping in balance of the other six factors.

Behavior modification and essential Buddhism package very well, but can profit from an integration. Current interest in mindfulness has been heuristic and helpful, next is to include more attention to concentration and clinging and how all three behaviors of the mind interact.

Psychoanalysis

There is a large diverse literature comparing psychoanalysis and Buddhism (e.g., Aronson, 2004; Epstein, 1995; Molino, 1998; Rubin, 1996; Safran, 2003; Suler, 1993), with a major part of the literature focusing on Zen Buddhism (e.g., Brazier, 1995; Magid, 2005; Twemlow, 2001). Similarities between psychoanalysis and essential Buddhism that are commonly mentioned include the following: Both are primarily concerned with reducing the suffering of everyday life. Both utilize an experiential approach to explore the dynamics of the personal reality, including perceptions, emotions, and the sense of self. Both cultivate clear perceiving, knowing reality, and insight into the nature of the self, in ways that transforms one's being. And both encourage personal development and freedom from oppressive forces. Epstein (1995) suggests that the Buddha may have been the first psychoanalyst, and both Freud and the Buddha applied their procedures to themselves (de Silva, 1992).

There are also important similarities between psychodynamic inquiry and mindfulness-based inquiry, as in vipassana meditation. Both often use a sitting or lying form (e.g., sitting in a chair or on a cushion, lying on a couch or on the floor), as a way to simplify the situation for inner discovery, restrict action and acting out, and minimize escape. In both the journey is guided by well-established instructions and practices, such as free association in psychoanalysis and looking for specific mental dynamics in vipassana (e.g., the interplay of mind and body, or the rising and falling of mental contents in consciousness). Both encourage people to open their consciousness to new and repressed material and to actively notice what arises (Boorstein, 1997). And both may lead to the transpersonal, discussed later.

There are, however, important differences between psychodynamic inquiry and vipassana: In psychoanalysis the therapist is more involved with the client during inquiry, interacting with the client and encouraging and guiding the client; while in vipassana the meditator usually works alone, based on instructions and feedback from between meditation sessions. Vipassana is more concerned with the processes of the mind than the content, while psychoanalysis is often very concerned with content (Epstein, 1995). In psychoanalysis, the client is often encouraged to engage and work through contents, rather than simply notice them as in most mindfulness practices. When clients should immerse in the contents and when they should mindfully disengage is an important clinical issue (Cortright, 1997). And insight in psychoanalysis is usually more verbal and rational, while Buddhist insight (prajna) is more non-verbal and non-conceptual.

Meditation by client and/or therapist can facilitate the psychoanalytic process. If the client meditates, it may allow formerly unconscious material, including some that was repressed or suppressed, to arise in consciousness; then some of the related content and issues can be addressed via psychotherapy (Epstein, 1995). If through meditation the client develops a position of detached mindful observation of the contents of the mind, then this might facilitate ego development (Boorstein, 1997). In addition, Rubin (1996) suggests that when this objective witnessing is applied to contents of the mind that were previously equated with the self, this may lead to greater freedom and openness related to self-structures, more flexible relatedness to self and others, and a decrease in self-recrimination. And Epstein (1995) suggests that mindfulness complements psychotherapy by facilitating surrender into direct experience, being in the here and now with present experience, and how to be with emotions.

Meditation by the therapist facilitates being more mindful of the client, listening better, and being more fully present with the client; this includes reduction of distracting cognitions, such as premature treatment planning and categorizing. Rubin (1996) suggests that fully present listening is a form of compassion and unconditional acceptance. Freud recommended that therapists cultivate a stance of "evenly hovering attention" (Epstein, 1984), which includes mindfulness, equanimity, and reduced cognitive reacting. Although Freud did not suggest positive ways to cultivate this attentional stance, it appears to be like the results of developing concentration and mindfulness, as via meditation (Epstein, 1984, 1995; Rubin, 1996).

Psychodynamic defense mechanisms and the clinging behavior of the mind produce many similar results, such as distorted perceptions and memories, decreased awareness, and resistance to change. An open question is to what extent various functions of defense mechanisms can be explained in terms of clinging; this has important practical implications. Johansson (1983) gives examples from the Pali Canon that could be interpreted as defense mechanisms.

More generally, there are many ways essential Buddhism and psychoanalysis can complement each other. Psychoanalysis could learn from Buddhism about levels of being and development beyond the current psychoanalytic limits, Buddhism could learn about unconscious interferences with meditation and personal/spiritual growth and the influence of the person's overall psychological and social development (Rubin, 1996; Suler, 1993). And Buddhism "long ago perfected a technique of confronting and uprooting human narcissm, a goal that Western psychotherapy has only recently begun even to contemplate" (Epstein, 1995, p. 4). Buddhism postulates three unwholesome roots of motivation: craving/greed, aversion/hate, and delusion; Freud suggested two primary forms of motivation: eros and thanatos. There are similarities between craving/greed and eros and between aversion/hate and thanatos; and the id deals with craving/greed and aversion/hate, while the ego deals with delusion (de Silva, 2000; Metzger, 1996). An important difference is that in Freudian theory eros and thanatos are innate, while in Buddhism they can be overcome.

A major issue in integrating psychoanalysis and Buddhism is related to the nature of the "self" (Engler, 2003). Across psychoanalytic theories there is no agreement on

exactly what is meant by "self"; and sometimes it is the same as "ego", and sometimes it is very different. But the self is usually a central construct in psychoanalysis; and self-work might include making the self more effective, distinguishing the real self from false selves, uncovering disowned or rejected parts of the self, integrating the self, or restructuring the self. In Buddhism, one of the marks of existence is non-self (anatta), the assertion that there does not exist a separate independent self-entity. This is not an article of faith, but a discovery of mindfulness. In vipassana one takes a mind trained in concentration and mindfulness and turns it inward in pursuit of the "self." One finds no constant entity of a self, but rather a set of mental processes, including clinging and memories, to which a sense of a self is assigned. As elaborated on in the abhidhamma, the self is a changing process put together from the five skandas, discussed earlier.

This self vs. non-self distinction appears to be a fundamental difference between psychoanalysis and Buddhism, but the difference decreases upon closer inspection. First of all, few if any psychoanalysts would assume the self to be a fixed entity, rather than a functional changing entity, as observed in vipassana. Second, it may be that the self of psychoanalysis and humanistic psychology is at a different level of reality or being than the non-self of Buddhism (Engler, 2003; Fontana, 1987); this is the position of Conjunctive Psychology described in the next section.

If self and non-self are at different levels, then there may be developmental issues (Fontana, 1987; Wilber, 2000); a person may first have to resolve personal self-related issues before transcending the self to non-self. Engler (2003), who was the first to

elaborate this point, includes therapeutic examples where one should first do self-work, and an early emphasis on self-transcendence could be therapeutically harmful.

Continuing the comparison of psychodynamic inquiry and vipassana: In vipassana one does not stop when one finds the dynamic processes taken to be the self. Rather, one sees through these processes to the transpersonal and disidentifies with these processes are being the essence of one's being. Insightful seeing (prajna) of the truth of non-self (anatta) is the vipassana path to enlightenment. In psychodynamic inquiry when one encounters the dynamics of the self, it is a vehicle for self-work, rather than a way to get beyond the self. However, psychodynamic self work may result in the transpersonal spontaneously arising, and in psychodynamic depth approaches one goes deep inside past the personal self until a fundamental sense of presence or essence emerges (Almaas, 2004; Cortright, 1997). All of this requires an understanding of the transpersonal.

Transpersonal

In North America, transpersonal psychology is the branch of psychology that deals with levels of development and being beyond ("trans-") the personal self-centered level (cf. Cortright, 1997; Walsh & Vaughn, 1993; Wilber, 2000); this includes experiences that "encompass wider aspects of humankind, life, psyche, and cosmos" (Walsh & Vaughn, 1993, p. 3). In Buddhism, uncovering the transpersonal is fundamental, all other benefits of Buddhist practice are subordinate to this goal.

In Conjunctive psychology it is argued that everyone exists at four totally intertwined levels of being: biological, behavioral, personal, and transpersonal (Mikulas, 2002). The biological level is the domain of the body, including the brain; and the behavioral level is the domain of overt and covert behaviors, including cognitions. The personal level is the domain of the learned, conscious, personal reality, intermittently inhabited by a self or selves that periodically experience a sense of willing actions. The transpersonal level includes forces and domains of being that are superordinate to and/or prior to the self-centered personal reality, including the dynamics that create the personal reality and the sense of self. The personal level is self-centered; the transpersonal is beyond this self, "beyond" in a superordinate inclusive sense, not separate. The personal level focuses on contents of consciousness, including self as object (e.g., self concept, self-esteem); the transpersonal focuses on processes of consciousness, and consciousness per se as an aspect of the fundamental ground. Psychoanalysis and humanistic psychology are primarily concerned with the personal level, transpersonal psychology with the transpersonal level, and Conjunctive Psychology with all levels and their interactions.

During development and personal growth, people become lost in the personal level of being; they confuse the content of their minds with some assumed concrete reality, and they identify themselves with the functional personal level selves. In Buddhism clinging to this illusionary self is seen as a major source of delusion and dukkha. Enlightenment, the goal of Buddhism, is simply getting free from this clinging and waking up to a broader reality that includes the transpersonal. The Buddha made no

claims about himself other than he woke up, the word "buddha" means "awakened one." The possibility and nature of such awakening is a major challenge to North American academic psychology.

In Conjunctive Psychology it is argued that the transpersonal level of being is always already present; there is nothing one has to do to acquire it, just uncover it. Thus, everyone is already enlightened, even if the personal level self does not realize it. There is nothing one has to do to become enlightened, but one must utilize spiritual practices to free oneself for the full realization of this truth. An important point is that the personal level self cannot become enlightened, since awaking involves disidentification with the personal self. What often happens to people involved in spiritual practice is the personal self converts the journey into a self-adventure, which cannot work. In Conjunctive Psychology the "integrative helper" intervenes at all four levels of being simultaneously although at any one time emphasis may be on one or more levels. Hence, relative to the self vs. non-self issue discussed earlier, there may be times or clients when it is important to stress personal level work before emphasizing the transpersonal, such as integrating the self before transcending it. However, as opposed to some developmental theories, one can always be working at the transpersonal level. Thus, one can do personal level therapy in a way that increases related clinging, and thus impairs personal/spiritual growth; or one can do person level therapy in a way that minimizes such clinging and plants seeds for later transcendence.

A very common misunderstanding among spiritual practitioners of many traditions, including Buddhism, is that one must undo or kill the personal level self in order to

awaken; but this is not necessary or desirable. There is no problem with the existence of the personal level self; and it may be important to focus therapy on this self, for many reasons, including setting the stage for later transcendence. Awakening does not eliminate or devalue this self; rather, it is a disidentification with this self, which, according to Buddhism, leads to freedom and peace of mind.

If one surveys all the major world spiritual traditions, one will find little consensus at the level of religion, philosophy, and cosmology. But if one looks at the level of practice, what one should do to awaken within each tradition, then one finds consensus (Mikulas, 1987). One orders one's life along moral and practical guidelines; and one utilizes one or more of the four universal practices: quiet the mind, increase awareness, open the heart, and reduce attachments. In Conjunctive Psychology these four practices are called universal somato-psycho-spiritual practices, since they strongly impact all levels of being. In Buddhism, quieting the mind is primarily accomplished by cultivating concentration, increasing awareness by cultivating mindfulness, and reducing attachments by reducing clinging. Essential Buddhism approaches opening the heart through practices such as lovingkindness meditation. Mahayana Buddhism adds more attention to cultivation of compassion.

Buddhism obviously has much to contribute to transpersonal psychology. This includes many detailed descriptions of the nature and process of awakening, plus related maps of higher levels and states of development and consciousness, such as those related to advanced cultivation of concentration and mindfulness (Buddhaghosa,

1975; Goleman, 1988). Buddhists have been doing applied research in these areas for over 2,500 years and across various disparate cultures.

Brief History

First is a very brief history of the development of Buddhism and its major divisions (cf. Skilton, 1994; Snelling, 1999). This puts essential Buddhism into a broader Buddhist context, for perspective and later discussion. Second is a very brief history of Buddhism coming into the United States, with a focus on its impact on psychology. This is just one example of a Western country, very different stories could be told of many other countries. For example, England and Germany were far ahead of the United States in terms of citizens going to Asian countries to learn Buddhism and bringing teachings and teachers back home. Also, the impact of Buddhism coming West, beyond its effects on psychology, is in a very rich and diverse history with many examples of significant influences (cf. Batchelor, 1994).

Buddhist History

From India Buddhism spread into Southeast Asia, Sri Lanka, China, and Tibet, and from Sri Lanka back into Southeast Asia. From China it moved into Tibet and Korea, and from China and Korea into Japan. As Buddhism encountered different cultures, it adapted the teachings to that culture and added to the Buddhist world new perspectives, texts, and practices. Throughout, essential Buddhism always remains the basic central core.

Buddhism and Taoism coming together in China was very profitable for both. From Taoism and the Chinese culture, Buddhism added the use of humor and paradox, understanding of intuitive wisdom and spontaneity based on intuition, and a clearer sense of the incomprehensible. An Indian form of Buddhism that emphasized meditation came into China, added Chinese/Taoist components and became Chán Buddhism ("Chán” means "meditation"). Japanese carried Chán to Japan, made it more direct and precise, expanded it into areas including the arts, and honed it into Zen Buddhism.

For about five centuries after the Buddha there was what could be called the bhakti period in Asia, where "bhakti" refers to love and surrender. During this time in religion and spirituality emphasis was given to opening the heart, love, devotion, selfless service, and surrender. This was a major force in the arising of bhakti yoga, bhakti Hinduism, Christianity, and Mahayana Buddhism.

Hinayana is the branch of Buddhism closest to the original teachings and practices of the Buddha. This is represented today by Theravada Buddhism in Southeast Asia and Sri Lanka. Mahayana is the second branch of Buddhism, that arose influenced by bhakti; today it is the largest branch of Buddhism and is found in China, Korea, and Japan. Mahayana adds worship, devotion, and faith; in Hinayana wisdom/insight is more important than compassion and faith, in Mahayana all are equally important. Mahayana also added scriptures and provided more spiritual opportunities for lay people and women.

In Asia, following the bhakti period, was the tantra period, which infused Mahayana for about five or six centuries. "Tantra," as understood in Buddhism, refers to the "continuity of the enlightened state within the unenlightened state," the recognition that these are not separate. (The transpersonal level is always present and totally intertwined with the other levels of being.) This means that one can use all experiences for spiritual awakening, and one can have success in the world and be spiritual (one can work on all levels of being simultaneously). Mahayana and tantra came together to produce the third branch of Buddhism, Vajrayana, which today is represented by Tibetan Buddhism.

United States

Buddhism has been coming into the United States since the beginning of the country (cf. Fields, 1992), at first primarily by Buddhist immigrants. In the 1950s, Zen was the first form of Buddhism to have a widespread impact on the culture, and today is still the most influential.[13] Zen had an influence on Western psychology in general (e.g., Maupin, 1962; Rosebaum, 1999; Twemlow, 2001) and, more specifically, on Fritz Perls' Gestalt therapy (Fagan & Shepherd, 1970), psychoanalyst feminist Karen Horney (Horney, 1987; Morvay, 1999), Abraham Maslow (Cleary & Shapiro, 1996), and much later Marsha Linehan's Dialectic Behavior Therapy (Robins, 2002). Similarities were shown between Zen and behavioral self-control (Shapiro & Zeifferblatt, 1976) and Rational Emotive Behavior Therapy (Kwee & Ellis, 1998). Jung was drawn to Eastern thought and had some interactions with Zen (Young-Eisendrath & Muramoto, 2002);

and there are now Buddhist Jungians (e.g., Spiegelman & Miyuki, 1985). But Jung was more interested in aspects of Tibetan Buddhism (Moacanin, 2003), particularly mandalas.

Most attention was given to comparisons between Zen and psychoanalysis (cf. Molino, 1998). In the 1950s, psychologists (e.g., Karen Horney, Eric Fromm) discovered D. T. Suzuki, a Japanese Zen scholar teaching in the United States. A conference based book, Zen Buddhism and Psychoanalysis, was the first Western scholarly book on this topic (Fromm, Suzuki, & DeMartino, 1960). This book and Alan Watts' (1961) Psychotherapy East & West were the two most influential works in first getting North American psychotherapists to consider the relevance of Buddhism.

The second wave of Buddhism, beginning in the 1970s, was Theravadin Buddhism from Southeast Asia and India, particularly Thailand and Burma. In psychology, this led to interest in mindfulness, as discussed earlier, and added to building interest in meditation as a form of or complement to psychotherapy.

The third and current major wave is Tibetan Buddhism, featuring the Dalai Lama, the political head of the Tibetan people, the spiritual head of one of the branches of Tibetan Buddhism, and a Nobel Peace Prize recipient (1989). Little known in the United States a couple of decades ago, primarily for political reasons, the Dalai Lama is now a best-selling author of many books, a popular speaker, and one of Time magazine's "world's 100 most influential people" (April 18, 2005). The Dalai Lama is regularly a major contributor at Western science conferences, including ones that are primarily or partially psychological, such as the 2005 International Congress of Cognitive Therapy

and the regular conferences of the Mind and Life Institute (e.g., Davidson & Harrington, 2002; Ekman, Davidson, Ricard, & Wallce, 2005; Goleman, 1997; Goleman & Thurman, 1991; Hayward & Varela, 1992; Houshmand, Livingston, & Wallace, 1999). All of this has increased interest in Buddhism plus psychology in general, and the psychological and biological effects of meditation in specific. Yet to come are psychological research and applications of practices that are unique to Tibetan/Vajrayana Buddhism.

All the different forms of Buddhism can be found in the United States, and in many places very different forms are geographically close. This, plus the internet, allows many people in the United States to easily pick and combine different forms. In this context, a North American form of Buddhism is evolving. For example, in traditional Buddhist cultures institutionalized Buddhism is usually patriarchal, hierarchical, and authoritarian. North American Buddhism is often more democratic, more open to women and lay practitioners, less bound to a specific Buddhist tradition, and more directly psychological.

Discussion

In this last section, the issue of whether Buddhism is religion is briefly reconsidered. Then there is discussion of integrating Buddhist and Western psychologies, followed by a sample foreshadowing of what other branches of Buddhism have to offer to Western psychology.

<u>Religion/Philosophy</u>

The major point and orientation of this paper is that essential Buddhism is psychology, not religion or philosophy. This does not devalue Buddhist religions or philosophies, but points out Buddhism's vast contributions to world psychology, including Western psychology

Counterarguments to this orientation include the following: The vast majority of all Buddhists in the world approach Buddhism as a religion. When Buddhism is taught in colleges and universities in the United States, it is almost always in departments of religion and/or philosophy. The United States is probably the most psychological country in the world, and the author of this paper is a psychologist; hence, this psychological bias is understandable, whether or not accurate. And North Americans' tendency to treat Buddhist practice as therapy keeps them from the true transformative goals of Buddhism.

However, in Buddhism, particularly Mahayana and Vajrayana, these arguments are based on false distinctions, such as religious vs. secular and sacred vs. profane. The fundamental unity of reality transcends all such dualities, and to the awakened mind religious mental phenomena are of the same nature as secular mental phenomena. Understanding tantra includes the recognition that the enlightened state is found within the unenlightened, not separate from it; the melodrama of worldly concerns is often the best grist for the mill for awakening. And in Conjunctive Psychology, it is held that all four levels of being are totally intertwined, such that a change in one level affects all other levels.

Many Buddhist conceptualizations, that are traditionally interpreted religiously, gain breadth and applicability when interpreted psychologically. Dependent origination, discussed earlier, is a strong example. Another example is the Six Realms of Existence, which is very popular in Mahayana (Metzner, 1997). Usually understood from a reincarnation perspective, these realms describe actual realities inhabited by different types of being, where one is reborn into one of these realms depending on one's karma. But these realms can also be understood as states of consciousness or modes of being, where each realm "typifies a certain kind of attitude, a certain set of attachments or motivations, a certain kind of addiction or compulsion" (Metzner, 1997, p. 159).

Here are the six realms understood psychologically (deWitt, 2000; Lowenthal & Short, 1993; Metzner, 1997; Ray, 2000). Human: the most common realm, well-described by psychology; the realm with the best opportunity for awakening. Heaven: joy, ecstasy, sensual pleasure, intoxication, pride, possible indifference to world and others. Titans: conflict, competition, struggle, envy, jealousy, distrust, paranoia, aggression, violence. Hell: pain, suffering, terror, anxiety, depression, helplessness, hopelessness. Hungry Ghosts: insatiable and frustrated craving, unsatisfied goals, addictions, compulsions. Animals: survival, self-preservation, territory, dullness, stupidity.

According to a psychological interpretation, one is born into one or more realms every day. Anxiety may lead to one being born into the hell realm, delusion may lead to the animal realm, and craving may lead to the hungry ghost realm. This categorization

system may facilitate reflection on and mindfulness of mental states and related psychological dynamics, and all of this may suggest corrective courses of action (e.g., Lowenthal & Short, 1993).

Another example is the book which in the United States is called the "Tibetan Book of the Dead," a guidebook read to dying people to prepare them for what they will encounter after death (Thurman, 1994). This book describes a sequence of in between states called "bardos" that occur between different incarnations. A psychological understanding recognizes that bardos occur regularly in daily living; for cognitive science they occur during shifts in states of consciousness, for transpersonal psychology they occur "between" each instant of consensus reality. A translation of the Tibetan title of the book is "The Great Book of Natural Liberation Through Understanding in the Between."

Integration

Integrating Buddhist psychology and Western psychology can lead to a more comprehensive psychology and more powerful therapies. This integration is a popular and influential topic in many parts of the world, including England (Claxton, 1986), the Netherlands (Kwee & Holdstock, 1996), Australia (Blows et al., 2004), Sri Lanka (de Silva, 2000), Thailand, China, and Japan.

In addition, for Western therapists and counselors, learning about Buddhist psychology may help them be more effective in working with people from a Buddhist culture or chosen Buddhist orientation. It facilitates empathy, understanding of values

and goals, and embedding the change process in a personally significant context. There are about one to four million Buddhists in the United States (Coleman, 2001), and the number is rising quickly. It is hard to be more precise since one can be a Buddhist and also be a Christian, Sufi, or something else; and many people adopt Buddhist practices and theories, but don't call themselves Buddhists.

There are, however, a host of complex and subtle issues in integrating ideas from Eastern cultures into the West (cf. Aronson, 2004; Hoshmand, 2006). For example, Aronson (2004) points out that in traditional Asian cultures there is reverence for the old and/or wise, relationships are governed by rules related to social roles, feelings and their verbal expressions are not necessarily valued, some feelings such as anger are seen as obstacles, and one often subordinates oneself for the sake of others. While in the United States, "we question authority, value familiarity with emotions, highly prize the experience of romance, appreciate the robust expression of our unique individuality" and "verbally exchange our thoughts, dreams, personal histories, and feelings" (p. 33). Thus, there are lots of opportunities for problems and misunderstandings when a United States student works with an Asian teacher.

For those interested in the nature of the therapeutic relationship, Buddhism offers a diverse set of relationships between student and teacher/guru (Safran, 2003). For example, in Theravadin Buddhism, the teacher is a "spiritual friend," a generally reserved advisor and guide; while in Tibetan Buddhism, the guru ("guru" means "teacher") is seen as the embodiment of the teachings and often is an object of devotion. And the Zen master may be very confrontational and challenging.

<u>The Three Yanas</u>

The three main branches or yanas ("vehicles") of Buddhism, described above, are Hinayana, Mahayana, and Vajrayana. Essential Buddhism, as defined in this paper, is basic to all three yanas, but most like Hinayana. Mahayana and Vajrayana add to essential Buddhism, including concepts and practices important to psychology, but outside the domain of this paper. As a sample are the next three examples.

Mahayana adds emphasis on opening the heart, and both Mahayana and Vajrayana provide many practices for cultivating compassion (e.g., Hopkins, 2001). The complete Buddhist path for opening the heart includes cultivating the four "divine states of being" (brahma-viharas), which are compassion, loving-kindness, sympathetic joy, and equanimity (Salzberg, 1995). This is important for people interested in love, empathy, joy, happiness, and interpersonal relationships (e.g., therapeutic, marriage).

From Vajrayana we learn three ways to decrease passions and desires: vanquishing, ennobling, and yielding (Blofeld, 1970). In vanquishing, one simply stops cold-turkey. In ennobling one transfers the energy to a more appropriate object, such as frustration from the work place is transferred to home repairs. And in yielding one does the behavior with great mindfulness.

A final example is the Tibetan practice of dream yoga (Norbu, 1992; Wangyal, 1998), which is similar to what in Western psychology is called "lucid dreaming." One learns to bring an awake type of consciousness into the dream state and learns to work with and change the conscious dynamics and specifics of that state of consciousness.

These skills then generalize to the consensus waking state; and one can more easily reduce clinging, transmute emotions, prepare for death, and transpersonally awaken.

The above are just a few examples from Mahayana and Vajrayana, that go beyond the essential Buddhism of this paper. These literatures contain many psychology-related practices and conceptualizations that await further discovery and exploration by Western psychologists..

Conclusion

Buddhist psychology has much to offer Western psychology, including new conceptualizations, theories, and practices. In the process Western psychologists have a chance to reconsider and refine basic constructs and dynamics and move into new domains. An integration of Buddhist and Western psychologies should yield a much more comprehensive psychology with more powerful and more applicable therapies. Meanwhile, we need to include Buddhist psychology in our Western programs and texts, and start developing courses and labs specifically in Buddhist psychology. Two or three decades ago this was much harder to do; now it is easy, and perhaps necessary.

REFERENCES

Abe, M. (1985). Zen and Western thought. Honolulu: University of Hawaii Press.

Almaas, A. H. (2004). The inner journey home. Boston: Shambhala.

Andresen, J. (2000). Meditation meets behavioural medicine. Journal of Consciousness Studies, 7, 17-73.

Armstrong, K. (2001). Buddha. New York: Penquin Books.

Aronson, H. B. (2004). Buddhist practice on Western ground. Boston: Shambhala.

Astin, J. A. (1997). Stress reduction through mindfulness meditation. Psychotherapy and Psychosomatics, 66, 97-106.

Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. Clinical Psychology: Science and Practice, 10, 125-143.

Baer, R. A., Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky inventory of mindfulness skills. Assessment, 11(3), 191-206.

Baker, T. B., Piper, M. E., McCarthy, D. E., Majeskie, M. R., & Fiore, M. C. (2004). Addiction motivation reformulated: An affective processing model of negative reinforcement. Psychological Review, 111, 33-51.

Batchelor, S. (1994). The awakening of the West. Berkeley, CA: Parallax Press.

Batchelor S. (2000). Verses from the center. New York: Riverhead Books.

Bennett-Goleman, T. (2001). Emotional alchemy. New York: Harmony Books.

Bhikkhu Bodhi (Ed.) (1993). A comprehensive manual of abhidhamma. Kandy, Sri Lanka: Buddhist Publication Society.

Bishop, S. R. (2002). What do we really know about mindfulness-based stress reduction? Psychosomatic Medicine, 64, 71-84.

Blofeld, J. (1970). The tantric mysticism of Tibet. New York: Dutton.

Blows, M., Srinivasan, S., Blows, J., Bankart, P., DelMonte, M., & Haruki, Y. (Eds.) (2004). The relevance of the wisdom traditions in contemporary society: The challenge to psychology. Delft, The Netherlands: Eburon.

Boorstein, S. (1997). Clinical studies in transpersonal psychotherapy. Albany: State University of New York Press.

Brach, T. (2003). Radical acceptance. New York: Bantam.

Brazier, D. (1995). Zen therapy. New York: Wiley.

Breslin, F. C., Zack, M., & McMain, S. (2002). An information-processing analysis of mindfulness: Implications for relapse prevention in the treatment of substance abuse. Clinical Psychology: Science and Practice, 9, 275-299.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. Journal of Personality and Social Psychology, 84, 822-848.

Buddhadasa Bhikkhu (1992). Paticcasamuppada: Practical dependent origination. Nonthaburi, Thailand: Vuddhidhamma Fund.

Buddhaghosa, B. (1975). The path of purification (Vissuddhimagga). (Bhikkhu Nanamoli, Trans.) Kandy, Sri Lanka: Buddhist Publication Society.

Cahn, B. R., & Polich, J. (2006). Meditation states and traits: EEG, ERP, and neuroimaging studies. Psychological Bulletin, 132, 180-211.

Carson, J. W., Carson, K. M., Gil, K. M., & Baucom, D. H. (2004). Mindfulness-based relationship enhancement. Behavior Therapy, 35, 471-494.

Clark, D. A. (2005) (Ed.). Intrusive thoughts in clinical disorders. New York: Guildford Press.

Claxton, G. (Ed.) (1986). Beyond therapy. London: Wisdom.

Claxton, G. (1992). The heart of Buddhism. London: Aquarian Press.

Cleary, T. S., & Shapiro, S. I. (1996). Abraham Maslow and Asian psychology. Psychologia, 39(4), 213-222.

Coleman, J. W. (2001). The new Buddhism. New York: Oxford University Press.

Cortright, B. (1997). Psychotherapy and spirit. Albany, NY: State University of New York Press.

Dalgleish, T., & Watts, F. M. (1990). Biases of attention and memory in disorders of anxiety and depression. Clinical Psychology Review, 10, 589-604.

Das, S. (1997). Awakening the Buddha within. New York: Broadway Books.

Davidson, R. J., & Harrington, A. (Eds.) (2002). Visions of compassion: Western scientists and Tibetan Buddhists examine human nature. New York: Oxford University Press.

De Maria, E. P. & Mikulas, W. L. (1991). Women's awareness of their menstrual cycles. Journal of Psychology & Human Sexuality, 4, 71-82.

de Silva, M. W. P. (1992). Buddhist and Freudian psychology. (3rd. ed.) Singapore: Singapore University Press.

de Silva, P. (1984). Buddhism and behaviour modification. Behaviour Research & Therapy, 22, 661-678.

de Silva, P. (1985). Early Buddhist and modern behavioral strategies for the control of unwanted intrusive cognitions. Psychological Record, 35, 437-443.

de Silva P. (1996). Buddhist psychology: Theory and therapy. In M. G. T. Kwee & T. L. Holdstock (Eds.). Western & Buddhist psychology (pp. 125-147). Delft, The Netherlands: Eburon.

de Silva. P. (2000). An introduction to Buddhist psychology. 3rd ed. Lanham, MD: Rowman & Littlefield.

de Silva, P. (2003). Obstacles to insight: Some reflections on an aspect of Buddhist psychology. Constructivism in the Human Sciences, 8(2), 173-180.

de Witt, H. (2000). Working with existential and neurotic suffering. In K.T. Kaku (Ed.), Meditation as health promotion (pp. 19-31). Delft, Holland: Eburon.

deCharms, C. (1997). Two views of mind: Abhidhamma and brain. Ithaca, NY: Snow Lion.

DelMonte, M. M. (1985). Meditation and anxiety reduction: A literature review. Clinical Psychology Review, 5, 91-102.

Dember, W. N., & Warm, J. S. (1979). Psychology of perception (2nd ed.). New York: Holt, Rinehart and Winston.

Dunn, B. R., Hartigan, J. A., & Mikulas, W. L. (1999). Concentration and mindfulness meditation: Unique forms of consciousness? Applied Psychophysiology and Biofeedback, 24, 147-165.

Dunne, J. D. (2004). Foundations of Dharmakirti's philosophy. Somerville, VA: Wisdom Publications.

Durso, F. T., & Gronlund, S. D. (1999). Situation awareness. In F. T. Durso, R. S. Nickerson, R. W. Schvaneveldt, S. T. Dumais, D.S. Lindsay, & M. T. H. Chi (Eds.), Handbook of applied cognition. New York: John Wiley.

Ekman, P., Davidson, R. J., Ricard, M., & Wallace, B. A. (2005). Buddhist and psychological perspectives on emotions and well-being. Current Directions in Psychological Science, 14(2), 59-63.

Endsley, M. R., & Garfield, D. J. (Eds.) (2000). Situation awareness analysis and measurement. Mahwah, NJ: Erlbaum.

Engler, J. (2003). Being somebody and being nobody: A reexamination of the understanding of self in psychoanalysis and Buddhism. In J.D. Safran (Ed.), Psychoanalysis and Buddhism (pp. 35-79). Boston: Wisdom.

Epstein, M. D. (1984). On the neglect of evenly suspended attention. Journal of Transpersonal Psychology, 16(2), 193-205.

Epstein, M. D. (1995). Thoughts without a thinker. New York: BasicBooks.

Fagan, J. & Shepherd, I. L. (Eds.) (1970). Gestalt therapy now. Palo Alto, CA: Science and Behavior Books.

Fields, R. (1992). How the swans came to the lake. (3rd ed.). Boston: Shambhala.

Flickstein, M. (2001). Swallowing the river Ganges. Boston: Wisdom Publications.

Fontana, D. (1987). Self-assertion and self-negation in Buddhist psychology. Journal of Humanistic Psychology, 27(2), 175-195.

Freeston, M. H., Ladouceur, R., Thibodeau, N., & Gagnon, F. (1991). Cognitive intrusions in a non-clinical population. I. Response style, subjective experience, and appraisal. Behaviour Research & Therapy, 29, 589-597.

Fromm, E., Suzuki, D. T., & De Martino, P. (1960). Zen Buddhism and psychoanalysis. New York: Harper & Row.

Gazzaniga, M. S., Ivry, R. B., & Mangum, G. R. (2002). Cognitive neuroscience. (2nd ed.). New York: Norton.

Gardner, F. L., & Morre, Z. E. (2004). A mindfulness-acceptance-commitment-based approach to athletic performance enhancement: Theoretical considerations. Behavior Therapy, 35, 707-723.

Garfield, J. (1995). The fundamental wisdom of the middle way: Nagarjuna's Mulamadhyamakakarika. New York: Oxford University Press.

Germer, C. K., Siegel, R. D., & Fulton, P. R. (Eds.) (2005). Mindfulness and psychotherapy. New York: Guilford.

Gilson, R. D. (Ed.). (1995). Special issue: Situation awareness. Human Factors, 37(1).

Glasser, W. (1976). Positive addiction. New York: Harper & Row.

Goldstein, J. (1993). Insight meditation. Boston: Shambhala.

Goldstein, J., & Kornfield, J. (1987). Seeking the heart of wisdom. Boston: Shambhala.

Goleman, D. (1988). The meditative mind. Los Angeles: Tarcher.

Goleman, D. (Ed.) (1997). Healing emotions: Conversations with the Dalai Lama on mindfulness, emotions, and health. Boston: Shambhala.

Goleman, D., & Thurman, R. A. F. (Eds.) (1991). MindScience: An East-West dialogue. Boston: Shambhala.

Groves, P. & Farmer, R. (1994). Buddhism and addiction. Addiction Research, 2, 183-194.

Guenther, H. V. (1976). Philosophy & psychology in the abhidhamma. Berkeley, CA: Shambhala.

Hart, W. (1987). The art of living. San Francisco: Harper & Row.

Hayes, S. C., Follette, V. M., & Linehan, M. M. (Eds.). (2004). Mindfulness and acceptance. New York: Guilford.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). Acceptance and commitment therapy. New York: Guilford.

Hayward, J. W., & Varela, F. (Eds.) (1992). Gentle bridges: Conversation with the Dalai Lama on the sciences of mind. Boston: Shambhala.

Heatherton, T. F., & Baumeister, R. F. (1991). Binge eating as escape from self-awareness. Psychological Bulletin, 110, 86-108.

Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. Psychological Review, 94, 319-340.

Hopkins, J. (2001). Cultivating compassion. New York: Broadway Books.

Horney, K. (1987). Final lectures. (D. Ingram, Ed.). New York: Norton

Horowitz, M. J. (2002). Self- and relational observation. Journal of Psychotherapy Integration, 12, 115-127.

Hoshmand, L. (Ed.) (2006). Culture, psychotherapy, and counseling: Critical and integrative perspectives. Thousand Oaks, CA: Sage.

Houshmand, Z., Livingston, R. B., & Wallace, B. A. (Eds.) (1999). Consciousness at the crossroads: Conversations with the Dalai Lama on brain science and Buddhism. Ithaca, NY: Snow Lion.

Ingram, R. E. (1990). Self-focused attention in clinical disorders: Review and a conceptual model. Psychological Bulletin, 107, 156-176.

Jacobson, N. P. (1983). Buddhism & the contemporary world. Carbondale, IL: Southern Illinois University Press.

James, W. (1890/1950). Principles of psychology. New York: Dover.

Johansson, R. E. A. (1983). Defense mechanisms according to psychoanalysis and the Pali Nikayas. In N. Katz (Ed.), Buddhist and Western psychology (pp.11-24). Boulder, CO: Prajna Press.

Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. General Hospital Psychiatry, 4, 33-47.

Kabat-Zinn, J. (1990). Full catastrophe living. New York: Delcorte Press.

Kabat-Zinn, J. (2000). Indra's net at work: The mainstreaming of dharma practice in society. In G. Watson, S. Batchelor, & G. Claxton (Eds.). The psychology of awakening. (pp. 225-249), York Beach, ME: Samuel Weiser.

Kabat-Zinn, J., Lipworth, L., Burney, R., & Sellers, W. (1987). Four-year follow-up of a meditation-based program for the self-regulation of chronic pain: Treatment outcomes and compliance. The Clinical Journal of Pain, 2, 159-173.

Kabat-Zinn, J., Massion, A. O. Kristeller, J., Peterson, L. G., Fletcher, K. E., Pbert, L., Lenderking, W. R., & Santori, S. F. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. America Journal of Psychiatry, 149, 936-943.

Kalupahana, D. J. (1987). The principles of Buddhist psychology. Albany, NY: State University of New York Press.

Kass, S. J., Herschler, D. A., & Companion, M. A. (1991). Training situational awareness through pattern recognition in a battlefield environment. Military Psychology, 3(2), 105-112.

Khantipalo Bhikkhu (1992). Buddhism explained. Bangkok: Silkworm Books.

Khema, A. (1997). Who is my self? Somerville, MA: Wisdom Publications.

Kristeller, J. L., & Hallett, C. B. (1999). An exploratory study of a meditation-based intervention for binge eating disorder. Journal of Health Psychology, 4, 357-363.

Kurak, M. (2003). The relevance of the Buddhist theory of dependent co-origination to cognitive science. Brain and Mind, 4, 341-351.

Kwee, M. G. T. (Ed.). (1990). Psychotherapy: meditation & health. London: East-West Publications.

Kwee, M. G. T., & Ellis, A. (1998). The interface between Rational Emotive Behavior Therapy (REBT) and Zen. Journal of Rational-Emotive & Cognitive-Behavior Therapy, 16(1), 5-43.

Kwee, M. G. T., & Holdstock, T. L. L. (Eds.) (1996). Western & Buddhist psychology. Delft, The Netherlands: Eburon.

Lancaster, B. L. (1997). On the stages of perception: Toward a synthesis of cognitive neuroscience and the Buddhist abhidhamma tradition. Journal of Consciousness Studies, 4(2), 122-142.

Langer, E. J. (1989). Mindfulness. Reading, MA: Addison-Wesley.

Levine, M. (2000). The positive psychology of Buddhism and yoga. Mahwoh, NJ: Lawrence Erlbaum.

Levis, .D. J. (1989). The case for a return to two-factor theory of avoidance: The failure of non-fear interpretations. In S. B. Klein & R. R. Mowrer (Eds.), Contemporary learning theories. (pp. 227-278). Hillsdale, NJ: Erlbaum.

Lockard, J. S., & Paulhus, D. L. (Eds.). (1988). Self-deception: An adaptive mechanism? Englewood Cliffs, NJ: Prentice-Hall.

Lowenthal, M., & Short, L. (1993). Opening the heart of compassion. Boston: Tuttle.

Ma, S. H., & Teasdale, J. D. (2004). Mindfulness-based cognitive therapy for depression: Replication and exploration of differential relapse prevention effects. Journal of Consulting and Clinical Psychology, 72, 31-40.

Macy J. (1991). Mutual causality in Buddhism and general systems theory. Albany, NY: State University of New York Press.

Magid, B. (2005). Ordinary mind. (2nd ed.). Boston: Wisdom.

Mahasi Sayadaw (1978). The progress of insight. Kandy, Sri Lanka: Buddhist Publication Society.

Mahasi Sayadaw (1980). Practical insight meditation. Kandy, Sri Lanka: Buddhist Publication Society.

Marlatt, G. A., & Kristeller, J. (1999). Mindfulness and meditation. In W. R. Miller (Ed.), Integrating spirituality in treatment: Resources for practitioners (pp. 67-84). Washington, D.C.: American Psychological Association Books.

Martin, I., & Levey, A. B. (1978). Evaluative conditioning. Advances in Behavioural Research and Theory, 1, 57-102.

Martin, J. R. (1997). Mindfulness: A proposed common factor. Journal of Psychotherapy Integration, 7, 291-312.

Martin, P. (1999). The Zen path through depression. San Francisco: HarperSanFrancisco.

Maul, G., & Maul, T. (1983). Beyond limit. Glenview, IL: Scott, Foreman.

Maupin, E. W. (1962). Zen Buddhism: A psychological review. Journal of Consulting Psychology, 26, 362-378.

May, R. (1967). Psychology and the human dilemma. New York: Van Nostrand.

McQuaid, J. R., & Carmona, P. E. (2004). Peaceful mind: Using mindfulness & cognitive behavioral psychology to overcome depression. Oakland, CA: New Harbinger.

Metzner, R. (1996). The Buddhist six-worlds model of consciousness and reality. Journal of Transpersonal Psychology, 28, 155-166.

Mikulas, W. L. (1978a). Behavior modification. New York: Harper & Row.

Mikulas, W. L. (1978b). Four noble truths of Buddhism related to behavior therapy. Psychological Record, 28, 59-67.

Mikulas, W. L. (1981). Buddhism and behavior modification. Psychological Record, 31, 331-342.

Mikulas, W. L. (1986). Self-control: Essence and development. Psychological Record, 36, 297-308.

Mikulas, W. L. (1987). The way beyond: An overview of spiritual practices. Wheaton, IL: Theosophical Publishing Housing.

Mikulas, W. L. (1990). Mindfulness, self-control, and personal growth. In M.G.T. Kwee (Ed.), Psychotherapy, meditation, & health. London. East-West Publications.

Mikulas, W. L. (1995). Conjunctive Psychology: Issues of integration. Journal of Psychotherapy Integration, 5, 331-348.

Mikulas, W. L. (2000). Behaviors of the mind, meditation, and health. In K.T. Kaku (Ed.), Meditation as health promotion. Delft, The Netherlands: Eburon.

Mikulas, W. L. (2002). The integrative helper: Convergence of Eastern and Western traditions. Pacific Grove, CA: Wadsworth.

Mikulas, W. L. (2004a). Not-doing. Constructivism in the Human Sciences, 9(2), 113-120.

Mikulas, W. L. (2004b). Working with the clinging mind. In M. Blows, S. Srinivasan, J. Blows, P. Bankart, M. DelMonte, & Y. Haruki (Eds.), The relevance of the wisdom traditions in contemporary society: The challenge to psychology (pp. 189-194). Delft, The Netherlands: Eburon.

Miller, G. A., Galanter, E. H., & Pribram, K. N. (1960). Plans and the structure of behavior. New York: Holt, Rinehart, & Winston.

Miller, J. J., Fletcher, K., & Kabat-Zinn, J. (1995). Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. General Hospital Psychiatry, 17, 192-200.

Moacanin, R. (2003). The essence of Jung's psychology and Tibetan Buddhism. Boston: Wisdom.

Molino, A. (Ed.) (1998). The couch and the tree. New York: North Point Press.

Moran, A. P. (1996). The psychology of concentration in sports performers. East Sussex, UK: Psychology Press.

Moray, N. (1969). Attention. New York: Academic Press.

Morvay, Z. (1999). Horney, Zen, and the real self: Theoretical and historical connections. American Journal of Psychoanalysis, 59(1), 25-35.

Murphy, M., & Donovan, S. (1997). The physical and psychological effects of meditation (2nd ed.). Sausalito, CA: Institute of Noetic Sciences.

Norbu, W. (1992). Dream yoga and the practice of natural light. Ithaca, NY: Snow Lion.

Nyanaponika Thera (1976). Abhidhamma studies. (3rd ed.). Kandy, Sri Lanka: Buddhist Publication Society.

Nyanaponika Thera. (1962). The heart of Buddhist meditation. London: Rider and Co.

Nyanaponika Thera (1986). The vision of dhamma. York Beach, ME: Samuel Weiser.

Nyanatiloka Mahathera (1971). Guide through the abhidhamma-pitaka. (3rd ed.). Kandy, Sri Lanka: Buddhist Publication Society.

Ornstein, R. E. (1986). The psychology of consciousness (rev. ed.). New York: Viking Penguin.

Orsillo, S. M., Roemer, L., & Barlow, .D. H. (2003). Integrating acceptance and mindfulness into existing cognitive-behavioral treatment for GAD: A case study. Cognitive and Behavioral Practice, 10, 222-230.

Pandita, S. U (1992). In this very life. Boston: Wisdom.

Rahula, W. (1974). What the Buddha taught. (sec. ed.) New York: Grove Press.

Ray, R. A. (2000). Indestructible truth. Boston: Shambhala.

Reibel, D. K., Greeson, J. M., Brainard, G. C., & Rosenzweiz, S. (2001). Mindfulness-based stress reduction and health-related quality of life in a heterogeneous patient hospital. General Hospital Psychiatry, 23, 183-192.

Robins, C. J. (2002). Zen principles and mindfulness practices in Dialectical Behavior Therapy. Cognitive and Behavior Practice, 9, 50-57.

Roemer, L., & Orsillo, S. M. (2002). Expanding our conceptualization of and treatment for generalized anxiety disorder: Integrating mindfulness/acceptance-based approaches with existing cognitive-behavioral models. Clinical Psychology: Science and Practice, 9, 54-68.

Rogers, C. R. (1961). On becoming a person. Boston: Houghton Mifflin.

Rosenbaum, R. (1999). Zen and the art of psychotherapy. Philadelphia: Brunner/Mazel.

Rubin, J. D. (1996). Psychotherapy and Buddhism. New York: Plenum.

Safran, J. D. (Ed.). (2003). Psychoanalysis and Buddhism. Boston: Wisdom.

Salzberg, S. (1997). Lovingkindness. Boston: Shambhala.

Segal, S. R. (2005). Mindfulness and self-development in psychotherapy. Journal of Transpersonal Psychology, 37, 143-163.

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). Mindfulness-based cognitive therapy for depression. New York: Guildford Press.

Shapiro, D. H., Jr. & Zifferblatt, .S. (1976). Zen meditation and behavioral self-control. American Psychologist, 31, 519-532.

Shapiro, S. L., Schwartz, G.E., & Bonner, G. (1998). Effects of mindfulness-based stress reduction on medical and premedical students. Journal of Behavioral Medicine, 21, 581-599.

Silananda, U (1990). The four foundations of mindfulness. Boston: Wisdom Publications.

Skilton, A. (1994). A concise history of Buddhism. Birmingham: Windhorse.

Smith, A. (2004). Clinical uses of mindfulness training for older people. Behavioural and Cognitive Psychotherapy, 32, 423-420.

Snelling, J. (1999). The Buddhist handbook. (rev. ed.) Rochester, VT: Inner Traditions.

Snyder, C. R., & Higgins, R. L. (1988). Excuses: Their effective role in the negotiation of reality. Psychological Bulletin, 104, 23-35

Speca, M., Carlson, L. E., Goodey, E., & Angen, M. (2000). A randomized, wait-list controlled clinical trial: The effects of a mindfulness meditation-based stress reduction program on mood and symptoms of stress in cancer outpatients. Psychosomatic Medicine, 62, 613-622.

Spiegelman, J. M., & Miyuki, M. (1985). Buddhism and Jungian psychology. Phoenix: Falcon Press.

Stein, K. F., & Markus, H. R. (1996). The role of the self in behavioral change. Journal of Psychotherapy Integration, 4, 317-353.

Suler, J. R. (1993). Contemporary psychoanalysis and Eastern thought. Albany, New York: State University of New York Press.

Teasdale, J. D., Moore, R. G., Hayhurst, H., Pope, M., Williams, S., & Segal, Z. V. (2002). Metacognitive awareness and prevention of relapse in depression: Empirical evidence. Journal of Consulting and Clinical Psychology, 70, 275-287.

Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. Journal of Consulting and Clinical Psychology, 68, 615-623.

Thurman, R. A. E. (1994). The Tibetan book of the dead. New York: Bantam.

Twemlow, S. W. (2001). Training psychotherapists in attributes of "mind" from Zen and psychoanalytic perspectives. American Journal of Psychotherapy, 55(1), 1-39.

Varela, F. J. Thompson, E., & Rosch, E. (1991). The embodied mind. Cambridge, MA: MIT Press.

Walsh, R., & Vaughan, F. (Eds.). (1993). Paths beyond ego. Los Angeles: Tarcher.

Wangyal, T. (1998). The Tibetan yogas of dream and sleep. Ithaca, NY: Snow Lion.

Watts, A. W. (1961). Psychotherapy East & West. New York: Ballentine Books.

Welwood, J. (2000). Toward a psychology of awakening. Boston: Shambhala.

Wilber, K. (1996). Eye to eye. (3rd ed.). Boston: Shambhala

Wilber, K. (2000). Integral psychology. Boston: Shambhala.

Witkiewitz, K., Marlatt, G. A., & Walker, D. (2005). Mindfulness-based relapse prevention for alcohol and substance use disorders. Journal of Cognitive Psychotherapy, 19, 211-228.

Yalom, I. D. (1980). Existential psychotherapy. New York: Basic Books.

Yokoi, Y. (1987). Zen master Dogen. (4th ed). New York: Weatherhill.

Young-Eisendrath, P., & Muramoto, S. (Eds.). (2002). Awakening and insight: Zen Buddhism and psychotherapy. Philadelphia: Brunner-Routledge.

Zani, A., & Proverbio, A. M. (Eds.) (2003). The cognitive electrophysiology of mind and brain. San Diego: Academic Press.

FOOTNOTES

1. In the United States, the Buddha is commonly thought of as having a large stomach, hence the term "buddha belly." This image comes from statues in Japanese restaurants, figures in miniature golf courses, and incense burners. In fact, the Buddha probably never looked like this. The United States image is usually based on the Chinese monk Ch'i-tz'u (Japanese: Hotei).
2. Of the world's major religions, only some branches of Christianity and some branches of Islam claim they are right and everyone else is wrong.
3. During the Second World War, some Japanese Buddhists perverted Buddhism into support for the emperor and imperial expansion, but the Japanese war was not done in the name of Buddhism.
4. Of course, with any psychology there is an implicit philosophy, so the distinction is somewhat fuzzy. Two of these references focus on what they call Buddhist psychology, but the approach is primarily philosophical.
5. This book provides basic concepts and key references to the other Eastern traditions, in general and as they relate to topics in this paper.
6. In Conjunctive Psychology the existential level is between the personal and transpersonal levels. During personal/spiritual growth, one may pass through the existential domain on the way to the transpersonal.

7. The three marks of existence are said to be proprieties of everything. They are dukkha, impermanence (anicca), and non-self (anatta). The third will be discussed later relative to psychoanalysis.
8. Very common reports from students I have taught concentration include improved study skills and enjoying life more, as from heightened sensory experiences. People from my community programs have reported it has helped them or their children with ADD or ADHD. I did not hear from the people it did not help. Having taught concentration to literally thousands of people, I agree with William James that it should be part of our basic education programs and I think it is one of the most basic skills for almost everyone to learn!
9. Statistics related to MBSR use and popularity (i.e., 16,200; 240; 6,000) are based on recent promotional material and correspond to related statistics reported over the years.
10. Steve Kass is the source of all information related to situation awareness.
11. The ideas related to ERP were developed with my colleague Bruce Dunn and our students. Dr. Dunn's early death stopped our research in the middle.
12. A third related construct is "not-doing," which is very important in Taoism, Conjunctive Psychology, meditation, sports, art, interpersonal relationships, personal/spiritual growth, and enlightenment (cf. Mikulas, 2004a). It includes not adding an unnecessary heaviness or melodrama to life, getting one's limited self out of the way, and allowing the situation to spontaneously bring forth the appropriate action.

13. There are books relating Zen to seeing, listening, running, writing, eating, archery, martial arts, baseball, skiing, golf, mountain climbing, programming, career planning, management, falling in love, sex, motherhood, fatherhood, parenting, being black, time, psychedelics, the brain, depression, addiction recovery, poker, bridge, guitar, pottery, gardening, knitting, motorcycles, driving, road rage, creativity, photography, and studying.

AUTHOR NOTE

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