

Training Psychotherapists in Attributes of "Mind" from Zen and Psychoanalytic Perspectives, Part II: Attention, Here and Now, Nonattachment, and Compassion

STUART W. TWEMLOW, M.D.*

Part II of this paper enumerates four additional attributes of mind derived from Zen that could enrich the training of a psychotherapist. These include: training and modulation of the therapist's attention, the centrality of the concept of "here and now," what it is and is not, and the natural unpressured emergence of compassion as a manifestation of the therapist's nature.

In addition to the attributes of "mind" derived from Zen, enumerated in Part I, four more skills could be usefully inculcated in the trainee psychodynamic psychotherapist:

I. THE FINE TUNING OF ATTENTION; LISTENING AND HEARING SKILLS

The fine tuning of attention is the hallmark of Zen experience. In Buddhism, the mind is considered to be a sixth sense along with vision, hearing, etc., and has as its "food," thoughts (mind/objects according to Rahula, [1]). The term "thoughts" includes ideas, feelings, behaviors, and perceptions. Attention is trained by observation of the way in which thoughts arise and pass in the mind (meditation). Stark differences between Zen and Western psychology are observed when contrasted from a cognitive/affective point of view. In the West, how the mind works has been until recently the purview largely of academic cognitive psychology. Clinical psychology, especially psychodynamic/psychoanalytic psychology has always been focused on the content of thought rather than the way in which thinking occurs (process). Zen training can produce a finely trained mind functioning at a high level of discrimination; a mind that allows the therapist to perceive the basic nature of thinking and the basic discontinu-

*Director, Erik Erikson Institute for Research & Education, Austen Riggs Center, Stockbridge, MA; faculty member, Topeka Institute for Psychoanalysis, Menninger Clinic, Topeka, KS; Clinical Professor of Psychiatry and Behavioral Sciences, University of Kansas School of Medicine, Wichita, KS; master teacher and practitioner (Renshi); 7th Dan black belt in Okinawa Kobudo (weapons) system; 6th Dan in Okinawa; Hawaii Kenpo Karate; black belt in Shinko Kaiten Aikido and Eagle Claw Kung Fu. He is a longtime student of Zen and an exhibited Zen painter. **Mailing address:** 5040 S.W. 28th St., Topeka, KS 66614-2320. Facsimile 785-272-5335, e-mail STwemlow@aol.com.

ity of thought often resulting in insights relating to emptiness and nonattachment. This finely tuned mind, when trained in this way, functions *mindfully* as opposed to *mindlessly*. The *koan* implied by the admonition in the four noble truths of Buddhism to achieve a state free from attachment by intensive and altruistic effort is a paradox itself! It can be clarified using the idea of striving. Striving combines the best of effort/no-effort with a conscious transcendence of the effort/no-effort dichotomy. It is like saying "work smarter, not harder." One exerts effort, however, the effort is applied consciously (with intent) and with skill. Thus, striving makes use of the training of attention and is based on consciously working with intention. The idea of nonattachment does not dispense with the idea of effort, but embodies the idea of intelligent, nonclinging effort.

A wealth of experimental studies have shown that even the resting unoccupied human mind entertains many different thoughts each minute. In Buddhism, these distractions are seen as attending to the wrong thing. It should be noted that the naturally functioning mind is capable of modulated attention. In his classic paper, Freud (2) erroneously dismisses the training of the thinking of the analyst as simple. He says, "The technique (of thinking of the analyst) however is a very simple one" (p. 324). Freud felt that all that was needed was to simply make no effort to concentrate the attention on anything in particular, and to maintain a regard for all that one hears with the same measure of calm, quiet, and attentiveness of evenly hovering attention. This of course is very hard to do. The purpose for which Freud postulated this mode of attending was partially practical; i.e., to avoid the strain of concentrating for hours at a time and also to reduce the selectivity of attention to a particular type of material, thus leading to scotomatizing other material. Freud conceived of evenly hovering attention as the corollary of the golden rule of analysis, which demands that the patient communicate everything that occurs to him without criticism or selection (p. 324). Freud then considered the golden rule *for the analyst* to be: All conscious exertion is to be withheld from the capacity for attention and one's unconscious memory is to be given full play; or to express it in terms of technique, pure and simple: one has simply to listen and not to trouble to keep in mind anything in particular. He then goes on to say that listening in this way will be "sufficient for all requirements during the treatment," however, that statement is not correct. Many different states of attention are necessary during treatment. Freud was probably referring primarily to the "data gathering" phase of psychoanalytic treatment. He admonishes the analyst to "take as a model for the psychoanalytic treatment the surgeon who puts aside all of his own feelings, including that of human

sympathy, and concentrates his mind on one single purpose, that of performing the operation as skillfully as possible" (p. 327). Here he introduces the concept of countertransference, although rather than implying a cold, inhumane therapist, he is merely using analogy to describe how important it is to not let one's own conflicts interfere with the process of listening, or as he said, "If he does not, he will find himself in consequence helpless against certain of the patient's resistances" (p. 327). To prepare the therapist for this, Freud had not a great deal to say even in subsequent writings. He says in the same article (p. 328), "it is justifiable requisition that he (the analyst) should further submit himself to a psychoanalytic purification and become aware of these complexes in himself which would be apt to affect his comprehension of the patient's disclosures." Later on, he says that "too intimate an attitude on the part of the doctor interferes with the treatment and that the physician should be impenetrable to the patient and like a mirror, reflect nothing but what is shown to him." (Perhaps the mind mirror of Zen!)

Generations of psychoanalysts since Freud have echoed these comments, perhaps altruistically described by the well-known historical figure in psychoanalysis, Max Eitingon, the founder of the first formal school of psychoanalysis in Berlin in 1920. He used to enjoin his student analysts that every new patient must be treated as if he had come directly from Mars: and as no one has met a Martian, everything about each patient must be considered as utterly unknown (Ramzy, Personal Communication, 1992). It is known that the human mind does not function randomly (3); even when it is hovering evenly and apparently being nonselective, it is likely to be highly selective in the way it operates because it operates according to certain conscious and unconscious assumptions. Thus, it is necessary to train this mind to achieve the sorts of fine distinctions and personal understanding necessary to engage in attending to the patient. Schlesinger (4) points out in his extensive writings on the intellect and the process of thinking itself, that information for the psychoanalyst arises from three sources:

1. The background knowledge the analyst has about life in general and about psychopathology and psychoanalysis in particular, and the specific knowledge about the patient;
2. What the analyst currently hears from the patient and sees;
3. What the analyst senses from his own cognitive, affective, and somatic reactions to the patient's conscious and unconscious communications and demands.

In addition to these sources of information, three processes occur

simultaneously with their relative importance in defining therapeutic technique varying from session to session and even within sessions from moment to moment, because they influence how the therapist attends, listens to, and hears what the patient is really saying:

1. **Therapeutic attending** is taken here to mean noting the thought in a variety of ways to be described in detail later. Thus, attending becomes a description of a piece of work the mind does as a preliminary to the activities of listening and hearing, which in turn allows the therapist to select from three sources of information, the appropriate response at any moment.
2. **Therapeutic listening** requires more mental effort from the therapist and according to my formulation is a containing mental posture that has the overarching background structure that the patient is the sole focus of listening as described in the I-Thou relationship defined by Martin Buber (5).
3. **Therapeutic hearing** is the act of understanding what the patient is trying to convey, consciously or unconsciously, to the analyst, with an action appropriate to the needs of the patient. On some level the patient will feel understood.

People often pride themselves in being able to do several mental things at once. Research in meditation has shown this not to be possible, and more recently, so has work from experimental psychology (6). In reviewing the literature on doing two things at the same time, technically called parallel processing, Pashler considers that certain mental operations are bottlenecks that require exclusive use of some cognitive resource and therefore cannot be done concurrently. These include even the most trivial forms of decision-making and memory retrieval. Processes that require less effort may be partially done at the same time although meditators say that for greater mental sharpness, doing one thing at a time is most efficient. Thus, decision-making and memory retrieval, two operations that are constantly involved in the day-to-day activities of the psychotherapist, will interfere with the listening and hearing process as we have defined it. Bion (7) described the ideal therapeutic listening posture as a disciplined attitude in which tolerance of the unknown is paired with confidence that something will evolve in the emotional contact with the patient and that this something will be possible to put in words, thus generating the possibility for change in the mind of the patient. Bion considered quite emphatically that any wish to cure and the remembering of things interfere with the process of listening and hearing as I describe it. He says of the listening posture of the analyst, that it needs to be; "Without memory, without desire, without

understanding . . . to allow the intuition of the dream-like . . . psychic reality . . . in evolution." He refers here to conscious memory, of course, and particularly more importantly, to the attention cathexis to conscious memory. Desires, in fact, are future-directed tendencies of the mind and thus also interfere with listening and hearing; even the desire to help, the desire for the session to end, or the desire for improved technique, or the desire not to lose the patient because of the money, or for professional prestige, or a good research case study, or any number of other factors cause distraction. Bion considered these actions to interfere with psychoanalytic knowledge acquisition, substituting actions for knowledge, an "acting in" of the therapist. Without understanding, a state of uncertainty or lack of knowledge is implied, thus allowing flexibility to exist. Bion has intuited the Buddhist idea of impermanence and the basic uncertainty of mental events. His is essentially an admonition to give up the usual categorization of knowledge, spatially, temporarily, and from the point of view of causality, avoiding what he called "the irritable reaching after fact and reason." To Bion, the mind is an apparatus for thinking thoughts. In other words, the mind functions like a "uterus" to contain the "fetal thoughts," and if not functioning, the thoughts themselves would become disorganized and the linkages between them disrupted. That is, from Bion's point of view, the thoughts become unthinkable or fragmented. According to Zen, as well as to Bion, the untrained mind is distractible, capable of addiction and aversion, easily captured by pleasant and unpleasant stimuli, and readily overwhelmed by affect. Attentional liability would reduce the efficiency of the working mind. The metapsychology of attention deployment from the Western point of view was aided by the ideas of Sterba (8), who described how the ego could be trained to divide into observing and experiencing components and that the analytic posture was to be able to preserve both aspects and shifts, depending upon the demands of the situation. To this, the concept of mindfulness provides another dimension.

Tart (9), in an illuminating paper on mindfulness, defines it as a feeling of clarity of the experience of presence. He points out that it is central in Buddhist thinking and presupposes attentional clarity. He considers mindfulness to refer to a clear, lucid quality of awareness to the everyday experiences of life, *conscious lucidity*, as opposed to time spent in abstraction and fantasy. He also applies mindfulness to deeper, more subtle, preconscious and unconscious processes of the mind: *unconscious lucidity*. When a *self-observing* component is present, involving awareness of being aware, Tart considers this state not self-consciousness in the sense of shyness or awkwardness, but not being completely absorbed in, or totally

identified with, the content of ongoing experience (a neutral observer perhaps). Tart calls a sense of continuity, *self-remembering*, a process that continues on between conscious mental events and does not need to be defined to exist. Clearly this "contentless" state exists against a rich context of preconscious and unconscious processes. Training in Zen involves not only formal meditative work and work in the meditative arts and with the body, but also constant, everpresent awareness during daily activities.

Plato likened the mind to a ship in which the captain and navigator are in the hold, and each sailor takes turns steering when he feels like it. A variety of other picturesque metaphors have been used to describe the extraordinary degree of distractibility of untrained attention. Who has not experienced, for example, engaging in a behavior such as eating a piece of a favorite pie, and suddenly realizing that it is almost gone, without one tasting a single bite? One's mind has wandered elsewhere, and so the pleasure of tasting it has been lost. Training in the meditative arts is part of the basic practice of Zen and is a form of perceptual rehabilitation. Many reasons for the wandering of attention can have psychodynamic underpinnings; the analysis of defense and the improvement of psychopathology will itself aid in reducing wandering of attention. For the purposes of this discussion, the mind of a well-trained individual is not easily distractible but remains under that person's voluntary control. Mindfulness, a form of self-awareness that leads to self-control, is described by Mikulas (10) as the subjective conscious experience of noticing. He goes on to say that since the object of awareness and the awareness itself occur together they are often confused. It is possible to cultivate awareness independent of the object of awareness according to Mikulas. The idea of simple awareness or "mere awareness" is a form of mindfulness, or noticing, which includes watching, thinking, and learning, but not getting pulled into thoughts, that is, into "thinking thoughts."

It is only recently that the phenomenon of awareness has been included as part of Western psychology (11). There is some evidence that therapists can improve their listening and empathy skills by training their attention (12-14). Thus the therapist's quieted mind, not categorizing, judging, and prematurely planning treatment can aid in listening without evaluating and categorizing. This enables the therapist to more easily see the world from the patient's vantage point, to detect gross and subtle behaviors of the patient and of him/her self. Meditators often perceive things more sensitively and rapidly than non-meditators (15). Needless to say, "paying attention" especially to the "here and now" is critical in all psychotherapies, enabling therapist and patient to become more aware of their relationship

and perhaps to feel more connected, or, as is referenced in the meditation literature, to be more fully present.

SEVEN THOUGHT PATTERNS

In training the process of thinking, attention is capable of being used efficiently and can be empirically divided into seven ways of attending, all of which may be used separately or in interrelated complex combinations at the behest of the thinker. It should be noted that these basic thought patterns can also be conceptualized as states of consciousness: levels of perceptual awareness and also as ways of conceptualizing the subject/object dialectic. To avoid becoming rigid in one's thinking, it is quite useful to see the thought patterns in all of these various ways.

1. **Logical thought (*shiryo*)** encompasses the attentional focus necessary to plan and to integrate past and future with present knowledge. It is governed by logical laws and could be called skilled consciousness.

2. **Scanning (*fushiryo*)** is a peculiarly Zen concept. This pattern is close to the idea of "no mind" or evenly hovering attention. It is not that the mind is empty of thoughts, but that attention does not favor a particular thought or for that matter any mental event. Attention moves effortlessly from one thought to another. This mind is thus receptive and intuitive. It is open to information.

3. **Automatic thinking (*hishiryo*)** could be called efficient action. This mind needs to be trained. Efficient action is thoughtless but not impulsive. In *hishiryo*, there is a movement from unconsciousness or preconscious thought to action without conscious intervention. However, the automatically thinking mind must have its conscious component in a suspended or "supervisory" mode. If the conscious mind is actively thinking of some other process, then the preconscious thought becomes impulsive and unintegrated. This type of thinking is necessary for rapid processing of reactions and rapid physical movements since the conscious mind cannot entertain thoughts quickly enough to be capable of the complex sorts of actions and movements that may be necessary under certain conditions, e.g., driving a car or playing a piano.

4. **Selfless concentration (*mushin*)** approaches what is sometimes called "flow consciousness" (16) and is necessary for intimate, empathic awareness, or *sensual knowledge*. There is selfless absorption in the external world where any awareness of self is suspended. We are all, to some extent, aware of this when we find ourselves lost in a piece of music or a visual scene. Empathic listening requires the employment of *mushin*.

5. **Mindfulness** is close to the idea of lucid awareness (9). The mind is

observing, remembering, and experiencing both conscious and unconscious, internal and external events. The experiencing self is maintained with equal weight with the observing self, a form of healthy splitting of attentional focus. This mind is capable of merely noticing without processing and is similar to Mikulas's (10) idea of objectless awareness. The difference between such a state and the state of scanning involves the intensity of focus. The lucidly aware mind is in a soft focus, a relaxed state. A scanning mind is actively focused with a constantly shifting attention. The feeling of the awareness is much harder in focus; in both, attention is split.

6. **One-pointed concentration (*samadhi*)**, distinguished from mindfulness, is self-awareness maintained in the background with concentration on the object in the foreground. This state is one in which a single object of concentration can be maintained without distractibility of the mind. This mind set is close to what is meant by being able to concentrate intensely. It is similar to *mushin* with some preservation of self-awareness. It is a problem-solving mode in which both logical and nonlogical thought can be used. Such a state enables integration of several ideas in working for long periods of time and is a hard, active focus of attention, but sacrifices a broader awareness as in scanning and mindfulness.

7. **Enlightened awareness** is viewed as the capacity to be constantly aware both of the world of duality (discrimination) and the world of unity (equality) in the Zen sense. This is a transcendental position in which the individual lives in a both/and rather than an either/or world (i.e., has understood the pre/transfallacy of Wilber). An enlightened person feels at home in him/her self and lives and practices in the integrated present. Such a state of mind involves not only perceptual rehabilitation, but an understanding of the values I have discussed, particularly an understanding of the true nature of emptiness and the capacity to altruistically embody compassion; that is, to "live it." This state is compatible with traditional ideas of excellent mental and physical health.

There is an exercise used in the training of actors called sensory immersion. As I understand it, the actor is sensorially saturated so as to fully focus on the role to be mastered. Any uninvolved sense can distract from the mastery of the role. I have adapted such a method to assist acutely anxious people, including people with borderline and more serious disorders, to shift them from a preoccupation with a repetition of the past into the present. Frequently, self-absorption in the past-reflected-in-present symptoms (transference), leads to a feeling of choicelessness and a pathological narcissistic self-absorption. Such individuals are often not aware of

what goes on around them, including potential supports in the environment which could help resolve some of the issues that they are currently repeating in the present. I would have these patients go outdoors, preferably to be around trees especially when wind is blowing, so that they can experience multiple sensations on the skin (touch), sound, visual image, seeing, smell, and even taste. Such sensory saturation focuses them in a present choiceless centered awareness—choiceless in the sense of awareness without the observer.

Vignette 1

A 16-year-old man with schizophrenia was brought to my office, hallucinating persecutory voices insisting that he kill his mother. I was on my way to teach a karate class, and I invited him and his mother to observe. After a few minutes, he voluntarily participated in the class and worked up a significant sweat. In a session immediately after the class, he indicated with satisfaction that he now felt whole and could feel his body. He also noted that the persecutory voices were quiet. He later became a regular and dedicated student of the martial arts, and to this day, 15 years later, he uses more traditional medical treatment for schizophrenia in combination with martial arts practice.

Krishnamurti in his last journal (17) places great emphasis on choiceless awareness as part of the cycle of insight. In his typical way, he uses analogies from nature; for example, of the eagle flying high in the air he says “watching, learning: learning is time but watching has no time. Or when you listen, listen without any interpretation, without any reaction, listen without any bias.” He emphasizes that for insight, learning and books are important but not as important as the training of the senses, which if **not** highly awakened learning is incomplete or distracted. The single-mindedness of *samadhi* leads to a loss of a great deal of information from other sensory channels from the world around us, not only the world of natural phenomenon but also the interpersonal world. Krishnamurti says that simple honest choiceless awareness leads to another factor, which is attention (p. 73). So, in his view, attention is not possible until one realizes choiceless awareness, which enables one to attend because a complete field of attention is possible that was previously limited by past-focused, constantly distracted, narcissistic self-absorption or as he puts it, “by all the ways of past generations the impressions, the traditions and all the folly and goodness of man” (p. 73). From his point of view, out of this choiceless awareness (selfless concentration or *mushin*), attention is then possible and it is from this state of consciousness that insight emerges. His concept of

insight seems salient because the more scientific concept of it as an integration of behavior with intellectual knowledge and affect seems insufficient to explain the extensive and noetic qualities attending life-changing insight. Krishnamurti goes on to say,

insight is not an act of remembrance, the continuation after remembrance, the continuation of memory. Insight is like a flash of light. You see with absolute clarity all the complications, the consequences, the intricacies. Then this very insight is action, complete. In that there are no regrets, no looking back, no sense of being weighed down, no discrimination. This is pure clear insight-perception without any shadow of doubt. (p. 73)

Thus, from this perspective Krishnamurti reveals insight as a special perspective on one's being in the work and universe. It is a perspective where you move from being lost in the self (narcissism) to having a remarkable sense of immensity and distance but closeness to the current situation and one's role in life as a whole, as it relates to all other things, not only people; very close to the Zen idea of *satori*.

In integrating these varied views it would seem reasonable to say that the training of various ways to attend to intra- and extra-psychic content, described as several levels of training attention, leads to a synthesized way of attending, listening, and hearing. We call this enlightened awareness, very similar in essence to what is implied but not stated directly by Krishnamurti. In summary then, such attentional perceptual training, or rehabilitation, leads to a fine honing of the active mind itself, so that when the mind is emptied it becomes capable of attending fully. This would correspond to a shift to listening in the way I have defined it here, i.e., therapeutic listening. Therapeutic listening is always listening from the point of view of the patient as in Martin Buber's "I-Thou" sense, and not listening to convey one's point of view (I-It), where the other (It) becomes a receptacle for information. Hearing is a complicated dialectical registration of the patient's needs for action or nonaction, and the patient's response of feeling that the needs have been met. Dialectical therapeutic hearing requires the training of attention in this comprehensive way, leading to a capacity for selfless concentration and the variety of other states of attending to the patient. Mastery of attention deployment allows a therapist to become a true listener in the empathic sense and also to hear, the act which is ultimately therapeutic.

I hope it is now clear that the fresh, spontaneous, natural action of the unfettered mind of a healthy individual comes from transcendence of the discriminating mind to a don't know mindset (18). For a trained mind, attention is not labile, and, at will, it can utilize logical thought, scanning,

automatic thinking, and selfless concentration, etc., in a variety of mixes dependent on the circumstances. Such a trained psychotherapist is far less at the mercy of acting on countertransferences distortions and other distractions from the therapeutic process. The Table summarizes these attentional strategies.

Perhaps two of the most misunderstood concepts in Zen are those of *here and now* and *nonattachment*. Both are experiential constructs relating to the quality and the nature of the experience of the passing of time.

II. "HERE AND NOW" AND TEMPORAL EXPERIENCE

There are at least three ways of looking at the concept of here and now:

1. **Psychobabble Form.** If one reverses the words, here and now, one gets nowhere and nowhere is exactly where this idea leads if it is taken literally. There are occasional cases reported of brain-injured individuals who remember nothing, so that each day mundane tasks of the most basic type are brand new experiences, but are not enlightened in any way.

This psychobabble was popularized by the New Age subculture where the concept of here-and-now was used as an excuse for psychopathic behavior; perhaps captured best in a poster; very popular in the sixties:

"I do my thing and you do your thing,

I am not in this world to live up to your expectations and you are not in this world to live up to mine,

You are you, and I am I,

If by chance we find each other, it is beautiful,

If not, it can't be helped."

Other forms of this "prayer" are less polite (19). This idea evolved out of a less serious aspect of the middle-class human-potential movement of the sixties and early seventies, where relatively affluent and educated adults learned to play and act the fool in a moderately irresponsible way! Thus, from this point of view human relationships are trivialized and can be discarded when the "now" passes.

2. **Psychopathological Form of Here and Now.** Existential psychiatrists consider some forms of psychopathology to be disturbances of categories of existence, particularly temporal categories, e.g., a preoccupation with the past leads to depression, with the future, to mania and hypomania. A phobic relationship with the present may result in a schizoid character structure. In these cases, the now is missed. The neurotic individual is never in the present, often missing much of the flow of life even in the absence of organic defects. This neurotic state is well depicted in Woody Allen movies where self-absorption preoccupies the lead charac-

Table I. ATTENTIONAL STRATEGIES FOR TRAINING OF THE PSYCHOTHERAPIST

Attentional Strategy	Value of Strategy for Therapists	Awareness of Self	Technique for Training	Focus	Level of Arousal
Logical Thought (<i>shiryō</i>)	Logical thought and strategy. Remembering	Fully and consciously present	Discourse Debate	Hard	Fully Alert
Scanning (<i>fushiryō</i>)	Awareness of external world, intuitiveness	Evenly hovering and inactive	Daily mindfulness practice. Meditation training.	Soft	"Idling" Mind
Automatic Thinking (<i>bishiryō</i>)	Fast action and response. Timing of interventions.	Suspended "barely present"	Martial arts, sumi-e brush painting. Music. Noh drama.	Soft or Hard	"Idling" Mind
Selfless Concentration (<i>mushin</i>)	Empathy	None	Martial arts and other techniques using sensory immersion, e.g., acting training	Not applicable	Absorbed
Mindfulness	Receptivity, self-awareness, and reflection	Fully present	Mindfulness meditation training. Zen exercises for remaining fully present	Soft	"Idling" Mind
One pointed Concentration (<i>samadhi</i>)	Endurance, tenacity, clarity of thought	Variable but less than <i>Mushin</i>	Debate, Discourse, Concentrative meditation training	Hard	Varies between alertness & absorption
Enlightened Awareness	Fully present and flexible. Healthy role model.	Dissolved (empty)	Psychoanalysis. Meditative and martial arts. Compassionate service	Not applicable	Flexible, in harmony with internal & external circumstances

ter who, Woody Allen insists, is not autobiographical. Other people become an anemic backdrop to the convoluted narcissistic musings of the central character, for example especially in "Midsummer Nights Sex Comedy." Psychopathology has been described as the continuous reenact-

ment of the past in the present so that the past is always present and influential in mental illness. Successful therapy relegates the past to the past, so that it becomes an innocuous memory only, not a way of life.

3. **The Healthy Form of Here and Now.** Here, the past and future are blended to enrich the concept of the present, not to distract from it. Consider the *koan*: "a tree is just a tree and a rock is just a rock." This *koan* can be seen as a description of how life develops over time. The concept of **now** changes over time, based on the experiencer's knowledge of it accumulated through personal growth. To a child, a tree is just a tree and a rock is just a rock. As the child grows up, all the complexities and varieties and forms and uses of trees and rocks become apparent and these are all explored with the enthusiasm of youth and adult years. Little by little, with the wisdom of age, irrelevancies and redundancies drop away until once again, a tree is just a tree, and a rock is just a rock pared to its basics. Cognitive concepts of this tree and this rock are different at each stage. Initially there is a state of ignorance that has as its strength a pristine innocence—the child. Secondly, there is the complexity and richness of the here and now of the growing adult, and finally, the wise simplicity of the here and now of the older individual who once more returns to the roots and to the basics. These basics are however immeasurably enriched by the experiences of the past. Thus, the concept of **now** by no means ignores the past or the future, these are instead blended into a harmonious and balanced whole.

III. NONATTACHMENT AND OPTIMAL DISTANCE

An enlightened nonattachment embodies the principles outlined in the four noble truths of Buddha. A healthy nonattached individual is fully involved with the relationship and is not distant and withdrawn. This full involvement is possible **because** the suffering created by attachment, a form of thirst and greed, is observed and abandoned. Thus the object of attachment can be itself and the individual does not have to defensively control or possess the object of attachment.

In the four noble truths of Buddha (1) life is considered to be fundamentally filled with suffering (*dukkha*) for which there is a cause and a cure. The suffering is seen to have come from thirst (*tanha*). Thirst is sometimes seen as a rather subtle form of dissatisfaction or clinging and at other times as a specific and intense form of possessiveness and greed. The Buddhist position as depicted in the four noble truths considers that this thirst fuels attachment which creates suffering by over involvement. When the object of attachment is no longer responding, the individual experi-

ences are suffering. Psychobabble and psychopathological forms of nonattachment are forms of defensive distancing. By contrast, healthy nonattachment frees the individual from having to be possessive and controlling of a person or object. At the same time, this nonattachment allows the object of attachment to fully manifest without being distorted by the interferences, greediness or possessiveness of the other. In one sense the relationship between attachment and nonattachment is a dialectical balance never completed and is not a pure or ideal state. The concept is useful especially for the unique form of distancing required for the listening posture of the psychotherapist where there has to be a meld of distance and involvement in a delicate dialectical balance.

The contemplative disciplines provide a useful model to understand the complicated idea of suffering created by attachment. Consider the case of physical pain: contemplative disciplines consider that pain is a combination of sensation and suffering, what is called a multiplicative function (9). It is the emotional reaction to the sensation of pain that creates the state of mind, "I am suffering." Suffering is thus a combination of emotional reactions, including resistance to the sensation of pain. It could be represented, in a somewhat oversimplified way, as a simple equation:

$$\text{SENSATION} \times \text{EMOTION} = \text{SUFFERING}$$

A clinical vignette illustrates this idea:

Vignette 2

The patient, a 35-year-old combat veteran, had been decorated many times for bravery in the jungles of Vietnam. He had been part of a helicopter battalion and had severely damaged his back by multiple parachute jumps. By the time he had been seen by me, the neurosurgeons had operated on him several times, and had given up on any further surgical correction of gross vertebral injury. He was addicted to alcohol and narcotics and had made several suicide attempts. Nothing relieved the chronic, severe pain. He was not considered a candidate for cordotomy. Besides, he was a single parent with two young teenage girls with no assistance from their mother. This patient provided an excellent model for the application of these principles, in spite of being a man brought up in a highly conservative environment. Over a period of some years he learned to make use of meditative techniques to control the pain and became able to walk again, took up body building and led a very active life. The critical turning point came when on one occasion, after significant and intense attempts to master meditation, he realized suddenly that his very effort which had been

so successful in the jungles of Vietnam and had brought him so many accolades was useless when dealing with his pain. He was used to solving problems by application of intense goal-directed effort, yet, in this instance, nothing succeeded. All he did was block the pain with narcotics and other distractions, with the creation of self-destructive disturbances in his life. Yet, the pain always came back with a vengeance when he relaxed for a moment. He came in telling me that he had had a major conceptual realization (*satori*). The pain he likened to a loud, heavy metal band that was deafening and which invaded his life. He realized that by resisting it he only increased its power and control over him. He was able to let the pain flow through him without resistance and miraculously, it became tolerable. He likened it to a heavy metal band still playing, but with the volume significantly turned down.

IV. THE "UMBRELLA" OF COMPASSION

Compassion is implied or stated as a necessary mindset for many on the saintly path. Buddhism is no exception and is quite clear about the role of compassion as a central duty in the life of the practicing Buddhist. Zen is different; compassion is not seen as a "duty" but is a *manifestation* of successful Zen training! Thus in Zen, compassion is functionally a verb what-you-are in action, not what you preach, or have to force yourself to do. Thich Nhat Hahn (20), a Vietnamese Zen master, has spoken most eloquently to this issue, partly because he comes from a culture that has experienced genocide, with the endless suffering of innocent beings.

His Holiness the Dalai Lama (21), of Tibetan Buddhism, says that this type of compassion (necessary for world peace) is what we must strive to cultivate in ourselves, and we must develop it from a limited amount to the limitless. Undiscriminating, spontaneous, and unlimited compassion for all sentient beings is obviously not the usual love that one has for one's friends or family. The kind of love that we should practice is a wider love that you can have for someone who has even done harm to you, your enemy. Specifically then, cultivation of this Bodhisattva attitude (22) turns the individual from narcissistic preoccupation with self-development to concern for others. All other fine, delicate, and subtle training of the mind of the therapist is for naught unless it is tuned to the service of others and is nonmaterialistic or, from a Buddhist point of view, not based on desire and attachment. There must also be an element of altruism built into it. The atmosphere of modern managed health care and other problems we currently face in our culture make it difficult to develop this indiscriminating, spontaneous, unconditional regard for others that is implied by the

idea of compassion. On a less saintly level, Ella Cara Deloria (23), writing in *Waterlily* an account of family life in the Dakota Indian culture indicates the need for generosity, and the constant giving of gifts. It is felt, according to the ancient ones of this tribe, that if everyone gives, then everyone gets, and so, "old men and women preach continually to be hospitable, to be generous. Nothing is too good for giving away" (p. 52). Generosity of the heart, an altruistic concern for others, may seem idealistic, yet recent research reviewed by Shapiro and Gabbard (24), and applied by Twemlow and Sacco (25), indicates that altruism may well be a fundamental attribute of the human condition, and the task of the therapist is to appeal to it. From this point of view, training should lead to a spontaneous and harmonious dialectical balance between altruism and egoism:

ALTRUISM \rightleftharpoons EGOISM

Modern medical educators have known for some time that, with the advent of more effective scientific technologies, emphasis on the importance of the personal relationship between doctor and patients is less and less the focus of medical training (26, 27). To some extent this is to be expected, although one would also think that in psychiatry and psychotherapy this would not be the case. Compassionate concern for others is the benchmark of the Hippocratic oath for example. Psychotherapists, on the other hand, are affected by the impact of science and technology with its emphasis on material possessions. With the burgeoning number of nondynamic psychotherapies and the briefer therapies, the treatment may not be so focused on the dynamic relationship with the therapist, and thus therapies become more like directive counseling. Compassionate concern of the therapist, not only for the patient, but for him or herself and for others, can be distorted in all sorts of verbal and nonverbal ways. A striking example is of one therapist, who specialized in sensitivity training, besides feeling and expressing his own negative feelings toward psychoanalytic treatment, decorated his office with wall-length mirrors. The remaining space in his office was filled with pictures of elegantly dressed young people contemplating themselves in other mirrors! Need I say more? The role of compassion in psychotherapy is reviewed in depth by Lewin (28).

CONCLUSION

Clearly a teacher of psychotherapy oriented in this manner must embody what he/she teaches. Although freedom from all blemishes is obviously neither required nor desirable, an understanding of these "truths" requires regular practice of meditation and the meditative (including martial) arts,

which could be fairly easily incorporated into training curricula for psychotherapists and psychoanalysts. A psychologically healthy, technically well-trained psychotherapist is not yet sufficiently prepared for the awesome and demanding task of helping patients psychotherapeutically. I hope I have convinced the reader that the mind itself must also be trained. I am preparing a companion paper, "Stages in the Training of a Zen influenced psychotherapist," that concretizes these value presuppositions and principles in a directly clinical way. This paper will propose two parallel integrated training models, one derived from psychoanalytic object relations and self psychology and the other from the concentrative and mindfulness meditative traditions. Specific techniques necessary for the training of the Zen influenced psychotherapist are outlined therein.

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