

**Escaping the ‘Monkey Trap’:**

**How might psychotherapists utilise Buddhist approaches towards cultivating non-attachment within psychotherapeutic practise?**

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ATTESTATION OF AUTHORSHIP

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning”

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Jacqueline Ann Dillon

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Dated

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## ABSTRACT

This literature review explores psychotherapeutic and Buddhist psychological approaches to non-attachment as the means of working with attachment and identification. Although both psychotherapy and Buddhist psychology are united in the view that attachments and identification are central to suffering, differences are evident in the way in which each discipline views the role of attachment and identification in terms of their contribution to suffering, and also in the way in which a release from such suffering might be facilitated. Psychotherapy views identification and attachment as having both positive and negative attributes in their contribution to the development of a healthy sense of self. In contrast, Buddhist psychology views all identification as problematic as a result of its contribution to the creation of fixation with a deluded sense of self. Whilst not dismissing the value of attachment, Buddhist psychology does, however, view the motivations behind an individual's attachments as the cause of suffering. In this context, particular attention is paid to identifications with the self, with past or with others that harm the client's health and wellbeing. The writer suggests that helping clients to let go of fixed identifications (or attachments) will help them to create space for a new, freer and healthier experience of self and other within the psychotherapeutic relationship and beyond. This process of letting go (non-attachment) may have particular relevance in regard to how psychotherapists might work toward the alleviation of client's suffering through the alteration of their mental experience of self, other, and objects (identification), and the reduction of their fixation with or "clinging" to emotional content (attachment). It is in this way that Buddhist psychology offers the possibility of augmenting psychotherapy in the resolution of client suffering (Dockett, Dudley-Grant & Bankart, 2003) through assisting the individual to move beyond their notion of self, into the freedom of selflessness, encounter with the other, and non-attachment.

## CHAPTER ONE: INTRODUCTION

This literature review explores the way in which psychotherapy and Buddhist psychology view attachment and identification, their role in the experience of individual suffering, and the notion of non-attachment as the means to cessation of such suffering. Each of the chapters explores a central theme related to the research question. Where relevant, discussion is supported by clinical scenarios and reflections on psychotherapeutic practice.

Following this, a synthesis and discussion of the insights gained including observations on the application of the Buddhist psychological principles of non-attachment in working with client issues of attachment and identification is offered. In this context, the therapeutic process, implications and cautions for the therapist are considered, and guides for practice are suggested.

This body of work concludes with suggested areas of further research and some concluding thoughts on the ways in which the experiences of attachment and identification manifested in the author's experience of undertaking this literature review are discussed.

## CHAPTER TWO: METHODOLOGY

### Research Question

**Non-attachment and Identification: How Buddhist informed methods of cultivating non-attachment might be utilized within psychotherapeutic practice to consider client issues of identification with self and other – a modified systematic literature review supported by clinical scenarios.**

An exploration of the above research question forms the basis of this dissertation. In Buddhist thought the underlying assumption is that suffering is caused through an individual ‘clinging’ to attachments and identifications (with parts of self and other) as an unconscious means of maintaining and reinforcing the experience of both identity and existence. With this in mind, the goal of transcending both fixed attachments and identifications with self and other is a valid one within psychotherapy.

The aim of this research is to identify the ways in which psychotherapeutic and Buddhist psychological understandings of attachment, identification and non-attachment might be used to inform psychotherapeutic practice when working with client issues of identification and attachment.

### Evidence Based Practice

The research process herein is drawn from an evidence based practice model (EBP) in the form of a modified systematic literature review (SLR). Systematic reviews locate, appraise and synthesise evidence from scientific studies in order to provide informative, empirical answers to scientific research questions (NHS Centre for Reviews and Dissemination, p. i, 1996, cited in Gray, 1999). Evidence Based Practice generally looks at quantitative research with randomised control



trials; however, this research is qualitative and thus has the following modifications:

1. Inclusion of clinical scenarios and reflections to support key points
2. Search modified to include psychotherapeutic and Buddhist psychological literature

### Systematic Literature Review

Despite the modifications named above, this dissertation still utilizes the key components of the systematic review process as identified by Dickson (1999, cited in Gray, 1999) as follows:

1. Framing the research question
2. Identification of research studies through database searches (Psychoanalytic Electronic Publishing, Psych Info), hand searching through relevant journals on attachment, non-attachment. identification and checking reference lists of identified literature
3. Selection of studies for inclusion by keyword searches

### Methods

The range of key words was wide in scope as initial searches identified minimal literature pertaining directly to the research question. The following key criterion/topics were searched:

1. Cultural contexts of psychotherapy and Buddhist psychology
2. Psychotherapeutic and Buddhist psychological definitions and clinical dimensions of attachment, non-attachment and identification
3. Buddhist psychotherapy, Buddhist psychology, Buddhist informed psychotherapy

4. Buddhist doctrines specifically referencing the terms ‘attachment’, non-attachment, identification

#### *Inclusion Criteria*

Any literature, published in English, that enables the clarification, extension or critique of the themes of attachment, non-attachment and identification with self or other from a psychotherapeutic or Buddhist psychological perspective (either philosophically or clinically) is included in the literature reviewed.

In addition, literature encompassing the experiential talk therapies (defined in body of work) with individual adult clients including that which discusses the integration (or attempts at integrating) psychotherapeutic or other talk therapy practices with Buddhist psychological approaches to health and healing.

Also, included in the scope of research is literature published by practising Buddhists, from a variety of fields, including but not limited to ‘talk therapies,’ as well as that published by professionals in the fields of psychotherapy, psychology, philosophy and counselling.

#### *Exclusion Criteria*

The literature reviewed does not include literature published in languages other than English, or that which is focused on group therapies, or therapies involving ‘touch’ as a core means of the healing process. Literature reviewed did not focus on specific Buddhist informed interventions unless deemed relevant to issues of attachment and identification.

Articles that included the terms ‘attachment,’ ‘non-attachment’ and ‘identification’ were not reviewed unless they referred to the use of the terms in the context of psychotherapeutic and

Buddhist psychological practices. Furthermore, a detailed comparison of the broader concepts of ‘attachment’, ‘non-attachment’ and ‘identification’ is beyond the scope of this work.

Although philosophical and religious aspects of Buddhism are central to Buddhist psychology, a full discussion of Buddhism from a religious or philosophical perspective is also outside of the scope of this research.

### *Search Criteria*

Table 1.1 EBSCO (Psychology and Behavioral Sciences Collection) Search

Data Source	Search Terms	Results	Viewed post application of inclusion/exclusion criteria
EBSCO			
	“non-attachment” AND “Buddhist psychology”	0	
	“Buddhism” OR “Buddhist”	2083	15 out of first 100
	“mindfulness”	91	8
	“Buddhism” AND “psychotherapy”		
	“Buddhist psychology”	449	10 out of first 100
	“Buddhist psychology” AND “psychotherapy”	28	27
	“Buddhist psychology AND psychotherapy” AND “non-attachment”	0	
	“non-attachment” AND “psychotherapy”	30	12
	“non-attachment” AND “psychotherapy” OR “Buddhist psychology”	25	7
	“identification” AND “psychotherapy” OR “Buddhist psychology”	25	None as replicated articles from search above

Table 1.2 PEP (Psychoanalytic Electronic Publishing) Search

Data Source PEP	Search Terms	Results	Viewed post application of inclusion/exclusion criteria
	“non-attachment” AND psychotherapy”	16	10
	“non-attachment” AND “psychotherapy” OR “Buddhist psychology”	3	None as replicated articles from search above.
	“attachment” AND “psychotherapy”	1447	
	“adult Attachment” AND “psychotherapy”	128	10
	“attachment” AND “Buddhist psychology”	0	
	“identification” AND “psychotherapy”	4537	None as refined to ranked search
PEP Ranked Search	“identification” AND “psychotherapy”	From 4537 total first 200 considered	30
	“Buddhist psychology” AND “psychotherapy”	10	None as replicated articles from search above
	“identification” and “Buddhist psychology”	8	3

Table 1.3 PsycINFO search

Data Source	Search Term/Key Words	Results	Viewed post application of inclusion/exclusion criteria
PsycINFO	“Buddhist psychology”	5	3
	“Buddhism” AND “psychology “ AND “psychotherapy”	2	1
Exploded Search	“Buddhism” AND “psychotherapy”	279	
Sort by publication month/season	“Buddhism” AND “psychotherapy”	100	30
	“non-attachment” AND “psychotherapy”	7	4
	“identification” AND “psychotherapy”	1814	
Exploded Search	“self concept” AND “projective identification” AND “psychotherapy”	10	4

#### Non-systematic Literature Search

In addition to the above, literature was also identified from the following sources:

- Book references obtained from the writer’s personal library and from those of colleagues
- Books and journals located through journal reference lists, and ad hoc sources
- Literature sourced manually or suggested by the dissertation supervisor, AUT lecturers, and/or colleagues
- Key word and topic searches conducted on internet search engines (Google, Amazon, Karnac, Google Books)
- Articles highlighted by Google Alerts (search terms: ‘Buddhism’, ‘attachment’, non-

attachment, 'Buddhist psychology', 'Buddhist psychotherapy')

## CHAPTER THREE: CONTEXT FOR THIS DISCUSSION

In order to set the context for this literature review, the following is a brief examination of the social and cultural contexts from which psychotherapy<sup>1</sup> and Buddhist psychology have emerged.

### Psychotherapy

Psychotherapeutic thought and its resultant modalities and traditions have developed in parallel with the changing social and cultural context of the time.

Reiff (1966) notes that psychotherapy<sup>2</sup> initially developed when the traditional values of church, religion and community were breaking down and no longer able to provide the collective symbols and rituals of healing that had previously supported individuals in times of suffering. Bion (1970), in contrast to Reiff (1966), believed that, rather than liberating individuals from religion, psychotherapy was instead an accumulation of the medical, religious and spiritual dimensions of the social constructs of the time.

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<sup>1</sup> Rycroft (1995) defines psychotherapy as “any form of ‘talking cure’ ...either individual or group, superficial or deep, interpretative, supportive, or suggestive, the latter three differing in the intention underlying the therapists utterances. The term (psychotherapy) always differentiates from physical treatment, but according to context, either includes or excludes psychoanalysis” (p.147-148).

<sup>2</sup> Unlike Rycroft’s (p.147) definition, this work excludes group therapy, and utilizes the terms ‘psychotherapy’ and ‘therapy’ as inclusive of psychoanalysis and all forms of talking therapy unless otherwise stated.

By “medical”, Bion (1970) meant that the practitioner assumed a rational, objective and authoritative stance in their role as helper (McWilliams, 2004). McWilliams (2004) notes that, whilst Bion acknowledged the importance of efforts to bring validated techniques and measurable, replicable processes into the field of psychotherapy, he also remained committed to his belief that it is the “dimension that is often depicted as existential, experiential, humanistic, romantic, collaborative, or discovery oriented ways of seeking answers to (unanswerable) human questions” (McWilliams, 2004, p.3) that offers insights and answers into the cause of, and remedies for, human suffering. In this regard, Bion was one of the earliest psychotherapeutic thinkers to look outside the medical model toward the spiritual in his approach to healing.

From the time of Freud, psychoanalytic and psychotherapeutic thought has moved with the evolution of social norms and changing worldviews. Nowhere is this more evident than in the shift from the use of scientific paradigms as sole definers of knowledge through to today’s post-modern world where subjectivity and duality are equally valued alongside science. Mitchell (1993, cited in Epstein, 2007) observes that psychotherapists have:

Radically reconceptualised the essence of psychoanalysis from Freud’s remedy of exposing, mastering, and renouncing infantile longings to ... a reclamation and revitalization of the patients experience of self, the healing of disordered subjectivity (p.207).

It is in this “healing of disordered subjectivity” (Epstein, 2007, p.207) that I propose Buddhist psychology’s approach to healing may offer valuable insights into transforming the “patient’s experience of self” (Epstein, 2007, p.207). By association, this also includes their attachments and identifications, and their relationship to suffering.



## Buddhist Psychology

Rather than being a religion, Buddhism might instead be considered as an ethical philosophy for life, underpinned by its own model of the mind or psychological paradigm (Watts, 1996). Unlike most philosophies, Buddhism is based on experiential insight rather than logical truths (the basis of Western philosophies), and it has developed a model of the mind that has in many ways foretold that which modern neuro-science now confirms. For example, MRI (magnetic resonance imaging) research<sup>3</sup> into neuroplasticity and meditation<sup>4</sup> confirms the Buddhist psychological proposition that ... “humans are more than their neurobiology and that they indeed influence their own biology” (Fischer, 2003, p.103)<sup>5</sup>.

Whilst I believe that religion, philosophy, and psychology are inextricably linked within Buddhism, this work focuses on the psychological and philosophical aspects (rather than the religious), as these are the basis of Buddhist psychology. Brazier’s (2003) definition serves as a platform from which to begin:

Buddhist psychology is that which offers models of the processes and structures of the mind. It shows how flight from the existential inevitability of loss, pain and death leads to delusion, which is a subtle and pervasive refusal to face reality. Instead, we attempt to find and hold on to something that is concrete and substantial (p.136).

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<sup>3</sup> See Davidson & Lutz (2007).

<sup>4</sup> Meditation in this context is defined as insight meditation (*vipassanā*). The aim of this form of meditation is “insight into the nature of psychic functioning rather than the induction of an altered state of consciousness” which is the focus of the practice of concentration meditation (Engler, 1983, p.31).

<sup>5</sup> In other words, emotional regulation through contemplative traditions (such as meditation) alters the pre-frontal cortex of the brain, enabling individuals to employ intentional and voluntary strategies to cultivate positive emotional states (compassion and loving kindness) and displace destructive emotions such as “craving, aggression and delusion” (Goleman, 2003, p.181).

To support exploration of Buddhist psychology's approach to healing, what follows is a brief outline of Buddhist discourses referencing issues of self, attachment, identification and suffering as these underpin Buddhist philosophy.<sup>6</sup>

### *The Four Noble Truths*

According to the doctrine of the Four Noble Truths, our delusions of self cause our suffering. Suffering is viewed as a fact of life resulting from our attachment and identification with what we desire. Only if we reduce our attachment toward expectations can we reduce our suffering. It is only in following the Eightfold Path and developing wisdom<sup>7</sup> that we can alleviate our suffering.

### The Eightfold Path

Epstein (2001) writes that the Eightfold Path was the Buddha's method of shaping the mind so that it could remain composed in the midst of ceaseless change. The path consists of right

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<sup>6</sup> In considering these teachings it is important to hold in mind that the Buddha stated that an individual's own experience should guide their way, and that these doctrines should not be read as absolutes but rather as insights into an individual's own path.

<sup>7</sup> In this context Wisdom takes two forms:

1. A conventional wisdom that is an acceptance of cause and effect (karma) and conscious awareness of the distinction between those actions that bring us happiness, and those that bring us suffering.
2. The wisdom of duality in which lies the recognition that all we mistakenly believe is permanent and exists, in fact only exists in context to our relationship to it, and the conditions in which these relationships exist (Hartman & Zimberoff, 2003)

understanding, right intention, right speech, right action, right livelihood, right effort, mindfulness, and right concentration.

Of particular relevance to our experiences of attachment and identification is the development of our ability to liberate ourselves from holding onto our ego centred experience of reality. This is the essence of ‘right view’. Having attained this capacity, one is able to view the world as it is, not as they would wish it to be. Attaining ‘right view’ requires the letting go of identifications, attachments and values unconsciously placed on others as a means of securing our sense of self. In order to embrace this path, we must first let go of greed, hatred, and delusion, which are said to be the root causes that keep an individual stuck in suffering. Greed responses include identification, dependence or mirroring, and possession; the hatred response involves creating self through differentiation or conflict (Brazier, 2003). These root causes manifest out of our attachment to our view of reality. This approach parallels the Freudian view of sexual libido and aggression as the primary forces in the unconscious Id. Buddhist psychology considers sexual libido to be a form of craving, and aggression as hatred or aversion.

### *The Three Marks of Existence*

In addition to the Four Noble Truths and the Eightfold Path, the Buddha’s teachings on the Three Marks of Existence offer guidance into the ways in which the non-attachment that arises from acceptance releases individuals from suffering. The Three Marks of Existence are an acknowledgment of impermanence, an acceptance of suffering, and an acknowledgement of the interconnectedness of all.

A common theme within these discourses is that, in an attempt to avoid suffering, individuals construct a sense of self as a means of creating some sense of permanence or security. Through repetition of habitual patterns of escape from pain or discomfort (emotional, physical or

spiritual), we unconsciously enter into a state of delusion (avidya), habitually creating a deluded sense of security and control over our life events. This leaves us vulnerable to suffering and unable to truly encounter the other.

### *Clinical Reflection*

An example of this deluded sense of security in a psychotherapeutic context might be observed in the client who fixatedly identifies with being either a victim or survivor of abuse. Such identification with one aspect of self may deny the possibility for growth in other aspects of self for example: their creativity, their resilience and such like. Instead, unconsciously and out of fear the client clings to a notion of permanence (Brazier, 2003) through identifications and attachments as a delusional attempt at maintaining stability within the self.

Brazier (2003) notes:

This common mentality is one of grasping, which leads to attachment and creates an accumulation of habit-energies, preferences, and behaviour patterns that support the illusion of an enduring self...Buddhist psychology sees this self as a defensive structure that lacks foundation yet dominates the ordinary mind. (p.136).

From a Buddhist psychological perspective, the therapeutic work in this instance might focus on facilitating the client's understanding of why they are experiencing suffering in the present moment. In this respect, the therapeutic focus is on the internal forces of self that cause suffering, rather than the external stimulus for the suffering (intrapersonal rather than interpersonal conflicts).

Expanding on this observation, Grossman (2004) notes that in Buddhist psychology it is "...insight, itself, (that) is the goal, rather than the fixing of a problem or attainment of personal happiness". (p.18). In contrast to this, psychodynamic psychotherapy might instead focus on

solutions to the same client's problems through an exploration of how past events or experiences impact to cause suffering in the here and now.

I suggest that an opportunity for the therapist working with issues of attachment and identification lies in utilizing the Buddhist psychological approach to build a client's insight into the processes behind their problems, as opposed to the nature of the problem. It is in beginning to explore the identifications with the past and their intrusion on the present that the therapist may be able to facilitate the client's 'letting go' of the delusions, identifications and attachment that form their attempted means of escape from pain, loss, grief and impermanence - that which Buddhist psychology views as the hallmarks of their suffering. Embracing this approach could provide the means of enabling a client to move beyond fixated identification with, and attachment to the self, into freedom of selflessness, encounter with the other, and non- attachment. This is discussed further in chapter five.

## CHAPTER FOUR: WEST ENCOUNTERS EAST:

### CONVERGENCE AND DIVERGENCE – DEBATING COMPATIBILITY

#### Convergence

A significant shift has taken place over the past 15 years in which the growing influence of Buddhist thought and theory in the West has led to new schools of thought and theory in psychotherapeutic practice.<sup>8</sup> Buddhist psychotherapy developed out of this convergence and is a hybrid of the approaches of Buddhist psychology and interpersonal and existential psychotherapies whose end goal is the amelioration of human suffering (Sherwood, 2005). According to Sherwood (2005) in this partnership there is

a meeting of the concepts of self and non-self, of the concepts of fixed psychological categories and flowing emotional processes, of focus on emotions as a core concern and processes for developing non-focus or non-attachment to emotional states. (p.3)

What differentiates Buddhist psychotherapy from psychoanalysis is the non-judgemental acceptance and implementation of the following treatment strategies<sup>9</sup>:

- Challenging and deconstructing all personal narratives (as opposed to construction of them in the search for meaning) and accepting them as ‘delusion’ (Safran, 2003)

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<sup>8</sup> Factors supporting this shift include the introduction and assimilation of Buddhist philosophies and theories to the West post WW2 (Safran, 2003), the increasing popularity of Humanistic and Transpersonal therapies, and ongoing conversations between Eastern philosophers and Western scientists and psychologists (Goleman, 2004).

<sup>9</sup> The actual choice or choices of treatment strategy are dependent upon the unique circumstances of each individual client.

- A focus on ‘letting go’ of the need to understand the cause of suffering and instead a movement toward acceptance that everything is as it should be for this moment (Safran, 2003)
- Emphasis on emotional non-attachment versus fixed emotional states (Sherwood, 2005)
- Working toward recognising that there exists no self without the other – we are all interdependent (Safran, 2003)
- Use of mindfulness and breathing techniques to achieve present moment awareness (Sherwood, 2005)

It is important to note, however, that there are commonalities to be found in humanistic<sup>10</sup> therapies embracing of the Buddhist psychotherapeutic notion of acceptance. Examples include Carl Rogers’ notion of “unconditional positive regard” (Dryden & Still, 2006, p.10); Viktor Frankl’s notion of “paradoxical intention” (Frankl, 1967, p.155) and Irving Yalom (1980) with his valuing of personal transformation over symptom relief.

Furthermore, Germer, Siegel and Fulton (2005) note that, rather than focus on change, Buddhist psychotherapies focus on acceptance and a “non-adversarial relationship to symptoms, in which disturbing sensations, feelings or thoughts are allowed to come and go” (p.20). The most prominent of these therapies are Acceptance and Commitment Therapy (Hayes, 1999), Dialectical behaviour therapy (Linehan, 1993), Mindfulness based stress reduction (Kabat-Zinn, 1990), and Mindfulness-based Cognitive Therapy (Segal, Williams & Teasdale, 2002). Aided by the integration of neuroscience supporting the positive outcomes of meditation and mindfulness based interventions (Goleman, 1998, 2004; Kabat-Zinn, 2002; Lavelle, Hall, Turnbull, Zahl, & Hackman,

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<sup>10</sup> Included in this are existential and transpersonal therapeutic approaches.

2003; Mason, 2001; Teasdale, Segal, & Williams, 1995; Zohar and Marshall, 2000) the influence of Buddhist psychotherapy has continued to grow in credibility over the past two decades.

### *Buddhist Informed Psychotherapeutic Approaches*

In addition to the above approaches, many post-modern psychotherapists (Epstein, 1995, 1998; Rubin, 1996; Safran, 2003; Sherwood, 2005; Stern, 2004) have introduced mindfulness<sup>11</sup> and Buddhist informed approaches into practice models. Examples of the incorporation of this in psychodynamic treatment include Fonagy's (2000) mentalization, that is "the capacity to think about one's own mental states or those of others" (Germer et al, 2005, p.21), and Stern's (2004) work on present moment awareness and the influence of inter-subjective processes within the therapeutic relationship.

From a humanistic perspective Gendlin's (1996) concept of connecting to a preverbal bodily felt sense in which the psychopathology lives (focusing) is a further illustration of the influence of Buddhist psychology (Drummond, 2003; Hannah, 2003). Lastly, practices such as Narrative therapies (White, 2007), Transpersonal therapies (Zimberoff & Hartman, 2002; Welwood, 2001) and Contemplative psychotherapies (Kaklauskas, Nimanheminda, Hoffman, & MacAndrew, 2008) are influenced by the Buddhist notion that an individual creates their own reality and is inextricably linked to the wider universe (Brazier, 2003).

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<sup>11</sup> In this context, mindfulness is defined as "An attitude of open acceptance and witnessing of one's own perceptions and sensibilities that helps increase our experience of being in a calm, relaxed and yet alert state of mind that, in most ways, is the opposite of how we feel when anxious or stressed...to be aware of our thoughts without identifying with them or allowing them to 'take over', which can increase our capacity for introspection" (Ladner, 2005 cited in Ryback, 2006, p. 477).



### *Philosophical Approach to Healing*

Although they vary in technique, each of the aforementioned modalities has in common the use of aspects of the Buddhist mindfulness or meditative techniques as a means of healing.

Although he acknowledges this, Van Waning (2002) suggests that the commonalities between Buddhist psychology and psychoanalysis lie at a level deeper than each adopting the interventions or techniques of the other. Instead, he suggests that convergence is demonstrated by a shared philosophical approach to healing that includes:

- A focus on identifying and alleviating dissatisfaction and human suffering (although variance exists in the nature of the process prescribed for achieving this)
- The building of an intimate interpersonal relationship
- An emphasis on the importance of attention and free association. In agreement with this Phillips (1996) notes that "...The patient is not cured by free-associating, he is cured when he can free-associate". (p.102). In other words, a shift in consciousness, rather than a conscious action, is the path to freedom from suffering
- A commitment to the relatively neutral stance of therapist and teacher. That is the entering into the therapeutic space without memory or desire (Bion, 1970).<sup>12</sup>

Although I agree with the areas of convergence suggested by Van Waning (2002) I believe

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<sup>12</sup> Interestingly, the full version of the actual quotation implores the therapist to eschew "understanding and sense perception..."(Bion, 1970, p.43). Bion observes that "the suspension of memory, desire, understanding and sense impressions may seem to be impossible without a complete denial of reality; but the psycho-analyst is seeking something that differs from what is normally known as reality ... (p. 43). This eschewing of "suspensions of understanding and sense impressions" further supports Van Waning's (2002) argument of alignment at the philosophical level.

that he fails to acknowledge the influence of the therapist on the success of such convergence. Just as the success of the therapeutic relationship depends on the ability of the therapist to step outside of their identifications and attachments into relationship with the client, the successful melding of psychotherapy and Buddhist psychology within therapeutic practice rests on the ability of the therapist to integrate these aspects of convergence with aspects of divergence.

## Divergence

### *The Notion of Self*

The most significant divergence between the approaches of psychotherapy and Buddhist psychology to health and wellbeing lies in the way in which each considers the notion of the self.

All schools of psychotherapy consider the development of a secure sense of self, 'healthy' functioning of the ego, the achievement of 'healthy attachment', and the integration of the disparate parts of the self into a cohesive whole, as prerequisites for psychological health. In concert with this, treatment is focused on strengthening the ego or sense of self and the creation of a solid, fixed sense of self as a developmental goal (a 'holding onto' rather than 'letting go'). Importance is placed on categorizing the personality structure, and traits are seen as enduring rather than passing manifestations of the individual.

Stern (2002) observes that theorists such as Winnicott (1967, 1971), Kohut (1984), Bollas (1987) and Ogden (1994), view identification as playing a central role in this development of a sense of self, be it positive or negative. All of these theorists could be said to support the proposition that an individual's notion of self is formed by the nature of their encounter with another's response toward that self. Examples of this view are particularly evident in Winnicott's (1965, 1971) notion of "good-enough" mothering, Kohut's (1971) "mirroring self-object," and Bollas (1987) reference to "the self as object".

According to Metzner (1997) both Freud, and Buddhist thinkers (Engler, 1993, 2003; Epstein, 1995, 2007) refer to all that we consider our ‘self’ or ‘I’ to be is driven by “...three motivational factors – lust-craving, aggression-hatred, and deluded unconsciousness” (Metzner, 1997, p.158). The movement of an individual away from these motivational factors is made possible only when our unconsciousness is made conscious. This heightened consciousness, enabled in Buddhism through meditation and mindfulness, and in psychotherapy through introspection and reflection, enables the individual to enter into a space of non-duality. In doing so, the individual is able to begin to make the transition from attachment and identification to non-attachment. Despite this commonality, Buddhist psychology differs from Western psychology in its consideration of the ‘self’, and it is perhaps in this area that it has much to contribute to the process of healing individual suffering.

From the perspective of Buddhist psychology, the notions of constancy of self, and of a personality ‘type’ are viewed as delusions and aversions. Buddhist teacher and author Goldstein (cited in Grossman, 2004) notes that the concept of self is viewed by Buddhist psychology as:

...a loosely held-together aggregate of transient elements of mind and body that include the body itself, sensations, perceptions, thoughts and any other mental states impinging upon consciousness (p.17).

The “transient elements of mind” referred to by Goldstein (cited in Grossman, 2004, p.17) are that which individuals unconsciously relate to as a means of creating delusions of permanence and solidity – the experience of having ‘something to hold onto’. In this way these self-created ‘fictions’ lead to suffering. Buddhist psychology suggests that it is only through the cultivation of mindful awareness, acceptance, and non-judgment that individuals can let go of these delusions and aversions, enabling an observing of life rather than a suffering through it.

Put more succinctly, Engler (2003) refers to the experience of self as “... a case of mistaken identity, a misrepresentation borne of anxiety and conflict about who I am” (p.36). Therefore, from the Buddhist psychological perspective, the notion of an individualised, coherent and fixed sense of self is viewed as a cause of suffering, rather than a means of healing or escape from suffering, as in the psychotherapeutic perspective.

Irrespective of this, psychoanalysis and Buddhist psychology both have in common a belief in the necessity of developing awareness of the constructs of self and other, and the relationship between, in order to be fully present in the world.

### *The Notion of Suffering*

Although psychotherapy and Buddhist psychology both acknowledge suffering as an inherent component of the human condition, they part company in regard to how each perceives the cause of suffering and the path for healing.

Whilst psychotherapy names defence and resistance as ‘hindrances’ to the process of healing individual suffering (Van Waning, 2002), Buddhist psychology instead recognizes these same ‘hindrances’ as a consequence of dualistic thought. Although both agree that the past affects the present, and that individual suffering is inherent in life, they have divergent points of view in regard to questions such as: What is the root cause of suffering? and What is the path to the alleviation of that suffering?

A review of the literature revealed very little recent writing pertaining directly to the role of suffering in psychotherapy. Peteet’s (2001) description of suffering as “...a central concern of psychotherapy” (p. 187) and Herman’s (1992) directive that one of the therapist’s central tasks is to bear witness to the client’s pain had led me to assume that literature on the topic of suffering would be plentiful, and so initially I experienced this lack as counter to psychotherapeutic culture. On

reflection, I wonder whether this lack is congruent with the increasing focus on pathology and evidence based practice<sup>13</sup> within psychotherapy, and that this has led to literature illuminating the symptoms or psychological manifestations of suffering rather than exploring individual's socio-spiritual and existential experience of suffering which is less easily diagnosed.

Freud (1926) did however write directly on the role of suffering in psychotherapy. Freud (1926) noted that the main way in which suffering could manifest itself was through loss<sup>14</sup>. In particular, he referred to loss of love, loss of the object and the experience of physical loss such as castration. He further proposed that an individual's suffering could manifest in the experience of depression and anxiety, resulting in the individual embarking on a pleasure seeking process in an attempt to avoid the pain of loss. In considering this I am reminded of the Buddhist psychological perspective on desire and its link to suffering, that is, that it is in 'clinging' to our desire for pleasure that we create attachment.

### *Clinical Reflection*

An illustration of 'clinging' (or fixated attachment) is found in the client whose desire for relationship leads her to exaggerate positive perceptions relating to the attributes or behaviour of her partner whilst ruminating on her own failings. In holding on to these perceptions whilst ignoring the painful or less pleasing aspects of the other, this client engages in what Western psychotherapy would term 'defensive splitting' or idealization. In directing her attention to the goodness in the other, whilst focusing on the badness within her self, she is able to unconsciously 'cling' to and

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<sup>13</sup> Defined as the "conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients" (McKibbin, 1999, p. 2).

<sup>14</sup> He did also propose three distinct sources that he believed suffering arose from - that instigated from within our own body, that emanating from the external world, and lastly, that which is as a result of interpersonal relations. (Freud, 1930).

protect her attachment relationship. What Buddhist psychology would name as ‘delusion’ and a ‘cause of suffering’, this client considers the hallmarks of her sense of security and safety. They are her means of avoiding acknowledging the impermanence of life. Instead, she sees the suffering she is feeling as a separate entity for which she is solely responsible – there is no space for any other possibility, as space equals a threat to her self-structure.

From a Buddhist psychological perspective, the task in therapy would be to facilitate the client gaining insight into the way in which her fixated attachment to labeling herself as ‘bad’ and others as ‘good’ keeps her stuck in her suffering. Through modeling fluidity, flawed humanity and yet continuity within the therapeutic relationship, the therapist could enable this client to explore her impulse to blame herself rather than accept the other as interconnected yet separate. Informed by the transference experience, the therapist would utilize interventions to notice the client’s patterns as they manifest in the present moment, as a means of beginning to explore and encourage the client’s potential for fluidity of thought rather her current dualistic, positive or negative perceptions.

In drawing on Buddhist psychology’s approach to non-attachment, the therapist deepens their psychodynamic approach by holding in mind the usefulness of noticing attachment come and go within the client during the therapeutic process. When deemed appropriate and useful these observations might be shared with the client. Whilst the basis of the therapeutic approach might seem psychodynamic, the therapist draws on Buddhist thinking to deepen his/her approach and in doing so wonders about the processes behind the client’s attachment, rather than the attachment, rather than attempting to address the problem the attachment might manifest as.

The above example illustrates the Buddhist psychological notion that suffering results from anxiety caused by our experience of the self, which in itself is maintained by personalization and

identification with factors outside of our control. Specifically, this personalization and identification is caused by our attachment to objects (things, persons, external conditions and outcomes) and by our addiction to self as an object.<sup>15</sup> Furthermore, “it is not attachment itself that is necessarily unwholesome, but rather it is the motivation behinds one’s attachment that determines whether or not attachment is spiritually healthy or unhealthy” (Lama Anagarika Govinda, cited in Ghose, 2004, p.110). Epstein (2005) notes that the motivation behind our attachments is more often than not desire – desire for a fixed sense of self, for perceived stability, for an escape from the pain of impermanence and everyday suffering. Buddhist thought makes the distinction that it is not desire that causes suffering, but what we do with our desire.

Christensen (1999) notes that this link between desire and suffering is explored by relational theorists Stolorow and Atwood (1992), and also by Sullivan (1953), an interpersonal psychoanalyst, and they observe that any form of suffering always concerns the experience of loss in either the present or past (depression), or the anticipation of loss in the future (anxiety). Christensen (1999) observes:

Suffering is the anxiety and depression associated with the desire and longing for one's experience of self to be different than it currently is. ...Suffering is a desire or wish for one's experience to not include loss. The degree or strength of a person's suffering is directly related to the degree that the loss subjectively threatens a particular self-state. (pp. 40-41)

In addition, existential schools of thought, such as Logotherapy,<sup>16</sup> also emphasize suffering, albeit from the perspective of the value it contributes toward the capacity of the individual to find

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<sup>15</sup> It is these anxieties that contribute to the Three Marks of Existence (suffering) discussed earlier.

<sup>16</sup> Logotherapy literally means therapy through meaning and is “a highly directive existential psychotherapy that emphasizes the importance of meaning in the patient's life especially as gained through spiritual values” (retrieved 5 June 2008 from: Merriam-Webster Online Dictionary copyright © 2005 by Merriam-Webster, Incorporated at <http://medical.merriamwebster.com/medical/logotherapy>)

meaning in their existence. Frankl (1984) advocates a model of acceptance and embrace, rather than avoidance or fear of suffering. His observation that "...to live is to suffer: to survive is to find meaning in the suffering" (p.11) provides not only an insight into a core belief of Logotherapy, but also that of Buddhist psychology and its approach to suffering.

In essence, what Western Psychology would term 'everyday suffering' or 'normality' (the same as Freud's 'ordinary unhappiness'), is viewed in Buddhism as a "state of arrested development" (Engler, cited in Walsh and Vaughan, 2003, p.120).

### Debating Compatibility

The aforementioned aspects of convergence and divergence have in a sense 'set the scene' for ongoing debate (Rubin, 1996, 2003; Epstein, 1981, 1995, 1998; Safran, 2006) as to whether or not psychotherapy and Buddhist psychology are compatible 'bed partners'.

Practitioners such as Rubin (2003) argue that, rather than a convergence resulting from healthy dialogue between the two traditions, what instead exists is an ongoing monologue. He posits that each tradition operates as the centre of its own universe, and that, rather than learn from one another, each attempts to mould the other's viewpoints into its own frame of reference. Rubin (1996) warns that the antidote to this situation is not that of 'orientocentrism' in which Eastern psychology and its meditative disciplines are idealized to the exclusion of Western psychological principles.

In opposition to this, others (Epstein, 1981; Germer, Siegel, & Fulton, 2005; Safran, 2006) argue that there are remarkable similarities between psychotherapy and Buddhist psychology, and that a willingness to step outside of a dualistic, "either-or" approach and engage in ongoing dialogue has the potential to deliver new insights for both disciplines. For my part, I concur with



Epstein (1981) that:

Western Psychologists have been overly reactive against Eastern Psychologies...they haven't perceived that they are psychologies...they think that there is nothing of value there for a hard psychological mind to consider...they haven't really explored it well. (p.135)

However, I also acknowledge the need to be mindful during the course of this research that my enthusiasm and interest in Buddhist psychology does not lead me unconsciously into 'orientocentrism' (Rubin, 1996), as I consider psychotherapeutic and Buddhist psychological approaches to attachment and identification.

## CHAPTER FIVE: ATTACHMENT AND IDENTIFICATION

### Attachment

Understanding the differing meanings of attachment and non-attachment from the perspective of both psychotherapy and Buddhist psychology is central to this work, as both ascribe different meaning to these terms. In order to explore the notion of attachment, it is necessary to firstly define non-attachment.

Like ‘two sides of the same coin,’ attachment ceases to have meaning outside of its relationship to non-attachment. This perspective is supported by Gyatso’s (1993) definition of non-attachment as “a mental factor that functions as the direct opponent of attachment” (p.146).

Webster’s Third New International Dictionary (1993, cited in Zimberoff, 2003) defines attachment as “a feeling (as affection) that binds a person, a regard” or “the physical connection by which one thing is attached to another, a fastening” (p.106). The leading idea of the English word ‘attachment’ is that of being bound to some object by strong and lasting ties. “The term attachment is applied to a wider range of objects than affection. A man may have a strong attachment to his country, to his profession, to his principles, and even to favorite places” (retrieved from Webster's Revised Unabridged Dictionary (1913) at <http://dictionary.die.net/attachment> on 3 April, 2008). In this context, attachment may therefore be considered as a contributor toward the formation of a sense of self.

In considering its influence on the self, the psychotherapeutic theory of attachment can be understood both as a means of creating a sense of self or identity; and as a limiter or defensive way of avoiding the reality of intransience. Buddhist psychology suggests that attachment is a limiter as

it supports this avoidance through the perpetuation of the delusion of a permanent self. This delusion is driven by the reinforcement of our unconscious ties to identity, to self, other, place, or experience.

It is important however, to note that the notion of attachment contained within attachment theory is not the same as the notion of attachment noted as the cause of suffering within Buddhist psychology. Attachment theory views attachment as an important developmental goal in which, having formed reliable internal object representations, an individual is able to tolerate separation and loss.<sup>17</sup> Buddhist psychology too, values the capacity to attach, however, in contrast, it also notes that such a goal limits our human potential, and dismisses the value of non-attachment. The Buddhist notion of non-attachment means not that we do not attach, but rather that an individual is able to exercise “an absence of fixated connection” (Aronson, 2004, p.204), a state which Buddhist psychology believes is a developmental stage beyond the attachment referred to in attachment theory. Furthermore, the attachment referred to in Buddhist psychology is not that which is a developmental achievement, but rather that which is a defence against the intransience of life.

### *Psychotherapeutic Perspectives on Attachment and Non-Attachment*

#### *Bowlby's Attachment Theory (1979; 1988)*

John Bowlby (1988), the father of attachment theory, defines attachment as a “primary motivational system with its own workings and interface with other motivational systems” (pp. 20-38). Attachment theory views the capacity of the individual to have ‘healthy’ attachment as emanating from the caregiver’s presence and accessibility, the level of which facilitates the child’s capacity to develop intimacy, thereby avoiding separation and loss; or autonomy, thereby avoiding

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<sup>17</sup> Freud (1926) noted that these are the causes of suffering (refer page 29)

engulfment (Bowlby, 1979). In considering this theory, whilst holding in mind Buddhist psychology and the role of non-attachment,<sup>18</sup> it seems to me that attachment theory is based on a dualistic notion in which healthy attachment is viewed as one alternative, and a developmentally arrested fixation to the experience of separation and loss as the other<sup>19</sup>. Any state in between is viewed as ‘unhealthy’, and the notion of a transitional state (such as detachment) leading toward something more (such as non-attachment) as a positive developmental achievement appears unconsidered.

Attachment theory posits that the caregiver’s capacity to provide effective mirroring, empathic reflection, and responsive care giving creates an internal working model that forms the child’s unconscious expectations (identifications) for future relationships with others, with circumstances, and the experience of self throughout the lifecycle. The schools of object relations (Bowlby, Winnicott), interpersonal psychoanalysis (Horney, Fromm, Sullivan<sup>20</sup>), and Buddhist psychology each acknowledge that these working models are derived from both the positive and negative identifications developed in childhood, and dictate whether an individual views his or herself as worthy, or not depending on the surplus, or deficit of healthy experiences. These perspectives are a key area of commonality between psychotherapy and Buddhist psychology.

Although psychotherapy and Buddhist psychology both acknowledge the role of internal working models, they differ in regard to the methods or means by which these are worked with.

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<sup>18</sup> Non-attachment in this context is defined simply as “a Buddhist value of being not stuck or fixated on things or ideas” (Aronson, 2004, p. 159). At its core is the proposition that reduction of ‘clinging’ leads to internal freedom and ultimately freedom from suffering.

<sup>19</sup> In this state, the individual is unable to make meaning of it and incorporate it into life or accept life as a continuum of losses.

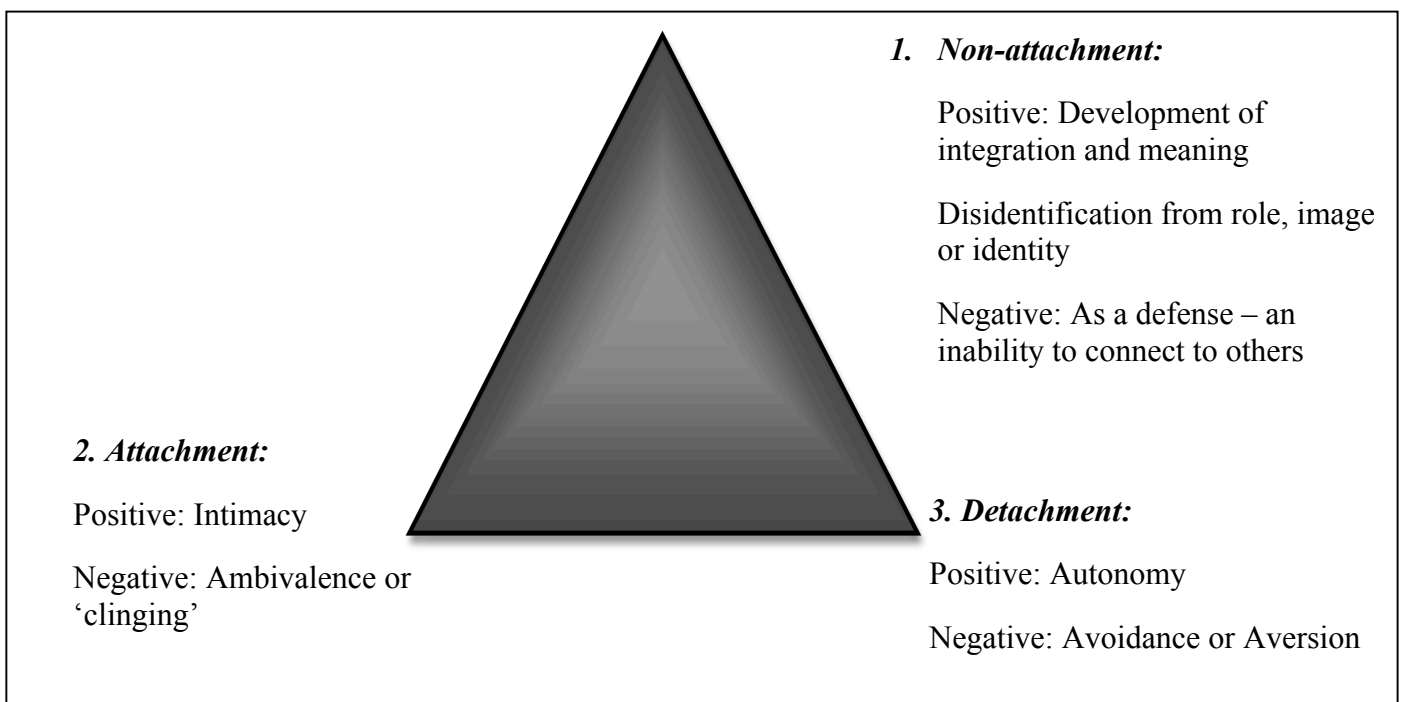
<sup>20</sup> Both Horney and Fromm became interested in Zen Buddhism in the later stages of their careers.

Psychotherapy advocates a 'rewriting' of internal working models through the process of the therapeutic relationship. In contrast, Buddhist psychology advocates a 'letting go' of our internal working models through encouraging the client to acknowledge and accept the fluidity of their experience and emotions. At the basis of this approach is a recognition that our attempts to use our past to make our present experiences of self more solid and enduring leads to our 'clinging', which according to Buddhist psychology, is the cause of suffering.

From my literature review, it would seem that psychotherapeutic theory is more concerned with attachment as a theory of relationship, than with the psychological notion of attachment as a primary process that is driven by identifications and projections, contained within the self. Within this approach, attachment is viewed as an externally driven (interpersonal) or determined process of mind and perception, (determined solely by the content of a child's early relationship with its caregiver), rather than the child's process of mind or perceptions. In contrast, Buddhist psychology views attachment as an internally driven (intrapersonal) or determined process of mind and perception dictated by the way in which an individual views the world, and by the meaning they attach to others in it. Despite these seemingly contrasting approaches to attachment, Holmes (1996) attempts to bring together aspects of both in his proposition that there is a 'triangle of attachment'.

*Holmes' Triangle of Attachment (1996)*

In a departure from the dualistic approach of psychotherapy toward theories of attachment and separation or loss, Holmes (1996), a British psychiatrist and psychotherapist, extends the frame of reference to include a model of behaviour that incorporates the Buddhist psychology's 'middle path' between attachment and detachment. Holmes' triangle of attachment encompasses the states of attachment, detachment and non-attachment (see figure 1):



**Figure 1: Triangle of Attachment (Holmes, 1996, p. 21)**

A basic premise of Holmes' model is that each of these states may manifest as either positive or negative behaviour traits within an individual. For example, attachment can manifest positively by the client's capacity for intimacy or negatively by the presence of ambivalence, 'clinging', and a fear of autonomy. Detachment, in its positive form, shows through in the client's capacity for autonomy, and negatively in the client's avoidance, isolation and fear of intimacy.

Interestingly, these polarities could be considered to be in alignment with Mahler's (1975) rapprochement phase, in which the struggle between the need for closeness (attachment) and the wish for autonomy (detachment) - or in her words "...man's eternal struggle against both fusion and isolation" (p.130) is acknowledged. However, a core difference is that Holmes (1996) departs from the dualistic approach of Mahler (1975) in his proposition that non-attachment is an alternative to the polarities of "fusion and isolation" (Mahler, 1975, p.130).

Holmes (1996) states that the term non-attachment "capture(s) the equidistant position based on awareness of the different aspects of the self, as both a necessity and ultimately a fiction" (p.31). In his reference to 'fiction', Holmes echoes the Buddhist psychological premise that it is only through accepting that our view of the world and our self as fixed is a delusion that we can truly move beyond the suffering caused by these delusions. He goes on to state:

We have many selves, and we live in a world that is at times chaotic and indifferent. To survive we must integrate as best we can, and find as much meaning as we are able in the world that surrounds us. Non-attachment underlies narrative or autobiographical competence, the search for meaning, reaching toward a sense of self, and an ability to observe and accept things as they are without being overwhelmed with envy or destructiveness. (p.31)

### *The Capacity to Attach and the Capacity for Non-attachment*

Although Holmes (1996) does seem to have attempted to move beyond the duality of Western psychology in beginning to explore the transition between detachment - attachment - non-attachment, he has yet to expand further on his model.<sup>21</sup> Despite this, it seems that what Holmes is proposing in his triangle of attachment is that in a non-attached state it is not that we cease to 'tell stories' (personal narratives) or attach meaning to those stories (internal working models). Instead,

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<sup>21</sup> Holmes, personal email communication with the author, 17 March, 2008.

rather than ‘cling’ to these personal narratives and internal working models, Holmes suggests instead that we accept them as processes and develop the capacity to explore them as ‘parts of’ our transient and developing self.

Winnicott (1965) notes that the development of this capacity to release oneself from “clinging” and explore freely the notion of self (in adulthood) is made possible by the development of the child’s capacity to be alone in the presence of mother. It is the ability of the parent or caregiver to provide a “secure, nurturant, non-engulfing, non-withdrawing internalized parent” (Winnicott, cited in Aronson, 2004, p.187) that enables the child to develop the capacity to be alone. The provision of this “optimal psychological space leaves young children neither fixedly ‘clinging’ to their parents nor avoiding them” (Aronson, 2004, p.187) is in effect, the provision of “ties that free” (Stolorow, Brandchaft, & Atwood, cited in Aronson, 2004, p.187) and the embodiment of non-attachment. Winnicott (1965) implies that our developmental path is to accept that our relationships with the ‘other’ are transient and changing moment to moment, as opposed to identifying with them as fixed and ‘all that is’. As discussed later, Buddhist psychology also shares this perspective on identification and attachment.

According to Epstein (1995), Freud acknowledged the price of this identification and attachment when he posited that our wish for security or perfection, and for a return to the preanxious state is one of the most compelling unconscious wishes that we harbour. Further more, he suggested that our suffering is as a result of our drives to see our self and other as fixed objects that can be controlled. Epstein (1995) notes, that Freud’s comments could easily be considered a definition of ‘clinging’ in the Buddhist psychological context. In seeming agreement with this, Jung (1929) stated, “Whenever we are attached we are still possessed and when we are possessed there is one stronger than us who possesses us” (cited in Pietrioni, 1993, p.7).



Building on this approach, Moacanin (1986), a Jungian psychoanalyst, suggests that the aim:

is not so much the dissolution of the ego as the dissolution of the false view of the ego; and what is to be achieved is openness to all possibilities that present themselves, and above all, a realization that we are infinitely more than we believe we are when identified with our concrete little ego. We have limitless potentials, once we are free from the bondage of our egocentric world. (p.83)

In considering Moacanin's (1986) proposition, it is important to note that, from a Freudian or traditional psychoanalytic perspective, "the ego encompasses the reality principle, the pleasure principle and the superego (conscience)" (de Wit, 2008, p.8). In contrast, the Buddhist perspective of ego is "not [as] an entity but rather a more or less ongoing mental activity, the activity of our mind (consciousness/awareness) grasping and holding on to itself (to its thought contents)" (de Wit, 2008, p.9).

Interestingly, despite his well-publicized interest in Eastern religion and philosophy, rather than embrace the Buddhist perspective of the ego or the notion of non-attachment as a means of escape from suffering, Jung (1946) instead concluded that:

Like the alchemical end product, which always betrays its essential duality, the united personality will never quite lose the painful sense of innate discord. Complete redemption from the sufferings of this world is and must remain an illusion. (Cited in Pietrioni, 1993, p.7)

In this way, Jung (1946) concurred with Freud's belief that the best we can hope for from psychoanalytic treatment is to turn neurotic suffering into everyday misery. This view is in direct opposition to Buddhist psychological perspectives on attachment and suffering<sup>22</sup>.

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<sup>22</sup> An examination of the divergent approaches of psychotherapy and Buddhist psychology to suffering is provided above (pp. 19-22)

### *Buddhist Psychological Perspectives on Attachment and Non-attachment*

Buddhist psychology, in contrast with psychotherapy, views everyday misery as the starting point rather than the end, and acknowledges our attachment as a useful transition toward freedom from this suffering. In this context, what is meant is that it is not the attachment itself that is transitional but rather that transition is facilitated by increased awareness of the processes behind the attachment. Awareness of the delusions and identifications that drive our attachments enables transition from attachment to non-attachment, that is, from suffering to freedom from suffering in the Buddhist context. Thus, whilst it does not deny the developmental usefulness of attachment, Buddhist psychology is nevertheless more focused on the path beyond.

#### *'Clinging'*

Buddhist psychology views attachment as our grasping to locate an object to 'cling' to as a means of averting the experience of suffering. The 'object' may be our self, another person, a thing, an experience, or a feeling. Goldstein, one of the first teachers of Vipassana meditation in the West (Fronsdal, 1998), utilizes the analogy of an Indian monkey trap as a means of communicating this inability to 'let go'.

Goldstein (cited in Fronsdal, 1998) describes how food is placed in a small bamboo cage with bars narrow enough to allow a monkey to just reach his hands in to grasp onto the food. At this point, the monkey perceives himself trapped. He is effectively, only trapped by his own craving. Should the monkey exercise choice and 'let go' of the food, he would in effect, free himself. In this way, the monkey is a living example of the Buddhist belief that 'clinging' traps us. To free ourselves we simply need to make conscious our unconscious behaviour. In doing so, we make a conscious choice to 'let go'. This analogy reinforces the earlier point that it is not the attachment itself that is the cause of suffering but rather the state of mind or motivation behind the attachment.

Ghose (2004) notes that this ‘clinging’ is an unconscious defence mechanism that “leads to attachment and creates an accumulation of habit-energies, preferences, and behaviour patterns that support the illusion of an enduring self that can escape impermanence” (p.136). As Buddhist teacher Padma Sambhava observes, “One does not err by perceiving, one errs by clinging; but knowing clinging itself as mind, it frees itself” (cited in Epstein, 1995, p. 157).

In Buddhist psychology this ‘clinging’ is viewed as the base from which we can learn to see, accept and grieve the transience of life. This process of change commences only when we recognize that our attachment to thoughts, feelings and experiences is being continually reinforced through our rationalizations, which in turn culminate in a never-ceasing, self-perpetuating, cycle of suffering. Learning to accept these processes does not mean giving up on those things that bring us pleasure, but instead encompasses a recognition that it is in ‘clinging’ to our desire for pleasure that we create attachment.

Lama Anagarika Govinda concurs that “it is not attachment itself that is necessarily unwholesome, but rather it is the motivation behinds one’s attachment that determines whether or not attachment is spiritually healthy or unhealthy” (cited in Ghose, 2004, p.110). Given that desire can be said to be a driver of motivation (Smith, 1987)<sup>23</sup>, Govinda’s observation could also be taken to mean that it is not desire that causes suffering but what we do with our desire, that is, how we act upon our motivation. Examples of this include the way in which we enact our desire for a fixed sense of self, for perceived stability, and for an escape from the pain of impermanence and everyday suffering (Epstein, 2005). In acknowledging this, Epstein observes that the Buddhist psychological path to healing requires movement toward conscious observation and acceptance in:

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<sup>23</sup> Known as the Humean theory of motivation.

(a) space where desire is not pushed away but where its inevitable failures are also tolerated, where we are open to it just as it is. In this place one does not reject pleasure but one is not dependent on it either. Desire is given room to breathe while the desirer is urged to examine its qualities. (p.14)

Having explored the approaches of psychotherapy and Buddhist psychology toward attachment and non-attachment, consideration will now be given to areas of convergence and divergence.

### *Convergence*

The literature search revealed that discussion of areas of convergence in psychotherapeutic and Buddhist psychological approaches to attachment is most notable in the literature of Buddhist psychoanalysts (Epstein, 1995, 2007; Langan, 1999, 2003) and Transpersonal theorists (Welwood, 2001; Zimberoff & Hartman, 2001, 2003). What follows is a discussion of the varied perspectives of each.

### *A Revision of Attachments*

Buddhist psychoanalyst Langan (1999) likens the interpretative and insight aspects of psychoanalysis to the Buddhist psychological approach of examining an individual's experience of attachments. He notes that the therapeutic process contains a voyage of discovery of past experiences of love and fear, and hate and isolation, and the strategies used in past and present to manage them. In linking the psychoanalytic process with the notion of attachment, Langan views the client's process of change as a revision of attachments.

In considering Langan's concept of a revision of attachments, I propose that a parallel could also be drawn between the subjective experience of meditation as being alone in the presence of the other (observing the self as other) and a client's subjective experience in psychotherapy as being alone in the presence of '(m) other' (Winnicott, 1958). Furthermore, I propose that both are means by which to facilitate a client's path toward a revision of attachments.

Whilst he argues that Buddhist psychology also encompasses a “revision of attachments”, Langan (1999) observes that where the two processes differ is that, whilst psychoanalysis focuses on reducing the influence of attachments on the individual’s present experience, Buddhist psychology instead focuses on exposing, and then dispelling, the influence of attachments in their entirety. That is not to say that attachments cease, but rather that an individual’s behaviour is no longer predicated or determined by such attachments. Although still considered fringe by the more traditional schools of psychotherapy, the modalities of Transpersonal and Humanist psychology also emphasise the client’s subjective experience (Welwood, 2001; Tart, 1997; Zimberoff, 2003; Zimberoff and Hartman, 2002) and a process akin to a “revision of attachments” (Langan, 1999).

#### *A Transpersonal Perspective*

From a transpersonal perspective, non-attachment is generally referred to as the achievement of an ability to explore freely their internal and external worlds without the mind either judging or ‘clinging’ to this experience. Tart (1997), a transpersonal psychologist, notes that from a psychological perspective attachment is the process by which we attribute greater value, meaning or psychological energy towards “feelings or concepts, than to the perception of the actual reality of the situation” (p.1). In alignment with attachment theory, Tart (1997) and other transpersonal theorists (Welwood, 2001; Zimberoff & Hartman, 2002; ) propose that individuals “relate to their environment with attachment (intimacy) and detachment (autonomy) from their earliest (prenatal and perinatal) experiences” (Zimberoff and Hartman, 2002, p.3).

Tart (1997) observes that the task in therapy is for the client to recognize and let go of their distortions of perception created as a result of their unconscious attachments. As a part of this movement from attachment to non-attachment, the individual is released from delusion, illusion, judgment, aversion and prejudice, ultimately culminating in an experience free from suffering

within self and in relationship with others. Developmentally, individuals are viewed as striving toward a synthesis whereby they are able to balance a freedom from fear of abandonment (the risk of attachment) with freedom from a fear of being engulfed by the other (leading to detachment). In this way, transpersonal and humanist psychotherapies parallel Holmes' (1996) proposed "equidistant position" (p.31), and the Buddhist proposition that attachment or 'clinging' is the root cause of suffering.

### *Divergence*

The literature reviewed reveals more aspects of convergence than divergence in the approaches of psychotherapy and Buddhist psychology to attachment. However, a key difference does exist in psychotherapy's proposition of attachment and detachment polarities versus Buddhist psychology's suggestion of a 'middle path' (Yong, 2005). Whilst psychodynamic psychotherapy proposes the polarities of attachment and detachment, within Buddhist psychology's 'middle path' there exists neither disengagement (detachment) nor a 'clinging' (attachment). Rather there is simply observation and awareness of the experiences and desires of self and other (non-attachment).

Whilst psychotherapy views attainment of healthy attachment as a determinant of wellness, Buddhist psychology views this as the starting point, and instead views transcendence of attachment toward the ongoing state of non-attachment as the pre-requisite of human wellness. I consciously utilize the term 'ongoing state' as it acknowledges the transient nature of individual experience.<sup>24</sup>

Divergence between psychotherapy and Buddhist psychology seems to be determined more by the lens through which each views attachment, than by differing concepts of attachment per se. For example, Buddhist psychologists and Buddhist psychotherapists (Aronson, 2004; Brazier, 2003;

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<sup>24</sup> I have chosen not to make reference to the 'achievement of attachment' as this in itself denotes an attachment to a fixed and permanent state of being or desired outcome.

Epstein, 2001, 2007; Rubin, 2003; Safran, 2003) do not dismiss the importance that attachment theorists (Ainsworth, 1969; Bowlby, 1979, 1988; Fonagy, 2000) place on the centrality of connectedness or attachment in human relationships as a means of psychological development. Instead, they focus on the aspects of our 'clinging' to the experience of attachment, be it past or present, rather than the attachment itself. In other words, the difference rests between a focus on the process of the mind, rather than the mind's contents, an enquiry into the mind's motivation, rather than the mind's vocation.

## Identification

### *Defining identification*

Both psychotherapy and Buddhist psychology state that the experience of self and other is shaped by external experiences that are absorbed and given form, content (projections) and meaning by the processes of the mind<sup>25</sup>. These processes lead to the creation of internal representations of objects, be they the self, other people, things or experience. It is these internal representations that are the basis for the identifications that constitute our sense of self. These identifications form the basis for the personal narratives we create about our lives, and become the platform upon which our future experiences are processed. Although they share this commonality, Buddhist psychology and psychotherapy differ in regards to the valuing of the process of identification.

In Western psychology, individual qualities such as confidence, strength of character (self), and personality are valued, as they suggest a robust sense of self, a strong individual, something solid and dependable to ‘hold on to’ and something to identify with. In the Western individualistic social structure, our identity is something to be admired, revered and protected. Conversely, in Buddhist psychology, whilst these same qualities may be valued as positive qualities, identifications are valued for their usefulness as tools enabling the individual to ‘let go’ of self, rather than ‘hold onto self’. In Buddhist psychology, these identifications are not seen as enduring or real, but rather

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<sup>25</sup> Although psychotherapeutic theorists such as Winnicott (1960) conceived of the existence of a ‘true self’ this perspective has moved in postmodern thinking. Current approaches now consider that the individual has several selves or states of self, which change over time, depending on life circumstances and on personal and interpersonal processes (Mitchell, 1993, cited in Kitron, 2007, p. 467). In this respect, postmodern psychotherapeutic thought is aligned to that of Buddhist psychology.



as processes connected with the sole task of maintaining a self-structure, a defensive mechanism against impermanence and suffering.

### *Psychotherapeutic Perspectives on Identification*

From an analytic perspective, identification is the term used to denote “a mature level of deliberately, yet at least partly unconsciously, becoming like another person” (McWilliams, 1994, p.135). In this context, identification is viewed as a secondary (or mature) defence mechanism. Despite this, from an analytic perspective, not all identification is considered to be negative. For example, the process of modelling, whereby the client attaches to some aspects of the therapist’s (or another’s) behaviour, through an unconscious wish to ‘be like’ or internalise some aspect of the other, is part of the ‘normal’ developmental process and is only problematic under “certain circumstances” (McWilliams, 1994, p.135). As explored later in this literature review, Buddhist psychology, in opposition to this, views all identification as problematic, irrespective of the circumstances in which it takes place.

### *Freud*

Freud (1923) proposed that there are two modes of identification:

1. Non-defensive identification in which one is driven by a wish to be like the other
2. Defensive identification deriving from a defensively motivated solution to the problem of feeling threatened e.g. identification with the aggressor, rescuer or victim.

Berman (2002) develops Freud’s (1923) proposition further, and aligns with McWilliams (1994), in his suggestion that “a continuum should be recognized between identification with the other in a close relationship as a constructive building block of one’s identity and a traumatic identification with the aggressor that results in alienation” (p.141).

## *Jung*

In contrast to Berman (2002), Freud (1923) and McWilliams (1994), rather than supporting the concept of a continuum, Jung (1996) viewed the individual as identifying with the acceptable aspects of the self (the persona). Jung believed that this process led to denial and repression of those aspects of the self that were considered unacceptable (the shadow) in order to avoid internal conflict and the threat of ego disintegration. He believed that the individual's ability to 'meet the shadow' through increased consciousness was the means of escaping such identification. In this respect he echoed Buddhist psychology with his observation that:

One of the greatest difficulties in experiencing the unconscious – is that one identifies with it and becomes a fool...you must keep outside, detached, and observe objectively what happens...it is exceedingly difficult to accept such a thing, because we are so imbued with the fact that our unconscious is our own – my unconscious, his unconscious, her unconscious – and our prejudice is so strong that we have the greatest trouble disidentifying. (Jung, 1996, p.28)

Jung's recognition of the difficulty in an individual attaining the capacity for objective observation through increased consciousness is reminiscent of the Buddhist psychological belief that we fall into the trap of becoming attached through a series of delusions (or identifications) that are focused on maintaining our self structures (Brazier, 2003). It is notable that other psychoanalytic thinkers, such as Lacan (1954), and transpersonal psychologists, such as Welwood (1996), also concur with this view.

## *Lacan*

When commenting on Freud's (1900) dream of 'Irma's injection', Lacan (1954), a contemporary Freudian revisionist, noted that:

The ego is the sum of the identifications of the subject, with all that implies as to its radical contingency. If you allow me to give an image of it, the ego is like the superimposition of various coats borrowed from what I will call the bric-a-brac of its props department. (p. 155)

In approaching the concept of identification in this manner, Lacan echoed Buddhist psychology's premise that the ego is simply a mistruth that we choose to see as objective truth, and that our belief in its solidity and 'realness' is but a delusion. If we follow this argument further then, as Frosh (2002) notes, there is a way in which identification actually creates a false 'self' through the process by which the "...subject (is) 'using' the object to sustain a fantasy of integrity of the self" (p.61).

### *Welwood*

Further commonality with Lacan's (1954) perspective on identification is found in Welwood's (1996) concept of "prereflective identification" (p.12) in which we unconsciously live as if "...our thoughts, feelings, attitudes, and viewpoints accurately portray reality" (p.126). In this state we do not fully have our experience, rather we are entangled within it whilst being "...driven along by these unconscious identifications – self images, conflicting emotions, superego commands, object relations, recurring thought-patterns". Welwood continues by noting that, throughout this process "...we remain asleep to the deeper import of our experience" (Welwood, 1996, p.126). By this, I believe he is referring to the identity and attachments that form our delusive view of the world getting in the way of us experiencing the world as it truly is. In this way, Welwood's notion of "prereflective identification" aligns with the Buddhist psychological perspective on identification.

Welwood posits that, because during childhood we lack the capacity for self-reflection, and we are instead reliant on others to do our reflecting for us, the way in which others view and respond to us, leads to the formation of our self/other schemas, and culminates in the creation of our identity. Prior to the development of the capacity for reflective self-knowledge, our identity and our view of what is 'real' is mediated by our memories, beliefs, and internal narratives, formed by our interactions with, and attachment to others. As a result, in adulthood "...knowing ourselves through

self-images, we become an object in our own eyes...prisoners of our own mind and the ways it has construed reality” (p.112). As “prisoners of our own mind” we remain attached and identified with ‘myself’ and ‘my view’ – the cause of suffering from both a therapeutic perspective (rigid self structure) and the Buddhist psychological perspective.

### *Buddhist Psychological Perspectives on Identification*

Buddhist psychology views identification as inextricably linked to what Buddha described as the three forms (poisons) of attachment – greed, delusion and hate each of which drives our responses in our encounters with ‘other’ in the world.

### *Clinical Reflection*

From a clinical perspective, examples of this are present in the client who presents for dependency issues and is caught in looking to the ‘other’ as a provider of ‘something to hold onto’, resulting in over dependence on the ‘other.’ Alternatively, it can be experienced in the client who hates or rejects another or oneself when caught in suffering. In these states, the client ceases to view an object for what it is in its own right, and instead views it as a representation, or extension of the self, as ‘proof’ that the self does in fact exist. Viewed through a Buddhist psychological lens, this largely unconscious process of identification is seen as a series of delusions that are focused on maintaining self-structures (Brazier, 2003).

These self-structures arise as a result of our encounters with suffering, and are derivatives of our unconscious moves to protect ourselves. As a part of this process, Buddhist psychology posits that we create attachments to objects, people, and places as a means of building a sense of safety and continuity in our experience of self. In effect, we construct our own ‘self-world’, unconsciously

choosing who, what and how we identify, never consciously questioning the validity of these unconscious choices.

Further expanding on the building of self-structures, Brazier (2003), in apparent agreement with Jung's (1996) concept of the shadow, observes: "In favouring certain aspects of experience and identifying with them, (you) we deny other aspects" (p.187). He goes on to note that, despite our attempts at denial, these other aspects do not diminish or disappear, instead "...they become distorted and compounded by this avoidant behaviour" (p.187). In this respect, identification is seen as a defensive means of avoiding the inevitability of suffering in the world; through ceasing to see the other as separate objects we avoid encountering the other.

In essence, Buddhist psychology observes that it is our identification with self-images through 'clinging' or attachment that leads to suffering (Falkenstrom, 2003). This suffering takes many forms including:

- Identification with the self (ego), which is described by Ram Dass (1980) as the experience of having:

Many constellations of thought, each composing an identity: sexual, social, cultural, educational, economic, intellectual, philosophical, spiritual, among others. One or another of these identities takes over as the situation demands... you are lost into that identity ...it dominates your thoughts. At the moment of being a mother, a father, a student, or a lover, the rest are lost. (p.138)

In essence, this is the way in which many of us unconsciously live our lives.

- Identification with a label or aspect of the self. Clinical examples of this include identification with negative self-creation as in 'I am a victim of trauma' or identification with positive self-creation as in 'I am the best in the world' (Brazier, 2003)

- Identification with the other (object). Clinical examples of this include the client who demonstrates a pattern of making blanket statements prefaced by “my house, my car, my title, my lover”. Alternatively, in instances where the client attempts to unconsciously assume control or ownership over the attributes of another person, or a situation in an attempt to create a sense of solidity within the self.

### *Clinical Scenario 1*

The journey toward the client’s recognition of the ways in which they ‘identify with the other, and cause themselves suffering might manifest as the result of a life challenging event or even simply as a shift or transition in the client’s understanding of his or her circumstances. In the following example, the client returns after an absence of six weeks, and shares with his psychotherapist ‘links’ that perhaps had not been consciously made before, for example:

*C1: I had this most amazing moment on my course these past weeks*

*T1: Mmm...*

*C2: I was standing up on the high wire, feeling really confident about my ability to succeed in the task, feeling in control and invincible*

*T2: Mmm...*

*C3: And then the course leader told me I had to let go, and fall down into the net below...and at that point I realised I was terrified*

*T3: Terrified?*

*C4: Yeah, of letting go of the wire...and also of losing control of myself, my title, my “fabulous gay man act”*

Brazier (2003) proposes that the means by which this suffering is alleviated is through embarking on observational practice (such as meditation and mindfulness), or as in the case of the client prior, through a change of circumstance, or moments of quiet reflection. According to Brazier (2003) these practices assist an individual to transform their view of mental formations or identifications from fixed ‘truths’ into objects of curiosity and exploration. It is only once we are able to challenge the process of identification and develop “special objectivity” (p.99) that we can we find freedom from the delusions identification breeds. Brazier (2003) describes the process of “special objectivity” (p.99) as one, which shifts:

... The boundary between the categories of subjective and objective phenomena, so that we reclassify many apparently subjective things as nonself...(it) involves letting go of self-attachments, and perceiving things with as much clarity as possible. (p.99)

### *Convergence*

Psychotherapy and Buddhist psychology both contend that the experience of self and other is shaped by external experiences that are absorbed and given form, content (projections) and meaning by the processes of the mind. Both consider these processes to lead to the creation of internal representations of objects, be they the self, other people, things or experience. Furthermore, psychotherapy and Buddhist psychology agree that it is these internal representations that are the basis of the identifications that constitute our sense of self. These identifications form the basis for the personal narratives we create about our lives, and become the platform upon which our future experiences are processed. Despite these commonalities, a difference exists between psychotherapy and Buddhist psychology in the basic premise from which each discipline approaches identification.

### *Divergence*

Psychotherapy, unlike Buddhist psychology, does not view all identification as problematic, and instead views some such as identification with a role model as a useful developmental achievement (McWilliams, 1994). In contrast to this, Buddhist psychology views all identification as problematic.

From the perspective of Western psychology the capacity of an individual to display a strong and enduring notion of self through positive identification is valued and is seen as demonstrative of a healthy individual. However, in Buddhist psychology whilst these same qualities may be valued as positive, they are viewed as the starting point for a healthy individual, rather than an indication that one has reached such a state. Identifications are not seen as enduring or real, but rather as processes connected with the sole task of maintaining a self-structure, a defensive mechanism against impermanence and suffering, rather than the means of attaining a healthy existence.



## CHAPTER SIX: SYNTHESIS AND DISCUSSION

Having explored areas of convergence and divergence between psychotherapeutic and Buddhist psychological approaches to attachment, non-attachment and identification, that which follows should be considered as one approach to working with issues of identification and attachment based on my observations from this literature review. Holding this in mind, the insights and discussion that follow are but one therapist's viewpoint and are offered in the spirit of creating further dialogue on this topic.

### Summary of core concepts

As discussed, psychotherapy views fixed identification with the conscious self (another words, denial of the unconscious self) as the cause of suffering. In contrast to this, Buddhist psychology proposes that the central causes of suffering lie in our 'clinging' to unconscious attempts to create a self and other that has constancy and continuity over time, and in our 'clinging' to an ego centred experience of reality as we wish it, not as it necessarily is.

Psychotherapy posits that the solution to individual suffering rests in the ability of the therapeutic relationship to bring into conscious awareness the unconscious 'self states' that form the basis of our experience of our sense of self and other. Such increased awareness supports a more fluid sense of personal identity and meaning within oneself. Although conscious awareness is also central to Buddhist psychological thought, it is considered the starting point for the reduction of an individual's suffering rather than the solution. In unison with conscious awareness, the task is one of letting go of our ego centred sense of self and in doing so, beginning to embrace non-attachment.

Non-attachment manifests in the letting go of fixed identifications and attachment to self, and in the awareness and acceptance of the lack of either self-constancy or continuity of a fixed sense of self. I propose that, in order to experience non-attachment, an individual must first move beyond the constraints of duality. Furthermore, I contend that this process cannot be adequately reflected within a linear developmental model because it does not adequately accommodate the fluidity of experience necessary for an individual to transcend attachment.

### The therapeutic process

#### *'Letting Go' of a Linear Developmental Model*

Epstein (2005), supports my argument for a non-linear developmental model, in his discussion of the interface between psychotherapy and Buddhism, when he observes that:

At first it seemed as if a linear developmental model made sense: first therapy, then meditation; first consolidating the self, then letting it go; first ego, then egolessness. But this view turned out to be naïve, the result of a false dichotomy. Progress in one venue seemed to deepen a person's ability to make use of the other; refusal to do so seemed to stymie development in either. (p.159)

I concur with Epstein's (2005) proposition that psychotherapy and Buddhist psychology are emerging as mutually beneficial processes of facilitating change. With this in mind, I suggest that Buddhist psychology augments psychotherapy through the provision of insight enabling an individual to live comfortably with the knowledge of the self 'met' in therapy, and paradoxically with the knowledge of the lack of self in which to know. The combination of psychotherapy and Buddhist psychology offers the client the possibility to learn to live with the realization that the self that knows is not the same self that knew a second ago, nor a year ago – this

is the core of the experience of non-attachment.<sup>26</sup> The following clinical example illustrates that mindfulness based interventions are one way in which the therapist can facilitate this.

### *Clinical Scenario 2*

The following clinical scenario is based on a long term therapeutic relationship which has focused on building the client's sense of self, to the extent that she now has the capacity to begin to embrace 'bare attention' as a means of increasing here and now awareness of her multiple states of self.<sup>27</sup> Grounding techniques are used to promote the creation of a sense of internal safety enabling the client to maintain presence and begin to observe affects, and behaviour, as a means of beginning to fully appreciate the fluidity and impermanence of both<sup>28</sup>.

*T1: "Try and manage?"*

*C1: "You know got to keep busy again yeah and like go into that weird place where I lose myself, where I am weak me, not strong me, where I am victim not survivor" (deep out breath)*

*T2: "That weird place sounds scary and confusing...perhaps both are you – weak and strong, victim and survivor...and perhaps there are other parts of you beyond this?"*

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<sup>26</sup> A core difference between this and western phenomenology is that Buddhist psychology "deconstructs the mind, showing us the futility in trying to grasp its nature through philosophical reflection since there is nothing to know", whereas "western phenomenology commits itself to describing the contents of experience, assuming that this will tell us something about the nature of consciousness" (Schroeder, 1997, p.93).

<sup>27</sup> Awareness in which there is no judgment, no internal commentary, and accompanied by clarity of perception without any reaction to what is being perceived.

<sup>28</sup> Buddhist psychology states that such an acceptance of impermanence is one of the pre-requisites for the cessation of individual suffering.

*C2: "Yeah, a little bit, like today me is dislodged by old me" (out breaths) "yeah, there's no place in here for mother me, or lover me...(gasps) scary..."*

*T3: "I can feel your fear...we can do this together...can you connect back into your centre, your core place of knowing?"*

*C3: (Nods and takes deep breaths)*

*C4 & T4: (Deep breaths)*

*T5: "That's it (nods). What do you notice in your body...what's your internal knowing?"*

*C5: (smiles) "I can feel myself grounded...and present...the panic has gone" (deep out breath)*

In this scenario the therapist holds in mind the client's experience but does not impinge on it. Instead, through the breath, the boundary between self and other (therapist and client) merges, and the experience is a shared one of interconnectedness. The therapist models a continuity of presence and in doing so 'calls' the client to join her in the present moment experience as she begins to become aware of her multitudes of self. Once this client's ability to be present to her many aspects of self is strengthened, the therapeutic focus would then shift to exploration of the motivations behind the delusions of self and other that result in suffering.

Through maintenance of a positive therapeutic working alliance, the client's view of 'self' as fixed and alone at the centre of their 'world' could be transformed into one cognizant of the fluidity of affect and experience, and more open to the presence, proximity, and interconnectedness of others in relation to their sense of 'self'. Insight gained enables the client to begin to live comfortably with the self that is 'met', with the growing knowledge of the self, and paradoxically, the knowledge of the lack of self in which to know. In essence, the combination of psychotherapy

and Buddhist psychology offers the client the possibility to learn to live with the intransience of life – another facet of the core experience of non-attachment.

*The self and attachment as a platform for change*

Although I have proposed that psychotherapy and Buddhist psychology are mutually beneficial processes, at a clinical level it is imperative that the therapist is mindful of the current developmental state of the client, and develops an appropriate working alliance and treatment strategy, before embarking on exploration of the transition from attachment and identification toward non-attachment. In beginning this process, the therapist should make individualized clinical decisions on a client-specific basis. Engler (1993; 1998) offers guidance as to when the therapist might consider beginning this process with the client.

Engler (1998) observes that it is “developmentally necessary to acquire a cohesive and integrated self first that is differentiated from others and has a degree of autonomy” (p.51) before exploring any alternative perspective. He also proposes that non-attachment and identification and fixation with self and other can only be addressed after identity and object constancy have been attained (1993). In other words, it is only when the client has a solid and secure sense of their own existence (that is, the experience of continuity of self in time and space) that the process of transition from attachment to non-attachment can be safely initiated. The paradox is that whilst the internalized sense of enduring self is the root of delusion and the cause of suffering (from a Buddhist psychological perspective) it also provides the client with a safe base to return to (much like that of an internalized good mother or attachment figure), during the process of transition.

Although the above observations might seem contradictory to my earlier support for a non-

linear developmental model, this is not the case. Instead, my support for these observations should be read as an acknowledgement that, unless the client has a sense of what/who they are fixated on (that is, of who the ‘I’ they identify with is), and of the influences of dualistic thought on the nature and content of their experience, then they do not have the observing capacity required to enable them to let go of the delusions that cause their suffering.

*Holmes’ Triangle of Attachment – an alternative to the linear developmental model?*

The ability to develop this observing capacity, and to let go of a deluded view of self and other (the cause of suffering) requires movement beyond dualistic thought. An example of our continuous struggle to gain, or maintain, this capacity manifested for me early on in this research process. Initially, I identified strongly with Holmes’ (1996) ‘triangle of attachment’ as “the answer”, to my research question. On reflection, rather than discovering “the answer” what I had encountered were the constraints of my own dualistic thought processes. In the course of the research I was challenged to move beyond this duality, and step back to critically examine Holmes’ model. Having done so I conclude that, whilst Holmes’ ‘triangle of attachment’ does offer a base from which to begin to consider the role of non-attachment and its relevance in transcending attachment, it has one significant limitation.

Although Holmes’ model offers a cognitive map, key influences in the client’s journey toward transcending attachment are outside of its scope. For example, Holmes does not offer any form of experiential guide for the development of therapeutic practice, nor does the model (in its current form) consider the usefulness of transference and/or the intersubjective experience as signposts for changes in the client’s way of thinking or levels of suffering. In its present form the ‘triangle of attachment’ provokes more questions than answers regarding transition from attachment and

detachment to non-attachment, however, I acknowledge that in doing so Holmes provides a very useful basis from which to begin to consider the role of attachment within psychotherapeutic thinking, and practice.

Furthermore, in spite of these limitations, I suggest that Holmes' 'triangle of attachment' is however, successful in communicating that the process of developing non-attachment is not a linear developmental process and, therefore, cannot be represented by a figurative 'time line.' I believe that, in choosing to utilize a 'triangle' rather than a 'line' with which to structure his model, Holmes may be alluding to the possibility that the space between these states is that in which conscious awareness grows. Therefore, the space between is equally as important as the states (attachment, detachment, non-attachment) themselves. Each state could be said to possess its own transformative edge into which the client touches as they move within the transitional space between each. Transference and interpretation could be considered the means by which the client in therapy 'meets' these transformative edges. Furthermore, it strikes me that this space would not exist if any of the 'points' of the triangle (states) ceased to be acknowledged. Remove one of the states and all that would remain is the polarity of dualistic thought represented by either state 'a' or state 'b' and no depth of space between.

### *The intersubjective space*

Buddhist scholar and teacher Han de Wit (2008) notes that this 'space between' occurs when the client is able to acknowledge their identifications and become curious about the notion that they might "exist but in an egoless way, not as a solid entity that we could call me or 'I'" (p.6). He goes on to describe this as:

The opening up of a psychological space that is not conditioned by our ways of conceptualizing our stream of experience in terms of entities and with the entity I in the centre... a carefree space in which our painful attempts to hold on to and maintain the world as we think it to be and to ourselves as we think ourselves to be has been dissolved...the illusory distance between me and the world has been dissolved into a warm and clear space of total intimacy with our moment-to-moment experience. (p.6)

It seems to me that de Wit's description mirrors the shift in the intersubjective experience that arises in the therapeutic space during the coming together of the therapist and client. I believe that this experience occurs only when the attachment relationship (from a psychotherapeutic standpoint) between the client and the therapist is secure enough to enable the client to feel safe enough to begin to attune to the therapist's authentic modelling of non-attachment. In considering the experience described by de Wit (2008), I propose that it is in the co-creation of this experience within the therapeutic relationship that enables the client to internalize and accept the fluidity of their existence, and in doing so let go of their attachment and identification with self and others as a solid entity.

### *'Letting Go'*

Both psychoanalysis and Buddhist psychology propose that "a relatively secure, safe, and reliable holding environment coming into being for one; and a privileged quality of awareness, that of being open and receptive to the world and to our experience as it emerges and transpires moment to moment" (Adams, 1995, p. 469), are key to transforming and transcending our suffering.

From a psychotherapeutic perspective, it is through introspection and the re-creation of the childhood experience of being alone in the presence of (m) other (Winnicott, 1965) within the therapeutic relationship, that the exploration of identifications and self-fixations by the client is enabled. The creation of a "good enough" environment, either as a means of allowing the space for reparation of childhood deficits, or as a reinforcing of the positive internal working model of the client, acts as a platform for change. In effect, the goal should be to facilitate a 'transitional space'



within the therapeutic relationship, one which encourages the manifestation of child like curiosity and creativity in the client's approach to discovering, observing and letting go of their identifications and points of fixation in regard to the nature of the self.

Following this, the therapeutic task moves to one of enabling the client to grieve the loss of the delusion of stability and learn to tolerate the seeming instability that is bought to bear by identifications and attachments that have been 'let go'. The grieving of the intransient nature of these now conscious attachments and identifications enables the client to build a greater connection with both the nature of self and other, and a greater fluidity with which they are able to re-enter the world. At this point, internal space has been cleared within which the client is now beginning to develop a set of internal working models that carry their sense of purpose and meaning, as opposed to the externally referenced models of attachment and identification held previously. I propose that Buddhist psychology contains useful tools and guidance in facilitating this process.

In embracing Buddhist psychological principles of conscious awareness, no self, impermanence and non-attachment, it is my experience that as therapists we are able to model to the client the process of coming face to face with the limitations of existence, of the self, the 'I' and the other that we hold so dear. Within the therapeutic space, what seems to occur over time is a mutual embracing of the paradoxical nature of our existence, beyond the constraints of duality that separate us from being in the present moment. On further reflection, I believe that what we (client and therapist) begin together is the recognition of our resistance (attachment) and the mourning and the acceptance that all on which we base our 'I' identity is transient and impermanent. It is the ability of

the client to survive the process of encountering impermanence of the ‘I’ (subject) and then the ‘other’ (object) that ultimately determines the success or failure of the therapy<sup>29</sup>.

### The Therapist’s Process

#### *‘Letting go’ of issues of attachment and identification*

Contemplative psychotherapists<sup>30</sup>, Townsend and Kaklauskas (2008), suggest that in order for the client to let go of attachment and identification (as previously discussed), the therapist must first challenge them self to notice, manage, and let go of their own identifications and attachments. Expanding on this point, Wegela (1998) proposes that, by opening up to the direct experience of the client, and maintaining an awareness of their own felt sensations and cognitions the therapist provides a “...receptive and responsive presence” (cited in Townsend and Kaklauskas, 2008, p. 47). In contemplating this approach, I believe that, unless we, as therapist’s are able to model self acceptance, and to tolerate our own self experiences without attachment or grasping, then the nature of our client’s change will remain at a cognitive rather than experiential level. Should this occur, I believe the client risks a ‘thinking’, as opposed to an ‘experiencing’, of movement from a fixation with self to a state of no self. In this instance, what results is simply the trading of a fixation with self for a fixation of no self.

I propose that only in undertaking their own journey to explore questions and the roots of their own attachments, identifications, and motivations, is the therapist able to approach the therapeutic relationship with the element of non-attachment necessary to model this way of being

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<sup>29</sup> This is strongly aligned to a phenomenological approach.

<sup>30</sup> Contemplative psychotherapists “train to bring a quality of unbiased presence to experience just as it is” (Welwood, 2000, p.144) and in doing so “...embrace(s) the Buddhist perspective of the self as being impermanent, independently arising and empty of inherent existence” (Townsend and Kaklauskas, 2008, p.47).

with the client. The authenticity and fluidity of the therapist's relationship with themselves, and the other (client), within the therapeutic space, that translates into an authentic and fluid therapeutic relationship. This relationship provides a safe, and contained, transitional space within which the client is free to notice, explore, and ultimately transcend their identifications and attachments.

The therapist's experience of transference, counter-transference and projections, informs and guides the therapist in facilitating this transcendence. It is important to note that this does not mean that no therapeutic treatment plan is in place but rather that it is there as a guide and that the therapist is mindful of not becoming rigidly attached to therapeutic process and outcomes at the expense of being in relationship with the client. Throughout this process, I posit that the therapist must have an experiential understanding of the concept of non-attachment and an understanding of the larger context from which it emanates in order to remain open to its manifestation within the therapeutic relationship.

### *Understanding the Larger Context*

It seems to me that, in order for the concept of non-attachment to be a valuable part of the psychotherapeutic treatment process, it must at first be understood in the larger context of Buddhist doctrine and psychology by the therapist prior to any attempt being made to work with the concept in relation to the client.

Furthermore, it is not sufficient for the therapist to simply cognitively understand the processes behind the concept, as simply internalizing the theoretical components of Buddhist Psychology into their practice without having encountered the experiential equivalents will not allow the notion of non-attachment to live within the intersubjective space. An absence of non-attachment in the therapist's mode of being is likely to inhibit the ability of transference and projection to play the role of providing an authentic bridge for the client to transcend their

identification and attachments. It is only through making a commitment to undergoing their own process of internalization that therapists will be able to avoid what Pulleyking (2005) describes as attempts to integrate simplistic understandings of Buddhism or ‘pick and mix’ interventions and techniques into psychotherapeutic practice.

### *Dissolution of Object-Subject Split*

I believe that only when the therapist has been able to identify, notice and begin to let go of their own attachment and identification are they able to begin to be truly present to the client ‘moment to moment.’ It is these conditions that nurture the possibility of dissolution of the object-subject split within the therapeutic relationship. The therapist’s empathy and attunement to what is occurring creates a space in which the client is able to feel safe enough to enter fully into relationship with the therapist, and in doing so, the boundaries between self and other previously evoked for defensive means begin to dissolve.

In the following description of this process, Langan (2003) gives voice to the intersubjective experience that occurs in the space between attuned client and therapist. He describes this as the process of standing:

Upon a bridging process ...the bridging of separate islands of subjective experience, an infinite latticework of causeways that span the islands of affect, memory, desire, introject, representation, word, metaphor, idea, mood, fantasy, and vision that constitute the multiple components of self-experience. (pp.153-154)

In support of this Bromberg (1993) writes that, “health is the ability to stand in the [se] spaces between realities without losing any of them”. (cited in Langan, 2003, p.154)

In considering the notion of a bridge or transitional space I am reminded of “evenly suspended attention” proposed by Freud (1958, pp. 111-112) as the therapist’s optimal attentional

stance, the Buddhist state of bare attention<sup>31</sup>, and Bion's (1970) exhortation that the therapist leave behind memory, desire and understanding. Interestingly, Freud's "evenly suspended attention" has been overshadowed in analytic thinking (Langs, 1982; Lichtenberg & Slap, 1975) by Reik's (1948) concept of "freely floating attention". A core difference between these concepts rests in Reik's concept of the therapist having an actively searching mind, akin to a metaphorical searchlight, as a means of voluntarily selecting noteworthy material with which the therapist then consciously works.

In contrast, Freud's (1958) original idea was more closely aligned to the Buddhist notion of mindfulness, in which as soon as the therapist deliberately directs their attention toward an area of their own inclination then something of the experience is lost. Freud (1912) observes, "...if he follows his expectations he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive" (p.112).

With this in mind, I suggest that Freud's (1958) notion of "evenly suspended attention" has much to offer the therapist in alleviating his or her own issues of attachment and duality. Whilst it is generally accepted that developing ability for introspection is a valuable attribute and therapeutic tool for the psychoanalyst (Beres & Arlow, 1974), the path toward achieving this remains largely unmapped (Epstein, 1984). It is perhaps in the provision of a path toward the cultivation of the state of "evenly suspended attention" (Freud, 1958) that Buddhist meditation could prove most useful.

Furthermore, I suggest that the development of 'choice less awareness' and 'bare attention'

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<sup>31</sup> Bare attention is the process by which one attends to thoughts and feelings as they come and go without censorship or attachment, but rather with curiosity.

meditation capacities within the therapist could not only prove to be a useful adjunct to the therapist's own exploration of self (Epstein, 1984), but could also be the enablers of the therapist's capacity for the creation of an "inner silence" (Itzutsu, 1975, p.3). In connecting to this "inner silence", the therapist facilitates therapeutic resonance, the psychotherapeutic equivalent of that which Buddhist psychology terms "exchange"<sup>32</sup> (Leyton, 1992, p.45) or "touch and go" (Wegela, 1988, cited in Kaklauskas et.al , 2008, p.169).

As mentioned previously, the conditions for movement from attachment and identification to non-attachment will only be fostered when the therapist has struggled with the non-duality of their own self and nature. Only when the therapist is able to be within this paradoxical nature of knowing, yet not knowing, consciously tolerate standing in the spaces between (Bromberg, 1998), and recognize their own attachments, can they begin to empathize with the struggle of the client to let go of the same, thereby moving beyond the subject-object split. Transference and projection are the means by which the client communicates this struggle to let go of their attachments and identifications.

### *The Role of Transference and Projection*

Transference and projections, considered in the context of felt sensations and cognitions (Townsend & Kaklauskas, 2008), provide the therapist with a means of insight into the client's progress during the process of letting go. The therapist's experience within the transitional space provides a means of signalling the transitions occurring within the client's internal working model. As noted above, to be able to make use of the transference experience the therapist must have

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<sup>32</sup> Exchange is defined as " a process by which we consciously or unconsciously experience another persons state of mind...not a therapeutic technique, but a constantly recurring moment in which the distinction between self and other flickers" (Leyton, 1992, p.45)

worked through his or her own identifications and attachments. The therapist's experience of bodily sensations, such as tightness in chest, and constriction of breath provide indications of both the client's, and perhaps their own, difficulty in letting go. Wegela (1998) offers guidance in this process, noting that the task of the therapist is to:

Track their experience throughout therapeutic sessions, with the primary objective of opening to what they are feeling and thinking, to touch the experience of self and relationship, and to let it go. In this way, they approach a direct experience of the therapeutic work and offer their clients a receptive and responsive presence (cited in Townsend & Kaklauskas, 2008, p.47).

In addition to providing the therapist with insight into client progress, I propose that transference and projections are the means by which client attachments and identifications are revised, eventually leading to non-attachment. In the noticing of their transference experience, and introducing it into the therapeutic dialogue, the therapist can provide a useful bridge in enabling the client to get in touch with and notice their internal experience. I propose that it is in the shared noticing and observation of these experiences that the client is able to experience enough safety to begin to connect to, and work with, their own areas of identification and attachment. Consider the following scenario, which builds on scenario 1 (see p.54):

### *Clinical Scenario 3*

Having fostered the client's ability to remain present to her pain in previous sessions through the use of Buddhist informed 'grounding' techniques, the therapist now begins to encourage the client to move beyond her identifications and labels into an exploration of her felt experience. The mood held by the therapist is one of invitation and fluidity, rather than instruction.

*CI: "I have disappearing times and no feeling from the waist down"*

*T1: "I can feel how terrifying those experiences are for you and how difficult it is for you to share them here with me"*

*C2: "Yep, well, I want to heal myself, and report him to the police (pause) cause I am a survivor NOT a victim of abuse - you know" (angry tone, tears falling)*

*T2: " I can hear how your anger... and yet I see and feel your sadness"*

*C3: "Yep"*

*T3: "And hear how important it is for you to claim your identity as a survivor (pause) and yet I find myself wondering about the angry and sad parts of you..."*

*C3: (tears) "he took so much..."*

In this scenario the therapist draws upon Wegela's (1998, cited in Kaklauskas et.al, 2008, p. 169) touch and go process in which the therapist is encouraged to "touch [ing] in with sufficient awareness to vividly contact an experience, another person or oneself, and then [go,] releasing the mind's tendency to grip on to and construct identity around the story" (Nimanheminda, 2008, cited in Kaklauskas et.al, 2008, p. 169). In acknowledging the seeming importance of the client's need to claim their identity as a survivor of abuse, the therapist gently introduces this into the client's conscious awareness. Rather than simply closing down the possibility of what exists beyond this identification, the therapist encourages into consciousness (through dialogue) the other aspects of the self outside of the label of "survivor of abuse." In introducing the "anger" and "sadness" the therapist gently invites the client to explore other parts of herself beyond her self 'label' or identity. The mood is one of invitation rather than instruction on the part of the therapist.



Brazier's (2003) observation that, unconsciously and out of fear, the client clings to a notion of permanence through identifications and attachments as a delusional attempt at maintaining stability within the self could easily be applied to this clinical scenario. He goes on to note:

This common mentality is one of grasping, which leads to attachment and creates an accumulation of habit-energies, preferences, and behaviour patterns that support the illusion of an enduring self...Buddhist psychology sees this self as a defensive structure that lacks foundation yet dominates the ordinary mind. (Brazier, 2003, p.136)

Such behaviour is demonstrated in the client's identification as a "survivor." From a Buddhist psychological perspective, this may be seen as a defensive means of signalling the need to protect themselves from traumatic memories, and the pain of the other aspects of self that seem lost as a result.

#### *Cautions for the therapist*

In the course of this research two broad areas of caution have emerged as worthy of discussion. First, it is imperative that the therapist take the time to both understand the social, cultural and philosophical value systems that underpin the client's notion of self and relationship. It is these that should guide the therapeutic work, rather than solely the value system of the therapist. The therapist should remain mindful that conceptions of self are unique to each individual and culture, and ensure that these are respected rather than impinged on by the therapist's belief system, personal agenda or therapeutic goals.

Second, with this in mind, the therapist should be cognizant of the temptation to label either themselves or the client's values or beliefs. For example, I believe that introducing the idea that "I am a Buddhist psychotherapist" represents another form of identification and attachment – and is in essence, a parallel of the very issues that underpin the therapeutic work surrounding attachment and

identification.

I propose that both of these pitfalls can I be mitigated, if not avoided, through the therapist maintaining an awareness of the difference between integrating rather than imposing Buddhist psychologies into their therapeutic practice. As a means of reducing the risk of impinging on the therapeutic relationship, I strongly suggest that regular supervision, with someone experienced in working with Buddhist informed methods, is utilized to ensure processes are in place to monitor progress throughout the course of therapy.

## CHAPTER SEVEN: SUGGESTIONS FOR FURTHER RESEARCH AND EPILOGUE

### Suggestions for further research

It is evident from my literature review and featured clinical scenarios that the integration, or at least incorporation, of Buddhist psychological approaches to attachment and identification has much to offer. Having said this, I propose that the therapeutic potential of Buddhist psychology will be realized when further research is conducted into its usefulness in working with suffering such as traumatic identification, attachment issues, and the anxiety that results from these.

Furthermore, I believe that there is potential as yet untapped, in the use of Buddhist psychology as a philosophical base from which to explore existential issues such as the intransient nature of life and loss. The systematic, scientific evidence base for most of these appears limited. In part, I believe that this is due to the difficulty in ‘mapping’ the shifts that occur when using Buddhist psychology as a basis for encountering the other in the therapeutic relationship. The irony is that to map such shifts requires cognitive thought, which to a large extent, has the potential to negatively intrude on both the ‘intra and the inter-subjective’ relationship which is at the heart of

the Buddhist psychological approach to treatment.

## Epilogue

My original intent was to approach the research question from a Buddhist psychological perspective. However, early in the process, I began to wonder if in doing so I was ‘clinging’ to Buddhist psychology as a ‘better’ alternative, at the expense of fully exploring the interface between it and psychotherapy. Rubin’s (2003) observation that our ‘clinging’ might range from “the belief in the existence of a permanent, unchanging, autonomous self to the ultimate validity and universality of one’s preferred psychotherapeutic or Buddhist theory” (pp.389-390) encapsulates the challenges of my experience. In acknowledging this, my focus shifted to ongoing and conscious attempts to step into a non-dualistic space of possibilities somewhere between these alternatives.<sup>33</sup> In attempting to embrace the concept of non-duality I have attempted to resist my desire to grasp onto either psychotherapy or Buddhist psychology as objective truth, and instead let go of ‘clinging’ to my existing views in order to accumulate new knowledge.

During my initial research I became attached to many articles and viewpoints, and I desperately sought views or opinions with which to identify in order to give myself some sense of stability, and credibility. I experienced the systematic literature review as a containing yet constraining process in which I found myself fearing what I might not be ‘seeing’. I noticed an excitement and sense of tentative freedom within myself as I moved beyond this fear and embraced the opportunity to ‘play’ and experience freedom of thought beyond constraints of this process. This

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<sup>33</sup> Within this space our identifications and attachment to subjects or objects being considered as ‘either or’ is let go of and there is no longer a distinction between subject and object of perception.

experience was short-lived when I discovered that these constraints were the result of my own attachments and identifications and not externally imposed.

In struggling to stay in a place of unknowing whilst attempting to be in the ‘here and now’ of the research process, I have been able to create a transitional space into which new insights and knowledge have flowed. In doing so, I encountered grief as I began to let go of my sense of ‘I’. I believe that parallels can be drawn between my process and that of the client’s struggle to let go of beliefs held to be objective truth and symbolic of that which represents their own sense of ‘I’ whilst working through issues of identification and attachment.

On completion of the research I began to oscillate between perceptions of ‘right and wrong’ and frustration began to surface. I no longer felt as if I knew the answer, yet was still convinced that there was ‘the’ answer. I was caught in dualistic perceptions and, in order to move forward, I had to make a conscious choice to “remove my hand from the monkey trap” (Goldstein, cited in Fronsdal, 1998, p.17). In doing so, I encountered grief arising from letting go of my identification with concepts that I had become attached to. I have struggled to move from “freely floating attention”<sup>34</sup> (Reik, 1948) to “evenly suspended attention” (Freud, 1958), and grappled with the paradox of the pull to be attached to the attainment of non-attachment. An added component of this struggle is that, in assuming the role and identity of therapist, the unspoken task at hand is that of rebuilding or repairing the self (Schneider, 1997). This is of course counter to the notions of a continuous and stable self as a delusion. As a result, this literature review has been as much an emotional journey for me as an intellectual one.

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<sup>34</sup> Refer to page 67 for detailed discussion on this terminology.

In the spirit of enquiry, I have faced the risks of my own identification with, and attachment to my own sense of self, and Buddhist psychology, and the ‘blind spots’ these have created in my ability to review this research. I have attempted to overcome these through supervision, contemplation, and the development of my capacity to ‘sit and be with’ the unknown. Undertaking this process has served as a reminder that “...identifying with a particular school of thought – being attached to it in the Buddhist sense...pushes away other parts of reality” (Rubin, 2003 pp.390-391). This edict might serve us well to hold in mind as we (psychotherapists) continually re-examine our clinical practice.

It strikes me that, in assuming the role or identity of psychotherapist, we are “pulled toward the very notion of repairing the self” (Schneider, 1997, p. 514) which is counter to the notion of self as a delusion<sup>35</sup>. As Schneider (1997) postulates, the best we can hope for is a “satiric realization that dissolves all dualisms such as self and no-self” (p.514). In considering this, perhaps then the value of non-attachment lies not only in its achievement but also in the exploration of our identifications and fixations, with a view to dissolving such dualisms, and, by association, our suffering. Such exploration is only made possible when we are able to stand in “...the(se) spaces between realities” (Bromberg, 1993 cited in Langan, 2003, p.154). In parallel, the opportunity for true learning and interchange between Buddhism and psychotherapy rests in the ability of practitioners of both disciplines to “...dance in the spaces between them – tacking back and forth – freer to use what is best from each” (Rubin, 2003, p.391).

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<sup>35</sup> A basic premise of Buddhist psychology that is also shared by interpersonal psychoanalysis.

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