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The Nature of Buddhist-Informed Psychotherapy: A Qualitative Exploration

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by

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Buddhism has been increasingly integrated into approaches for psychological treatment; however, very little research has been done to investigate the application of Buddhism in psychotherapy. The present study is a qualitative exploration of the content, context, and process of Buddhist-informed psychotherapy. The researcher conducted nonschedule-standardized interviews with 9 Buddhist-informed psychotherapists licensed in clinical social work in the U.S. The transcripts were analyzed using a grounded theory approach and 11 themes emerged to describe the nature of participants' work as Buddhist-informed psychotherapists. These themes included training, the cause of suffering, a strengths-based approach, the process of change, integration of Buddhism through its influence on the therapist, Buddhist-informed methods, integration of Buddhist concepts/philosophy, applications, support, the issue of religion, and hope for the future. The findings imply that the therapists' personal practice of Buddhism is one of the most important elements of their work. In addition, mindfulness and meditation were commonly used methods to help facilitate change. Support for Buddhist-informed psychotherapy could be fostered through continued research, education, and training.

Acknowledgments

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This project is dedicated to all sentient beings, may you be happy and free.

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The Nature of Buddhist-Informed Psychotherapy

Man does not live by bread alone…spiritual needs must be seen as distinct needs and they must also be seen in relation to other human needs.

~Charlotte Towle

The practice of social work was founded on spiritual and religious traditions that are evident in the writings of such social work pioneers as Jane Addams, Mary Richmond, and Charlotte Towle (Bullis, 1996; Ressler, 1998). In this earliest period of American social work, many social work agencies were based in religious institutions and social work practice seemed to embody a spiritual mission (Russel, 2006). As social work progressed as a secular profession, spiritual and religious factors were increasingly avoided and omitted from the literature and other guidelines for practice (Lowenberg, 1988). Only in the past twenty years, have spirituality and religion emerged again as valuable considerations in the training of social workers and the practice of social work in America (Graham & Shier, 2009). The recent interest and acceptance of spirituality and religion in social work may be due to the general public's interest in the topic. In addition, it may be attributed to the social work field's renewed dedication to the bio-psychosocial/spiritual perspective. Now, as social work moves into the practice of providing spiritual or religious-based services to individuals, it is important to consider spiritual diversity and the value of varying religious traditions.

Across cultures, people describe spirituality as a vital dimension of one's identity and the personal experience or connection with something that transcends the self (Gall, Mallete, & Guirguis-Younger, 2011). Religion, then, is a tradition or community through

which a person may choose to approach his or her understanding of spirituality (Gall et al., 2011). In America, Christianity is the religion practiced by the majority of individuals (Kosmin & Kesar, 2009). However, there has also been a marked increase in Americans' affiliations with other religions, especially Buddhism (Kosmin & Kesar, 2009). Because of the growth of Buddhism in the U.S. and because Buddhism is an ancient tradition that pays particular attention to the mind and methods for alleviating psychological suffering, it may be important for social workers to be aware of the ways in which Buddhism can be integrated in to their work.

Therapy is one avenue through which religion and spirituality can be integrated into social work. In fact, research suggests that the vast majority of clients who seek therapy feel as though spirituality is an essential part of their healing and growth (Rose, Westerfeld, & Ansley, 2008). For example, one individual wrote, "I had been in therapy for years and could only heal to a certain level. It wasn't until my present counselor approached me about spirituality that I could receive healing at a deeper level" (Rose et al., 2008, p. 27). In recent years, social work therapists have become more willing to address spirituality in their work with clients (Dwyer, 2010). Research suggests that the majority of social work therapists will see clients who want to address spiritual or religious issues (Dwyer, 2010). Although there is research that describes the practice of Christian-based therapy and spiritual interventions that are Christian in nature, very little is known about the practice of Buddhist-informed psychotherapy or the use of Buddhist interventions in social work therapy (Furman, Benson, & Canda, 2011; Graham & Shier, 2009).

At this time, there are several Buddhist-informed treatments that have been shown to be effective for treating a variety of mental health issues (Bankoff, Karpel, Forbes, & Pantalone, 2012; Chiesa & Serretti, 2011; Feigenbaum, 2007; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Germer, 2006; Gilbert, 2010; Gilbert & Proctor, 2006; Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Hofmann, Grossman, & Hinton, 2011; Hutcherson, Seppala, & Gross, 2008; Johnson, et al., 2011; Mayhew & Gilbert, 2008). However, very little is known about the application of Buddhism in psychotherapy. In addition, preliminary research on Buddhist-informed psychotherapy reveals little consensus on critical issues related to the context, content, and process of this practice (Harris, 2008; Mohan, 2003). Further research on the nature of Buddhist-informed psychotherapy is especially important because social work is ethically bound to the use of interventions that are evidence-based (NASW, 2008).

The current research will seek to provide a clearer understanding of the nature of Buddhist-informed psychotherapy through interviews with psychotherapists who identify as being Buddhist-informed or using a Buddhist approach. The aim of this exploratory research is to provide a foundation for the development of theory that may inform future practitioners. The next section will provide a review of the literature that is relevant to the aim of the current research study.

Literature Review

The following section is a review of the concepts and literature relevant to the current research on Buddhist-informed psychotherapy. To provide some context and theoretical understanding, a brief description of Buddhism and Buddhist concepts is provided. Following this description is a summary of how Buddhism has been integrated

into Western psychology and an overview of the state of empirical research on Buddhist-informed approaches to mental-health treatment. Lastly, concerns and questions regarding the practice of Buddhist-informed psychotherapy will be discussed in relation to the current research.

Buddhism

Buddhism is a path to enlightenment that is based on the experience and teachings of "The Buddha," "Shakyamuni Buddha," or "The Enlightened One" (Conz, 1993). The Buddha was born as an Indian prince named Siddhartha Guatama in the year 563 B.C (Coomaraswamy, 1956). As a young man, Siddhartha was deeply moved by the certainty of suffering and decided to renounce the comfort of his home and family life to practice meditation (Nhat Hanh, 1991). Siddhartha was seeking a way to end his own and others' suffering and he did so when he "awakened" under the Bodhi tree approximately six years after his departure from home (Coomarasway, 1956). Soon after the Buddha became enlightened, he began to teach what he had realized to others (Nhat Hanh, 1991).

The Buddha taught for 45 years and his teachings have been transmitted through an unbroken lineage that is now over 2,500 years old (Coomaraswamy, 1956). Therevada, Mahayana, and Vajrayana are the three main schools of Buddhism that have emerged since the life of the Buddha (Conz, 1993; Nhat Hanh, 1998). The Therevada tradition gives centrality to the Buddha's original teachings on suffering and the cessation of suffering (Conz, 1993; Nhat Hanh, 1998). Nearly 500 years after the Buddha's death, Mahayana Buddhism was then developed with an emphasis on the practice of compassion and helping all sentient beings to become enlightened (Coomaraswamy, 1956; Nhat Hanh, 1998). Finally, Vajrayana Buddhism took root in the Himalayan

countries during the last part of the fourth century of the Common Era (Conz, 1993). Vajrayana Buddhism emphasizes the importance of a guru and the possibility for enlightenment in one lifetime (Nhat Hanh, 1998). The lineage of the Dalai Lama is from the Vajrayana School and has had a significant influence on the practice of Buddhism in the West (Conz, 1993).

As is evident by the brief overview of its unfolding, Buddhism is quite a rich and complex tradition. A review of the principle teachings in Buddhism may facilitate a better understanding of the current research project. The following section will briefly describe the basic concepts and teachings of Buddhism that are relevant to the proceeding research review.

Buddhist Concepts

The Four Noble Truths. After the Buddha experienced awakening, he began teaching the Four Noble Truths (Coomaraswamy, 1956; Nhat Hanh, 1991). The Four Noble Truths are the existence of suffering, the origin or cause of suffering, the cessation of suffering, and the path that leads to the cessation of suffering (Nhat Hanh, 1998). These truths are central tenets to all Buddhist practice and coming to understand and accept them leads to liberation and awakening (Coomaraswamy, 1956; Nhat Hanh, 1991; Nhat Hanh, 1998).

The First Noble Truth. The First Noble Truth is that suffering, or *dukkha,* exists (Nhat Hanh, 1998). The Buddha taught that suffering is experienced by all people (Coomaraswamy, 1956). In Buddhism, acknowledgement and acceptance of this suffering is a part of the path (Nhat Hanh, 1998). Both a teacher and spiritual

community, or *sangha,* are helpful when coming to recognize the dissatisfaction or pain that is experienced in life (Nhat Hanh, 1998).

The Second Noble Truth. The Second Noble Truth explains the origin of suffering (Comeraswamy, 1956). The Buddha taught that ignorance, attachment, and aversion can cause beings to suffer in many ways (Coomaraswamy, 1956). The constant struggle to sustain or improve one's situation by avoiding unpleasant situations and pursuing pleasurable ones is the cause of much suffering (Nhat Hanh, 1998; Trungpa, 2003). By recognizing when one is suffering and looking to understand what caused the suffering, one can gain wisdom that helps to alleviate suffering.

The Third Noble Truth. The Buddha taught that suffering can cease by letting go of attachments and striving (Coomaraswamy, 1956; Trungpa, 2003). In the words of the Buddha, "The end of desire is the end of sorrow" (Byrom, 1976, p. 95). Along with the cessation of desire comes an understanding of the truth of life that brings immeasurable contentment and joy (Nhat Hanh, 1998). The possibility for healing that is found in the Third Noble Truth offers the motivation for practice on the Buddhist path (Nhat Hanh, 1998).

The Fourth Noble Truth. The Fourth Noble Truth is the path that leads to the extinction of suffering (Coomarawamy, 1956). This path is called the Noble Eightfold Path and includes the practice of Right View, Right Intention, Right Speech, Right Action, Right Livelihood, Right Effort, Right Mindfulness, and Right Absorption (Nhat Hanh, 1998). The Buddha promised to guide his students on the Noble Eightfold Path so that they could experience enlightenment for themselves (Nhat Hanh, 1991). According

to the words of the Buddha, the eight practices on the Eightfold Path are imbedded in each other and should all be applied to one's daily life (Nhat Hanh, 1991).

The Noble Eightfold Path. The eight factors of the Noble Eightfold Path can be separated into the three larger categories of Wisdom, Moral Discipline, and Concentration (Nanamoli & Bodhi, 2001). The word "right" as it is used to describe the eight factors, means "what is" or "complete," and is characterized by an awareness beyond extremes like good and bad (Nhat Hanh, 1991). According to the Buddha and the lineage holders that followed him, practicing the Noble Eightfold Path will bring peace and freedom from suffering (Nhat Hanh, 1991).

Wisdom. Practicing Right View and Right Intention can bring about the wisdom that will continue to motivate a person on the path (Nhat Hanh, 1998). As a person continues to practice on the path, understanding and wisdom are deepened (Nhat Hanh, 1998). Through the development of Right View, Right Intention may also be cultivated (Nhat Hanh, 1998).

Right View entails an understanding of the human condition as it is (Coomarawamy, 1956). Contemplation on suffering, impermanence, and non-egoity is the major practice for developing Right View (Coomarawamy, 1956). In Buddhism, understanding impermanence means understanding that all things are made of composite parts that will come together and fall apart in time (Khyentse, 2007). The concept of non-egoity or no-self is closely related to impermanence and means that there is no inherent or unchanging aspect of any phenomenon, including the self (Coomarawamy, 1956). By realizing that the self is not separate, but is made up of elements that are not the self, there comes a deep understanding of the interconnectedness of all things (Nhat

Hanh, 1998). Buddhist practices emphasize contemplation and remembrance of these concepts that foster Right View (Nhat Hanh, 1998). It is thought that cultivation of the Right View can have a profound impact on how people relate to their experience in the world (Nhat Hanh, 1998).

The Right Intention is simply residing in present awareness of what is and not being distracted or carried away by thoughts (Nhat Hanh, 1998; Trungpa, 2003). Practices that help one to foster Right Intention may include questioning perception, coming back to the present moment, recognizing and accepting habitual ways of thinking or acting, and cultivating *bodhichitta* mind (Nhat Hanh, 1998). Bodhichitta mind is the "mind of love" or the "mind of enlightenment," and is the aspiration or motivation to better understand one's self so that one can relieve all other beings from suffering (Nhat Hanh, 1998). The generation of bodhichitta mind is the core practice on the Bodhisattva path (Tulku, 2004) which will be described in a later part of this section.

Moral Discipline. Right Speech, Right Action, and Right Livelihood serve as a guide for Moral Discipline and they are all supported by the wisdom that is gained through Right View and Right Intention (Nanamoli & Bodhi, 2001). Right Speech is characterized by mindful speech that is truthful, free from judgment, and compassionate (Nhat Hanh, 1998). Right Action can be developed through mindfulness of what one consumes, how one engages in relationships, and how one expends time and energy on a daily basis (Nhat Hanh, 1998). Right Livelihood is closely related to Right Action and is practiced by simply working for the means that are necessary to support oneself (Trungpa, 2003). Furthermore, Right Livelihood is practiced by avoiding work that is harmful to the environment or any other living thing (Nhat Hanh, 1998).

Concentration. Concentration is cultivated through Right Effort, Right Mindfulness, and Right Absorption (Nanamoli & Bodhi, 2001). Right Effort is the energy that is brought to the path (Trungpa, 2003). Right Effort is cultivated by being present in the moment and bringing a sense of joy and ease to one's practice (Nhat Hanh, 1998).

Right Mindfulness is at the very core of the Buddha's teachings (Nhat Hanh, 1998). When Right Mindfulness is in place, all other aspects of the Eightfold Path are thought to be present (Nhat Hanh, 1998). In Sanskrit, Mindfulness means "to remember," and refers to the ability to remember to come back to the present moment (Nhat Hanh, 1998). However, Right Mindfulness goes beyond simply being aware in the present moment (Trungpa, 2003). Within the spaciousness of Right Mindfulness, one can see clearly and deeply, cultivate mindfulness and love in others, and transform suffering into joy (Nhat Hanh, 1998; Trungpa, 2003). Practices for cultivating Right Mindfulness may be directed toward the body, feelings, mind, or objects of the mind (Nhat Hanh, 1998). For example, bringing attention to the breath is one way of practicing mindfulness in the body (Nhat Hanh, 1998).

Finally, the practice of Right Absorption is to cultivate an even mind through meditation (Nhat Hanh, 1998; Trungpa, 2003). *Samadhi*, or the sense of being as it is, can be fostered through active or selective meditation practices (Nhat Hanh, 1998). Active meditation, or *shamata,* involves simply residing in the present moment (Nhat Hanh, 1998). Selective meditation, otherwise known as *Vipassana,* is the practice of concentration on a single object (Nhat Hanh, 1998). The practice of Buddhist meditation can vary widely, depending on one's teacher and the practitioners' level of experience

(Tulku, 1977). Sometimes meditation practice involves devotional or ritual practices, prayer, silence and stillness, visualization, or mantra (Tulku, 1977). The goal of Right Absorption is to touch the nature of reality that is beyond dualistic thinking or separation from one's authentic experience (Nhat Hanh, 1998; Trungpa, 2003).

Taking Refuge. Taking refuge is a fundamental practice in Buddhism that marks one's commitment to following a spiritual path to enlightenment (Tulku, 2004). Buddhist practitioners take refuge in the Three Jewels; the Buddha, the Dharma, and the Sangha (Khyentse, 1996). The Buddha is not only Shyakyamuni Buddha who lived and taught on this earth, but also the Buddha nature that resides within each living being (Nhat Hanh, 1998). The Dharma is the teachings of the Buddha that are expressed for the benefit of all beings (Khyentse, 1996). Finally, the Sangha is the spiritual community of people who follow the teachings of the Buddha (Nhat Hanh, 1998). The practice of taking refuge involves the generation of faith and confidence in the Three Jewels through prayer and contemplation (Khyentse, 1996). In addition, Buddhist practitioners surrender their body, speech, and mind to the Three Jewels by turning to them for guidance and support (Tulku, 2004). In order to prepare to make such a commitment, practitioners are guided by a spiritual teacher on the reflection of certain topics such as the preciousness of human birth, the truth of impermanence and suffering, the law of karma, and the freedom that a spiritual path can offer (Tulku, 2004).

The Bodhisattva Way. As previously mentioned, the bodhisattva path is a practice that is emphasized in the Mahayana Buddhist Tradition. The word bodhisattva means "s/he who is brave enough to walk on the path of the awakened ones" (Trungpa, 2003, p. 127). This path is approached through the practice of the six transcendental

activities known as the six *paramitas* (Trungpa, 2003). These activities transcend the typical ego-building approach to life and include the practice of generosity, discipline, patience, energy, meditation, and knowledge (Trungpa, 2003). Bodhichitta is also cultivated on the bodhisattva path through meditation on loving-kindness, compassion, joy, and equanimity (Tulku, 2004). On the bodhisattva path, the practitioner strives to achieve a spontaneously compassionate attitude that is inspired by the wish to free all beings from the cycle of suffering (Khyentse, 1996).

Buddhism and Western Psychology

History. With some understanding of the origin of Buddhism and the main concepts that enliven the tradition, it is now possible to consider how Buddhism has been integrated into the philosophy and practice of western psychology. It is thought that each segment of western psychology has, in its own way, embraced the tradition of Buddhism (Metcalf, 2002). Zen Buddhist, D. T. Suzuki, is often credited for initiating the dialogue between western psychologists and Buddhism through his lectures and publications in the 1950s (McWilliams, 2010; Miovic, 2004; Metcalf, 2002; Suzuki, Fromm, & De Martino, 1960). Dr. Herbert Benson has also made important contributions to the substantiation of Buddhism in western psychology through his scientific research on the effects of Transcendental Meditation and his collaboration with important Eastern religious leaders (Benson, 1975, 1996; Dalai Lama, Benson, Thurman, Gardner, & Goleman, 1991; Miovic, 2004).

Most recently, Buddhism has become deeply rooted in methods for clinical practice by American psychologists who are also students of Buddhism (Metcalf, 2002). These individuals include such figures as Jon Kabat-Zin, John Teasedale, Mark Epstien,

and Marsha Linehan (Gilpin, 2008). The influence of these Buddhist American psychologists has been largely on the development and use of mindfulness-based treatments for a variety of mental health issues (Dowd & McCleery, 2007; Metcalf, 2002).

Mindfulness. Mindfulness is one of the most commonly integrated Buddhist concepts in western psychology. Jon Kabat-Zin defines mindfulness as "paying attention in a particular way, on purpose, in the present moment and nonjudgmentally'' (Kabat-Zinn, 1994, p. 4). Mindfulness is used by psychotherapists as a personal tool, theoretical framework for practice, or as a skill to teach clients and patients (Germer, 2005). Mindfulness-based interventions have been shown to be helpful for a broad range of mental health issues (Baer, 2003; Chiesa & Malinowski, 2012).

Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT) are four of the major mindfulness-based therapies that have emerged in the last 45 years (Brantly, 2005; Gilpin, 2008; Hayes, 2004; Robins, 2002). These models integrate Buddhist practices such as mindfulness and meditation to varying degrees (Brantly, 2005; Gilpin, 2008; Hayes, 2003; Linehan, Cochran, & Kehrer, 2008). Several of these treatments were developed to address mental health issues that were considered difficult to treat (Gilipin, 2008; Robins, 2002). For example, Dialectical Behavior Therapy was developed to treat individuals with Borderline Personality Disorder (BPD) and many empirical studies now support its efficacy for treating BPD (Linehan et al., 2008). Extensive research on these approaches has revealed that they are effective for treating depression, borderline personality disorder, anxiety, bipolar

disorder, ADHD, suicidal behaviors, and disordered eating (Bankoff et al., 2012; Chiesa & Serretti, 2011; Feigenbaum, 2007; Hayes et al., 2006; Linehan et al., 2008; Majumdar, Grossman, Dietz-Waschkowski, Kersig, & Walach, 2002; Ramel, Goldin, Carmona, & McQuaid, 2004; Sipe & Eisendrath, 2012; Smith, Richardson, Hoffman, & Pilkington, 2005).

Compassion and Loving-Kindness. Many authors have recently turned to the study of Buddhist-inspired compassion-focused practice and its usefulness in treatment and therapy (Fredrickson et al., 2008; Germer, 2006; Gilbert, 2010; Gilbert & Proctor, 2006; Hofmann et al., 2011; Hutcherson et al., 2008; Johnson, et al., 2011; Mayhew & Gilbert, 2008). Compassion-focused therapies integrate cognitive-behavioral strategies and meditation practices to foster a unique heart quality and a compassionate sense of self that is not fully captured in the mindfulness-based cognitive behavior therapies (Fredrickson et al., 2008; Germer, 2006; Gilbert, 2010; Gilbert & Proctor, 2006; Hoffman et al., 2011; Hutcherson et al., 2008; Johnson et al., 2011; Mayhew & Gilbert, 2008). Research on compassion-focused therapy suggests that it may be a very effective method for the treatment of depression, anxiety, self-criticism, shame, feelings of inferiority, and positive and negative psychotic symptoms (Fredrickson et al., 2008; Gilbert, 2010; Gilbert & Proctor, 2006; Hutcherson et al., 2008; Johnson et al., 2011; Kishimoto, 1985; Mayhew & Gilbert, 2008).

Meditation. In recent years, there have been a number of studies on the effect of traditional forms of Buddhist meditation on psychological well-being (Chiesa, 2010). Such meditation practices are thought to be distinct from treatments such as Mindfulness-Based Cognitive Therapy and Mindfulness-Based Stress Reduction because they are not

standardized or embedded in psychological theory (Chiesa, 2009; Chiesa 2010). Although there is a huge range of meditation practices in the Buddhist tradition, Vipassana meditation (VM) is one of the only types of Buddhist meditation that has received some attention in the literature for its clinical application (Chiesa, 2009; Chiesa, 2010).

Traditionally and as a treatment or intervention, VM is practiced in an intensive 10-day retreat format (Bowen et al., 2006; Chiesa, 2010; Emavardhana & Tori, 1997; Ostafin et al., 2006; Simpson et al., 2007). The participants are instructed in meditation, listen to short dharma talks, and practice meditation and mindfulness in silence for 10-18 hours per day. VM meditation is practiced by focusing on the breath or bodily sensations with a nonjudgmental attitude (Bowen et al., 2006; Emavardhana & Tori, 1997; Ostafin et al., 2006; & Simpson et al., 2007). Studies have shown that engaging in VM programs can lead to healthier coping abilities, increased positive psychosocial outcomes, more positive self-representation, reduced psychological distress, and reduced substance use in incarcerated individuals with and without PTSD (Bowen et al., 2006; Emavardhana & Tori, 1997; Ostafin et al., 2006; Simpson et al., 2007).

Spiritually-based Buddhist Treatment. Studies by Amaro et al. (2010) and Beitel et al. (2007) examined the effectiveness of spiritual self-schema (3-S) therapy for the treatment of addiction and human immunodeficiency virus (HIV) risk behaviors in Latina women and inner-city methadone maintained clients respectively. The 3-S therapy integrates Buddhist principles, CBT, and the clients' personal religious or spirituals beliefs to promote the clients' association with a "spiritual self" rather than an "addict self" (Amaro et al., 2010). The intervention is unique from previously mentioned

treatments because it incorporates all aspects of the Noble Eightfold Path, the six paramitas, and the practice of taking refuge in the triple gem (Beitel et al., 2007). The therapy emphasizes the development of spiritual qualities in a nontheistic context that is congruent with each participant's spiritual or religious beliefs (Amaro et al., 2010; Beitel et al., 2007). Both studies, although small in scale, revealed significantly successful results (Amaro et al., 2010; Beitel et al., 2007).

Buddhist-Informed Psychotherapy

Buddhism in practice. There are many therapists who have written about how they personally incorporate Buddhist psychology and spiritual practices into their clinical work with clients (Bermann, 2009; Ellis, 2004; Gehart & McCollum, 2007; Germer, 2006; Marlatt, 2002; Murgatroyd, 2001; O'Donoghue, 2002; Wada & Park, 2009). These personal accounts and theoretical explorations indicate that a broad range of Buddhist concepts and practices are being integrated into psychotherapy for a variety of emotional and behavioral issues (Bermann, 2009; Ellis, 2004; Gehart & McCollum, 2007; Germer, 2006; Marlatt, 2002; Murgatroyd, 2001; O'Donoghue, 2002; Wada & Park, 2009). The current state of this literature is largely theoretical in nature and does not address the specific dimensions of Buddhist-informed psychotherapy in a way that informs evidence-based practice.

To date, there have been two published studies that systematically examine the nature of Buddhist-informed psychotherapy (Harris, 2008; Mohan, 2003). Mohan (2003) interviewed ten Buddhist-inspired psychotherapists in the Netherlands about how they integrate Buddhism into psychotherapy, their training and experiential knowledge of Buddhism, and issues or concerns that may guide future research on the subject. In

addition to Mohan's work, Harris (2008) completed a project on the nature of Buddhist-informed psychotherapy in the United States. The findings of both studies guide the direction of the current research.

The findings of Mohan (2003) and Harris (2008) indicate that the practitioners' personal experience with Buddhist practice is critical to the provision of Buddhist-informed therapy. Participants stated that having experiential knowledge from formal training and a personal meditation practice enabled them to transfer their experiences to their clients (Mohan, 2003). In addition, Buddhist-informed therapists felt that their personal experiences with Buddhist practice enabled them to be more compassionate, attentive, aware, and genuine with their clients (Harris, 2008; Mohan, 2003). All of the therapists in Mohan's (2003) study had received some sort of formal Buddhist training, the majority of which was offered through spiritual institutions. More opportunities for training through professional or educational institutions may be helpful for professionals who struggle with concerns that are unique to the practice of Buddhist-informed psychotherapy.

According to Mohan (2003) and Harris (2008), Buddhist-informed therapists use a broad range of methods that include mindfulness meditation, observing feelings, Vipassana meditation, yoga, experiential meditation, mantra, and prayer. In the study by Harris (2008), mindfulness was the practice most commonly integrated into the therapists' work with clients. In addition, therapists incorporated Buddhist concepts of impermanence, interconnection, detachment, and discipline (Mohan, 2003). Therapists mentioned the usefulness of their approach for many different types of clients (Harris, 2008). Little clarity was found, however, regarding what techniques were either useful or

contraindicated for different symptoms or disorders. For example, some participants indicated that Buddhist techniques were particularly useful for personality disorders and others indicated that Buddhist techniques should not be used with people who have personality disorders. In addition, many therapists pointed to depression and anxiety as particularly receptive to a Buddhist approach, but there was no clarification as to what types of interventions were most helpful for these problems (Harris, 2008). Finally, some aspects of Buddhist-informed treatment approaches that have been found to be effective, such as compassion meditation and taking refuge, were not mentioned as commonly used techniques in Buddhist-informed therapy.

Overall, Buddhist-informed therapists felt that their approaches were effective and valuable (Harris, 2008; Mohan, 2003). Most of the practitioners viewed their work as less pathologizing, more holistic, and more collaborative than other approaches (Harris, 2008). In particular, the therapists noted the importance of meeting their clients where they are (Harris, 2008). The relationship between the client and therapist and the compassionate presence of the therapists were expressed as two of the most important elements of the Buddhist-informed approach, regardless of the therapists' theoretical orientation (Harris, 2008).

Questions still remain about the process and outcome of Buddhist-informed therapy. In particular, therapists disagreed about the universal applicability of Buddhist methods and concepts (Harris 2008; Mohan, 2003). For example, some therapists believed that a Buddhist approach was appropriate for non-Buddhist clients and other therapists did not (Mohan, 2003). Therapists described various means and levels of explicitness in regard to the integration of Buddhism in their work and therapists

modified their approaches to accommodate different types of clients (Harris, 2008; Mohan, 2003). How therapists assess their clients' readiness for various Buddhist-based approaches and the type of progress that is noted by Buddhist-informed therapists has yet to be explored in detail. These are important phenomenon to understand considering that therapists in Mohan's (2003) study voiced a need for assessment tools that are specific to a Buddhist-based approach.

Mohan (2003) and Harris (2008) also identified some concerns and future hopes for Buddhist-informed psychotherapy. According to Mohan (2003), therapists are concerned about adequately understanding and explaining Buddhist philosophy to their clients. This concern has also been raised by theorists who address the complexity of integrating Eastern and Western thought (Christopher, Christohper, & Charoesuk, 2009; Germer, 2006; Huxter, 2007). In addition, Harris (2008) found that one of the greatest concerns of Buddhist-informed psychotherapists in the U.S. is in regards to avoiding proselytizing. Another concern regarding boundaries and dual relationships was expressed (Harris, 2008). In particular, therapists were hesitant to refer clients to their own spiritual communities (Harris, 2008). Despite these challenges, therapists expressed optimism in regards to the future of Buddhist-informed psychotherapy (Mohan, 2003). In addition, many expressed their hope for greater acceptance and further integration of Buddhism in psychotherapy (Mohan, 2003). Further research was identified as a key support for this type of development (Mohan, 2003).

Current research. A thorough review of the literature suggests that Buddhist-inspired or Buddhist-based approaches are effective for the treatment of a broad range of bio-psychosocial/spiritual challenges. However, little is known about the clinical

application of Buddhist practices in psychotherapy. Creating an evidence base for social work therapists is particularly important because social workers are ethically bound to the use of evidence-based practices (NASW, 2008). Preliminary research by Mohan (2003) and Harris (2008) suggests that Buddhist-informed psychotherapy is an effective and valuable practice that needs to be further examined in order to create the necessary supports to ensure its development in the field of mental health. The current research will seek to deepen the understanding of Buddhist-informed psychotherapy by interviewing self-identified Buddhist-informed therapists about the nature of their practice.

Conceptual Framework: Transpersonal Psychology

The following section describes the theory of Transpersonal Psychology (TP) and how it will be used as a conceptual framework for the current research project. A description of the historical development of TP will be followed by an explanation of the theory of TP and what it looks like in therapy. Finally, the reason and method for using TP as a lens for the current research study will be presented.

History

Transpersonal theory evolved in the 1960s within the context of a cultural and spiritual awakening in the West (Boorstein, 2000). It was during this time that it became evident to many prominent Humanistic psychologists that the field of psychology was lacking in approaches that recognized the full span of human consciousness (Dwight, 2011; Vaughan & Walsh, 2000). Abraham Maslow, Anthony Sutich, and Huston Smith are known as some of the main contributors to the development of TP as a discipline and they helped to create the *Journal of Transpersonal Psychology* that was first published in 1969 (Dwight, 2011; Vaughan & Walsh, 2000). Some also credit the philosophies of Aldous Huxley and Carl Jung for providing a historical and theoretical foundation for TP

(Boorstein, 2000; Dwight, 2011). In addition, the research and writing of Carl Rogers and Ken Wilbur are thought to have played a large role in advancing the field of TP into the 21st century (Boorstein, 2000; Cowley, 1993; Dwight, 2011; Vaughan & Walsh, 2000).

Theory and Practice of Transpersonal Psychology

Transpersonal experiences are those in which one's sense of self extends beyond (*trans*) the individual (*personal*) to include the profound and spiritual elements of human kind, the cosmos, psyche, and life (Boorstein, 2000; Vaughan & Walsh, 2000). Such experiences are often characterized by transformative feelings of peace, love, compassion, altruism, creativity, or interconnection (Kasprow & Scotton, 1999). In addition, transpersonal or peak experiences can include states of consciousness that transcend time, space, or typical perceptions of physical reality and the self (Hastings, 1999). TP is the study of these experiences and how they manifest and influence people in healing ways (Vaughan & Walsh, 2000).

The main assumption of TP is that peak experiences promote healing development and holistic growth for individuals by offering them experiential knowledge of an existence that extends beyond the ego (Hastings, 1999). In *A Developmental Model of Consciousness*, Ken Wilbur (1980) describes the structure and development of unique stages of the unconsciousness and consciousness. The Model of Consciousness explains the transformation that occurs when individuals learn to "translate" reality or experience in a way that is aligned with progressively higher states of consciousness (Wilbur, 1980).

According to Frances Vaughan (1980), there are three dimensions of transpersonal therapy. The first dimension is the context and refers to the attitude and

approach of the therapist (Vaughan, 1980). The transpersonal therapist should believe that transcendental experiences play an important role in the development of their clients and that all beings are naturally inclined to discovery in the transpersonal realm (Vaughan, 1980). Therapists do not focus exclusively on the transpersonal level of experience, but address the full spectrum of consciousness and foster an environment for clients to experience their own awakening (Hastings, 1999). The second dimension of transpersonal therapy is the content or subject (Vaughan, 1980). The content of transpersonal therapy involves any experience in which the client identifies with something beyond the ego (Vaughan, 1980). The therapist provides guidance and support as these transcendental experiences or dilemmas emerge in sessions (Hastings, 1999). The third dimension, process, indicates that clients experience progressive stages of awareness and that there are appropriate interventions to be used at each stage (Vaughan, 1980).

The Lens of Transpersonal Psychology

Transpersonal psychology is used as a conceptual framework for this project because of its philosophical and contextual parallels to Buddhist psychology in the West. In addition, TP theory validates the study of Buddhist-informed therapy from a social work perspective. As such, the theory of TP will be used as a guide to the inquiry of the current research.

Parallels. Buddhism and transpersonal therapy share similar intentions, methods, and views. One of the most basic views held by both disciplines is that attachment to the ego causes suffering and that all beings can be free from suffering by awakening to a reality in which the ego is transcended or destroyed (Coomarawamy, 1956; Hastings,

1999). Some of the shared methods between Buddhist and transpersonal psychology include meditation, contemplation, mind-body techniques, moral discipline, and visualization (Hastings, 1999; Tulku, 2004). The intention or aim of both practices is to facilitate spiritual awakening or enlightenment.

Western Buddhist psychology and TP are also contextually similar in that they are both Eastern-based philosophies that have taken root in an American culture that is markedly different in many ways. Both schools of thought challenged the dominant individualistic and positivist assumptions of American culture in the 1950s and 1960s. In spite of the challenges that they faced, Buddhist psychology and TP were both actively sought and developed as ways to examine the elements of human nature that were seemingly overlooked by medical models of care.

Transpersonal Psychology and Social Work. As a discipline, social work is defined by its systems approach to working with others (Miley, O'Melia, & DuBoise, 2001). This approach is based on the recognition that individual well-being is influenced by what is taking place within and between biopsychosocial/spiritual systems.TP supports the social work perspective through its emphasis on the legitimacy and value of working within the system of spirituality to enhance individual well-being. The TP assumption that every individual has the capacity for self-healing is also in line with the strengths-based model of social work (Miley et al, 2011; Vaughan, 1980). Teachings on Buddhism and preliminary research on Buddhist-informed psychotherapy suggest that Buddhism may be useful for incorporating the viewpoint of TP into social work and empowering clients to draw upon their inner resources to manifest change.

Transpersonal inquiry. Transpersonal theorists are generally concerned with the professionals who apply transpersonal theory, the specific types of practices that are used in transpersonal therapy, and the process of applied transpersonal theory in therapy (Vaughan, 1980). The approach of the current research was to inquire about these three phenomena as they relate to Buddhist-informed therapy. This inquiry took place in interviews with 9 American social workers who practice psychotherapy in a way that is informed by Buddhism.

Methods

Research Design

The purpose of the current research was to gain an understanding of the nature of Buddhist-informed psychotherapy. In particular, the researcher explored the characteristics of Buddhist-informed psychotherapists and the process and content of Buddhist-informed practice. To address the current research question, an exploratory and qualitative study was conducted through the use of semi-structured interviews. According to Monette, Sullivan, and DeJong (2011), qualitative research methods seek to understand the personal and subjective experience of individuals. Interviews are often used in qualitative research to begin an inductive research process that may lead to the development of theory or guide future research on a topic (Monette et al., 2011). This approach is particularly useful when there is an absence of theory (Monette et al., 2011), as is the case in the current research study.

Sample

The sample for this study consisted of 5 male and 4 female psychotherapists in the United States who identified as using a Buddhist approach or being Buddhist-informed in

their work. All 9 participants practiced under a clinical social work license. The participants' ages ranged from 33 to 64 years old (*M*=52.44*, SD*=9.45*).* The majority of participants had over 10 years of experience practicing therapy (*M*=14.22 years, *SD*=7.03, range=4-24 years). The vast majority (89%) of participants were practicing out-patient therapy in a private setting and one participant practiced therapy in both a public and private setting. Cognitive Behavioral theory was the theoretical orientation most commonly mentioned by the participants and participants also identified with the following orientations; Dialectical Behavior Therapy, Mindfulness-Based Cognitive Therapy, Gestalt, Spiritual, Psychodynamic, Eclectic, Contemporary Dynamic Therapy, Attachment-based Therapy, PACT (Psychobiological Approach to Couples Therapy), Neuro-linguistic Programming, Hakomi, and Hypnotherapy. The vast majority (89%) of participants indicated that they had been practicing Buddhism in their personal lives for a number of years (*M*=21.88 years, *SD*=12, range=5-40 years).

A convenience sampling technique was used to recruit participants for the current research study. Buddhist-informed psychotherapists were identified by searching through online advertisements. The researcher emailed a cover letter and consent form (See Appendix A and B) to all potential participants. Follow-up phone calls were then placed to all potential participants. Interviews were scheduled with psychotherapists who were willing to participate in the research study. Participants received a copy of the interview questions and a demographic questionnaire to complete before their interviews took place (See Appendix C for interview questions and Appendix D for demographic questionnaire).

The convenience sampling technique used for the current research study resulted in a nonprobability sample (Monette et al., 2011). Nonprobability samples are often used when it is too difficult to develop a sampling frame of an entire population (Monette et al., 2011). Because of the limited resources that were available for the current research, it was not possible to develop a list of all Buddhist-informed psychotherapists from which a probability sample could be drawn. One advantage to using a convenience sample is that it made the current research study possible in the absence of an existing registry or formal organization of Buddhist-informed psychotherapists (Monette et al., 2011).

The use of a convenience sample also presents certain limitations. The main limitation of a convenience sample is that the results may not be representative of all Buddhist-informed psychotherapists (Monette et al., 2011). The small sample size also reduces the generalizability of the research findings. In addition, there is no method for estimating the sampling error of a nonprobability sample (Monette et al., 2011). As a result of these limitations, the meaning of the current research findings must be cautiously interpreted.

Data Collection

Data were collected from participants through nonschedule-standardized interviews (Monette et al., 2011). The nonschedule-standardized interview structure allowed for specific questions to be asked of all interviewees and adequate exploration of the topic through open-ended questions (Monette et al., 2011). The interviews took place over the phone and through Skype and lasted for approximately 25 to 45 minutes. A total of 12 open-ended interview questions developed by the researcher were used to guide the interviews (see Appendix C). As suggested by Berg (2009), the interview questions were

based on conceptual areas that emerged in the literature. Some questions were useful for exploring more than one conceptual area. Questions 1, 10, and 11 aimed to garner information about participants' professional background and experience. Questions 2, 3, 7, 8, and 9 pertained to the content of Buddhist-informed therapy and the techniques or ideas that are used. Questions 2, 4, 5, 6, 7, and 10 inquired about the process of Buddhist-informed therapy and question 12 brought attention to the therapists' hopes for the future of Buddhist-informed psychotherapy. The interviews were audiotaped with a digital recorder and transcribed for the purpose of data analysis.

In order to ensure the reliability of the data collection instrument, all interview questions were subjected to a professional review process. Through discussion and reflection with colleagues and clinical research committee members, the researcher refined the interview questions to make them clear, concise, and unambiguous. The interview questions also have content validity because they were developed from conceptual areas that emerged from the literature (Berg, 2009).

Data Analysis

Interview transcripts were analyzed using a grounded theory approach. The grounded theory approach is a method for developing theory in an inductive manner (Berg, 2009). The analysis began with a process called open-coding, a technique in which every sentence of the transcript is summarized with a few words to describe the main concept of the statement (Berg, 2009). Throughout the open-coding process, theoretical notations were made to guide the exploration of relevant theories and themes (Berg, 2009). Through an inductive and deductive reasoning process, codes were organized into categories. Axial coding, or more intensive coding around the specific

categories, was then completed (Berg, 2009). The coding frame that emerged in the initial transcripts informed the axial coding of proceeding transcripts. Themes that were well supported and relevant to the current research question are presented as the findings of the study.

Protection of Human Subjects

The current research study was approved by the University of St. Thomas Institutional Review Board (UST IRB) at an Expedited Level of Review before data collection began. The consent form (see Appendix B) was thoroughly explained to every participant and remaining participant questions were answered by the researcher. The consent form explained the purpose and background of the study, the confidential and voluntary nature of the study, the risks and benefits of participating, and means for contacting the researcher, research chair, or UST IRB. Participants were informed of their right to withdraw from the study at any time before data analysis began without affecting their current or future relationship with the University of St. Thomas., St. Catherine University, or the School of Social Work in any way. Participants were informed of the date that data analysis began. Recordings of the interviews were kept in a locked file and will be destroyed by June 1st, 2013. The transcripts were stripped of any identifying data and will be kept in in a locked file for an indefinite period of time.

Findings

Many themes emerged in regards to the context, content, and process of Buddhist-informed psychotherapy. These themes included training, the cause of suffering, a strengths-based approach, the process of change, integration through the therapist, Buddhist-informed methods, integration of Buddhist concepts/philosophy, applying a

Buddhist approach, support, the issue of religion, and hope for the future. In addition, many themes led to several subthemes. Themes are presented with supporting quotes from the transcripts.

Training

The first theme that emerged in this study was the training that participants felt was Buddhist in nature or supported their work as Buddhist-informed psychotherapists. All participants received some form of training in Buddhism. Three subthemes became evident: formal Buddhist training, independent Buddhist training, and clinical Buddhist training.

Formal Buddhist training. Most participants indicated that they had received formal or classical Buddhist training. Training that was described as formal or classical involved the experience of receiving teachings and practicing at monasteries, retreat centers, or temples. Participants received formal training through international Buddhist organizations and in the Zen, Tibetan, and Therevada traditions. The following quote supports this subtheme:

> I've had fairly classical Buddhist training, beginning with a 10-day retreat in a monastery in Thailand, then into the Theravada tradition, and then studied Zen with a Zen teacher for a number of years. Most recently I have found my home in the Tibetan tradition and I have a teacher who is a monk.

Independent Buddhist training. Many participants spoke to the relevance of training that was less formal and more independent in nature. This type of training included such things as reading, studying, and practicing Buddhism on their own or in groups of other Buddhist practitioners. Independent Buddhist training was described as

an important avenue for participants to gain experience and knowledge that was applicable to their practice as therapists. The following quote supports the subtheme of personal Buddhist training:

> Most of what I would categorize as Buddhist training would be personal studies, books that I've read, things I've done, and meditative practices that are Buddhist. I've done a lot of silent retreats where there are hours and hours spent in meditation.

Clinical Buddhist training. The participants differentiated between training that was Buddhist and training that was clinical. Clinical Buddhist training was characterized as training that was offered in an academic setting and spoke to the integration of Buddhism and Western psychology in some way. Fewer participants had received Clinical Buddhist training compared to formal or independent Buddhist training. Clinical training was also quite varied and included things such as training in Dialectical Behavior Therapy (DBT) or Mindfulness-Based Cognitive Therapy (MBCT), certification in alternative therapies, and attending workshops on using meditation or mindfulness in treatment. In support of this subtheme, one respondent noted, "I participate in certain webinars on mindfulness training and I have had training in DBT which is very Buddhist-based." Another respondent stated, "Clinically, I trained in a couple of different methods; one is a mindfulness-based somatic therapy that has a more Buddhist bent."

The Cause of Suffering

The second theme is the cause of suffering. This theme relates to the way in which the participants conceptualized their clients' problems. The majority of participants described distorted perception as the cause of their clients' suffering.

Distorted perceptions were described as those clouded by attachment or aversion. The following quote supports this theme:

> A Buddhist-informed type of therapy has an understanding that suffering is inevitable and suffering is inevitable because of our perception, our perception of ourselves and the world. There is some distorted way that we perceive ourselves and others and so we need to work directly with perception and where it comes from.

A Strengths-based Approach

Another major theme that emerged was the importance of taking a strengths-based approach with clients. Most participants described how their sessions were client-led. In addition, participants emphasized the value of seeing the potential in all of their clients. In several cases, the participants described how they felt that the strengths-based approach was linked to Buddhism. For example, participants noted how their personal practice of nonattachment enabled them to let go and let clients practice self-determination. In addition, participants noted how their Buddhist approach shaped the type of potential that they saw in their clients. The following quote supports this subtheme:

> We help people help themselves, and that's a very Buddhist thing, it's about creating containers for people to heal and have hope-really because they have the wisdom inside of them, they have their own unique enlightenment already there, it already exists, our job is to help them uncover it.

The Process of Change

Most of the participants spoke about the process of growth or change in their clients. Participants described many different elements of the process of change. These elements are presented as subthemes and include: starting where the client is, increasing awareness, and the healing gifts of awareness.

Starting where the client is. The first subtheme is about meeting the clients where they are. This was described by participants as an important foundation for any sort of change to take place. The participants talked about the importance of assessing what the client may need to work on before learning things like mindfulness or meditation. Therapists also assessed their clients' level of openness to Buddhist-informed methods and willingness to look honestly at their experience. Some clients were described as open and ready to engage in Buddhist-informed practices. Other clients presented in a way that they did not seem ready. Participants described how important it was to understand the client's perspective so that they could approach their clients in a meaningful and appropriate way. The following quote supports this subtheme:

> You know some clients are so out of touch with their feelings that we have to do the whole thing about feelings and what feelings are and that feelings are okay before we can even go into that part about mindfulness, so it really depends. I don't want to scare people by talking about meditation right away unless they're ready to talk about it.

Increasing awareness. Many of the participants described their clients' change as a process of increasing awareness. The therapists helped their clients to sort out and clearly see the dynamics of their own experience. Recognition and inquiry into the

clients' experience was facilitated by the therapist and aided in the deepening of awareness. The following quote supports this subtheme:

> Developing over time means helping them to see more and more clearly what their actual experience is with people. What are they wanting to see different, what are they thinking that gets in the way? The course of therapy is really one of increasing clarity of what is actually happening, what are you are actually wanting, what is your mind doing.

The healing gifts of awareness. Almost all of the participants discussed how the clients' increased self-knowledge and awareness produced healing gifts. These healing gifts included feeling at peace or at ease. In addition, participants saw that increased awareness allowed for more space, freedom, and choice. Participants also described how clients developed a capacity to relate with themselves and others in a more positive and trusting way. In relations to this subtheme, one respondent said, "clients develop more trust in themselves, more feelings of being safe in their own skin, more feelings of peace, and better relationships." Another respondent said, "The ones that change for the positive have more of a sense of ease in their lives, more access to joy, a sense of peace, more choice, and more space in their lives."

Integration through the Therapist

The fourth theme that emerged from the interviews was that Buddhism is integrated into therapy mainly through its influence on the therapist. In particular, the therapists discussed how Buddhism shaped both their presence and approach with clients. This shaping was the result of practicing Buddhism both within and outside of the actual

therapy session. Two subthemes emerged as ways in which Buddhism is integrated into therapy through the therapist: bringing a pure presence and being the change.

Bringing a pure presence. Almost all of the participants acknowledged that their personal practice of Buddhism enhanced the quality of their presence with clients. The quality of their presence was characterized by acceptance, clarity, non-reaction, and compassion. The participants felt that offering this type of presence was healing in and of itself. In addition, a pure presence was thought to support the therapist in accurately perceiving or understanding the client. A pure presence was cultivated through the therapists' practice of mindfulness, meditation, or Buddhist principles both during and outside of therapy sessions. The following quote supports the subtheme of bringing a pure presence:

> I think the most influence Buddhism has on my practice is sort of through me. So there's a lot of insight, there's a lot of emphasis on being present in the moment, basic skills of mindfulness and self-awareness from Buddhism that I think serve me in my practice.

Being the change. Another way that the participants noted that Buddhism works through them is that it allows them to actually model or embody the change that the client may be seeking. This embodiment is a way in which experiential knowledge can be shared or transferred from the therapist to the client. Being the change takes work on the part of the therapist who must actually take the time to foster or reveal certain qualities within him or herself. The following quote supports the subtheme of being the change:

> If you have been practicing Buddhism for a long time your energy changes, you're not as volatile, you're not as intense, you're not as reactive, and so you can

> actually model peace… so I think the teaching has as much to do with concepts and intellectual understanding as it does with their [the clients] experience of what peace feels like inside another human being.

Buddhist-Informed Methods

All of the participants talked about some form of Buddhist-informed method or practice that they applied in their work with clients to inspire or support change. These methods were encouraged, taught, modeled, and practiced together with the clients. The common thread of these methods is that they attempt to raise the clients' awareness or connect the clients to a spacious experience of themselves. Two subthemes emerged as Buddhist-informed methods and those were mindfulness and meditation.

Mindfulness. Participants described mindfulness as a tool for helping clients to perceive reality clearly and directly. Most participants referred to mindfulness as the practice of noticing or being aware of one's experience without interpretation, judgment, or reactivity. Mindfulness was something that therapists taught to their clients and assigned as homework. In addition, therapists used mindfulness during therapy sessions as a tool for discovery. The following quotes support the subtheme of mindfulness:

> What I mean by the practice of mindfulness is the practice of compassionately noticing your experience moment to moment, so you're focusing not on thinking about things or doing things, but just noticing the experience of things, more focus on awareness of feelings rather than thinking. So in psychotherapy, it's bringing attention back to that, no matter how much I work with people changing their thoughts, I'll come back to the value of just noticing what your thoughts are whether you change them or not.

> We do experiments in mindfulness, so part of my method is to put the client into mindfulness and then I would say a phrase to the client and the client would comment about thoughts, images, memories, body sensations, and emotions that emerge spontaneously in awareness and typically that allows us to access memories that were underlying core beliefs.

Meditation. More than half of the participants taught their clients how to do meditation. Most often, meditation was introduced as a method for practicing mindfulness. In addition, participants taught clients meditation as a place of refuge and as a way to nurture one's self. The following quote supports this subtheme:

> I do encourage a lot of my clients to practice sitting meditation, so I will teach them how to meditate if they don't know how and we will talk about what it's like to just be able to sit and meditate.

Some participants also seemed wary of teaching their clients how to mediate and felt that their clients were more likely to embrace the idea of practicing mindfulness rather than meditation. One participant responded, "most people aren't as open to mediation as they are to mindfulness just because mindfulness can be practiced anywhere."

Alternative resources. The third method that was mentioned by participants was the suggestion or provision of alternative resources to clients. These resources included things like books, meditations groups, spiritual centers, or yoga classes. In support of this subtheme, one respondent noted, "I recommend clients find their own practices online, through various meditation groups in the community, and through yoga."

Integration of Buddhist Concepts/Philosophy

Just over half of the participants noted that they may talk to their clients about Buddhist concepts of impermanence, karma, compassion, nonattachment, or suffering. With most clients, the therapists would speak about these concepts in a general way and not in a Buddhist sense. In some cases, when the client was interested in Buddhism or identified as a Buddhist, the therapist would discuss Buddhist philosophy more in depth. The majority of therapists, however, emphasized that teaching Buddhist philosophy to their clients was not helpful or appropriate. The following quotes support this theme:

> I haven't found Buddhist ideas or beliefs to be very valuable with people. If they know those ideas, they are already interested them. If they don't know them, it's just more ideas… and usually when people come in, what they really need is to experience things differently. I don't usually get into philosophy or that sort of thing.

Applying a Buddhist approach

Participants spoke to the application of Buddhist approaches with specific clients or client problems. Some subthemes emerged as areas of strength and others arose as limitations for application. The three subthemes that emerged here were: broad application, application for anxiety disorders, and limitations.

Broad application. Many participants expressed their belief that Buddhist approaches and mindfulness in particular were helpful for most clients. Some participants referenced research that supports its application with various populations. The application of Buddhist practices was seen as appropriate and helpful for borderline personality disorder, substance abuse, emotional regulation, dissociation, anger, anxiety,

grief, transition, stress, and post-traumatic stress disorder. In support of this subtheme, one respondent stated, "There are very few people that they [Buddhist-informed methods] are not remarkably helpful for. I think mindfulness is one of the most useful approaches to anything."

Application for anxiety disorders. Anxiety disorders were most commonly mentioned as being particularly receptive to a Buddhist approach. More specifically, participants mentioned mindfulness as a helpful approach for people with anxiety. Anxiety disorders that were mentioned included anxiety, post-traumatic stress disorder, and panic disorder. In relation to this subtheme, one respondent noted, "It's particularly good for anxiety disorders, the panic disorder, hyper-anxiety. They can get some hope, they feel safer, they can generate their own internal sense of what peace and tranquility feel like."

Limitations. Participants commented that they would limit their use of a Buddhist approach with certain clients and problems. Participants mentioned clients with psychotic disorders, severe and persistent mental illness, thought disorders, dissociative disorders, detached clients, clients who were actively using substances, clients who were children, and clients who had conflicting religious views. For example, one participant stated that he would not use guided imagery or meditation with a client who was schizophrenic because it might increase instability in an already unstable unconscious mind. The most commonly mentioned limitation for application was with clients who have conflicting religious views. Participants described how using a Buddhist-approach did not work well or had to be modified for clients who felt it was in conflict with their personal beliefs. The following quote supports this subtheme:

> If I have a sense that they're not open to it or that they might think its Eastern kind of weird stuff and they're not really well informed, they don't have a broad approach to spirituality or religion, then I just avoid any Buddhist terms because I don't want to scare them or freak them out. I think that some people get kind of freaked out by it.

Support

The majority of participants stated that they felt supported in their work. Two subthemes emerged as sources of support for the participants. The two subthemes include: personal practice as support and support of community.

Personal practice as support. The vast majority of participants identified their own personal practice of Buddhism as a support for their work. Personal practice included meditation, study or reading, doing retreats, and applying principles to one's own life. When asked what types of supports were used, one participant replied, "Ultimately my own practice, it's really my own time on the cushion in the morning."

Support of community. The majority of participants also described a spiritual community or a community of like-minded people as an important source of support for them in their work. These supports were described as both formal and informal groups of Buddhist practitioners who were able to provide discussion or support for clinical topics. The following quote supports this subtheme:

> I'm in a weekly meditation group and we have a half hour or more of discussion around a particular topic. It's not that unusual for a client I had seen to be dealing with an issue related to the suffering that shows up as a topic in the group and occasionally I will bring it up in a general way, one that maintains client

> confidentiality of course. Sometimes my meditation group reaffirms my role, helps me feel a little bit more stable when I doubt myself.

The Issue of Religion

A dominant theme that emerged as a challenge or concern for participants was the issue of religion. Although most participants felt strongly that religion could be left out of their work as Buddhist-informed therapists, there was a still as sense of difficulty regarding the conflicts or boundaries with religion. Here is one participant's statement describing the difficulty with religion:

> The challenge is being very careful about having respectful boundaries around selling religion and not wanting the message to be turned off or prejudiced because it happened to come from a religious orientation or spiritual orientation.

Several participants noted that the boundaries were unclear because they were Buddhist and so they had to be mindful of how they presented themselves to clients. Some participants felt as though they disguised their Buddhist identity in some respects, and others found it more helpful to be upfront about their religious affiliation. The therapists' main concerns were being ethically responsible and offering their approach in a way that would be accepted by their clients. In regards to the difficulty of integrating Buddhism, one participant noted, "It's me, because I practice Buddhism, so I'm integrating a part of myself into the work so there's a fine line of how much you integrate of yourself."

Hope for the Future

A strong theme that emerged in this study is the hope that participants felt for the future of Buddhist-informed psychotherapy. Most participants felt confident that

Buddhist-informed psychotherapy would continue to be a valuable asset to western psychology and that it would become more accepted and integrated into their profession over time. This confidence was inspired, in part, by the fact that clients actively sought therapists out because of the therapists' Buddhist orientation. One participant said, "I'm hopeful because of the trend I see and clients are calling me and saying specifically "I'm calling you because I see you're Buddhist-informed.""

In addition, participants felt hopeful because of the growing body of research on mindfulness and meditation and the move towards a more holistic perspective in medicine and other disciplines. One participant responded:

> I'm really encouraged that the veil is being lifted and that the stigma is being challenged on mental health, Buddhist mental health, and spirituality. I really see a coalescing and a coming together of science and spirituality. We are seeing movies like "What the Bleep do we Know" and "The Secret" and just a lot of the research that's being done now to demystify spirituality.

Almost all of the participants hoped that Buddhist-informed psychotherapy would continue to be more integrated and accepted in America. Many hoped to see more clinical training and development of theory and practice guidelines. Participants' hopes for greater understanding, acceptance, and awareness were inspired by their genuine sense that Buddhist-informed psychotherapy was uniquely valuable in some way. Part of the hope, then, was that Buddhist-informed psychotherapy did not become more accepted at the cost of becoming diluted into something that it is not. In regards to this last point, one participant stated:

> My hope is that it doesn't get diluted into mindfulness-based stress reduction. I really think that Jon Kabat-Zinn and MBSR are great but I think that there's a risk that we just take that one piece from Buddhism because it's so helpful and it's so user friendly. I mean it's good to have people that are less stressed out but with mindfulness the purpose of it is really to perceive reality clearly and directly so my hope is that that ultimate goal is still held by Buddhist psychotherapists.

Discussion

The first theme, training, revealed that the majority of participants had engaged in Buddhist training that was formal, independent, or clinical in nature. Formal training was described as training that was received from spiritual teachers through spiritual institutions. Similar to earlier findings by Mohan (2003), the majority of participants identified that they had received some sort of formal Buddhist training. Also in line with Mohan's (2003) findings was the importance placed on independent or personal Buddhist practice as a form of training. Fewer participants identified that they had received clinical Buddhist training, or training that involved the integration of Buddhism and psychotherapy. This finding is also in line with what Mohan (2003) found in his work.

The cause of suffering was the second theme and describes how the majority of participants understood their clients' suffering as caused by distorted perceptions. This view of the cause of suffering is consistent with the Buddhist teachings of the Four Noble Truths that were described in the literature review (Coomaraswamy, 1956). Previous research on the practice of Buddhist-informed psychotherapists did not specifically address therapists' view of the cause of suffering (Harris, 2008; Mohan, 2003). However, understanding Buddhist-informed psychotherapists' view of the cause of suffering may

present an avenue for assessing the needs of clients and the outcomes of therapy, both of which were concerns that emerged in previous research (Mohan, 2003).

A major theme that emerged from this study was that a strengths-based approach is central to the practice of Buddhist-informed psychotherapy. In particular, participants noted the importance of honoring their clients' experience and potential. This finding supports previous findings that Buddhist-informed psychotherapy is a non-pathologizing approach (Harris, 2008). This finding also supports the proposal that Buddhism, Transpersonal Psychology, and social work are in accordance with each other in terms of being strengths-based approaches.

The process of change was described by participants as one that begins where the client is and facilitates an increase in awareness that brings healing gifts. Although this process has not been wholly captured in the literature, the importance of starting where the client is has been emphasized by Buddhist-informed psychotherapists in past research (Harris, 2008). The theory of Transpersonal Psychology also supports the process of change as one which involves an increasing awareness of reality as it is (Vaughan, 1980). The healing gifts of peace, freedom, space, choice, and trust can be regarded as transformative feelings that are characteristic of transpersonal experiences (Boorstein, 2000; Kasprow & Scotton, 1999; Vaughan & Walsh, 2000). As such, the process of change described by participants in this study can be regarded as one that leads to transpersonal experiences and transpersonal growth.

The theme of integration through the therapist suggests that one of the most important ways that Buddhism influences therapy work is through its influence on the therapist. Participants described how their personal practice of Buddhism enabled them to

have a greater presence with clients and to actually model the change that their clients were seeking. This finding is concordant with previous research findings that Buddhist practice shapes the quality of a therapist's presence and even enables therapists to transfer their experiences through modeling (Harris, 2008, Mohan, 2003).

The theme of Buddhist-informed methods suggests that there are three main methods that are utilized by therapists. These methods include mindfulness, meditation, and alternative resources. The first method, mindfulness, was the most frequently adopted method by therapists in this study. Mindfulness was also found to be the most widely accepted and integrated Buddhist-informed method in the literature (Baer, 2003; Bankoff et al., 2012; Chiesa & Serretti, 2011; Feigenbaum, 2007; Harris, 2008; Hayes et al., 2006; Linehan et al., 2008; Majumdar et al., 2002; Ramel et al., 2004; Sipe & Eisendrath, 2012; Smith et al., 2005) and the most commonly cited method by Buddhist-informed psychotherapists in the study by Harris (2008). In addition, mindfulness is described as one of the central practices on the Noble Eightfold Path in Buddhism (Nhat Hanh, 1998).

The second subtheme, meditation, suggests that many Buddhist-informed psychotherapists teach their clients meditation and support their clients in practicing meditation. This finding is similar to previous findings that suggested meditation was one of the key methods used by Buddhist-informed therapists (Harris, 2008; Mohan, 2003). However, several participants in this study also expressed that meditation was more challenging to incorporate than mindfulness. Perhaps the underlying reason for this difficulty explains why limited research has been conducted on the use of Buddhist meditation in psychological treatment (Chiesa, 2009; Chiesa, 2010).

The third subtheme in the theme of Buddhist-informed methods is alternative resources. This subtheme highlights alternative resources that participants suggested or provided for their clients. Such resources included things like books, spiritual centers, online groups, and yoga classes. Contrary to previous findings that revealed ethical concerns about boundaries in regards to making spiritual referrals (Harris, 2008), therapists in this study did not express any hesitation or concern about making such referrals.

The integration of Buddhist concepts and philosophy was another important theme that emerged in this study. Some therapists noted that they would talk more in depth about Buddhist philosophy with clients who were Buddhist or interested in Buddhism. Other therapists would explain Buddhist ideas like attachment or impermanence in a general way. Overall, however, participants did not find the explanation of Buddhist concepts or philosophy to be very helpful or appropriate in their work with clients. This finding supports the findings of Mohan (2003) that Buddhist-informed psychotherapists have a difficult time integrating Buddhist philosophy into their work with clients. An interesting contradiction in the literature is that previous research on a Spiritual Self-Schema therapy has shown that Buddhist philosophy can be successfully integrated into group treatment (Amaro et al., 2010; Beitel et al., 2007). This contradiction suggests that it may be worthwhile to consider methods for integrating some Buddhist philosophy into psychotherapy work.

Several subthemes were found in relation to the application of Buddhist-informed approaches. The first subtheme, broad application, emerged as it became evident that the participants found their approach to be applicable to most situations with most clients. In

particular, participants spoke about mindfulness as having a broad application. This finding is supported by research that reveals a broad application for Buddhist-based treatments (Bankoff et al., 2012; Chiesa & Serretti, 2011; Feigenbaum, 2007; Fredrickson et al., 2008; Germer, 2006; Gilbert, 2010; Gilbert & Proctor, 2006; Hayes et al., 2006; Hofmann et al., 2011; Hutcherson et al., 2008; Johnson et al., 2011; Mayhew & Gilbert, 2008) and a broad application in psychotherapy (Harris, 2008).

The second subtheme in relation to the application of Buddhist-informed approaches was application for anxiety. Similar to findings by Harris (2008), the majority of participants in this study felt as though anxiety was particularly receptive to a Buddhist approach. The finding that mindfulness in particular was thought to be a useful approach for anxiety adds to the literature by suggesting a diagnosis-specific intervention.

The third subtheme was limitations. Participants described types of problems or clients with which their application of Buddhist-informed psychotherapy was limited. There was a fair amount of consensus that participants would not use meditation with clients who were detached from reality or psychotic. This is a new finding that did not emerge in previous work by Harris (2008) or Mohan (2003). In some respects, this finding contradicts existing research that has found compassion-focused meditation to be helpful for individuals with psychotic symptoms (Johnson et al., 2011; Mayhew & Gilbert, 2008).

Limitations were also noted for clients who were non-Buddhists, had a strong religious identity other than Buddhism, or for clients who did not seem open to a Buddhist approach. This finding relates to what Harris (2008) and Mohan (2003) found in their work, especially in the fact that participants had varying opinions about how they

might modify or limit their use of Buddhist approaches with such clients. For example, some therapists simply used different words to describe concepts that were Buddhist in nature to clients with conflicting religious views. Other therapists completely avoided using any approaches related to Buddhism with clients who did not identify as being Buddhist. Despite the varying opinions on how and when to modify a Buddhist approach with non-Buddhist clients, it seems clear that this finding is consistent with the literature in that application is limited with clients who are not Buddhist or who have conflicting religious views (Harris, 2008; Mohan, 2003).

The theme of support that emerged in this study revealed that the majority of participants felt supported in their work and that their biggest support was their own personal practice of Buddhism. This is an emerging theme that was not directly explored in previous research; however, findings by Mohan (2003) and Harris (2008) suggest that personal practice is an integral part of the practice of Buddhist-informed psychotherapy. This theme also adds to the literature by suggesting that another important source of support for Buddhist-informed psychotherapists is the support of community or a group of like-minded individuals. In fact, the few participants who did not feel very supported in their work were those that did not have a strong community of support. The importance of community also relates back to Buddhist teachings that describe the *sangha,* or spiritual community, as a necessary support for practitioners on the path (Tulku, 2004).

The issue of religion was a common concern or challenge that was voiced by participants. Similar to findings by Harris (2008), many participants were concerned about respecting the religious preferences of their clients and avoiding proselytizing.

Also comparable to findings by Harris (2008) and Mohan (2003), participants discussed varying approaches for addressing issues of religion. The findings of this study also add to the literature by suggesting that one of the complexities regarding religion is the level of identification that the therapists have with Buddhism. For example, several therapists made statements like "Buddhism is who I am." This level of identification posed a challenge for some therapists who felt the need to mask, hide, or be upfront about their religious orientation with clients.

In spite of the challenges, a strong sense of hope for the future of Buddhist-informed psychotherapy was expressed by all participants. Similar to findings by Mohan (2003), therapists were optimistic about their work. Findings from this research add to the literature with more detail about what fuels the optimism that therapists express. For example, therapists explained how clients are actually seeking them out because of their orientation to Buddhism and that this makes them feel hopeful. In addition, research on Buddhist-informed therapy and the physiological effects of Buddhist practices were cited as important indications of increasing support and receptivity to Buddhist-informed psychotherapy. Similar to Mohan (2003), greater acceptance, knowledge, and integration were noted as needs for the continued development of Buddhist-informed psychotherapy. The findings of this study also add to the literature by suggesting that Buddhist-informed psychotherapy has unique value that must not be lost in pursuit of greater acceptance in the West.

Strengths and Limitations

There are several limitations of the current research study. One of the main limitations of the study is that the results are not generalizable. Lack of generalizability is

due to the study's small sample size and nonprobability sampling technique (Monette et al., 2011). In addition, participants were largely in private practice and many did not work with clients diagnosed with psychotic disorders or severe and persistent mental illness. A larger and more diverse sample may have led to more comprehensive findings. The researcher was also constrained by the 9-month time frame that was available to complete this research project. Constraints on time may have limited the depth or breadth of data collection and analysis. Finally, the research is limited to the perspective and subjective experience of Buddhist-informed psychotherapists.

There are also many strengths of this study. The main strength is that this study furthers the understanding of Buddhist-informed psychotherapy and inspires future inquiry on the subject. In addition, the qualitative and exploratory nature of this work allowed for the true voice of participants to be heard. The sample was strengthened by the inclusion of participants from across the country. Participants were included from the East and West coasts, the Midwest, and different parts of the South.

Conclusion

The findings of this study inform the clinical practice of social work in myriad ways. Perhaps the most notable inference is that Buddhist-informed psychotherapy affirms the spiritual nature of healing and change. In doing so, it brings the spiritual and religious roots of social work practice to the forefront. We see that spirituality is not only relevant to the client but that it can profoundly shape how social work is manifested through practitioners. The value of a therapist's personal commitment to spiritual practice is significant. In Buddhist-informed psychotherapy, it seems to provide the main foundation and support for clinical work. In addition, participants suggested that their

subjective spiritual experiences had an external dimension. Namely, it shaped the quality of their presence with clients and even influenced the way in which clients and therapists experienced each other. This finding suggests that an individual's spirituality is something that evolves in the collective experience and has the potential to facilitate change on multiple levels. As such, the spiritual development of social workers should be supported and encouraged through training and education.

Buddhist-informed psychotherapy aligns with social work principles and ethics in several ways. The findings suggest that Buddhist-informed psychotherapy is a practice that starts where the client is. In addition, it is a strengths-based perspective that honors the individual wisdom and capacity of each individual. Therapists draw upon perspectives rooted in both social work and Buddhism to create the space for clients' innate wisdom to be expressed. Spiritual practices such as meditation and mindfulness may be taught to clients as a way for them to draw upon their own resources for change and growth.

It is important to acknowledge the context in which Buddhist-informed psychotherapy currently exists. Overall, it seems that there is increasing acceptance and support for Buddhist ideas and traditions in America. However, the findings of this study also suggest that there is still some dissonance that limits its true potential. Support for Buddhist-informed psychotherapy could be developed by creating more opportunities for spiritual exploration and growth in America. More inclusion of spiritual and Buddhist content in social work education may be a good place to start. Continued research and conversation about the integration of Buddhism and other religions into psychotherapy will also be important.

Buddhist philosophy and concepts seemed to strongly shape the worldview of participants in this study. However, Buddhist-informed psychotherapists rarely spoke openly about Buddhist philosophy in their direct work with clients. Many participants noted that Buddhist philosophy was too complex, confusing, or intangible to be of use with clients. In addition, participants were wary of imposing their own beliefs onto clients. This finding raises an interesting question regarding the consequence of introducing Buddhist practices to clients who do not have the support of a spiritual view. What may be the outcome of teaching Buddhist meditation and mindfulness to clients who do not have the traditional support of the teachings, a teacher, or spiritual community? Ken Wilber (2007) suggests that the practice of meditation may be fruitless and even harmful without a framework to interpret meditative experiences. Such a concern suggests that a more systematic approach may be important to develop so that practitioners are able to provide their clients with the support that a spiritual worldview offers. Previous research on the Spiritual Self-Schema therapy (Amaro et al., 2010; Beitel et al., 2007) suggests that it is possible to do so within the context of each individual's spiritual or religious beliefs.

Further research may continue to deepen the understanding of Buddhist-informed psychotherapy. A more in-depth analysis of any one aspect of the practice may be helpful. In addition, comparison to other religious-based psychotherapists or non-religious psychotherapists would enhance the understanding of what is truly unique about Buddhist-informed psychotherapy. Studying a sample that is more diverse in regards to race and ethnicity may be important. Because participants of this study were mainly in

private practice, future research may also seek to examine the nature of Buddhist-informed psychotherapy in other contexts.

Future research should also seek to understand the experience of the clients in Buddhist-informed psychotherapy. It may be valuable to understand how clients experience Buddhist-informed psychotherapists differently than psychotherapists who are not Buddhist-informed. In addition, it may be helpful to gain an understanding of how open clients are to learning different concepts or practices that are Buddhist in nature. This work might inform the future direction of Buddhist-informed psychotherapy and may help to create tools for assessing client readiness to engage in certain aspects of Buddhist-informed psychotherapy.

In summary, Buddhist-informed psychotherapy is a valuable practice in which social workers are able to meet the spiritual needs of their clients in unique ways. This research adds to the existing literature and may serve as a reference for practitioners who are engaged in Buddhist-informed practice or who wish to adopt a Buddhist approach. To conclude, the words of the Buddha remind us to recognize and honor the precious dimension of being that is beyond conceptualization:

> The Wheel of the Dharma is immeasurable, surpassing every measure; incalculable, outside every calculation; it is inconceivable, unencompassable by the mind; inconceivable, ineffable, completely unequaled. Free from spoken language, it is inexpressible; immeasurable, incomparable, incommensurable, it is like space. It is not nihilistic, not eternalistic, not contradicting what went before; calm, extremely calm, Thatness, having its own nature; without error, that itself;

not other, not becoming other; speaking the language of all beings. (Lalitavistara Sūtra, 1983, pp. 638-639)

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Appendix A

Cover Letter

Dear _____:

My name is Blaire Hysjulien and I am a graduate student seeking my Master's degree in Social Work at the University of St. Thomas/St. Catherine University School of Social Work in St. Paul, MN.

The purpose of this letter is to request your participation in my research. You were selected as a potential participant for this study because of your identification as a Buddhist-informed psychotherapists or as a psychotherapist who uses a Buddhist approach.

The aim of this research project is to deepen the understanding of Buddhist-informed psychotherapy by interviewing self-identified Buddhist-informed therapists about the nature of their practice. In particular, I will explore the characteristics of Buddhist-informed psychotherapists and the process and content of Buddhist-informed therapy. This research is important because Buddhist-based treatments for mental illness have been shown to be effective, but little is known about the practice of Buddhist-informed psychotherapy. This research may help to support and inform practitioners who wish to use a Buddhist approach in their practice. This research may also benefit clients who seek a more holistic and transpersonal approach to wellness.

If you choose to participate in this study, you will be asked to complete a 10-item demographic questionnaire and a 45 to 60 minute audiotaped interview with me. The interview will be scheduled at a time and place that is most convenient for you. Internet video calls will be scheduled with those participants who are not within driving distance to the researcher. Before the interview, you will receive a copy of the interview questions for your own review.

The records of this study will be kept confidential. No identifying information will be available to the public at any point in the research process. Participation in this study is completely voluntary. If you decide to participate in this study, you may choose to withdraw from participation at any time.

Questions about this study can be directed to me any time at hysj58222@stthomas.edu or 612.600.XXXX. You may also contact Kendra Garrett, Clinical Research Chair, 651.962.5808, kjgarrett@stthomas.edu or Eleni Roulis, Chair of the University of St. Thomas Institutional Review Board, 651.962.4405, e9roulis@stthomas.edu.

I will contact you by telephone in the next two days to inquire about your interest in participating in this study and to answer any further questions you may have.

Sincerely,
Blaire Hysjulien

This project has been reviewed and approved by the University of St. Thomas Institutional Review Board. Questions concerning your rights as a participant in this research may be addressed to the St. Thomas IRB Chair, Eleni Roulis. Phone (651) 962-4405. E-mail: e9roulis@stthomas.edu

Appendix B

Consent Form

CONSENT FORM

UNIVERSITY OF ST. THOMAS
GRSW682 RESEARCH PROJECT

The Practice of Buddhist Informed Psychotherapy

IRB#-400420-1

I am conducting a study about the practice of Buddhist-informed psychotherapy. I invite you to participate in this research. You were selected as a possible participant because you have indicated that you use a Buddhist approach or are Buddhist-informed in your work as a psychotherapist. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Blaire Hysjulien, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Dr. Kendra Garrett.

Background Information:
The purpose of this study is to gain an understanding of the nature of Buddhist-informed psychotherapy. In particular, the researcher will seek to understand the characteristics of Buddhist-informed psychotherapists and the process and content of Buddhist-informed practice. This research is exploratory in nature and may benefit psychotherapists and clients by adding to the knowledge base of Buddhist-informed psychotherapy.

Procedures:
If you agree to be in this study, I will ask you to do the following things: Participate in an audio-taped interview that will last for approximately 45-60 minutes. The interview will take place at a time and location that is convenient for you and you will receive a copy of the interview questions prior to the interview. Participants who do not live within driving distance to Minneapolis may be interviewed through an internet video call or by telephone. In May of 2013, you will receive an invitation to attend the researcher's presentation of the findings.

Risks and Benefits of Being in the Study:
The study has no risks.

The study has no direct benefits.

Confidentiality:
The records of this study will be kept confidential. Research records will be kept in a locked file in the researcher's home office and all identifying information will be removed from the research records. A research committee comprised of Buddhist community members and professionals in the field of social work will review and guide the researcher in the interpretation of the data and the researcher's project will be presented in a public forum in May of 2013. In addition, the research paper will be available online through SOPHIA. At no point in the interpretation or dissemination of this research, will identifying information be available to the public. All audiotapes will be destroyed by June 1st, 2013 and transcripts that have been stripped of any identifying information will be kept for an indefinite period of time.

Voluntary Nature of the Study:
Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and you may stop the interview at any time. If you complete an interview, you may request that your responses not be used at any time up until the analysis of data begins. You will be informed of the date when data analysis begins. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used.

Contacts and Questions
My name is Blaire Hysjulien. You may ask any questions you have now. If you have questions later, you may contact me at 612-600-XXXX. You may also contact my research supervisor, Dr. Kendra Garrett, at 651-962-5808. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:
I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

_____ _____

Signature of Study Participant **Date**

_____

Print Name of Study Participant

_____ _____

Signature of Researcher **Date**

Appendix C

Interview Questions

1.) Can you tell me a little bit about the Buddhist training you have received and what led you to this type of work?

2.) How do you define the practice of Buddhist-informed psychotherapy?

3.) What Buddhist ideas or Buddhist-informed methods do you use in your work with clients?

4.) How are these Buddhist-informed ideas or methods integrated into your therapy sessions with clients?

5.) What is the typical course of therapy?

6.) How have you seen your clients change or progress over time?

7.) Can you please describe you work with a particular client? What was the situation, what was your approach, and what was the outcome?

8.) Are there any types of clients or problems that you avoid using certain Buddhist-informed methods with?

9.) Are there any types of clients or problems that you have found certain Buddhist-informed methods to be particularly useful for?

10.) What type of professional support do you have for your work as a Buddhist-informed practitioner? Do you feel supported in your work?

11.) Are there any specific challenges or issues that you have experienced in your work as a Buddhist-informed therapist?

12.) What are your hopes for the future of Buddhist-informed psychotherapy?

Appendix D

Demographic Questionnaire

Name _____

1. What is your age?
2. What is your sex?
3. How many years have you been practicing psychotherapy?
4. What professional license do you practice under?
5. What state are you currently practicing psychotherapy in?
6. What is your theoretical orientation?
7. What setting does your work as a Buddhist-informed therapist take place in?

   Please circle all that apply:

   a. Public setting
   b. Private setting
   c. Outpatient mental health
   d. Inpatient mental health
8. Please briefly describe the population that you work with.
9. Do you practice Buddhism in your personal life?
10. If you answered yes to question 9, how many years have you been practicing Buddhism?