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Buddhism and Psychotherapy

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Summary

This paper identifies important similarities in the approach to psychological suffering, between Buddhism and modern cognitive therapies, particularly by surveying the contribution of the eighth century Buddhist master Santideva. The paper then finds differences between Buddhism and psychotherapy on several criteria, including the role and dangers of the practice of meditation as seen especially from a Jungian perspective. The paper then proposes a reconciliation by way of defining The Complementary Hypothesis. This opens up the question of different conceptions of the Self in the two disciplines, which in turn leaves Buddhism open to an objection. The strengths and weaknesses of this objection are outlined.

Key words

Buddhism, psychotherapy, cognitive, therapy, self

1 Introduction

Buddhism and psychotherapy have a number of important similarities. Centrally, they are both concerned with suffering. Indeed, the *point* of each, their *telos*, is the diagnosis and alleviation of suffering. Of course, it is also true that the wider practice of medicine also has as its point the alleviation of suffering. But *psycho*-therapy concerns not the alleviation of suffering *overall*, so much as the alleviation of *psychological* suffering. This makes it even closer to Buddhism in their respective aims. The Four Noble Truths, the core of Buddhism, identify *attachments* as a key source of psychological suffering. Attachments can be positive, as in graspings or obsessions, or negative, as in hatred, phobias or denial. The Four Noble Truths propose a practical way of living to escape from this suffering by means of liberation from attachments, known as the Eightfold Way.

Now one cannot help noticing that the literature by psychotherapists contains significant contributions from therapists who identify themselves as Buddhists. One question that arises, therefore, is whether Buddhism got there first as it were, and thus that there isn’t anything much new in psychotherapy beyond what has emerged in over two millennia of Buddhist thought and practice: the West re-discovering the Wheel, as it were. Hence I decided to look into the crossover literature on Buddhism and psychotherapy. I was looking for something new in Buddhism, something different from the refinements of doctrine that my Buddhist metaphysician acquaintances dispute about, something closer to the core of Buddhism in its practice of *compassion* for the suffering of all. What I concluded is that there are important overlaps between Buddhism and psychotherapy, but that there are also important dissimilarities between the two traditions, dissimilarities which stem from differences in the aims of the two disciplines, dissimilarities which defeat reduction of one project to the other.

One thing I found quite quickly was that a *certain style* of psychotherapy shares with Buddhism the *further* premiss that suffering and attachment are intimately associated with *cognitive errors*. Buddhism identifies the

sources of suffering as “the three poisons”, namely graspings, hatreds and *delusion* or *ignorance*. Thus there is this important element in common, namely the cognitive aspect of suffering. Buddhism stresses that suffering arises from a class of cognitive mistakes, that is false beliefs and blindnesses. Specifically, a central part of the Buddhist position is that it is the *illusion of self* which supports attachments, and so engenders suffering. Now of course, all systems of psychotherapy address false beliefs. Nonetheless, there are differences in emphasis. Some styles of therapy give a central role to addressing the cognitive aspects of pathology more than others. I will use a general word for such styles of therapy: *cognitive therapy.*

The plan of this paper is as follows. I will begin by stressing the similarity between psychotherapy and Buddhism on the matter of cognitive error. First, there is a brief survey of cognitive therapy, applying it particularly to depression, and to anger. I then spend two sections comparing this with the discussion of depression and anger in *A Guide to the Bodhisattva's Way of Life*, a famous Buddhist treatise by the eighth century Indian monk Santideva. My aim in this part of the paper is to show that Santideva is stressing the cognitive errors constitutive of these states, and recommending practices similar to those of cognitive therapy. This reinforces the importance of cognition in both disciplines. Then I argue that the two disciplines are nonetheless distinct, by identifying three distinctive differences between the aims of the two disciplines. This leads to a proposal which I will call *the complementary hypothesis*. Our discussion will lead to a discussion of potential problems in meditation, surveying the work of several Buddhist psychotherapists. In the final sections, I will take up the illusion of self, using the psychotherapists' views to raise an objection for the complementary hypothesis, an objection arising from different conceptions of self. I will conclude by sketching an option for saving the complementary hypothesis.

2 Cognitive Therapy

To use the terminology “cognitive therapy” is already to introduce a piece of convenient theorizing. Among those therapies stressing cognitive errors are Rational Emotive Behaviour Therapy and Cognitive Behavior Therapy, associated with Ellis, Beck and many others. To describe them as cognitive therapies, is to stress the employment of therapeutic techniques to challenge the associated cognitive errors.

A useful summary is found in Prochaska and Norcross (2003, p. 352–7). They describe a key postulate underlying cognitive therapy, the *content specificity hypothesis*. This is the hypothesis that *different pathologies are related to different cognitive contents*. Prochaska and Norcross give several examples of such characteristic beliefs. For example, they nominate *paranoia* as coming with the beliefs that everyone has hidden motives, and that no-one can be trusted. Again, the *obsessive-compulsive* typically thinks that they know what's best, that the details matter a lot, and that perfection and control are desirable and attainable goals.

To illustrate further with an example which is relevant to the next few sections, a standard cognitive therapy account of depression runs as follows (Prochaska and Norcross, p. 352). Cognitive aspects of *depression* cluster around three specific beliefs or criteria: (i) current events in one's life are interpreted negatively, (ii) self-dislike, (iii) the future is assessed negatively. In consequence of these, there are the usual problems in depression of inability to plan, the futility of action, and general despondency.

Prochaska and Norcross identify typical cognitive errors that support such personality styles. These include familiar mistakes such as: (a) catastrophising (assuming the worst), (b) selective abstraction (pick your evi-

dence and ignore the rest), (c) overgeneralization (on a thin evidence base), (d) personalization (when it was not directed at oneself), (e) labeling (uncritical use of labels), and (f) polarized thinking (too much reliance on absolute unbreakable judgements and evaluations, with no grey areas in between). Cognitive therapies also stress the role of *self talk* and *automatic thoughts* in generating and supporting (indeed constituting!) characteristic cognitive errors. The twentieth-century behaviourist philosopher Gilbert Ryle famously held that thoughts are nothing but sub-vocal speech, which has phenomenological plausibility for some cases. But one need not go so far in order to agree that our self-talk can direct and reinforce behaviours.

Hence, it is possible to discern a useful angle on therapy that the content specificity hypothesis suggests: challenge the false beliefs, change the self-talk, modify the errors in automatic thinking, and you may shift the pathology. I will leave this point to be developed later, save to note here that the predictive power and success of this style of therapy against certain mental dysfunctions, as noted by Prochaska and Norcross, is an argument that the content specificity hypothesis is on the right track, for those conditions at least.

Treatment thus involves *cognitive restructuring*. Beliefs are challenged on three main grounds: (a) where is the evidence? (b) is there another way of looking at it? (c) so what if it happens, how bad is that? To progress, make the patient aware of their own automatic thought-habits, self-talk and beliefs, make the patient aware that such thoughts are awry, substitute accurate for inaccurate judgements, replace negative self-talk with positive self-talk, and provide feedback on correctness. This treatment has been shown to produce considerable improvement over control groups, is quick, and works well on depression, where the authors describe it as “gold standard”.

3 Santideva on Depression

Quite fortuitously, when I was reading the relevant literature, I happened also to be reading Santideva’s *Guide to the Bodhisattva’s Way of Life*. This is a classic and justly-famous work in the Buddhist literature, and I could not help but be struck by how cognitive it sounded. So the next few sections are devoted to showing this, by comparing his discussion of the conditions depression and anger, with the approach that modern cognitive therapy takes toward them.

Santideva’s remarks come in Chapter 7 of the *Guide*. Here (7.2) he identifies depression – a word his translator does not employ – as *despising oneself out of despondency.* Now the word “despondency” has a certain ambiguity as we use it. In one sense it means depression itself, and all that goes with it. In a somewhat narrower sense it indicates the paralysis of action that characteristically goes with depression. Either way, however, despondency is definitely an aspect of depression. This is reinforced by Santideva’s further recognition that despondency is associated with despising oneself, which is also explicitly one of the above recognized cognitive criteria of depression.

His typical method in the *Guide* is to contrast mental states, personality traits and behavior with their opposites. Chapter 7 is titled Enthusiasm, which is recommended as a life-stance counter to despondency and “laziness”. Laziness itself is a typical paralysis of action, a defect of planning, and the opposite of virtuous effort. It is worth noting that depression need not *derive* from laziness, after all there is such a thing as *reactive* depression, where one reacts badly to external negative events. Still, the manifestations are the same – flatness, hopelessness, no plans – and there is evidently a close relationship. One might also wonder whether paralysis of action can amount to a kind of guilty pleasure, and certainly Santideva warns against becoming attached to it (7.3).

Against despondency and laziness, he recommends enthusiasm and self confidence. He suggests employing self-talk such as “I alone shall do it”, as the “self confidence of action” (7.49). This is good advice against self-loathing. Santideva also stresses that we need *effort* to beat back despondency. This connects well with the cognitive emphasis that depression is, or is associated with, *habits of mind*, characteristic automatic patterns of thoughts. Santideva is saying that efforts can and should be made to de-attach oneself from such thought habits and speech.

In short, Santideva’s discussion of depression and its remedy is striking. It offers a plausible account of depression, it targets erroneous beliefs and self-talk, and offers sensible advice against such beliefs and intellectual habits.

Now there is a connection between depression and *anger*. Freud provided a bridge between the two by analyzing depression as *anger turned back on oneself*, when one is really angry at another. This is endorsed by others, such as Corey (2001, p. 95): internalised anger and guilt becomes depression. So it is not so surprising that someone as sophisticated as Santideva would treat them close together. We therefore turn to that.

4 Santideva on Anger

From a cognitivist point of view, one can identify typical cognitive accompaniments of anger such as the belief that one has been wronged, that one is getting less than one wants and deserves, and the belief (surely delusional!) that somehow the wrong can be made less if one retaliates. Corey (2001) outlines typical cognitivist procedures against anger, including disputing irrational beliefs, and changing one’s language from musts and oughts to personal preferences. Disputing anger by asking what is the worst that can happen, and what is an inappropriate level of upset, are effective. One also should not forget here the effectiveness against anger of the cognitive technique of *humour*. Ellis even recommended singing humorous songs! (Monty Python’s *Always Look on the Bright Side of Life* springs unbidden to mind.)

Santideva’s discussion of anger comes, characteristically, in a chapter on its opposite, Patience (Chap 6). He notes that anger is driven by the prevention of one’s wants (6.7), and that anger is habitual, arising easily and “with no resistance” (6.24). The chapter is again full of good, sensible cognitive advice. He argues that there is no point in being angry if the wrong can be righted, and no point in being angry if it cannot be righted (6.10). Indeed, if I allow myself to be impatient over adversity (caused either by others or by inanimate events), then the harm done to me is increased (6.16). Revenge, the action prompted by the belief that I can somehow nullify the wrong by retaliation, is futile, it cannot achieve its aim (6.87). Familiarisation techniques are recommended: being acquainted with small harms, I should learn patiently to accept greater harms (6.14).

Santideva says that anger is an attachment (5.48). We can ask: is it possible for there to be anger without attachment? That is, can anger ever be justifiable? This question is taken up by several contributors to the workshop reported in Goleman (2004). For instance, the philosopher Owen Flanagan pointed out that one can be angered by injustice or abuse, such as of an innocent child. Such anger can certainly be unattached, and quite appropriate (p. 165).

The Dalai Lama agreed that attachments, hatreds and phobias, do not exhaust positive and negative emotions: “Desire and dislike by themselves are not mental afflictions” (Goleman, p. 349). Thus it is a misconstrual of

Buddhism to think that it is saying that *all* emotion, positive or negative, binds one to attachments, hatreds or delusions. Nonetheless, the Dalai Lama, on the same side as Santideva, had some difficulty with the idea that anger might be unattached. It was not so much that such emotional responses could not be "constructive" (p. 198, 350), but why they should be called "anger" (p. 200). "If there is something like anger that does not arise out of delusion, and does not distort one's view of reality, then we would not call it anger", which "by definition is delusional" (p. 349). I must say that the dispute at this point begins to sound like mere semantics, perhaps translational in origin.

Now it seems to me that the desire to retaliate is a kind of attachment to another's life: only if negative changes are affected in the other's life can my desire be satisfied. Even so, one can usefully pull apart the two aspects of anger: you can have the belief that you have been wronged without indulging in the desire to retaliate. In that case, the source of suffering to *others* is dried up, and bad karma is not spread. Any suffering would thus be inward, yours alone. In which case, the obvious recommendation is to detach yourself from the belief. I'm sorry about the injustice, but such things happen, and they can't be undone, so let's get over it. If you continue to suffer, it's self-inflicted.

Santideva recommends meditation on *patience* as an antidote to the attachments and graspings of anger. Patience is thus identified as the opposite of anger. Now it might be asked: why not patience and *im*patience as opposites? But Santideva can reply that it is at least arguable that impatience is a kind of mild anger, and can lead to worse anger if not controlled. One example among many is road rage, which can start easily enough as impatience and irritability, but can escalate "with no resistance" to anger and violence.

I don't want to over-state what can be drawn from Santideva's discussions. I am certainly not pretending that Santideva was the First Cognitive Therapist. His focus is on the religious aspects, his *Guide* is in the first place advice for monks aspiring to enlightenment. Enthusiasm and self-confidence are to be directed toward achieving Buddhist liberation. The broader application to everyday life thus needs some teasing-out. Even so, his writing is highly perceptive, to the point where the applications to the everyday life of the householder are plain enough.

5 Further Similarities between Buddhism and Psychotherapy

In keeping with the common central focus on *psychological* suffering, it is not surprising that Buddhism and psychotherapy in general (not just cognitive therapy) would utilize common techniques. We should get a perspective on the range of techniques in use. Padmal de Silva (1986), a well-known Western psychotherapist who identifies himself as a Buddhist, notes that there are many familiar therapies in the Buddhist canon. He lists: modeling, reciprocal inhibition, graded exposure, self-thought stopping, stimulus control, reward, social skills training, unwanted intrusive cognitions, switching, distraction, overexposure, self-monitoring, mindfulness, graded stimuli, covert sensitization or desensitization. This similarity is beyond question.

As a further example, we can recall another well-known Buddhist story: Kisogotami, a woman whose child has died, wanders through the village for assistance to revive her son, thereby earning the derision of the village for her inability to accept his death. Eventually she goes to the Buddha for help. He promises to help if she can bring him a mustard seed from a house in which there have been no deaths. She goes from house to house, unable to find such a house. Eventually she learns from this that there is nothing special or personal about her loss, that neither she nor her son is the centre of the universe.

Bhushan (2009) takes up this story, drawing on Freud’s account of mourning. Very briefly, this postulates two stages, first denial and then ultimately acceptance. Freud maintains that the initial denial stage is essential, to grow into the latter acceptance. Bhushan argues that Buddhism omits this dynamic aspect to mourning, which therefore needs supplementation by addition of the Freudian insight. Compassion rather than derision is the right attitude to take to the mother, her problem is everyone’s problem.

This raises issues which are strictly peripheral to our concerns, for instance whether the postulated two-stage Freudian dynamic is essential to grieving, and whether Buddhism rejects or at least omits it. Whether or not the denial phase is essential for mourning is surely a further issue, beyond the simple existential fact of this woman’s suffering. However, Bhushan is surely right that the mechanisms of denial are real and important for therapy. Kisagotami’s request to the Buddha, to revive her son, is a request born from desparate denial. Psychoanalysis, cognitive therapy and Buddhism all acknowledge denial mechanisms. Moreover, Buddha’s solution is pure cognitivist task-setting, and a cognitivist lesson to be learned, about the impersonality of death.

So now, the similarity in techniques between Buddhism and psychotherapy might suggest the thought that the Buddhists Got There First, and even the more radical thought that if people stopped seeing therapists, and started seeing Buddhist teachers, then all would be well, or at least no worse off.

But this neglects what can be said about differences between the disciplines. In the remainder of this paper I will turn to the question of the differences. I will suggest a hypothesis, the *complementary hypothesis*, aimed at delineating different areas of application appropriate to each discipline.

6 Differences between Buddhism and Psychotherapy

In the first place, we have a significant difference in who presents to the therapist and religious teacher respectively. People present to therapists in various grades of distress. First, we have a group of seriously fragmenting conditions. These include schizophrenia, paranoid psychosis, autism and bipolar illness. There are also such conditions as obsessive-compulsive, anxiety, panic attacks, stalking, phobias, anger and depression. This is just a small subset of what is possible for human nature, but all of the above involve unfree repetitive behaviours, such as defects of planning, alcoholism, inability to get out of bed in the morning, inability to hold down jobs, repeating patterns of disastrous or abusive relationships, washing the hands many times, phobias and the like. The classifications here are very various and fine-grained. Needless to say, people in these conditions can generally fairly be described as very unhappy, and thus suffering.

In contrast, people who present to a Buddhist teacher are not generally in the above conditions, at least not with much severity. Of course, they can be; and Buddhist counseling might help. But Buddhist teachers generally have no training in specific therapies, nor much knowledge of the underlying psychopathologies. Moreover, extreme dissociation can obviously interfere with the cognitive appreciation of the Buddhist message. A common beginning student of Buddhism, at least in the West, is your normal-middling-happy-middling-unhappy-generally-coping citizen of the world, someone who feels a lack but not a serious handicap, someone looking beyond everyday coping with existence, to a more transcendent spiritual state. This person neither wants nor needs therapy, so much as spiritual advice.

There is another difference between psychotherapy and Buddhism. This is the end of the process, the outcome or at least the outcome aimed at. Many therapists, from Freud and Jung onwards, seem to take the view

that ideally the goals of therapy are freedom from the debilitating restrictions on behaviour, together with the concomitant reduction of unhappiness and suffering. For instance, Jung once said: “Man has to cope with the problem of suffering. The Oriental wants to get rid of suffering by casting it off. Western man tries to suppress suffering with drugs. But suffering has to be overcome and the only way to overcome it is to endure it” (quoted in Moakanin 2003, p. 86). Here there is no expectation that one can be freed from unhappiness altogether: life is never perfect, the human condition is fraught with suffering; and it is enough to cope with it, to reduce it as much as feasible, and otherwise to learn how to endure it.

This makes it look like the therapist’s task is defined in purely negative terms: the elimination of symptoms, with no account of the positive characteristics of The Good Life. Nonetheless, it must be acknowledged that psychotherapy has not neglected a vision of the mature, fully-developed human life. Jung famously postulated a two-stage dynamic process of development. In the first half of one’s life, one ideally progressed toward greater *individuation*, one’s distinctive character and achievements which make one the individual that one is. But individuation is not paradise. Jung wrote: “Individuation, or becoming whole, is neither a summum bonum nor a summum desideratum, but the painful experience of the unity of opposites” (Moakanin 2003, 82). In the second half of life, according to Jung, one progressed toward *unification* with one’s fellow humans, developing toward an identity which was essentially defined by its relationships with others.

As is well known, Allport (1961) went further, proposing a series of criteria for the mature individual with fully-developed potentialities, including: (i) extension of the sense of self to others and their interests (ii) emotional security and self-acceptance (iii) realistic perceptions and beliefs, and achievable projects, (iv) self-objectivation, self-insight and humor at self, and (v) a unifying philosophy of life. However, worthy as these insights are, there is no suggestion here that things go perfectly, without emotional hitches. The widespread view among psychotherapists is that life always contains suffering, and that the most practical approach to living requires the skills of coping with adversity.

In contrast, Buddhism aims much higher, I believe. The most common word I find is *bliss*. When attachments disappear, when they are appreciated for what they are, fetters deriving from the core delusion of a self, then we are freed from the bondage of psychic suffering. I don’t want to give the impression of being dismissive here. Indeed, to the contrary, it seems to me imaginable that one really could transcend all obsessional attachments. That is why the Buddha’s message has commanded attention over millennia, I think. It is an arresting perspective on human nature precisely because as an ideal it is not so absurd that each of us could achieve it, even in a single lifetime, if we are prepared to make the effort.

In a later section, I will talk more about differences between psychotherapy and Buddhist teaching. However, the discussion of this section suggests a hypothesis about the relationship between the two, which we can call the *complementary hypothesis*. The complementary hypothesis says that psychotherapy and Buddhism complement one another. *First* psychotherapy might be needed to bring people to a state reasonably free of dysfunctional behaviours, thoughts and emotions; and then *second*, when it becomes possible properly to understand and implement Buddhist practices, such as the Eightfold Way, Buddhist liberation can practibly be sought. The complementary hypothesis has the endorsement of the Dalai Lama: “From the Western perspective being normal is fine. From a Buddhist perspective, normal means now you are ready to practice Dharma” (Goleman 2004, p 349).

A number of Buddhist-psychotherapists have also affirmed the complementary hypothesis, and so we will look more closely at what they have to say in the next section.

7 Complementarity and Meditation

We have registered differences between Buddhism and psychotherapy in starting point, and in the end-state, and we have seen that these differences lead to the complementary hypothesis. Now the complementary hypothesis is endorsed in various ways by therapists such as Masis (2002), Wray (2002) and Parry (1986).

A way into this is *via* the important role of meditation in Buddhist practice. Masis (2002) discusses meditation, warning that meditation has its dangers, and affirming the importance of a robust sense of self. There are major debates about teaching meditation (163). Meditation requires a minimum of mental health (156); that is, not hallucinations, delusions, thought disorders and severe withdrawal (157). There should not be present anxiety about assertiveness, emotional intimacy, rage, distrust, depression or panic. Meditation takes away a sense of self as a distinct thing, and this can be very threatening. Buddhism and psychotherapy differ also in that Buddhism lacks theories of development and defence mechanisms (163), which enable more theoretically and therapeutically useful classifications to be developed.

A similar position is taken by Wray (2002). Jung’s individuation is not the same as Buddhist Enlightenment. Emotional health is the first stage on the path. The first task of the average neurotic Westerner intent on spiritual development is to overcome his or her neuroses (166). Psychotherapy can be useful for the person in the first stage of their spiritual life, which aims at psychological health and the elimination of neurosis (171). Meditation has been known to have great benefit, even in psychosis. But some are thrown into an immediate awareness of their problems without having the defensive resources to deal with such an awareness (168–9).

Yet another to warn of the dangers of meditation is Moakanin (2003). She offers a Jungian analysis. There are powerful inner forces that one needs guidance to deal with, if that is possible at all. Tantric images are archetypes, and so have light and dark sides (every mental form has its shadow). For example, consider the Great Mother. She has the aspect of nurturing and creating, as well as devouring and destroying. A fragile individual, one with weak defences, whose consciousness is not well developed, may become disoriented by the emergence of the archetype in its unexpected terrifying aspect (99). Moakanin reports being present on a number of occasions when this unfortunate effect has manifested itself among Western students at meditation intensives (99).

Of course, any good meditation teacher is aware of potential personality problems in meditation. This cannot be in itself an insight or a commitment which separates Buddhism and psychotherapy. But it makes for a difference nonetheless, by reinforcing the complementary hypothesis. Meditation is characteristic of Buddhism, so if there are psychological conditions and traits that are not suitable for meditational practice, then they should be dealt with first by psychotherapeutic methods, otherwise there is a barrier to progress.

In fairness, it must be acknowledged that there are therapists who side forthrightly with Buddhism, for example, Parry and Jones (1986): “It will be argued that the self does lead to suffering. It follows…therapies that foster this are doing harm” (177). They toy with the old idea of psychosis as a spiritual journey: “Are those with ‘weak ego strength’ more aware spiritually? Is the psychotic closer in experiencing ‘that which is’?”

(191). This romantic notion, that the psychotic is on a spiritual journey, is famous from the 1960s work of Laing and Szasz. It might seem to support Parry and Jones; but opinion has swung away in favour of stessing, among other things, the biochemical basis of psychosis and the success of drug treatments based on that. But, when the chips are down, Parry and Jones draw back, favouring the complementary hypothesis: “It is necessary to develop a strong sense of self (or more specifically a strong *positive* sense of self) before surrender to Self. It is necessary to learn how to cope with living in the world, before we can become ‘experts in living’” (191).

8 Conceptual Issues about the Self

It is apparent from the previous section that the issue of meditation is bound up with the question of self. The phenomenology of meditation can be regarded as a switching off of something apparently essential to ourselves that we seem to be conscious of, commonly translated as “self”, thus revealing it to be an inessential cognitive construction that can be done without. Deeper levels of self eventually come to our awareness, but they too are inessential. With sufficient meditational practice, it can be directly experienced that the self is an illusion.

I do not propose to discuss the vast literature by Buddhist scholars on the topic of the self, since my interest is more with psychotherapists who identify with Buddhism. However, there is a significant issue of terminology here. The Sanscrit term for the doctrine of the denial of self is *anatman* (Pali: *anatta*). The prefix *an* is negation. The remainder *atman* refers to the Hindu doctrine, rejected by Buddhism, that something central to our existence is eternal and unitary. Thus, Buddhism is denying selves in this sense of the term: it is recommending a life lived in the expectation of one’s finitude and freed of selfish attachments. Compare with Descartes and Hume: the Cartesian ego which served so well for the *cogito* was rejected by Hume on the grounds that he couldn’t find by introspection a unitary core within himself. Hume was thus repeating a thought-experiment undertaken by the Buddha more than two millennia beforehand.

But notice that Western philosophers often refer to Hume’s position as “the bundle theory of self”. According to this way of describing it, Hume wasn’t denying the existence of self in *every sense* of the term. The methodological issue here invites comparison with late twentieth century philosophy of mind. In affirming the Identity Theory of Mind, J.J.C. Smart and U.T. Place denied the existence of minds considered as dualist, non-physical entities; but they did not deny the existence of minds altogether. Rather they claimed that minds are real, but physical. It is well known that later philosophers of mind went further: in affirming Eliminative Materialism, Feyerabend and the Churchlands took the step of saying that the concept of mind is so hopelessly committed to dualism that it should be completely rejected, to be replaced by the properly scientific terminology of developed neuroscience; at least, there are no minds, and perhaps even more strongly, mind is an incoherent concept.

Now there is a simple rendering of *atman* which makes sense of the eliminationist denial, namely “soul”. Souls are traditionally taken as nonphysical and eternal, and modern Western physicalists have certainly been ready to deny souls (see eg. Flanagan’s excellent discussion in his book 2011). On the other hand, it is undeniable that the most usual translation is “self”. This makes for a doctrine less easy to accept, namely that there are no selves. Flanagan himself does not seem particularly opposed to eliminating selves, though he definitely affirms the reality of “persons”. But it must be said that this invites the question of whether there is no rea-

sonable sense of “self” in which selves are to be identified with some finite and composite aspect of ourselves: an Identity Theory of Self, as it were.

Great philosophical skill has been brought to bear in defence of the eliminationist way of putting it, for example by Mark Siderits (2007, 2011). One important line of thought at this point takes a lead from the famous Pali text *Milindapanha*. This is a dialogue between the monk Nagasena and the king Milinda. Nagasena likens the self to a chariot. The chariot does not exist, only its parts. Similarly, the self does not exist, only the mental and physical parts conventionally held to make it up. Modern analytical philosophers will recognize this as a sophisticated doctrine, *mereological irrealism*, according to which wholes with parts do not exist, only the parts. Thus, if selves are held to have parts, which is what I wish to affirm, then selves do not exist.

Unfortunately, this position leads to a rather radical metaphysic. Along with selves, chariots (and indeed any composite object) would fail to exist. Indeed, it is surely still an open matter whether the world has any atoms at all; or whether everything is infinitely divisible with no atomic parts, as Aristotle held. But it seems like a draconian solution to the problem of denying selves, to deny the existence of *everything*. A weaker irrealist position runs into a similar problem. One might not deny *all* wholes, but only those wholes that lack sufficient internal causal coherence. But even here, there are many non-selves held together by persisting feedback mechanisms, so at least these would also be denied. This seems like too high a price to pay to deny selves. The more important part of the message of Buddhism, I suggest, is compassion for the suffering of all, together with the diagnosis of the origins of suffering in the three poisons. Of course, I don’t mean to deny Buddhist philosophy as a legitimate intellectual discipline. It is a rich and complex field; but surely what is important in Buddhism ought not to depend on such a fine-grained piece of metaphysics.

In other words, I should signal that I am on the side of realism here: the reality of wholes, the reality of physicalist minds, and the reality of finite, composite selves. I can see the case for elimination of *some* misguided scientific concepts, but not here. Thus, I am inclined to (contingently) identify myself, my self, with my finite, composite body-mind. Hence, in keeping with the theme of this essay, I will proceed by asking whether psychotherapy finds a use for a concept of self, which therefore provides a positive reason for a robust realism about that concept. We will see that the answer is yes.

9 Complementarity and the Self

One Buddhist psychotherapist who aims to unpack the content of the illusion of self is Claxon (1986b). Claxon identifies three sources of the illusion: the separateness of the self from the rest of existence, its persistence over time, and the sense of autonomy or freedom of action. Claxon rehearses familiar arguments against these concepts. In passing, I do not think that any of them is particularly convincing. For example, his main argument is that autonomy is an illusion, and he invokes the premiss that determinism and free will are incompatible, and that science favours determinism. That is, in the light of determinism, autonomy is cognitive error. But this argument is unsustainable, since it omits to take into account the possibility that autonomy and determinism are compatible. This is similar to an issue identified by twentieth century philosophical theorizing about *free-will*. *Compatibilism* is the thesis that free-will is compatible with determinism, and at the very least it is an error by Claxon not to take compatibilism into account. The *kind* of autonomy that is relevant here is that which is lacked by people presenting to psychotherapists with serious behavioural dysfunctions and unfreedoms, as we saw above; and escaping these conditions is quite compatible with general philosophical determinism.

Claxon is right, though, that uniqueness and autonomy are two aspects of self that are crucial for the issue between Buddhism and psychotherapy. But the issue is not unproblematic for Buddhism. Van Waning (2002) points out that psychotherapists recognize a problem over lacking self-coherence and self-esteem: the developed self is seen precisely as a function of coherence, continuity and agency. She sets up the case of Ella, who is unhappy and lacks self-esteem because she identifies herself entirely reactively in terms of her relationships with others, especially family, not as a distinctive and unique actor in the drama of life (95). This sort of example, of someone who seeks their *raison d'etre* in the identities and projects of others, deserves careful description by Buddhism, since it throws up a sharp contrast between the two disciplines. It requires description of the Buddhist project in terms of a concept of self which is other than the one that psychotherapy wants to strengthen.

The example of Ella deserves more extensive development than can be given here. But it can be seen that it is representative of an argument which can be stated in broader terms, and applies to *any* view which denies the existence of self. Assuming the complementary hypothesis as the best way of reconciling the areas of application of Buddhism and psychotherapy, the therapists' point cannot be denied. It is desirable to be a confident, self-respecting individual, forming one's own unique and distinctive projects, not fettered by attachments, unfreedoms and compulsions, not seeking desperately to adopt the goals of others as one's own goals. This is a robust self *in some sense*, it is what Ella felt a lack of. But could it make sense to build this up with psychotherapy, only to tear it all down, regressing to the former state under the influence of Buddhism? Of course not, that would be a travesty of Buddhism. That is to say, there must be something worth preserving in what psychotherapy can deliver, which Buddhism should not, need not, and does not deny. Buddhist teachers are not helpless, dependent creatures, they have their own confident autonomy, their own psychological strength, their own laughter. This is whatever it is that psychotherapy calls a self. It is what Buddhism must reconcile with its own metaphysic.

The quick Buddhist reply to this argument is to dismiss it as mere semantics. Buddhism and psychotherapy are simply using the word “self” with different meanings. This is apparent in Claxon's discussion above; but one does not need to take sides on Buddhist disputes about the nature of the self, for it to be clear than none of them are using the term with the psychotherapists' meaning. Buddhism is denying the self at least in the sense of a unitary, enduringly self-identical entity, and correlatively in the sense of an immortal soul. But that is not what Jung's individuation, Allport's maturity, Claxon's autonomy, and their psychotherapeutic cognates denote. They denote certain kinds of character traits desirable for being someone with fully-developed potential, freedom, and rationality; and in no sense do they imply an eternal metaphysical entity with the magical power to sustain existence and attachments beyond physical death.

However, dismissing a dispute as mere semantics is not necessarily plain sailing. In the offing is always the charge of being misleading, if words are being used in non-standard ways. If the metaphysical self is a fiction, then would it not be better to discard the concept as outmoded, as useless as the concept of phlogiston? Instead, we should acknowledge a real role for the concept of the autonomous self, compound and complex, deriving from the psychotherapists' usage. In short, the Buddhist denial of self gets something right; but at the same time this objection is that, in identifying the metaphysical self with the self in any sense of the term, there is an overstatement in typical Buddhist presentations of their position.

10 Conclusion

I conclude by rehearsing the argument of the paper: In the first part, we began by noticing the similarities between Buddhism and cognitive therapy. We illustrated an important common feature by surveying the treatments of depression and anger by Santideva, and by cognitive therapy. In the second half of the paper, we moved to outlining differences between the disciplines. Differences in beginning points, and differences in the outcomes aimed at, led us to formulate and defend the complementary hypothesis. In surveying the views of various Buddhist psychotherapists, we saw that there is definitely support among them for the complementary hypothesis, though not unqualified support. Outlining some of the views of therapists on possible dangers arising from meditation inevitably raised the question of the self. This led in the later part of the paper to formulating an objection to the complementary hypothesis, namely that there is a clash between the Buddhist claim that there is no self, and the psychotherapists' claim that the aim of therapy is to develop a robust self. In defence, it was argued that there is no formal incompatibility, if the word is being used in different senses. The discussion on this point concluded with the usual caution, that mere semantics can nonetheless be at least misleading, if not a source of philosophical confusion.

Overall, we have seen similarities: the disciplines have considerable overlap. But there are also differences. Neither discipline reduces to the other, but each can learn from the other, and each has its common insights reinforced by the other. Indeed, it is remarkable that a tradition so insightful about human nature and suffering developed so early in human history.

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