

## **‘The Conversion of the Barbarians’: Comparison and Psychotherapists’ Approaches to Buddhist Traditions in the United States**

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### ABSTRACT

The use of Buddhist teachings and practices in psychotherapy, once described as a new, popular trend, should now be considered an established feature of the mental health field in the United States and beyond. Religious studies scholars increasingly attend to these activities. Some express concern about what they view as the secularizing medicalization of centuries old traditions. Others counter with historical precedents for these phenomena, comparing them to previous instances when Buddhist teachings and practices were introduced into new communities for healing benefit, such as medieval China. This article reveals that a growing number of psychotherapists also compare their activities to medieval China and other locations of Buddhist transmission. Drawing on the models of scholars like Robert Ford Campany and Pierce Salguero, the possible benefits and limits of such comparisons are outlined. The article ultimately concludes that scholars use comparison to normalize these contemporary phenomena as cohering to a historical pattern. But their interpretations are subsequently employed by psychotherapists to legitimate their activities.

### Keywords

Buddhist studies, religion and psychology, science and medicine, secularity studies, medieval Chinese religions, cultural diffusion



The above image included on the cover of the 1996 volume by psychoanalytic psychologist Jeffrey Rubin, *Psychotherapy and Buddhism: Toward an Integration*, creates a pictorial association between two founders of worldwide traditions, Sigmund Freud and the ‘historical’ Buddha Shakyamuni. Not only are depictions of the two presented side-by-side in juxtaposition; the form of each actually casts a shadow that is silhouette of the other. The implication is that their earthly incarnations as two separate differentiated men was only a trick of the light. With the proper vision, their true essential identical natures can be revealed.

As a cultural artifact, Rubin’s text figures prominently in phenomena of increasing visibility in the contemporary United States. Psychotherapists’ clinical use of Buddhist teachings and practices, once described as a new popular trend, should today be considered an established feature of the U.S. mental health field. Appearing in a 1990s publishing boom on the topic, Rubin’s volume was one of the single most seminal contributions to what has remained an ever-expanding mass of literature. Entire treatment modalities are now designed with Buddhist teachings and practices at their core, like Rubin’s own psychoanalytic humanistic ‘Meditative Psychotherapy’ (Rubin 2011). Some, like Marsha Linehan’s Dialectical Behavior Therapy (Linehan 1993), have been practiced long enough to currently hold multiple generations of adherents.

As David McMahan (2002, 2008, 2010; 2012) and Ann Gleig (2011, 2012) elucidate, these activities have a significant impact on Buddhist practice in the United States and beyond.<sup>1</sup> (They are predominantly generated by the growing number of individuals who, while not born to Buddhist parents, become interested in or committed to Buddhist paths.<sup>2</sup> However, these activities have gone

1. This article focuses on the United States, but these phenomena are actually not exclusive to geographic location (Japan is just one prominent example. See Harding *et al.* 2015).
2. How to name such individuals continues to be a question for scholars of contemporary Buddhist traditions. Thomas Tweed’s (1999) terms, such as ‘convert’ Buddhists (for those who

on to touch even immigrant Buddhist communities, especially through Buddhist chaplaincy movements (see, for example, Hanada-Lee 2006.) Psychotherapists develop culturally ubiquitous mindfulness movements, popularize neuropsychological research on Buddhist meditation, and help establish new, fast proliferating Buddhist communities like the Insight Meditation Society and Spirit Rock (Gleig 2012). The influence of psychotherapeutic frames on Buddhist teachings dramatically shapes popular U.S. constructions of the very term 'Buddhism' — what qualifies to be designated as Buddhist — often in marked distinction to criteria used in the past by Buddhist studies scholars and Buddhist practitioners.

It might not be immediately obvious to those communities of scholars and practitioners how the Buddha and the famously atheist Freud could be associated as they are in the above image. Comparing the Buddha and Freud is, however, a highly common trope for the psychotherapeutic communities who study, propagate or incorporate Buddhist teachings and practices into their clinical work. And, perhaps most surprisingly, while psychotherapists' comparative analyses often begin with the concession of Freud's atheism, they frequently go on to list a series of remarkable similarities between Buddhist and Freudian frames. Freud is characterized as possessing a Buddhist passion for 'plumbing the depths' of the intra-psychic interior, based in an equally Buddhist understanding that healing transformation occurs by turning inwards. The 'evenly hovering attention' he taught analysts to maintain in the consulting room to achieve these goals is explained to be nearly identical to Buddhist meditational states. In short, Freud metamorphoses into an accidental Buddhist.<sup>3</sup>

Psychotherapists' comparative analyses of Freudian and Buddhist teachings and discovery of Freud's Buddhist-compatible ideas could in turn be compared to stories passed within previous communities newly introduced to Buddhist traditions. Scholars of medieval China, for example, could point to historical records replete with instances when authoritative figures from one community — Buddhists or Daoists — were literally transformed into representatives of the other one. In the *Conversion of the Barbarians* stories of the *Laoshi huahu jing*, we learn that Laozi's journeys did not end with his retirement from China on ox-back. Instead, his ultimate destination was India where he took the form of a certain Siddhartha Gautama to generously share the Dao with the 'barbarians' there who lacked it — albeit simplified so the inferior peoples could comprehend it. When we read Buddhist stories from this period, meanwhile, we discover that this gets it backwards. Laozi was a disciple of the Buddha sent to China to spread the Dharma (Zurcher 1959, 288–319; Kohn 2008, 8–17). Are clinicians' imaging of Freud, their own Great Ancestor, head of their psychotherapeutic lineage, as an inadvertent Buddhist simply a new iteration of these old strategies of acculturation?

A growing number of religious studies scholars and cultural commentators have interpreted psychotherapists' approaches to Buddhist teachings and practices in this exact manner, as following a pattern of Buddhist transmission similar

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fully dedicate themselves) or 'night-stand' Buddhists (those with more casual interest), continue to be useful for distinguishing the multiplicity of Buddhist practice among this group. But what is most necessary is to particularize those Buddhist communities, largely but not exclusively of European descent, as distinct from Asian immigrant Buddhist communities.

3. Only a sampling of such analyses that specifically address the concept of 'evenly hovering attention': Rubin 1996, 115–124, Miller 2002, 79–91, Finn 2003, 122–131, Weber 2003, 169–189.

to previous instances like medieval China. Comparisons between these contemporary activities and earlier historical periods are usually made casually; an individual point of affinity is gestured towards, but without in-depth exploration, and without concerted attention to scholarship on these periods. This article was initially generated out of a curiosity about what a fuller comparison between these contemporary phenomena and that of a location like medieval China would find. Would a more extensive examination that applies the models of scholars like Robert Ford Campy and Pierce Salguero prove the similarity between these past and present activities or establish that the analogy is, indeed, casual, without solid support? I, of course, will also be unable to perform a comprehensive examination in this relatively short article, but I do hope to trace the contours of what such an investigation might include.

When the comparative exercise this article performs is completed, however, we will in fact not discover conclusive proof that psychotherapists' approaches to Buddhist traditions follow patterns of transmission also present in medieval China (however many points of similarity we may be able to discern). Instead, we will be reminded of the rhetorical function of comparison both in academic discourse and the lives of communities at large. As highlighted for some time now by thinkers like Jonathan Z. Smith (e.g., 1990), comparisons are always made by particular people for particular purposes. When, for example, scholars compare psychotherapists' responses to Buddhist teachings and practices to those of medieval Chinese communities, they mean to advance an argument in a larger debate about whether or not psychotherapists' activities represent the secularization of Buddhist traditions.

To be clear from the very start, this article does not take a position on the question of whether to define these phenomena as cases of secularization or religious transmission. As I have argued at length elsewhere, such discussion relies on binary constructions of the categories of 'religion' and 'secular' well worth re-visioning.<sup>4</sup> Nonetheless, this question pervades the current literature on this subject. Observers like Jeremy Carrette and Richard King (2005) bemoan what they view as the capitalistic medicalization of centuries-old traditions: 'the silent takeover of religion'. Meanwhile, scholars such as Jeff Wilson (2014) and Francisca Cho (2012) counter this view when they suggest that there is significant historical precedent for the behavior of psychotherapists. If psychotherapists' responses to Buddhist teachings and practices are analogous to that of medieval Chinese communities, then, rather than the secularization of Buddhist traditions, we might actually be witnessing their spread.

By interrogating this scholarly use of comparison, this article can serve in part as an analysis of the existing commentary on psychotherapists' approaches to Buddhist traditions. But my larger aim is to demonstrate how literature about this phenomenon actually itself becomes part of the phenomenon, the way that scholarly observation has a marked impact on the subjects of that observation. Through textual study of published, but largely ignored, material from representative clinicians augmented by new ongoing ethnographic data,<sup>5</sup> I ultimately reveal that psychotherapists themselves increasingly compare their activities to

4. See my 'Drawing the Boundaries Between "Religion" and "Secular" in U.S. Psychotherapists' Approaches to Buddhist Traditions', forthcoming in *The Journal of the American Academy of Religion*.

5. I am conducting personal interviews with published therapists who have had a formative role

previous instances when Buddhist traditions were introduced to new communities. Further, they frequently cite cultural commentary and Buddhological historical literature to support their analogies. Commentators make comparisons between these contemporary activities and those of the past in the course of scholarly debate. Clinicians then absorb that commentary and reproduce such comparisons for the purpose of legitimating their activities.

From my dual vantage point as both religious studies scholar and practicing psychotherapist, I ultimately hope to provide a more multi-textured depiction of important contemporary religio-cultural phenomena while making some modest interventions into larger issues long of interest to Buddhologists and religious studies scholars (including the use — and misuse — of comparison). More rigorously attending to what psychotherapists say about their own intentioned processes of incorporation, I follow Chinese religions scholar Robert Ford Campamy by focusing not on the 'triumph of secularization' or 'the spread of Buddhism' but on 'the agents who really and nonmetaphorically do things: people' (2003, 319). Further, I observe that scholars and cultural commentators also play a role in these phenomena; they too are people, active agents that present interpretations based on their own values and for their own purposes. Scholarly treatments of these activities do not remain 'outside observation'. Instead, they influence the objects of that observation, the way that psychotherapists view their approaches to Buddhist traditions. In elucidating this dynamic, I take up Campamy's call 'to deconstruct the gap posited by the modern study of religion between itself and its objects' (2003, 319). We will see, through the case of these recent activities, that the gap, often very thin indeed, is stepped across with great regularity.

### **Coming to terms with comparison**

Before performing any sort of comparative analysis, it is imperative that one clarifies the terms of comparison. We will see in a moment just how critical it is, but, to first clarify the terms of comparison of this article, I will not attempt to compare today's U.S. Buddhist-associated healing practices with those of medieval China, nor even the present day so-called 'Buddhism and psychotherapy dialogue' to the past 'Chinese assimilation of Buddhism'. The exercise instead will be to compare (1) recent scholarly models for explaining how Chinese communities responded to teachings and practices that those scholars designate as Buddhist and (2) the response of psychotherapeutic communities in the United States to teachings and practices they believe to be Buddhist — even if the scholars in (1) might not.

As far as the first point of comparison here (scholars' models), it should be noted that there are numerous other geographic and temporal locations of Buddhist transmission aside from medieval China that could be compared to the contemporary United States. A prime interlocutor for this article, Wilson (2014), for instance, compares what he calls 'the mindfulness movement' to the introduction of Buddhist traditions into Japan, and the just-issued invaluable work of Janet Gyatso (2015) on Tibetan communities' response to Buddhist healing knowledge and practices also contains copious helpful insights. I use medieval China largely because, as we will learn, psychotherapists themselves so often compare

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in these activities and am participant-observing continuing education conferences in which clinicians receive training on their various approaches to Buddhist teachings and practices.

their activities to it. In addition, the scholarly treatments of medieval China utilized as frames for this article may or may not be the most accurate depictions of those activities; there has been much contestation over how best to conceive it.<sup>6</sup> In fact, it should be immediately obvious that the similarities listed in this article between models for medieval China and psychotherapeutic approaches to Buddhist traditions have been ‘cherry-picked’, as it were, from the many differences that could similarly be cited. Hopefully, my purposes for doing so will be clear by the conclusion of this article.

As far as the second comparison point (psychotherapists’ approaches to Buddhist traditions), it should be emphasized that clinicians relate to Buddhist teachings and practices in a wide variety of ways. With the notable exception of the work of Ann Gleig (2012), existing scholarship often obscures this diversity. The tremendous popularity of therapeutic mindfulness’ practices and cognitive scientific studies on meditation threaten, like a black hole, to swallow up most conversations about clinicians’ treatment of Buddhist elements. However, psychotherapists took interest in Buddhist traditions long before they turned to mindfulness practices, and they continue today to develop approaches to Buddhist doctrine that are often highly distinct from mindfulness modalities. I will only be able to outline clinicians’ diverse responses to Buddhist teachings and practices here,<sup>7</sup> but they are actually often signaled by the variety of ways that clinicians employ comparison, not so much between their contemporary activities and those of the past, but more generally between ‘Buddhism and psychotherapy’.

### **The varieties of psychotherapists’ approaches to Buddhist traditions**

Therapists’ comparisons between Freud and the Buddha are but one example of what has been a standard practice of clinicians’ interested in Buddhist traditions. Nearly every therapist who has turned their attention to Buddhist teachings and practices conducts some form of comparative analysis between them and psychotherapeutic theories and methodologies. In fact, the diversity of ways that psychotherapists have related to Buddhist traditions can be organized by the different reasons they perform these comparative exercises and the different conclusions they draw from them. Findings of similarity or even identity between Buddhist and psychotherapeutic frames are common. Beyond just Freud, clinicians regularly discover affinities between Buddhist thought and that of a variety of other psychotherapeutic lineage heads (e.g., William James, Epstein 1995, 3).

Meanwhile, at the recent ‘Enlightening Conversations’ conference between psychotherapists and (almost entirely ‘convert’) Buddhist practitioners, which I participant-observed in New York City,<sup>8</sup> attendees listed a stream of commonalities between psychotherapeutic theories and Buddhist meta-psychologies and clinical and Buddhist practices.<sup>9</sup> Panels were held on parallels between what the

6. It is also worth noting that I exclusively utilize texts written for English-speaking audiences — a fact that is not incidental and surely shapes the sorts of models that I consider.

7. For a fuller introduction, see my ‘Drawing the Boundaries Between “Religion” and “Secular” in U.S. Psychotherapists’ Approaches to Buddhist Traditions’, forthcoming in *The Journal of the American Academy of Religion*.

8. The ‘Enlightening Conversations’ was sponsored by *Spring: A Journal of Archetype and Culture* and the Tricycle Foundation and was held in Manhattan on May 9–10, 2014.

9. For published examples, see the early high-point and model of such comparative exercises,

conference convener and Jungian analyst Polly Young-Eisendrath (2002) called ‘the psychoanalytic dyad and the Buddhist teacher/student relationship’ (Young-Eisendrath, May 10, 2014). Another conferee, psychologist and Zen abbess Grace Schireson (2009), described psychoanalytic treatment of ‘splitting’ (idealizing or demonizing others in relationships) as consistent with how ‘in Buddhism we often describe that splitting as a dualistic view where we put things in categories’ (Schireson, May 10, 2014). Beyond psychotherapeutic frames, many clinicians broaden their comparative studies to find identity between Buddhist doctrine and the foundational category of science because they often seek to maintain psychotherapy’s classification under this heading.<sup>10</sup> A central figure for bringing scientific ideas into conversation with those of both psychotherapeutic and Buddhist traditions, psychologist Gay Watson (2008) spoke to me in a personal interview<sup>11</sup> about how recent developments in quantum physics and the cognitive sciences show Buddhist thought to be what she calls ‘the first psychology’ (Watson, March 31, 2014).

Clinicians frequently conduct comparative analyses when developing integration approaches, when seeking to combine or even ‘synthesize’ Buddhist and psychotherapeutic elements. The assumption here (often implicitly accepted by scholarly observers) is that a demonstration of the similarity between Buddhist and psychotherapeutic frames is equivalent to a demonstration of their compatibility. If they are found to have essential commonalities then they are brought close enough to be able to co-exist, mixed together into new clinical methodologies or new Buddhist forms. Of course, not all therapists have shared this presumption. Some of the earliest and most prominent therapists to take an interest in Buddhist traditions, C.G. Jung and Erich Fromm, discerned similarities between Buddhist and psychotherapeutic frames but did not believe that this proved their compatibility. In fact, they strongly believed that psychotherapeutic and Buddhist practice were incompatible and would have been opposed to attempts to integrate them.

Jung (1935/1969) thought that he detected a series of strong similarities between his own psychotherapeutic positions and the concepts he read in Buddhist texts, translated and framed by formative figures in the ‘German discovery of Buddhism’ like Hermann Oldenberg<sup>12</sup> and Asian reformers like D.T. Suzuki who reconstructed Zen teachings in response to such European ‘discoveries’ (Faure 1993, 52–88; Sharf 1995b; McMahan 2002). Jung is so fervent in his conviction that Buddhist practice is analogical to his own methodologies that he has himself been ripe for many a *huahu* treatment (see p. 65 above) by those who followed him.<sup>13</sup> And yet Jung repeatedly and emphatically proclaimed that experimentation by the ‘Western man’ with Buddhist practice was doomed to be

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Fromm’s (1960) analysis of D.T. Suzuki’s Zen or the many more recent articles finding similarity between practices like therapeutic and Zen ‘neutrality’ (Miller 2002).

10. For just one of the many published examples, see Dryden and Still 2006.
11. Interview was conducted by Skype on March 31, 2014.
12. Oldenberg receives specific extended attention by Tomoko Masuzawa (1995, 132–136) in her elucidation of the construction of a ‘world religion’ Buddhism that could stand as foil to Christianity, a counterpoint of self-focused introversion in contrast to Christian extraverted worship of the divine.
13. The best analysis of Jung’s study of Buddhist teachings, and one of the best treatments of psychotherapeutic approaches to Buddhist traditions at large, remains Luis Gomez’s 1995 article

'a spiritual fake' (1954, 500). Influenced by the German racial theories of his day, Jung saw in Asians an insurmountable biological difference that made 'Western man' constitutionally incapable of authentically adopting their traditions.

The Buddhist forms that Fromm analyzes, meanwhile, were introduced to him during conversations with Suzuki and, later, through his friendship with the German-born monk Nyanaponika Thera. Fromm's connection to Suzuki is well known, oft-mentioned as a significant episode by general observers of 'the U.S. assimilation of Buddhism'. But his relationship with Nyanaponika Thera during the last years of his life, charted in the two's archived and currently unpublished correspondence,<sup>14</sup> is virtually unknown.<sup>15</sup> Nyanapanoika Thera's *The Heart of Buddhist Meditation*, an English language translation and reconstruction of the now famous Mahāsi method, is a singular influence on figures like Jon Kabat-Zinn who developed clinical mindfulness practices. Fromm came to believe that Buddhist traditions held invaluable healing knowledge that analysts should investigate. Nonetheless, he always kept this theoretical or personal investigation separate from a clearly differentiated psychoanalytic practice.

Fromm and Jung are examples of clinicians who see a near identity between Buddhist and psychotherapeutic elements, but not compatibility. There are also many psychotherapists who see numerous differences between Buddhist and psychotherapeutic frames, but go on to devise methods they believe can make them compatible. Therapists seeking such integrative approaches question how seamless a union is actually possible. As one therapist, Ryo Imamura, asks: 'Buddhism and psychotherapy. Do they go together like chips and salsa? Or are they less related like chips and salamanders?' (1998, 229). Even the most enthusiastic parties have rarely failed to acknowledge multiple areas of disagreement when they conduct comparative exercises. Some psychotherapists, however, place great emphasis on bringing such differences to light. For instance, in the personal interviews we conducted,<sup>16</sup> relational psychoanalyst Pilar Jennings expressed a strong commitment to bringing awareness to difference, believing it is necessary

to continuously appreciate and respect the radical differences between religious practice and clinical work and to be curious about the common ground and the ways in which these different traditions could be mutually supportive, but never to seek to conflate them and to really honor the differences in origin, the differences in intention, the differences in modality. (Jennings, May 21, 2014)

When locating differences, clinicians will sometimes assess aspects of Buddhist traditions to be counter to good psychological health.<sup>17</sup> At the Enlightening Conversations meeting, attendees at times voiced concern about Buddhist doc-

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on the topic. Among other subjects, Gomez analyses the way that psychotherapists continue to position Jung as an advocate of Buddhist practice (Gomez 1995, 224–227).

14. I am extremely grateful to Fromm's archivist, Rainer Funk, for granting me access to Fromm and Nyanaponika's letters.
15. As told by Fromm's biographers, Rainer Funk (2000, 162) and, more recently, Lawrence Friedman (2013, 293–295), Fromm was introduced to Nyanaponika by a mutual friend, previous director of the Leo Baeck Institute, Max Kreuzberger. All three were born Jewish in Germany and were forced to flee the Nazi menace.
16. Interviews were conducted by telephone on May 16, 2014 and May 24, 2014.
17. As will be discussed further below, these assessments habitually assume a monolithic 'Buddhism' with a unified voice on a variety of issues. But, of course, for every Pali Canon teaching



trine they fear encourages inhibition of emotions (e.g., anger) or drives (e.g., sexual desire) that they believe are healthful.<sup>18</sup> Meanwhile, other prominent psychotherapists, like Barry Magid (2009), who is both a psychoanalyst and the founding 'teacher' of the Ordinary Mind Zendo in Manhattan, finds that it is most psychotherapies that are lacking when compared to Buddhist teachings. In personal interviews,<sup>19</sup> Magid indicated that many psychotherapies are based in a scientific medical model that dehumanizes people by inculcating 'instrumentalized' views of life in which one ceaselessly seeks a 'fix' to the inherent pain of life rather than 'being with' things as they are (Magid, February 6, 2014). Some view Buddhist and psychotherapeutic paths to have the same essential aims even as they have markedly distinct methods for achieving them; the talking cure of therapy seems to stand in sharp contrast with Buddhist practice they view as defined by silent meditation. Other psychotherapists believe that the differences are even more consequential. They perceive there to be fundamental incommensurables between Buddhist and psychotherapeutic assumptions. (The favorite point of dissonance here is, of course, conceptions of the self.)<sup>20</sup> But, at these times, clinicians usually do not actually abandon the enterprise of synthesis when faced with elements they find to be incompatible. Instead, they reveal new integration methods to sort through the dissonances they've discovered.

### **The diminishment/spread of the Dharma**

It is worth noting that when clinicians raise points of difference between Buddhist and psychotherapeutic frames, they usually pertain to philosophical or anthropological matters rather than metaphysical ones. Clinicians do not struggle to square their psychotherapies with doctrines of a bodhisattva path that activates supernatural and superhuman abilities. They instead seek to reconcile various ideas of how to conceive human-ness, whether anger serves a healthy emotional function or should dispassion be sought. This is because the Buddhist traditions that the vast majority of psychotherapists are familiar with are highly specific contemporary U.S. Buddhist forms (McMahan 2008).

Whether D.T. Suzuki-inspired Zen communities birthed in the 1960s or modified versions of modernized Thai forest tradition meditation groups, these Buddhist traditions often strongly diverge from those of the past. The importance of clarifying terms of comparison is thus accentuated when we consider that, when therapists compare 'Buddhism and Psychotherapy' or 'Buddhism and Science', it is to these Buddhisms that they refer. For example, Fromm compares his idiosyncratic humanist psychoanalytic thought to what he calls the 'original Buddhism' he learns from Nyanaponika (a phrase that betrays its long history in early European constructions of a pure Buddhism of the Pali Canon). As described

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on release from sexual desire through meditations on decaying flesh, one also finds 'Tantric Buddhist' writings that instruct cultivation of sexual desire as a liberative technique.

18. For a published example of such discussion, see Jennings 2010, 77–79, 163–165.

19. Interviews were conducted by phone on January 13, 2014 and in Manhattan on February 6, 2014.

20. Here clinicians persevere on what they see as the incompatibility of a therapeutic focus on healing a whole healthy self and a Buddhist enlightenment defined by waking up to the reality of non-self. Although in need of updating, a good survey of this discourse can be found included in Metcalf's (2001) larger literature review.

by Erik Braun (2013 e.g., 223) and others, Nyanaponika's Buddhism consists of doctrine that is different from those of Mahāsi Sayādaw whose teachings were in turn distinct from his teacher, the monk Ledi Sayādaw's. Meanwhile, cognitive and behavioral clinicians also later studied Nyanaponika's book when developing mindfulness methodologies but read it through an entirely different psychotherapeutic lens than Fromm's.

When Buddhist studies scholars, however, perform their own comparative exercises between psychotherapeutic or scientific frames and Buddhist traditions, the latter are not the traditions that U.S. clinicians know, but those practiced by most Buddhists throughout history; so, far from identity, they find striking difference. Conducting these sorts of comparative analyses, observers effortlessly disprove the purported alignment between 'Buddhism and Science' or 'Buddhism and Psychoanalysis'. New research on this topic by scholar of Chinese religions James Robson illustrates how easy it is to discern dissonances between psychotherapists' constructions of Buddhist healing and those of the past. Robson notes that, while there is a great deal of literature on Buddhist communities' healing practices in general, there is currently no comprehensive study of Buddhist healing for what we would call today mental illness.<sup>21</sup> Only recently has Robson commenced such a project.

In recent public presentations of some of his early findings (e.g., Robson 2014), Robson outlines the many differences between psychotherapists' use of Buddhist practices and those of the past. One is quite glaring. While U.S. psychotherapists have been primarily, though it should be added far from exclusively, attracted to meditation practices as treatment interventions, meditation was never used for these purposes in a space like medieval China. Buddhist meditation practice, Robson (2014) argues, is not intended to reduce psycho-emotional conditions like stress. 'Its main objective was [actually] ... to induce stress in the practitioner in order to radically change their orientation to the world.' Individuals afflicted with the 'wind maladies' that were an etiological cause of mental illness would have been treated not with meditation, but talismans or herbal remedies (Hsiufen, 2005).

Donald Lopez, meanwhile, has specifically analyzed C.G. Jung's (1935/1969) discoveries of similarity between his own psychotherapeutic positions and the concepts he read in Evan-Wentz's German-language version of *The Tibetan Book of the Dead* (Lopez 1998, 57–60). Lopez views Jung to do an interpretive violence in which obvious differences between the frames are completely occluded, the Buddhist 'other' subsumed within Jung's own ego. To Lopez, Jung is a perpetrator, if unconsciously, of larger patterns of imperial and capitalistic violence, reproduced in cultural rhetoric (rhetoric that, as Lopez's research demonstrates, psychotherapists are far from alone in advancing) of 'claims for the compatibility of Buddhism and Science' (2008, xi). In his incisive critique, Lopez argues that to make

'Buddhism' compatible with 'Science', Buddhism must be severely restricted, eliminating much of what has been deemed essential, whatever that might be, to the

21. Robson has begun tracing 'mental illness' as a category for Chinese communities as distinct from (a) the worldwide mental affliction that much Buddhist doctrine assumes all suffer from without the aid of enlightenment and (b) Buddhist figures whose 'madness' was signifier of their having attained levels of awareness that go beyond conventional human capacity.

exalted monks and ordinary laypeople who have gone for refuge to the Buddha over the course of more than two thousand years. (2008, xiii)

Referencing a long history of predictions of decline in Buddhist traditions, Lopez envisions one of his own to express his concern about the result of such restrictions. 'If the practice of the four foundations of mindfulness is reduced to stress reduction', he asks, 'where do we stand in the process of the disappearance of the dharma?' (Lopez 2012, 211–212).

When scholars like Robson and Lopez critique psychotherapists' treatment of Buddhist traditions, they are often transparent about the normative positions which generate their critiques. Some, like Robert Sharf (1995b), appear to be motivated by a desire only to, as it were, 'correct the record', though it sometimes places him in the position of speaking on behalf of 'a Buddhist a point of view'. When he discusses the dialogues D.T. Suzuki and other Zen popularizers' had with psychoanalysts, he notes (p.140) that the Zen practitioners were

so convinced that Zen was making significant inroads in the West, [that they] failed to recognize the degree to which Zen was 'therapeutized' by European and American enthusiasts, rendering Zen, from a Buddhist point of view, part of the problem rather than the solution.

Lopez meanwhile discloses a conservative impulse in his critiques, a desire to conserve aspects of Buddhist traditions he fears are being excised or even, perhaps, repressed. He states that he seeks 'merely to forestall further diminishing of the dimensions of the Buddha's aura, to keep the Buddha from becoming just a nice person' (2008, 216). He acknowledges that, 'something is always lost in translation, simply in the rendering of a word from one language to another. [But,] in order to limit that loss, we might let what the tradition says about the Buddha be heard' (2012, 126).

When psychotherapists' actually incorporate Buddhist teachings and practices in their work, as mindfulness practitioners most famously do, the condemnation can become highly intense. Scholars and cultural critics ranging from Wakoh Shannon Hickey (2010) to Ron Purser and David Loy (2013) argue that religious rituals like meditation are being deracinated, denatured, and secularized into treatment interventions. Interpreted as acts of cultural appropriation in which a disempowered minority is stripped of its heritage, elements intended to bring salvific liberation are now used instrumentally for symptom reduction, or worse, to improve seemingly banal qualities diametrically opposed to Buddhist doctrine, among which they include 'self-esteem'.

Francisca Cho (2012), meanwhile, has a different interpretation of the comparative projects that occur in 'the dialogue between Buddhism and Western science' (282). She cites no less of a scholarly authority than 'Jonathan Z. Smith<sup>22</sup> for stat[ing] that ... the similarities between the objects we compare are instead a creation of *the observer's own mind and thought*' (her emphasis) (274). In the human subjectivity of 'the observer's mind' one can always find similarities between objects of comparisons; it is our 'natural tendency' to pick 'out what seems recognizable and already known to us'. 'The interesting question, then', Cho argues 'is *what is compared and why*' (her emphasis) (274). The reason 'why' psychothera-

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pists so regularly perform comparative analyses is immediately apparent when considering that, for many, determining similarity is precursor to determining compatibility, the viability of mixing Buddhist and psychotherapeutic elements.

For clinicians, then, the question of whether Buddhist and psychotherapeutic frames are similar or compatible is far more than an intellectual exercise; it is of significant concrete consequence. Whether Buddhist doctrine is consistent with scientific theory has an impact on whether those therapists who draw on it retain their identities as scientific biomedical practitioners or whether their treatment interventions are covered by insurance. A psychotherapist might strongly believe that a Buddhist practice has powerful healing capabilities for a person flooded by memories of childhood sexual abuse. But they might hesitate to actually offer the practice in sessions if they are unsure whether it is compatible with the parameters of psychotherapy.

Cho and other observers would claim that it is no accident that these interests of psychotherapists are of a 'practical' nature. A growing number of commentators state that studying previous instances of Buddhist transmission teaches us that communities are always attracted to those elements with perceived practical benefit. They note that healing practices specifically were often employed to promulgate Buddhist doctrine in previous 'assimilations of Buddhism' that always included significant reconstruction of Buddhist teachings and practices. (e.g., Wilson 2014, 4–5). Wilson, for instance, submits that 'we should not be surprised' by psychotherapists' behavior, for 'what at first seems like a development without precedent ... actually reflect significant patterns within Buddhism's Asian history' (105). To him, psychotherapists' use of mindfulness practices is a case study of this dynamic.

### The practical benefit of 'desacralized' practices

Because of their popularity and cultural impact, psychotherapists' use of mindfulness practices can at times obscure the fact that there are other ways they have approached Buddhist traditions. A number of clinicians already named so far relate very differently to Buddhist teachings and practices than those who developed mindfulness modalities, but there are few that are completely untouched by those modalities' influence. Developers of psychotherapeutic mindfulness practices tend to be cognitive and behavior therapists who are especially invested in being considered scientific biomedical practitioners utilizing empirically validated treatment protocols. Many thus do not view religious-designated Buddhist traditions to be wholly compatible with their secular scientific-designated psychotherapies. It was necessary then to develop new means to be able to incorporate Buddhist mindfulness practices into therapy.

John Teasdale, one of the team of clinicians who founded Mindfulness-Based Cognitive Therapy (MBCT), states that he first learned meditation from U.S.-born, Thai forest tradition monk Ajahn Sumedho.<sup>23</sup> Teasdale reports thinking at the time that these practices could be helpful to people trapped in patterns of recurrent depression wherein suicide can appear the only release from the pain of life. Because of the practices' religious origins, however, he says he was 'stuck' as

23. Ajahn Sumedho played an important role in popularizing the modern(ist) revival of the Thai Forest Tradition in England and the United States. For treatments of Sumedho, see Mellor 1991 and Bell 1998.

to how to functionalize his observations for secular biomedical therapy (Segal, Williams, and Teasdale 2001, 37). Jon Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) provided the answer. Teasdale wrote to Kabat-Zinn to invite him to collaborate on the team's depression relapse prevention methodology. 'I have been very impressed', he told Kabat-Zinn, 'by your ability to extract the essence of Buddhist meditation and to translate it into a format that is accessible and clearly very effective in helping the average U.S. Citizen' (Segal, Williams, and Teasdale 2001, 42).

Kabat-Zinn accepted the invitation and instructed Teasdale and his colleagues in MBSR's constructions of mindfulness practices. These constructions had been influenced by Kabat-Zinn's own experience with some of the same Thai revival meditation practices that Teasdale had been taught. But they also were shaped by his experimentation with U.S. versions of Zen and Nyanaponika's translation of the Mahāṣī method as practiced at Barre, Massachusetts' Insight Meditation Society (Kabat-Zinn 2011, 285–292; Braun 2013, 167–168). The entire MBCT team became convinced that these practices were capable of assisting people to let go of intense self-hatred or the sort of rumination that makes it impossible to sleep. And yet, however far Kabat-Zinn's mindfulness' practices of 'bare attention' were from centuries-old *satipaṭṭhāna* practices, the team was, as they later wrote, still concerned that even the word meditation 'seemed too close to a form of religious practice' (Segal, Williams, and Teasdale 2001, 41–42). They decided to rename the techniques they taught to their patients 'attentional control training'.

Christina Mollier's study of medieval Chinese religious activities may outline historical precedent for the decontextualization of Buddhist-designated items for non-Buddhist ends. Mollier's *Buddhism and Taoism: Face to Face* (2008) primarily focuses on interactions between Buddhist and Daoist communities which, she argues, 'was far more confrontational than the considerable interpenetration of the two religions might at first have us suppose. An amazing competition was taking place between the two communities' (10). Where previous studies tend to focus on doctrinal or 'ideological polemics' in this contestation, however, Mollier aims to highlight the 'concrete and practical aspects ... of Buddho-Taoist relationships' (10). 'The sutras and scriptures presented in [her] volume', she writes 'are all concerned with ritual procedures intended for the well-being of their practitioners' (19). This would include the 'scriptural doppelgangers' she locates in both Buddhist and Daoist communities in which 'the technical vocabulary that betrays the religious pedigree [of alternative communities] is erased and replaced by the terminology one judges appropriate' (13).

In her conclusion, Mollier distinguishes additional actors and elements from the 'Buddho-Taoist relationships' she is otherwise concerned with. Citing evidence from the Dunhuang cavern discoveries, Mollier explains that there were particular 'ritual procedures' in the 'religious marketplace of medieval China' that held 'the reputation and adaptability' which,

whether for exorcistic, prophylactic, or therapeutic ends, conferred on them the capacity to traverse the permeable boundaries separating Buddhism and Taoism without losing their original features, while at the same time forging a path among parareligious specialists in order to serve more pragmatic goals ... Removed from their devotional context and more or less emancipated from their canonical moorings, such Buddho-Taoist traditions became, in Dunhuang, the main constituents

of pragmatic procedures, whether astromedical or mantic. Thus somehow ‘desacralized’, they were nonetheless not demoted to the jumbled realm of despised ‘superstitious practices’. (211)

Perhaps the mindfulness practices that clinicians find useful for people unable to leave their homes for fear of experiencing panic attacks are contemporary instances of ‘pragmatic procedures’ that can be ‘removed from their devotional context’ and ‘emancipated from their canonical moorings’. Of course, Mollier indicates that the practices she refers to were borrowed ‘without losing their original features’ — a description that is much debated in relation to mindfulness practices.

Both psychotherapists and their observers have suggested that it is not possible to wholly ‘desacralize’ contemporary mindfulness practices, that they actually retain their identification as Buddhist even if those who use them are unaware of it. Such statements from clinicians are often quoted by a critic like Candy Gunther Brown (2013, 2014) as evidence that they seek to subversively undermine secular spaces like hospitals with Buddhist content. Brown observes, and testifies in U.S. courts, as to an intractable religiosity to mindfulness practices and other religious items that people like the MBCT team seek to secularize. She views their clinical use as endangering Christians seeking secular healing, unsuspecting that they will be asked to practice a dissonant religious tradition. Brown uses a phrase for what she portrays as a sometimes knowing deception, ‘crypto-Buddhism’, a concept with a long history for Protestant anthropologists of religion making sense of ‘syncretism’.<sup>24</sup> Wilson has used the same phrase (e.g., 2014, 94) in keeping with

an important guiding thesis [for his book] that this is actually how Buddhism moves into new cultures and becomes domesticated: in each case, members of the new culture take from Buddhism what they believe will relieve their culture-specific distresses and concerns, in the process spawning new Buddhisms (sometimes, crypto-Buddhisms) that better fit their needs. (2014, 3)

While Cho explicitly denies taking a specific position as to ‘crypto-Buddhism’ (‘my point is not that MBSR therapists are covert Buddhists in secular disguise’ (2012, 284)), she also believes that U.S. communities’ transformation of mindfulness practices is not a case of the diminishment of the Dharma, but its spread. And she compares these present day activities to medieval China to support her claims.

### **New solutions to old problems and new problems with old solutions**

Cho’s comparative analysis of these present day activities and those of medieval China indicates to her that even tremendous differences between new and old teachings are not necessarily an obstacle to what she calls communities’ ‘appropriation’. Writing in response to the criticism by commentators like Lopez, Cho grants that claims to similarity or compatibility between ‘Buddhism and science’ or ‘Buddhism and psychology’ require a repression of important differences. But she suggests that these differences are certainly no greater than those that existed between Buddhist and Chinese worldviews. She specifically cites the example of ‘the interaction between Buddhism and Chinese ancestor worship’,

24. Robbins (2011) recent work on crypto-religions is especially useful for elucidating how the concept was strategically employed by Protestant anthropologists to make sense of the ‘syncretism’ of religious others.

which she says 'highlighted a dissonance between the two cultures' views of what happens after death' (2012, 281–282). These differences were numerous, but, at a foundational level, the Buddhist concept of rebirth could appear incommensurable with Chinese understandings of lingering spirits that required the assistance of living family members. However radically different 'Buddhism and Western science' are, if the medieval Chinese could find a way to reconcile their dissonant worldviews with Buddhism, then perhaps so can 'Western science'.

Cho suggests that it is communities' perception of practical benefit from new teachings and practices that motivates them to devise means to overcome even seeming incommensurables of worldview or ideology. Extracting and recontextualizing specific practices that seem of particular use, like mindfulness, would be only one tactic. Clinicians' theorizing that there is similarity and/or compatibility between Buddhist traditions and their psychotherapies would be another post hoc invention used to legitimate efforts at more transparent integration. Cho encapsulates her position with the dictum

*Praxis precedes theory.* In other words, when two different cultural traditions come into contact and substantially engage, it is the perception of practical benefits that will determine which concepts are appropriated. (2012, 276)

Cho is advancing a theory of Buddhist transmission here, and, more than that, cultural diffusion at large. In her case example of medieval China, she depicts Buddhists as gaining interest and adherence by presenting themselves as capable of aiding Chinese communities' existing concerns about the needs of their dead loved ones.

Medieval Chinese were highly committed to the concept of filial piety, dedicated to the proper duty to and care of the family, both living and dead. Buddhist elements like monasticism was consequently an 'offensive social institution' because it appeared to necessitate a withdrawal from the family. But in the doctrine of merit and karmic transfer, methods were ascertained by which monks' positive karma could be used to the benefit of family members. As a result, even monasticism, Cho states,

was brilliantly transformed by the Buddhist cosmology of rebirth into a most potent site for the practice of filial piety. What is particularly noteworthy here is both the fact and irrelevance of the clashing conceptual structures brought about by this blending of Buddhist and Confucian practice. (2012, 277)

Stephen Bokenkamp (2007) has forwarded a book length study of 'the birth of rebirth in China' that, from a certain angle, could appear to support Cho's argument. Bokenkamp explains that the Daoist Lingbao scriptures he studies so assumed Buddhist understandings of the afterlife that he was left asking, given that they had not existed previously, 'how was it possible that such a thorough-going acceptance of the idea could suddenly make its appearance in these texts written at the beginning of the fifth century?' (13). In the end, the answers Bokenkamp offers to this question do bear a resemblance to Cho's representation (though not without important differences, e.g., Bokenkamp differentiates Chinese communities' understandings of karma from those of Indian Buddhist doctrine, pivoting on the axis of individual vs. collective responsibility). His research is motivated in part by a desire to revise earlier depictions of medieval China that envisioned Chinese communities as passive empty vessels into

which the new wine of Buddhism was poured. Challenging the once entrenched scholarly practice of analyzing Chinese texts for signs of ‘Buddhist influence’ or ‘Chinese sinicization’, he seeks to demonstrate ‘how the texts [he] survey[s] engage, deny, or appropriate Buddhist ideas, rather than ... how those ideas influenced these texts’ (11).

Ultimately, Bokenkamp does grant some support to Cho’s contention that ‘*praxis precedes theory*’ when he suggests that ideas like those associated with rebirth were attractive because they appeared to have practical benefit to Chinese communities:

Buddhist accounts of rebirth and the afterlife did not come to be accepted in China by default, or through ideological poverty, or by fiat. Instead, they were gradually adapted into preexisting Chinese conceptions of how to deal with the dead because they helped to solve particular problems among the living. (10)

Bokenkamp clarifies that Buddhist notions like karma and merit-transfer were not only new solutions to the existing problems that motivated Chinese ancestor worship. These solutions in fact brought with them new problems that hadn’t been of concern to these communities previously, namely, rebirth. From this perspective, ‘influence’ is never uni-directional. Communities can not appropriate new elements without preexisting conditions significantly changing those elements. Neither can those elements be remade into something completely familiar.

The question then is what new problems psychotherapists adopt when they treat Buddhist teachings and practices as solutions to their old ones? Certainly not rebirth. Clinicians rarely mention the concept at all, regardless of what approach they take to Buddhist traditions. Psychotherapists’ responses to my inquiries about this fact are perhaps best encapsulated by a comment blurted out by the aforementioned Barry Magid during one of our interviews: ‘it’s a metaphor; get over it!’ (Magid, January 13, 2014). The vast majority of clinicians treat ideas like rebirth, karma, or *samsara* as metaphors, usually for psychological states. These understandings are not the invention of therapists, however, but endemic to the contemporary U.S. Buddhist forms that they participate in. Those who are dedicated to these specific Buddhist traditions have been taught that the aim of Buddhist practice is still enlightenment, but enlightenment variously defined as self-actualization, self-transcendence, ethical transformation and/or awakening to the inter-relatedness of all things.

Some therapists do adopt these new goals along with Buddhist elements they view as new solutions to existing problems like depression or anxiety. Such clinicians may initially take an interest in Buddhist traditions, believing they could help a couple grieving from the death of a child cope rather than repress their pain. But those same therapists can also perceive their work to be in the service of what they sometimes explicitly name as Buddhist soteriological goals. Some develop modalities to organize these multiple goals such as Jack Engler’s (2003) developmental or stage model summarized by the now-famous phrase ‘you have to be somebody before you can be nobody’ (35–80). In Engler’s approach, the clinician first focuses on typical treatment outcomes before assisting the patient to awaken. Perhaps, this contemporary mixing and organizing of Buddhist items with pre-established practices could be better understood by comparing it to the sort that occurred in medieval China.



## Religious repertoires and therapeutic toolkits

Scholars have long sought to make sense of the way that communities mixed teachings and practices in medieval China. They have employed a long list of concepts to name such phenomena from syncretism to bricolage. In Campany's treatment of these questions, he fleshes out a model of 'religious repertoires' that could potentially be applicable to psychotherapists' approaches to Buddhist traditions. Like a number of others mentioned above, Campany too observes that, as reflected in the literature produced during this period, for many in Chinese communities, 'the overriding concern [was] ... how to draw upon Buddhism's practical efficacy in life and after death' (2012a, 31). At the same time, Campany follows a number of others in challenging common descriptions of the results of this interest in 'Buddhism's practical efficacy'.<sup>25</sup> In the past, when Buddhist elements that held seeming practical use were found alongside those designated as 'Daoist' or 'popular', commentators would decree this to be, for example, 'syncretism' or, more recently, 'hybridity'. Campany suggests that such depictions assume a reified 'Buddhism' or 'Daoism' as closed cultures that come into contact and interact as if they were active entities. Scholars comb over texts to identify and label the clearly demarcated Buddhist or Daoist items that have been mixed together. All of this, Campany argues, is generated out of 'a Geertzian emphasis on culture as all-encompassing ethos and ... religions as "cultural systems" ... as containers into which persons, ideas, practices, and texts may be fit without remainder' (2012b, 107).

Campany advocates a model that would supplant these understandings, replacing them with a vision

not of a 'common religious culture' but a common *field* of religious activity, a field populated by multiple religious repertoires. Elements of the repertoires operated in certain characteristic styles, modes, or idioms; they also served distinct functions, or were good for addressing certain sorts of problems. (2012b, 139; cf. Hymes 2003)

In this formulation, communities respond to the new teachings and practices of religious traditions, 'not as tightly organized, logically coherent systems, but as something closer to tool kits: the many kinds of tools inside might not fit smoothly together — some might even be metric, others English — but each is useful for doing some particular kind of job' (2012b, 107). The metaphor of toolkit as model for communities' eclecticism would resonate with many contemporary psychotherapists. Currently, there are countless clinicians using the same metaphor to speak of their 'therapeutic toolkit'; the way that they eclectically mix therapeutic theories and treatment interventions drawn from multiple sources.

In the United States, 'eclectic' or 'integrative' psychotherapy is currently the most commonly endorsed treatment modality by clinicians (Stricker 2010, 3–4), far more than any other single orientation (psychoanalytic, behavioral, humanistic, etc.). In Fromm's psychoanalytic or Teasdale's behavioral orientations, one finds seemingly incommensurable views of what it means to be human, what determines personality, suffering, flourishing and healing. And yet, every day, therapists utilize elements from both simultaneously. Thus accustomed to such

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25. In the case of Chinese Buddhist forms, Sharf delivers some of the more formative critiques of the classification 'syncretism'. See especially Sharf 2002b, 17–21, and 2002a.

eclectic or integrative approaches, psychotherapists are primed to treat mindfulness meditation or Buddhist teachings on mutual co-arising as simply new additions to their 'toolkit', new techniques to assist, for example, people who compulsively force themselves to vomit if they consume more than twenty calories in a sitting. Of course, there could be a key difference between the mixing that Campamy analyzes and that of a therapist employing both psychotherapeutic and Buddhist teachings in their work. While the so-called hybrids Campamy examines might have elements taken from disparate religious traditions, psychotherapists bring together items from both religious and *secular*-designated spheres.

Contemporary scholar of religion and medicine, Susan Sered (2008) expresses consternation at ascertaining a way of speaking about these sort of recent phenomena untainted by the now discredited language of 'syncretism' or even 'hybridity'. The treatment of Buddhist traditions by many psychotherapists would exemplify to Sered that 'while syncretism typically is conceptualized as boundary crossings within an institutional sector (mixing of elements from various religious traditions), ritual mixing also occurs across sectors (such as medicine and religion)' (Sered 2008, 225). Psychotherapists' mixing of items between their therapeutic schools would be an example of *intrasectoral* mixing, while their drawing from Buddhist traditions would be *intersectoral* (Lee 2005).

Perhaps, as Sered has suggested elsewhere with Linda Barnes (Sered and Barnes 2005, 4), the core difference between these sort of phenomena in the contemporary United States and those that occurred medieval China is the very existence of 'sectors' like 'religion' differentiated from the 'secular'-designated 'medicine' or 'science'. When Cho, for instance, compares the extreme dissonance between Buddhist and Chinese worldviews to the 'very different views about the organization of life' of 'Buddhism and Western science', it is this quality that she refers to: 'a defining characteristic of Western modernity is its distinction between the religious and the secular' (2012, 282). In this frame, that religious and medical elements are split off from each other is an ailment of modernity. Or, perhaps, this illness' etiology begins at an even more fundamental level, if the category of 'religion' itself is a European construction inapplicable to locations like medieval China. The classification may not only bring with it the notion of the secular, but also religious affiliation: the belief that particular elements are the intellectual property of religions that thus can be borrowed or stolen. 'Ritual mixing' and 'syncretism' could be purely the anxieties of contemporary scholars who project them onto the communities they analyze.

Of course, at least in the case of medieval China, the theory that concerns about 'ritual mixing' are exclusive to moderns is easily problematized. Scholars have long observed a high level of interest in such issues among the 'educated elite' of Buddhist and Daoist communities as represented, for example, in the medieval Chinese court debates studied by Livia Kohn. In the court records Kohn catalogues, we find some of same rhetoric that can be heard not only in psychotherapeutic communities, but throughout U.S. popular discourse, for working through, or leaving differentiated, what we would call 'religious difference'. Perennialist philosophies that theorize religions to be 'many paths up the same mountain' are echoes of the 5<sup>th</sup> century official Zhang Rong who, Kohn reports, argued that

Daoism and Buddhism are ultimately one and the same. Their 'root' or fundamental principle is the same, but their 'traces', or appearances in the world and

formal practices are different. Like music and rites, they have a true original form yet develop differently over time. Like a wild goose flying high might appear as a duck or swallow, teachings seem different but are ultimately identical. (2008, 159)

Zhu Guangzhi, meanwhile, responded to Gu Huan's *Yixia lun* ('Treatise on Barbarians and Chinese') which, while agreeing that the teachings are at 'root' the same, lists the significant differences in their 'traces'. Zhu Guangzhi answers using a metaphor that anticipates claims made throughout this article as to differences between Buddhist and psychotherapeutic frames. Kohn translates Zhu Guangzhi's observation that

To Gu, the barbarian language sounds like the twitter of birds and the grunting of animals. Well, to hear what sounds like gibberish, a Chinese need not leave his own country at all. Some of China's own dialects are mutually unintelligible. Is one to say that one dialect is 'right' while the rest are 'wrong'? Besides, if Sanskrit sounds like nonsense to Gu, how does he supposed Chinese sounds to Indian ears? Clearly, the underlying principle of the teaching is essential, and any word in any language that conveys the principle is as good as another. (2008, 165)

And, as Mollier and Company point out, it was not only the court 'educated elite' who were cognizant of the difference between new Buddhist teachings and existing ideologies.

The Buddhist miracle tales Company translates display the strong awareness not only of those who recorded them, but also of the audiences for whom they were intended, of the distinction between various teachings and practices (2012a, xiv). Similarly to her mind, Mollier's doppelganger scriptures, while not of the 'highest religious scholasticism', also 'do not emerge from an undistinguished religious background'. 'Their authors', she writes, 'were keen to make their religious affiliations explicit and to affirm a strong commitment to their denominational identities' (2008, 209). Company (2003) has further challenged absolute declarations of the culturally constructed nature of 'the very idea of religion' as distinguished from other sectors of life. He provides an extensive review of the multiple Chinese metaphors that provide analogy for the concept. Finally, scholars ranging from Michel Strickmann (2002) to Marc Kalinowski (2004) have long sought to describe classes of technicians and healers that were distinct from Buddhist or Daoist practitioners. Whether a construct like the 'secular' truly existed prior to interactions with Europeans or not, these figures are often characterized as 'technical' or even 'scientific' or 'medical'.<sup>26</sup>

Whether historically accurate or not, psychotherapeutic communities have often imagined an 'ancient East' free of what they will sometimes conceive as the sickness of religion/secular binaries. This rhetoric stretches back to Jung who declared that 'there is no conflict between religion and science in the East, because no science is there based upon the passion for facts, and no religion upon mere faith; there is religious cognition and cognitive religion' (1954, 480). Clinicians today, like Jung, still explain public interest in Buddhist traditions in Europe and the States to be due to secularization processes, or as Jung (1928/1964,

26. Mollier refers to such figures as 'third parties' alongside Buddhists and Daoists who would sometimes appropriate the above discussed Buddhist or Daoist 'pragmatic procedures' in their own 'desacralized' roles (2008, 210–211). Perhaps, these 'third parties' are analogs for today's psychotherapists in the U.S.

1956/1964) called them, ‘despiritualization’ processes, wherein science is rapidly dispelling the illusion of theistic religions. Therapists like Erich Fromm (1960, 78–80) believed that communities, now seemingly bereft of traditional forms of religious expression made untenable by scientific truth, were attracted to Buddhist teachings presented to them as atheistic and compatible with science. In his larger critique of colonialism, Jung (1928/1964) actually decries that religion/secular binaries were exported along with science and technology to ‘the East’, spoiling once idyllic, and benighted, primitive lands.

While Jung nostalgically contrasts an ancient pristine East with a modernity taken ill with secularizing disenchantment, a contemporary clinician like Mark Epstein finds similarity between his present day situation and that of medieval China:

People are attracted to the Buddhist approach, but it remains enigmatic; they know that it speaks to them, yet they have trouble translating the message into a form applicable to their daily lives. Still approached as something exotic, foreign, and therefore alien, the power of the Buddhist approach has not really been tapped, and its message has not yet been integrated. The situation is analogous to that of China two thousand years ago, when Taoism was the prevailing philosophy and Buddhism was first introduced. It was up to those Taoist scholars who also became adept at Buddhist meditation to accomplish the ‘Sinification’ of Buddhism, producing a new hybrid — Chinese Buddhism, or Zen. In our culture, it is the language of psychoanalysis, developed by Freud and carefully nurtured by generations of psychotherapists over the past century, that has seeped into general public awareness. It is in this language that the insights of the Buddha must be presented to Westerners. (1995, 7)

There is much about the history that Epstein tells here that a scholar like Campy would find frustrating. At the same time, Epstein’s take on ‘Zen’ might lead us to remember John McRae’s first rule of Zen studies: ‘it’s not true, and therefore it’s more important’ (McRae 2003, xix). Perhaps, what is more important than the historical accuracy of Epstein’s narrative is the way he tactically employs it. To Epstein, however, it does seem to matter whether he has accurately represented this history, for he seeks to use its precedent to legitimate his activities.

When scholars and commentators argue that psychotherapists contribute to the development of new culture-specific U.S. Buddhist forms, they often do so without mentioning that it is the stated intention of a clinician like Epstein. Epstein appears unfazed by the idea of mixing elements between the ‘sectors’ of ‘Buddhism’ and ‘psychotherapy’, ‘religion’ and ‘secular’. He even goes so far as to suggest that he and other psychotherapists are developing a new ‘hybrid’ form akin to what he names ‘Chinese Buddhism, or Zen’. Notably, Epstein utilizes the metaphor of language here, indicating that psychoanalysis is simply a new language through which Buddhism is now communicated or, perhaps, translated, for new audiences who otherwise would find it incomprehensible.

### Black boxes

Cho uses an anthropological concept, ‘cultural translation’, to elucidate her contention that ‘the Buddhism and science encounter’ is a location of Buddhist trans-

mission (2012, 275–276). She explains, as Lopez conceded above, that cultural matter is always reconstructed, just as language is, when translated to make it communicable to new communities. Religion and psychology scholar Williams Parsons (2010) has specifically studied what he calls 'the dialogue between psychoanalysis and Buddhism' and also mentions the phrase 'cultural translation' as expressing a possible model for his topic. In expounding upon the idea, Cho references Chinese translators who were stymied in their efforts at *geyi*, finding exact equivalents for Buddhist concepts within their own lexicon. She concludes that 'the result is that conceptual translations can confuse rather than enlighten us about new traditions. This is clearly at issue in Western therapeutic appropriations of Buddhist meditation practice' (2012, 276).

Noting that the 'spurious practice' of *geyi/ko-i* was explicitly 'repudiated as early as the fourth century', Sharf declared *geyi* to be a 'red herring' (2002b, 97–98) for, despite its dismissal, 'this did not, and indeed could not, stop the Chinese from rendering Buddhism in a language with which they were familiar. How else was Buddhism to be understood in China, short of mastering the original languages of Indian Buddhism?' (2002b, 11).<sup>27</sup> Translation practices like *geyi* help to frame either literal or cultural translation in terms of comparison. In the case of textual translation, cognitive-linguistic items are compared for the purpose of finding enough familiarity that they become legible, but translation theorists find that these meanings are always supplemented by difference; exact 'equivalence' always remains out of reach (e.g., Stewart 2001). Clinicians do regularly engage in 'concept-matching' exercises in the pages of treatment manuals or in published interviews. Jon Kabat-Zinn, for example, claims that 'stress' is a superior term to translate *dukkha*, the Buddhist concept of suffering, and even dubs hospitals 'dukkha magnets' (e.g., Graham 1991).

The recent research of Pierce Salguero (2009, 2010a, 2010b, 2014) provides resources for those seeking to frame the contemporary activities of clinicians in terms of translation, cultural or otherwise. Salguero addresses medieval Chinese responses not only to Buddhist traditions in general but specifically to Buddhist healing practices. Further, he not only uses translation as a metaphor, but extensively applies translation theory as model to clarify patterns of cultural diffusion. He argues that Chinese communities alternatively used 'foreignizing' and 'domesticating' strategies and tactics in their transmission of Buddhist medical teachings and practices. 'Imported knowledge', he says, was taken up and

translated strategically in dialogue with a variety of domestic standards, norms, and preferences, and [put] to specific sociopolitical purposes in the target culture. Translators and authors frequently made choices to couch certain types of Buddhist medical knowledge in foreignizing, exoticizing terms in order to mark it as novel, unique, or specialized. [But] just as often, and within the same texts, they decided to deploy familiar Chinese concepts and vocabularies in order to explain foreign ideas to their readers in ways that would both appeal and seem accessible. (2014, 85)

Salguero discusses having to peer into the 'black box' of the minds of translators from centuries long past to ascertain their aims and intentions when making particular choices in their assimilation efforts (2014, 9–11). But by attending

27. Victor Mair (2012) may have put the last nail in the coffin of conceptualizations of *geyi* as a pivotal Chinese translation practice.

to the reportage of mindfulness practitioners and others, we are able to hear intentioned decisions to variously employ domesticizing or foreignizing language depending on the audience or time period.

John Teasdale and the MBCT team discussed above are examples of clinicians who believe they have successfully secularized mindfulness practices into biomedical treatment interventions, but they tell the story of that secularization in public and in print. Mindfulness practitioners regularly unveil and market the true Buddhist religious derivation of their modalities when public interest in Asian healing practices suggest that doing so would increase access to the healing marketplace rather than prevent it. Salguero's schema could explain this tendency as clinicians first 'domesticate' religious-identified practices by translating them into secular scientific terms, then 'foreignize' them again by revealing their ancient origins.

There may be validity then to Cho and Parsons' presentations of psychotherapists' use of Buddhist traditions as cases of cultural translation. What has thus far gone unmentioned, however, is that, as we've already heard instances of, psychotherapists *themselves* use this same metaphor of translation as model for their enterprise. Clinicians like Teasdale use the metaphor of translation in passing; he expressed excitement at Kabat-Zinn's ability 'to translate the essence of Buddhist meditation' above. And Kabat-Zinn has repeatedly portrayed himself as engaged in 'translational work' (e.g., Kabat-Zinn and Davidson 2011, 36). It should be emphasized that the 'language' that psychotherapists seek to translate Buddhist teachings and practices into is not English; the Buddhist elements they translate are already presented to them in their 'first language'. Clinicians instead endeavor to translate Buddhist content designated as religious, into secular, scientific and biomedical terms.

In psychotherapists' 'translations', Buddhologists may perceive Buddhist doctrine to be radically reconstructed into new U.S. versions that have no interest in elements like, for example, the supermundane powers of a bodhisattva. But the Buddhist traditions that psychotherapists are introduced to, and thus translate, have already absorbed such transformations. Further, the Buddhist traditions that psychotherapists seek to translate have been significantly influenced by other psychotherapists such as the aforementioned Insight Meditation Society founded by a figure like Jack Kornfield (2008). All of this could be comparable to Sharf's critique of constructions like 'the Chinese "encounter" or "dialogue" with Buddhism' when he notes that 'Buddhism took place almost exclusively among the Chinese themselves, on Chinese soil, in the Chinese language' (2002b, 2).

In a striking twist to most of the comparative gestures listed so far in this article, Sharf proves this point about medieval China by comparing it to the present-day 'convert' Buddhist communities in the United States to which clinicians contribute. Sharf notes that 'American Buddhists prefer tracts by modern Western or Westernized Asian teachers to translations of classical texts or scholarly expositions of doctrine' (2002b, 23–24) even though, unlike the medieval Chinese, they often have unprecedented access to Buddhist studies resources. Sharf declares this to be an evidentiary

reminder that even if Tang Buddhists did have sustained access to 'unadulterated' Indian masters, texts, and teachings, it might not have made much difference ... and like modern Asian missionaries to the West, the Indian and Central Asian mas-

ters who did propagate Buddhism in China might have functioned not as bastions of Indian orthodoxy, but rather as witting or unwitting accomplices in the Chinese domestication of their traditions. (2002b, 23–24)

Sharf's language implies that 'the Chinese domestication' was a crime that there could be 'accomplices' to, but if so then it is a once and future crime, the natural flow of Buddhist transmission.

There are, however, exceptions to Sharf's rule. While perhaps rare, some prominent leading psychotherapists do indeed engage in actual linguistic translation of Buddhist texts written in languages other to English. Joe Loizzo (2001) earned an additional PhD in Buddhist Studies from Columbia University as adjunct to his decades-old psychiatry practice. Loizzo sees himself as 'not only translating the Nālandā curriculum' (scriptural material Loizzo believes contains superior healing knowledge and that Tibetan Buddhists believe date back to the Nālandā schools where even the Shakyamuni Buddha is said to have taught) 'but also *transplanting* [his emphasis] its living practice' (2012, xxii). Clinicians like Loizzo do not only believe such Buddhist teachings to provide resources for, for example, a person who has become addicted to the pain medication prescribed to them for the chronic pain of chemotherapy. In a personal interview, Loizzo also described them as means of accessing the 'higher reaches of positive human potential', to a more all-encompassing, holistic self-realization or even salvific liberation or enlightenment. Joe Loizzo thus practices a Buddhist psychotherapy that seems positively soteriological. His therapeutic outcomes include a transcendence of the self gained through deepening commitment to the ethical prescriptions of the Eightfold Path, Five Precepts, and beyond (e.g., 2012, 107–147).

The path of Harvey Aronson, meanwhile, ran in the opposite direction to that of Loizzo. Years before becoming a psychotherapist, Aronson was a Tibetan Buddhist practitioner (he is now a Lama in the Nyingma lineage) and a Buddhist studies scholar with a tenure track position at the University of Virginia. Aronson engages in his own comparative analyses between Buddhist and psychotherapeutic frames, but proposes clinical, ethical, and 'spiritual' reasons to detect difference. Aronson (2004) believes that his role as a translator shapes his approach to 'reconciling' Buddhist and psychotherapeutic frames. He sees his facility as a translator as giving him the responsibility of 'providing as much background as circumstances permit so that those interested can get the most accurate sense of the original meaning of teachings'. He notes that 'those interested' otherwise often suffer from the 'naïve assumption that an English translation of a term or concept used in Asian Buddhist texts has the same range of meaning as the original' (35–36).

### Passive conduits and active agents

When observers of these contemporary phenomena like Cho and Parsons interpret them as cases of cultural translation, they do so without ever mentioning that it is the participants' explicit stated intention that it be so. This may be symptomatic of a larger embedded assumption of much of the commentary on psychotherapists' use of Buddhist teachings and practices. Scholarly interpretations and cultural criticism on this topic tends to treat psychotherapeutic communities as passive conduits that reified entities like 'secularism', 'capitalism'

or ‘Buddhism’ flow through for their organism-like spread and survival. To the psychotherapists involved here, however, processes of cultural translation do not occur through the unconscious forces of the spirit of history, but as a result of their own intentional choices.

This is a point that scholars like Salguero and Company emphasize about Chinese communities’ response to Buddhist traditions. Salguero’s study of the introduction of Buddhist healing teachings and practices leads him to assert that ‘far from passively being influenced by transmitted knowledge from abroad, [medieval Chinese communities] actively retooled these imports to fit with Chinese intellectual concerns, to mesh with preexisting literary and cultural conventions, and to forward their own political and economic interests’ (2014, 3). Company has long critiqued the scholarly practice of treating culturally constructed categories like ‘Buddhism’ as the loci of change and discourages conceptualizing ‘religions as agents acting on people (or on each other)’ (2012b, 107).

Company and Salguero’s characterizations of medieval Chinese communities certainly fits how psychotherapists perceive themselves. Many clinicians believe themselves to not only be active agents freely shaping these processes, but as capable of preserving what they understand to be the true essence of Buddhist traditions. Psychotherapists’ adaptations of Buddhist teachings and practices are often intended to distill this essence leaving behind only what is incidental. Of course, a frequent cause of concern for Buddhist studies scholars is that Buddhist frameworks are often included on this list of incidentals. And yet, often missed, is that this worry is also frequently shared by the participating clinicians themselves.

Psychotherapeutic communities that voice strong commitments to Buddhist practice are often highly critical of other clinicians who approach Buddhist traditions differently from them, such as those who developed mindfulness modalities. The above mentioned Magid, for example, may teach a Buddhist doctrine that does not take rebirth literally, but also believes that instrumental usages of Buddhist practices in psychotherapy are not only antithetical to authentic Buddhist truths, but ultimately harmful, a core cause of the ills of U.S. society. Even mindfulness practitioners, however, who speak of being originally motivated by a perceived need to fully deracinate Buddhist practices and translate them into secular items, now attend conferences like the one I recently participant-observed with the title ‘Rooting Ourselves or Uprooting Our Traditions? Critical Conflicts in the Interface Between Buddhist and Western Psychology.’<sup>28</sup> Figures formative to mindfulness practices’ incorporation into psychotherapy, such as Christopher Germer, Ron Siegel, and Paul Fulton (2005), deliberated there on how best to maintain those practices’ ability to transmit Buddhist truths. Fulton answered the conference name’s question by concluding that there is indeed an essence to Buddhist teachings, what he called ‘the Dharma’, the awareness of which will always be achieved if mindfulness is diligently practiced, regardless of the context in which it is taught.

When we speak about the Dharma as the sort of nature of things, the truth of how things happen, I’m not so concerned because it will remain untouched. We can’t do it any harm; it is durable; it is beyond form.

28. The first annual conference of the Institute of Meditation and Psychotherapy was held in Cambridge, MA on September 13, 2014.



It is notable that Fulton, following others, chooses an untranslated, Buddhist-associated Sanskrit word to refer to a truth that he believes transcends religious or linguistic frameworks.

Despite these therapists' angst about 'uprooting their traditions', they nonetheless also refer to mindfulness practices as fully secularized and thus admissible to secular spheres like biomedical institutions. There are today a multitude of students instructed in the use of mindfulness practices in graduate training programs whose teachers themselves have little notion of their supposed Buddhist origins. There are now generations of psychotherapists who know mindfulness as nothing but a purely secular treatment intervention. Psychiatrist Edel Maex (2011) picks up the metaphor of translation to lament mindfulness practices' apparent complete estrangement from its Buddhist origins. He acknowledges that most people learn only the secularized mindfulness and seeks to 'back-translate' the Buddhist content behind its features. But the Buddhism Maex refers to and the traditions that the conferees worried about uprooting were of highly specific character. Maex's back-translation of Buddhist teachings does not mention the concept of rebirth a single time, it includes nothing of merit or bodhisattvas. The 'Dharma' that Fulton speaks of is drastically different from those of the majority of Buddhist communities of the past.

### Conclusion: 'getting it right'

When Buddhologists like Lopez review what clinicians hold as Buddhist convictions, it likely appears to him that they, 'to put it simply, get it wrong'. But perhaps another comparison to medieval China is in order here. Campany has noted that early treatments like that of the formative scholar Erik Zurcher

of Daoist borrowings vis-à-vis their Buddhist sources ... most[ly] imply that Daoism, to put it simply, got it wrong. But why would we expect that Daoists would have wanted to 'get it right' when appropriating Buddhist elements? What would 'getting it right' mean? (2012b, 104)

Perhaps, we should similarly not anticipate or expect psychotherapists to 'get it right'. As Sharf wrote some years earlier, 'the question, then, is not whether the Chinese got ever "got Buddhism right", but rather what this might mean' (2002b, 11). Sharf challenges insinuations that so-called Chinese apocrypha 'misconstrue Buddhism' by rhetorically asking, 'why approach such developments as a "misconstrual" of Buddhism? (Did the early Roman Christians "misconstrue" Judaism? Did nineteenth-century Mormons "misconstrue" Christianity?)' (2002b, 11). And yet, psychotherapeutic communities often profess to care quite deeply whether they 'get Buddhism right'. They might appear to 'misconstrue Buddhism', but their intention is actually to discern and conserve its essential truth. It is this desire that, ultimately, motivates their own comparisons to medieval China.

In personal interviews with psychoanalyst Paul Cooper (2010), another representative clinician who doubles as both therapist and teacher of a Zendo in Pennsylvania, I asked him about this tension clearly apparent in his writings.<sup>29</sup> On the one hand, he expresses a conservative desire to protect Buddhist traditions from, for example, being reduced to mindfulness practices. But he also is aware that he too reforms Buddhist teachings and practices. Cooper told me that,

29. Interviews were conducted by Skype on May 21, May 28, and June 4, 2014.

on the one hand, he is indeed invested in ‘maintaining the religious structure of Buddhist tradition and understanding the role of the different practices within that structure and not ripping them out of the larger fabric.’ But he also voiced ‘mixed feelings’ because he believes

Buddhism is very flexible and malleable and usually takes on characteristics of the culture that it comes to. For example, in China, it influenced a lot. Zen has lots of Confucian elements and Daoist elements. In Japan, we see Shinto elements in some of the Buddhist traditions so why wouldn’t there be a secular or psychological elements in American Buddhism. (Cooper, May 21, 2014)

Cooper reproduces an understanding that dates back to the ‘European discovery of Buddhism’ that, as opposed to a purportedly eternal and singular ‘Christianity’, Buddhist traditions are uniquely ‘flexible and malleable’. This brand of malleability was once meant to debase the worldwide ‘spread of Buddhism’. What might be mistaken as the universality of Buddhist traditions (a prime qualification to be designated a ‘world religion’) was actually only the opportunism of followers willing to compromise principles for new audiences (Almond 1988; Masuzawa 1995).

Joe Loizzo, meanwhile, argued in our interviews that it is actually the ‘flexibility and malleability’ of Buddhist traditions that makes them superior religious forms. In his view, they are able to remain contemporary by sloughing off what he sees as the oppressive outdated prejudices inherent in religious institutions of the past. He calls for a ‘living incorporation’ of Buddhist teachings and practices that does not only ‘extract’ and secularize individual instrumentalized items, but also ‘overcome[s] any kind of rigid formalism or purism that either the traditional Tibetan practitioners or Buddhist practitioners would want it to keep or Western scholars would like it to keep as an “other” thing’ (Loizzo, October 8, 2014). Having worked in academic spheres at Columbia, Loizzo has become intimately aware of the criticism of Buddhologists, like those cited above, who express concern about the transformations of Buddhist traditions he participates in. ‘Certainly most academics have a problem with the kind of work that I’m doing’, he told me. But, he retorts, he believes this to be ‘part of a guild issue to some extent. It’s part of a sort of wish to preserve a kind of ownership of culture and not to have this very, very robust and popular culture of Buddhism coming into the West kind of escape their control as academic censors’ (Loizzo, October 3, 2014).

This is one clear conclusion that can be derived from examining psychotherapists’ use of comparison in their conversations about how they approach Buddhist traditions: there are obvious normative motives behind their comparisons to medieval China and other instances when Buddhist traditions were introduced to new communities. Scholars, cultural critics, and, importantly, other clinicians, working from their own normative frames, reprimand psychotherapists for what they perceive as inauthenticity or inaccuracy in their understanding of Buddhist doctrine or for the way they denature Buddhist practice. Clinicians respond to these arguments with appeals to historical narratives that they believe legitimates their behavior. They claim to follow in the tradition of earlier communities who similarly adapted Buddhist teachings and practices.

When religious studies scholars argue that these activities are a contemporary case of Buddhist transmission, they give support to this positioning. They too do not only explain the phenomena they observe, but normalize it as cohering to a

discernible historical pattern. This feature can at times surface within the very language utilized to advance such interpretations. Cho's analyses continues to serve as a prime exemplar of this when she repeatedly employs a heavily loaded adjective to describe the actions of both clinicians and their Buddhist counterparts; she calls them 'expedient' (2012, 274, 275, 282). Though her tone seems somewhat arch, Cho ascribes 'expedience', evoking the Buddhist concept of *upāya* (skillful means), to the refashioning of Buddhist teachings for new communities. Sharf has critiqued scholars' adoption of this line of argumentation as party to 'hegemony' or, worse, 'theology':

The rhetoric of *upāya* (skillful means) provided Western enthusiasts with the tool they needed to shape Buddhism to their own liking; since the scriptural, ritual, and institutional forms of Buddhism were mere 'skillful means' they could be abandoned at will once the centrality of meditative experience was fully appreciated. Historians of Buddhism must be particularly circumspect in wielding the hermeneutic of *upāya*. The concept was first used to justify the intentional misreading of the early Buddhist canon in order to appropriate and subordinate Hīnayāna teachings to the new Mahāyāna revelation. The rhetorical maneuver of *upāya* inevitably lies in the interests of a hegemonic and universalizing discourse — invoking *upāya* allows the usurper to disavow difference and rupture, while arrogating the right to speak for the displaced other. ('The Buddha did not really mean what he said. What he meant was ...') Scholars of Buddhism must be wary lest such patently 'theological' strategies come to substitute for critical historiographic and ethnographic reconstruction. (1995a, 267–268)<sup>30</sup>

Sharf forwards another brief comparative exercise. Contemporary usages of the discursive tactic of appeals to *upāya* are compared to the early Mahāyāna Buddhists who innovated the method. This could be viewed as yet another historical precedent for the behavior of psychotherapists, a Buddhist tradition as old as Mahāyāna schools. Though with an undeniable critical edge, Sharf presents himself as investigating these phenomena as an 'outside observer' offering historical clarification, if not 'correcting the record'. It is when 'scholars of Buddhism' cease to maintain this same neutrality that Sharf becomes concerned, when 'patently "theological" strategies come to substitute for critical historiographic and ethnographic reconstruction.'

Sharf refers to old histories of Buddhist traditions written by the participants and, thus, motivated by aims beyond historical accuracy. Texts that declared Buddhist communities to have used *upāya* did so in order to position new Mahāyāna teachings as superior to those of the past. We speak of the *huahu* and 'counter-*huahu*' stories that this article began with (p. 65) as *stories* and analyze them for the strategic aims of those who told them. Old 'patently "theological" strategies' are distinguished from the work of secular-designated Buddhologists and religious studies scholars within secular-designated academic institutions who practice secular-designated methodologies like critical historiographic and ethnographic reconstruction. Whether this framing is achievable by scholars or not, another conclusion I can advance from my examination is that the work of scholars like Sharf does not remain wholly 'outside' observation. Scholar's inter-

30. For additional helpful treatments of *upāya*, start with: Pye 2003, Bielefeldt 2009, Overmyer 1990.

pretations are instead folded in and responded to by the very communities they interpret.

At a February 2014 colloquium I observed for my own ‘ethnographic reconstructions’, held at the venerable psychoanalytic institution the William Alanson White Society,<sup>31</sup> historian of science Anne Harrington (2006, 2008) quoted Sharf’s work for the therapists who gathered there. Harrington ‘co-headlined’ the meeting’s colloquium with Zen Jungian psychoanalyst Polly Young-Eisendrath (2002) to provide historical perspective to a curious audience. The analysts there were surprised to learn, for instance, of Sharf’s research on how D.T. Suzuki actively adjusted Buddhist doctrine for European ears. And Sharf has not waited for others to speak for him to clinicians. He presents papers on mindfulness at conferences alongside clinicians like the aforementioned Harvey Aronson that are then published in psychotherapeutic journals like *Transcultural Psychiatry* (2014b). Harrington has also published material on mindfulness for psychotherapists; one such article co-written with the Buddhologist John Dunne is forthcoming in the *American Psychologist*.

For decades now, clinicians and scholars, Buddhist practitioners and cultural commentators have interacted in the pages of journals and texts, on internet message boards and conference panels. In the same talk in which he asserted that he and his fellow psychotherapists were not capable of truly harming ‘the Dharma’, Paul Fulton cited Buddhist studies literature from writers like Melford Spiro. Cooper explained in our interviews that he reads Buddhist studies literature (and then reports on in it his writings to psychoanalytic audiences) in an effort to maintain an authentic Buddhist practice. He cites the work of Buddhologists like Bernard Faure, to explain to his readers that the roots of early analysts’ pathologizing of Buddhist traditions lie in the distortions of 16<sup>th</sup>-century Jesuit missionaries who first engaged with Zen Buddhist communities in Japan (2007, 55–62).

While it would be overstating the case to imply that the bookshelves of the majority of psychotherapists in the United States interested in Buddhist traditions contain Buddhist studies scholarship, the findings of my research significantly complicates visions of a clear separation between observer and observed and illustrates that scholars do not hover context-free above the microscope analyzing these activities. Academics might be encouraged to know that their work is actually being read, but it also means they are implicated in these processes. As Cho observed earlier, Jonathan Z. Smith (e.g., 1990) long ago deconstructed the idea that the scholarly practice of comparison is always neutral or objective. He also brought ‘historical reconstruction’ to its genealogy, elucidating how the now secular-classified scientific technique has origins that indeed are “‘patently theological’”. Bruce Lincoln (2012) has recently sought to recover a space wherein, despite the revelations of postmodern thought, scholars’ might strive for a, shall we say, mindful, if not purely objective, observation. But even the most objective of analyses can be utilized by the objects of those analyses for their own purposes.

In conclusion, the comparisons that this article has presented between psychotherapists’ treatment of Buddhist traditions and medieval China do have some explanatory power when looked at from a certain angle. Perhaps I and

31. The colloquium was held on February 5, 2014 in Manhattan, NY. The small gathering of psychoanalysts consisted of approximately 48 participants, all but one of whom appeared to be Caucasian.

other Buddhist studies scholars can conduct such exercises for wholly descriptive purposes, bracketing out normative aims. But whatever claims we make about the psychotherapists who participate in these activities can then be read and responded to by those psychotherapists. In the maneuvers that clinicians make with the commentary of so-called 'outside observers' surveyed in this article, we ultimately learn that the interpretations of scholars and cultural critics are constitutive features of what are ongoing processes of construction and reconstruction of psychotherapists' diverse approaches to Buddhist traditions.

### Freudian postscript

It is very difficult to make out how far the text of these apologetic treatises represents the author's own ideas and convictions and whether they really reflect the level of their own understanding of the foreign doctrine. Generally speaking, we may assume that the extreme hybridization displayed in this type of literature was the result of a general process of borrowing and adaptation which was not consciously realized by the individual writers.

Erik Zurcher, *The Buddhist Conquest of China*, 12

But perhaps Freud should have the last word here. A number of the scholars reviewed above argue, in one form or another, that communities were attracted to religious elements they perceived to offer practical solutions to existing problems. These interpretations assume a particular anthropological viewpoint wherein humans are driven by 'pragmatic' concerns and, thus, social change or cultural diffusion occurs for 'pragmatic' reasons.<sup>32</sup> It may be worth noting that most of these thinkers write in a United States shaped by pragmatist philosophies that perceive humans to have rational free will and concepts like karma to be metaphors.

Freud's anthropology was, in part at least, quite different. Freud observed that human beings constantly acted against their own conscious interests, against their pragmatic benefit, driven instead by unconscious needs. Under the influence of this understanding of the unconscious, we may find ourselves interpreting psychotherapists' stated intentions to, indeed, find pragmatic means to ease their patients' pain, through a 'hermeneutic of suspicion' (Ricoeur 1970). We may question whether clinicians' conscious intentions to legitimate their activities by reference to Buddhist authorities, or scholars' conscious intentions to out them as failing in doing so, are actually all driven by transcendent unseen forces, whether they be the natural patterns of the 'evolution' of religious traditions, a Hegalian Spirit of history, contestation for political and economic power, or the desire for parental approval. Those unseen forces could, theoretically, even be the 'spread of the Dharma'. If there are such transcendent powers at work here, we may only be able to chase after their traces in our dreams of past history; our visions of future developments; and our present moment comparisons between the two.

32. Campany, for one, inserts a caveat in his own theory on this point, noting that 'it would be a mistake ... [to] imagin[e] instead of a passive recipient of influence a hyperalert, perfectly rational fashioner of religious texts and ideas, someone with complete awareness of all possible alternatives calmly choosing from among them in creating new religious texts and practices. But clearly some corrective is necessary' (2012b, 103-104).

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