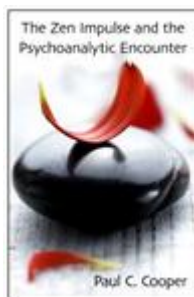


## Buddhism on the Couch

A review of



### **The Zen Impulse and the Psychoanalytic Encounter**

by Paul C. Cooper

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Reviewed by

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It has been said that Buddhism is either the most psychological of all religions or the most religious of all psychologies. Buddhism's journey to the West has attracted the attention of psychotherapists for over 100 years, and this is especially true of the Buddhist forms that emphasize meditation, such as Vipassana, Zen, and Tibetan Buddhism. Zen centers throughout America have found psychologists to be noticeably overrepresented in their membership. In a *sangha* that I helped to establish, psychologists were actually in the majority in some meetings.

What happens when all these psychologists get up from their meditation cushions and go to the office? Over the past few decades, mindfulness-based stress reduction, dialectic behavior therapy, and mindfulness-based cognitive therapy have all evolved through the secularizing of Buddhist meditative practices, development of these practices into treatment programs, and research on their effectiveness with chronic pain, personality disorders,

depression, anxiety, and many other conditions (Baer, 2006). Acceptance and commitment therapy, which developed from the seed of relational frame theory, takes a decidedly Buddhist approach, emphasizing in its own way the core Buddhist principles of right mindfulness, right intention, and right action.

Paul C. Cooper's recent book *The Zen Impulse and the Psychoanalytic Encounter* is a nuanced expression of the integration of Buddhist practice that is taking place in psychoanalytic circles. Cooper is a relationally oriented analyst, strongly influenced by the work of Wilfred Bion.

This volume is written for a psychoanalytic audience and assumes familiarity with concepts (such as *O*) that might be daunting to some. Other works (e.g., Germer, Siegel, & Fulton, 2005) are more accessible to nonpsychoanalytic psychologists interested in Buddhism and psychotherapy. Still, Cooper's articulate effort to show Zen as a living and deeply transformative spiritual tradition will interest most clinicians and is essential to any exploration of Buddhism's contribution to psychotherapy.

Cooper uses his Buddhist ideas and values to test, illuminate, and reflect on his therapeutic efforts. His approach is not one of augmenting analytic technique but of penetrating more deeply into it with the help of Buddhist wisdom. Cooper is not trying to write a "how-to" text on Buddhist psychoanalysis. Instead, he seeks the more subtle and personal truth of being a committed Zen practitioner and an equally committed psychoanalyst.

Essentially, Cooper's work speaks to the dilemma of every religious person: How do we explore and respond to the fact that mundane life is actually the embodiment of the transcendent? One of the most interesting features of Zen Buddhism is that it provides explicit guidance to help answer that question.

Cooper notes that a Zen teacher once enjoined him to "Bite the apple! Taste the orange! . . . Be that mind!" (p. 147). For Zen, immanence is the everyday reality of each experience, as expressed in the venerable phrase "Just this is it." Every moment is a moment of practice, and in our practice we find an intimacy with things as they actually are.

## **A Buddhist Lens on Psychoanalysis**

Cooper sees the Buddhist principle of dependent co-arising in the subtle blurring of self and object distinctions evident in the interplay of transference and countertransference. He notes that, even as we might attempt to relate with meditative, or "evenly hovering," attention, our awareness is inevitably shaped by the unconscious forces at work in the therapeutic relationship. The analytic task is not so much to avoid such mutual influences (this would strangle the analytic process) but to notice them with curiosity and ask oneself what they reveal about the patient's formative experiences and the therapist/patient relationship.

Cooper's discussion of the Zen koan is original in the Buddhist/psychoanalytic genre and welcome in the way he reveals the deeper truths of both practices. Koans are traditional teaching stories in which insight is directly demonstrated, usually in the context of a teacher–student dialogue. Although there is a common misconception that a Zen koan is an inscrutable puzzle, the koan is really something to be lived rather than solved.

Cooper insightfully sees both psychoanalysis and koan practice as “engendering a here-and-now presence that facilitates living life as we find it . . . with all its terrors and delights” (pp. 82–83). He asserts that, for the analyst who engages in his profession in a way which is true to the spirit of Zen practice, “the intention of [psychoanalytic] interpretation shifts from filling in information about the past to an increased emphasis on the here and now, with the purpose of keeping the narrative fresh, alive, dynamic, and moving” (p. 95).

Insightfully, Cooper holds up our common question, “Tell me what brings you here” (p. 80), as the therapeutic equivalent of the koan. When we reflect on how we could ever fully address that question, we understand something of the tolerance for incompleteness and ambiguity that authentic therapeutic presence requires. This is also true for Zen practice. An ancient Zen master once asked a new student a similar question, “What is this that thus comes?” After years of meditation, the student eventually realized, “Speaking about it won't hit the mark” (Tanahashi, 1999, p. 131).

## **Should Meditation Be Prescribed in Psychoanalysis?**

Cooper is at his best when he is looking within, studying his psychoanalytic practice through the lens of his Buddhist commitment. Here we see the “zest which adds itself like a gift to life” that William James (1902/1958, p. 367) noted as a feature of religion at its best. But of course, there are areas of diminished clarity, as well. When he is discussing the therapeutic possibilities of formal meditation, an important subject in the larger clinical community, I feel that Cooper does not do justice to the full range of relational and therapeutic possibilities, and his discussion focuses more on risks than on potential rewards.

Cooper repeatedly challenges the contributions of colleagues who believe that meditation might be a legitimate element of analytic training and practice. He criticizes Herbert Benson (Benson & Klipper, 1976) for misleading many therapists with his mass-market work on the relaxation response. He notes that as a consequence, “misinformed clinicians . . . prescribe meditation as a palliative,” ignoring the importance of transference, countertransference, and psychoanalysis's deep understanding of unconscious processes. “Such interventions turn the well-intentioned clinician into a ‘missionary’ with a focus on ‘saving’ the patient from horrific mental states” and thereby undermine the courage needed for “the pursuit of lived emotional Truth” that is the hallmark of psychoanalysis (p. 77).

I found myself wishing that Cooper had engaged more fully with contemporary developments in this field. Obviously, the caricature he offers bears no resemblance to the work of the many practitioners who recognize mindfulness-based therapies as a method to help people turn toward their difficult emotions and their suffering.

My own experience working with meditation in psychotherapy is that the processes of stabilization and insight that are common to many Buddhist forms of meditation most frequently support therapeutic engagement. People have the courage to face their difficult truths when they have a nonanxious framework on which to stand, and sometimes the stability and investigation nurtured in the therapeutic relationship can be profitably augmented with meditative practices.

In the case study that ends this volume, Cooper describes a patient who eventually develops on her own a calming and even transformative meditative practice, and states his belief that, if he had suggested such a practice to her, the patient would have experienced it as unbearably intrusive. This is a very plausible view, given this patient's dynamics.

But the question remains, would this be true of all or most treatments? Is psychoanalysis necessarily compromised by invitations to experiment with meditation? Some (notably Connors, 2006) have suggested that active interventions can be processed within the context of psychoanalytic investigation and do not interfere with the unfolding of the transference.

Cooper is understandably concerned that clinicians come to know Buddhist meditation in its authentic context, and I firmly agree that it is essential for us to appreciate meditation as a spiritual tradition (Thomson, 2000). I personally do not feel that Buddhist meditation is diminished by being respectfully secularized (as it is in the mindfulness-based therapies). There is a Zen tradition of recommending *zazen* universally, and a trust that the meditator and all beings exist in a relationship of "imperceptible mutual assistance," which, as the Zen koan puts it, "cannot be defiled" (Tanahashi, 1999, p. 131).

I strongly support Cooper's thesis that we should seek a deep integration of Buddhist and therapeutic practices and not abandon the complexity of such a project to facile or reductionist solutions. Cooper's work, through both its considerable insights and its occasional limitations, leads us to explore for ourselves a crucial issue: How do we simultaneously cultivate beginner's mind and expert mind?

We can neither abandon our professional knowledge nor cling to it too tightly if we are to engage our patients in a vital dialogue, and it is not easy to know when we have missed the mark. Like the Zen koan, this is a question to be answered, not in our minds, but in our lives.

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