

The Use of Chinese Buddhist Theories in Counselling, Psychotherapy, Psychology, and Mental Health Research: An Integrative Review

Fung Kei Cheng · Samson Tse

Published online: 29 November 2013
© Springer Science+Business Media New York 2013

Abstract The current integrative review investigated thematic studies relevant to incorporating Chinese Buddhism into counselling, psychotherapy, psychology, and mental health; identified topical and methodological gaps; and, finally, proposed future research directions for developing Chinese-Buddhism-oriented counselling theories. The review search included 22 Chinese and English databases, selecting 146 publications ($n=130$ in English; $n=16$ in Chinese). Results indicated that (i) three prominent themes were how compassion, *Mahāyāna*, and loving-kindness could be integrated into therapeutic interventions, (ii) 63.7 % were theoretical discussions, whereas 26.7 % were empirical inquiries, and (iii) only 2.1 % used primary source data. Considered overall, the findings reveal a need to explore more fully Chinese-Buddhism-based counselling theories by Buddhist first-hand materials and involving qualitative methods.

Keywords Chinese Buddhism · Compassion · Loving-kindness · *Mahāyāna* · Research methodology

Introduction

A large number of studies have reported positive results about Buddhism and its techniques applied to counselling, psychotherapy, or mental health interventions (hereafter collectively named psychological therapies); for example, synthesizing Buddhist teachings in psychoanalysis (Rubin 1996; Wawrytko 1991), and applying Buddhist psychology to cognitive behavioural therapy (Campos 2002; Kumar 2002). In addition, a review of the pertinent literature yields evidence supporting the effectiveness of combining Buddhist meditation and mindfulness techniques into psychotherapy (cf., Teasdale et al. 1995; Williams and Kabat-Zinn 2011).

Such findings support on-going research to explore this topic. However, most of the studies involved have been associated with *Theravāda* (a denomination of early Buddhism) or Tibetan Buddhism, concordant with the fact that these both have strong links to American Buddhism

F. K. Cheng · S. Tse
Department of Social Work and Social Administration, Faculty of Social Sciences,
The University of Hong Kong, Hong Kong, China

F. K. Cheng (✉)
Department of Social Work and Social Administration, Room 534, 5/F, The Jockey Club Tower,
Centennial Campus, The University of Hong Kong, Pokfulam Road, Hong Kong, China
e-mail: oasischeng@yahoo.com

(Perish 2010). In contrast, to date there appears to be very limited investigation of Chinese Buddhist theory use in psychological therapies.

The present integrative review examines how Chinese Buddhism applies to psychological therapies. Chinese Buddhism, one of the current three major Buddhist mainstreams, has decisive influences on the development of Buddhism, not only in North Asia, particularly in Japanese and Korean Buddhism (He 2008), but also in Vietnam (Nakamura 1984). The contributions of Master Thich Nhat Hanh, a leading Vietnamese monk and founder of Plum Village in France, to social activism have blossomed into engaged Buddhism (King 2009), namely “positive non-violent strategies” (Jones 2003, p. 181) towards social justice. Hence, understanding Chinese Buddhism is an important pre-requisite when seeking to capture the essence of contemporary Buddhism and its applications, especially as they relate to spirituality or psychotherapy. Overlooking the theoretical basis of Chinese Buddhism in contemporary Buddhist-informed counselling is likely to produce an incomplete picture of the field.

Therefore, the objective of this integrative review on the application of Chinese Buddhism to psychological therapies was to identify possible topical and methodological research gaps, along with considering the use of primary sources, towards proposing future studies on the topic. Aligning with this objective, the research questions covered four foci: (1) what were the study topics in the publications chosen? (2) what were their research methods? (3) what were the denominations of Buddhism studied?, and (4) what were the primary sources used? In this study, we first detail the strategy behind the search process, and then discuss key analyses and results. Finally, we conclude by suggesting a potential research strategy to develop Chinese-Buddhism-based counselling studies.

An Integrative Review

The publishing of integrative reviews has notably grown in various fields, such as medicine (Rawl et al. 2012), nursing (Nadimpalli and Hutchinson 2012), and public health (Robinson and Vail 2012). Likewise, integrative reviews focusing on psychological therapies have received increasing attention (Park 2010).

The following search protocol illuminates the systematic and repeatable procedures of the present integrative review. The current literature search was conducted in January 2012 and involved more than 22 major English and Chinese electronic databases.

Searching For English Publications

CSA (Formerly Cambridge Scientific Abstracts)

The CSA Internet database contains major sources, including MEDLINE, PsycARTICLES, PsycBOOKS, PsycINFO, EBSCOhost Research Database, ProQuest, Sage Publication, SpringerLink, and Wiley online library. The types of works retrieved consisted of books, book chapters, book reviews, essays, dissertations, and journal articles.

Other English Sources

We also used the Hong Kong Academic Library Link (HKALL) to further supply literature from eight universities in Hong Kong. Other supplementary sources were obtained by means of Internet search or by cross-referencing reviewed publications reference lists.

Searching For Chinese Publications

To retrieve Chinese publications we searched five premier databases ($n=3$ in Mainland China; $n=2$ in Taiwan), such as the China Academic Journals Full-text Database (CAJFTD), and Taiwan Electronic Periodical Services (TEPS).

Search Protocol

Steps to Searching

Basic and advanced search methods were conducted in English and Chinese databases. The search process involved Boolean operators (e.g., “and”, “or”) and truncation techniques (e.g., “psycho*”, “counsel*”), inputting a particular topic listed in the inclusion criteria below, as well as using a Boolean operator “and” to type “counselling”, or “psychotherapy”, or “psychology”, or “mental health”. The search yielded 8,839 English and 5,489 Chinese publications.

Inclusion and Exclusion Criteria

The inclusion criteria were: first, English or Chinese publications; second, published before January 2012; third, the research subjects primarily associated with counselling, psychotherapy, or mental health interventions (psychological therapies). Moreover, sources needed to be connected to select themes, which were the major topics of Chinese Buddhism: (1) Chinese or Northern Buddhism; (2) *Mahāyāna* (a primary school of Chinese Buddhism); (3) *bodhisattva* (one who selflessly helps other people); (4) *prajñā* (the wisdom from which Buddhist followers realize Buddhist teachings), or Buddhist wisdom; (5) *śūnyata* (a Buddhist theory explaining the nature of all beings), or emptiness or voidness; (6) the four immeasurables (a Buddhist concept including loving-kindness, compassion, empathetic joy, and equanimity); (7) *maitri* (a yearning for happiness), or loving kindness; (8) *karuṇā* (a yearning for relieving suffering), or compassion; (9) *mudita* (rejoicing in the bliss of other people), or empathetic joy, or altruistic joy; and (10) *upekṣa* (calmness and impartially giving), or equanimity. Potential sources had to be books, book chapters, journal articles, research reports, conference proceedings, clinical reports, or dissertations; in contrast, encyclopaedias, dictionaries, and audio and video materials were excluded.

Screening Process

A 3-tier screening process was adopted, ruling out 14,328 English and Chinese references. A preliminary screening was conducted with the aid of descriptors, keywords, titles, and abstracts, yielding a total of 205 English and 63 Chinese references. These 268 potential materials were subsequently reviewed in detail. Finally, we selected 146 references: 130 (89 %) English and 16 (11 %) Chinese publications, which were classified and analysed as follows.

Findings and Analysis

In this integrative review, we organised findings by subtopics (research themes, research methodologies, denominations of Buddhism, and primary sources of data). A few reviewed publications were exemplified in this review, and detailed information is available upon specific request to the first author.

Research Themes

Research topics were classified into 10 categories pertaining to the focus of the review: *karuṇā* or compassion ($n=60$; 41.1 %); *Mahāyāna* ($n=32$; 21.9 %); *maitri* or loving kindness ($n=19$; 13.0 %); *sūnyata* or emptiness or voidness ($n=14$; 9.6 %); *bodhisattva* ($n=10$; 6.8 %), the four immeasurables ($n=7$; 4.8 %), Chinese Buddhism or Northern Buddhism ($n=2$; 1.4 %), *prajñā* or Buddhist wisdom ($n=1$; 0.7 %), *upekṣa* or equanimity ($n=1$; 0.7 %), and *mudita* or empathetic joy or altruistic joy ($n=0$; 0 %).

Compassion

Among the 146 selected publications, 60 (41.1 %) references were studies on compassion, as it relates to psychological therapies. Gilbert, the founder of compassion-focused therapy (Gilbert 2010; Gilbert and Irons 2004; Gilbert and Procter 2006), formulated a therapeutic model involving a combination of neuro-science, psychology, and social theories. Further exploration of this approach has extended beyond Gilbert's work (cf., Mayhew and Gilbert 2008; Welford 2010).

Likewise, investigations into using compassion in interventions have extended into various realms: compassionate mindfulness or meditation (Bhutia 2010; Dibert 2009; Flowers and Stahl 2011; Lutz et al. 2008; Steward 2004); psychoanalytic therapies (Glaser 2005; Rubin 2009); cognitive approaches (Bankart 2006; Lee 2005); pastoral counselling (Smith-Penniman 2007); music therapy (Gilboa and Ben-Shetrit 2009); group theory (Jannazzo 2009); caregiving (Hinton et al. 2008; Puchalski 2006; Sethabouppha and Kane 2005); compassion fatigue (Rodrigo 2005); eating disorders (Stuart 2009); spiritual well-being (Purdy and Dupey 2005); and the development of psychometric instruments (Pommier 2010; Sprecher and Fehr 2005). Furthermore, incremental research examining compassion's connection with psychological therapies has reported positive results (cf., Boleyn-Fitzgerald 2003; Daya 2001; Duncan et al. 2009; Kemper et al. 2006; Mosig 1989; Pookayaporn 2002; Vivino et al. 2009).

Although a variety of topics were involved in these studies, there turned out to be little discussion on how the doctrine of Buddhist compassion could be combined with existing psychological therapies. Instead, researchers paid more attention to exploring personal accounts, such as compassionately taking care of patients with dementia (Hinton et al. 2008) and mental illnesses (Sethabouppha and Kane 2005), and providing hospice volunteer services that were informative for future studies (Hornstein 2005).

Mahāyāna

Thirty-two (21.9 %) references on *Mahāyāna* were related to the focus of the study. These sources addressed the applicability of *Mahāyāna* teachings to hospice care (Chen 2005; Heng-Chu et al. 2006); logotherapy (Lin 2002); contemplative psychotherapy (Darnall 2008; Silverberg 2008); psychoanalytic approaches (Virtbauer 2010); Morita therapy (Guo 2010); meditation (Tsui 2008); and the therapeutic relationship (Casalino 2008; Harris 2008).

The remainder of the publications addressed the teachings of *Mahāyāna* from therapeutic viewpoints (cf., Das 1989; Dwivedi 2006; Fenner 2003; Hunt 2003; Le and Levenson 2005; Pan 1996; Song 2008; Xiong 2011). Among these studies, many scholars offered theoretical references to integrate *Mahāyāna* philosophy into counselling theories; for instance, Dwivedi (2006), and Hunt (2003). Also, some researchers compared *Mahāyāna* teachings with different counselling approaches; for example, humanistic counselling (Das 1989), and psychoanalysis (Virtbauer 2010). These materials accumulated into valuable sources for future exploration.

Loving-Kindness

Nineteen (13.0 %) publications integrated loving-kindness with psychological therapies. A majority of the works (11; 57.9 %) were mindfulness or meditation related (Carson et al. 2005; Crane et al. 2010; Fredrickson et al. 2008; Johnson 2009; May et al. 2011; Salzberg 1995; Weibel 2007). Others covered diverse topics, such as the relationship between loving-kindness and psychotherapy (Salzberg 2010; Sayadaw 2003), contemplative psychotherapy (Evans et al. 2008), spiritual health and well-being (Hung 2009), *maitri* (*metta* in Pali) music therapy (Sek 2009), client-centred therapy (Wickramasekera II 2004), and social connectedness (Seppala 2009). This group of materials focused on meditation and its influence on interventions; and, seemingly, provides an expansion of the research topics that may offer research opportunities.

Emptiness

Fourteen (9.6 %) references integrated *śūnyata*, or emptiness, or voidness into psychological therapies. Among them, several discussed this concept as it relates to psychology or psychotherapy theories (Cooper 2005; Watson 1998; Welwood 2003). Other references were related to specific therapeutic schools, including psychoanalytic approaches (Kochumuttam 1981); transpersonal and existential theories (Muzika 1990); the application of this notion to meditation (Epstein 1989; Pitsch 2009); intersubjectivity within the therapeutic relationship (Bermann 2009); and group therapy (French 2006). How *śūnyata* related to therapists (Jack and Lindemann 2008) and psychology (Morrow 2006) was also discussed. However, most of the resources were conceptual discussions, with few empirical studies. If the studies had made use of more qualitative and quantitative data, the research outcomes would potentially have been much more convincing.

Bodhisattva

Ten (6.8 %) publications investigated how *bodhisattva* relates to psychological therapies. The study of *Avalokiteśvara* (Kuan Yin), a *bodhisattva* well-known for compassionate listening and a therapeutic nature, drew particular attention (Pang 2007) from different dimensions; for instance, the effect of the *bodhisattva* vow on Buddhist professional caregivers (e.g., social workers, hospice nurses, psychiatrists) (Frechette 2005), the theories of how *bodhisattva* is embedded within client-centre therapy (Bao 2005), the improvement of the psychotherapeutic relationship by the six perfections (*pāramitā* in Sanskrit), six *bodhisattva* practices (Casalino 2008), and the relationship between *bodhisattva* and meditation or psychotherapy theories (Welwood 2003). Although these studies made efforts to understand how *bodhisattva* practices could apply to counselling from the perspective of service providers, studying the therapeutic relationship under the auspices of *bodhisattva* practices remained an under-examined topic.

The Four Immeasurables

Research integrating psychological therapies with the four immeasurables (loving-kindness, compassion, empathetic joy, and equanimity) was documented in seven (4.8 %) publications, covering their practices in meditation (Wallace 1999, 2004), the importance of loving-kindness (Salzberg 1995), the features of the four elements in nursing practices (Jormsri et al. 2005), and the Self-Other Four Immeasurables (SOFI) scale (Kraus and Sears 2009). Blando (2009) proposed using the concepts from the four immeasurables in therapeutic interventions, and Chan (2010) developed an Eastern-based meditative intervention (EBMI) for Chinese pregnant women in order to enhance maternal health as well as foetal and child health.

The body of work on this subtopic has viewed the four immeasurables as a whole and examined its relationship to psychological therapies, including meditation (Wallace 1999, 2004), and with a psychometric scale (Kraus and Sears 2009). However, the small number of studies available implies that there is room for developing this research topic further.

Other Themes

Research concerning Chinese or Northern Buddhism, *prajñā* or Buddhist wisdom, and *upekṣā* or equanimity, as they relate to psychological therapies was conducted by Sundararajan (2008), Yeung and Lee (1997), Kiefer (1973), and Bitner et al. (2003) respectively. Scholars might fruitfully undertake further studies on these themes; for instance, how Buddhist wisdom views traumas, and its proposed solutions to such conditions.

No literature was retrieved on how *mudita*, empathetic joy, or altruistic joy pertained to psychological therapies. This non-existent production might reflect that the concept of empathetic joy as a distinct concept needed more discussion before being integrated into psychological therapies.

In addition to the aforementioned findings, 35 (24.0 %) references were related to meditation or mindfulness. Among these, 11 (31.5 %) references mixed compassion meditation with psychological therapies. Nine (25.8 %) sources examined how loving-kindness meditation related to psychological therapies. Six (17.2 %) publications were relevant to *śūnyata* meditation, and three (8.6 %) works focused on *Mahāyāna* meditation. Two (5.7 %) pieces discussed the relationship among *bodhisattva*, meditation, and psychological therapies. Apart from these, another three (8.4 %) publications combined Chinese Buddhism, equanimity, the four immeasurables, and *prajñā* meditation with psychological therapies.

Research Methodologies

The distribution of the methodologies used in the 146 selected literature sources was as follows: theoretical discussion ($n=93$; 63.7 %); quantitative studies ($n=19$; 13.0 %); qualitative inquiries ($n=16$; 11.0 %); both quantitative and qualitative approaches ($n=4$; 2.7 %); personal reflections ($n=6$; 4.1 %); literature or systematic reviews ($n=3$; 2.1 %); artefact analysis ($n=1$; 0.7 %); Buddhist scripture analysis ($n=1$; 0.7 %); clinical report ($n=1$; 0.7 %); mixed analysis ($n=1$; 0.7 %); and psychotherapy process research ($n=1$; 0.7 %).

Qualitative Methods

The 16 qualitative studies (11.0 %) adopted various research and analytical approaches, including one single case study (Mann et al. 2011), multiple-case studies (Pookayaporn 2002), grounded theory (Dibert 2009), phenomenological inquiry (Hornstein 2005), ethnographic research (Hinton et al. 2008), heuristic method (Song 2008), consensual qualitative research (Vivino et al. 2009), thematic analysis (Hung 2009), and hermeneutic analysis (Hsieh 2010). Two sources (10.5 %) (Dibert 2009; Harris 2008) specified the use of computer-assisted data analysis. Researchers carrying out this work recruited a range of participants with a minimum sample size of 6 (Bhutia 2010) and a maximum of 32 (Pang 2007) participants.

In sum, half ($n=8$; 50 %) of the qualitative studies were non-Western-based: one (6.3 %) focused on American-Vietnamese (Hinton et al. 2008); one (6.3 %) was conducted in Thailand (Sethabouppha and Kane 2005); one (6.3 %) studied Koreans (Song 2008); four (25.0 %) studied Chinese communities (Hsieh 2010; Hung 2009; Pan 1996; Pang 2007); and one

(6.3 %) was a cross-national study involving Bangkok and San Francisco (Pookayaporn 2002). Only two (12.5 %) studies focused on meditation or mindfulness research (Bhutia 2010; Dibert 2009). Also, 15 (93.8 %) studies were published within 11 years prior to this review.

Eight (50.0 %) of the principal investigators were Buddhists, meditation practitioners, helping professionals, or volunteers who were deeply involved in these studies (Bhutia 2010; Frechette 2005; Harris 2008; Hornstein 2005; Hsieh 2010; Pan 1996; Pang 2007; Song 2008).

A variety of research methods involved co-researching (namely, researchers worked with informants) ($n=2$; 12.5 %) (Frechette 2005; Hornstein 2005); dual-role (that is, the researchers were also participants simultaneously) ($n=2$; 12.5 %) (Bhutia 2010; Frechette 2005); participatory observations ($n=1$; 6.3 %) (Pang 2007); and a 1-year longitudinal case study ($n=1$; 6.3 %) (Mann et al. 2011).

We observed a variety of data collection methods: interviewing helping professionals ($n=3$; 18.8 %) (Frechette 2005; Harris 2008; Vivino et al. 2009), interviewing Buddhist monks or nuns ($n=2$; 12.5 %) (Pookayaporn 2002; Song 2008), face-to-face and telephone interviews ($n=2$; 12.5 %) (Harris 2008; Vivino et al. 2009), vis-à-vis and group interviews ($n=1$; 6.3 %) (Hornstein 2005), peer analysis ($n=1$; 6.3 %) (Pan 1996), and computerised data analysis ($n=2$; 12.5 %) (Dibert 2009; Harris 2008).

Quantitative Methods

Quantitative research in 19 (13 %) selected publications included meditation-related studies ($n=13$; 68 %) involving from 3 (Mayhew, and Gilbert 2008) to 957 (Pommier 2010) participants and using diverse psychometric instruments.

In brief, the reviewed 19 quantitative inquiries were largely categorised into meditation or mindfulness studies with regard to psychological therapies ($n=13$; 68 %) (Bitner et al. 2003; Carson et al. 2005; Crane et al. 2010; Fredrickson et al. 2008; Kemper et al. 2006; Lutz et al. 2008, 2009; May et al. 2011; Pitsch 2009; Seppala 2009; Stuart 2009; Tsui 2008; Weibel 2007). Two (10.5 %) projects aimed to formulate psychometric scales: (1) the “Self-Other Four Immeasurables Scale” (Kraus and Sears 2009); and (2) the “Compassion Scale” (Pommier 2010). A Buddhist monk devised one project (5.3 %) on the combination of *maitri* (*metta* in Pali) music, acupuncture, and mental health (Sek 2009). Furthermore, one (5.3 %) researcher investigated how group therapy was associated with the concept of self-compassion (Jannazzo 2009).

Pertaining to research settings, a majority of the works ($n=10$; 52.6 %) were conducted either partially or fully in educational settings and researchers recruited university students (Jannazzo 2009; Kemper et al. 2006; Kraus and Sears 2009; Le and Levenson 2005; May et al. 2011; Pommier 2010; Rockliff et al. 2008; Seppala 2009; Stuart 2009; Weibel 2007). In addition, one study (5.3 %) was conducted in a business organisation setting (Fredrickson et al. 2008). Moreover, two (10.6 %) were pilot studies (Bitner et al. 2003; Rockliff et al. 2008); and one (5.3 %) research project involved a randomised controlled design (Carson et al. 2005).

Additionally, most of the 19 reviewed quantitative inquiries were conducted in Western contexts, except for one (5.3 %) in Singapore (Sek 2009) and another (5.3 %) in Hong Kong (Tsui 2008). All of the selected quantitative studies were published between 2003 and 2011, reflecting a recent research trend.

Mixed-Method Studies

There were four (2.7 %) publications that simultaneously employed both quantitative and qualitative methods involving four to 123 participants; with half of the works being related to meditation.

To summarise these studies, specific categories of participants were invited to be involved in each, including psychotherapists (Braun 1992), pregnant women (Chan 2010), children (Gilboa and Ben-Shetrit 2009), and patients with schizophrenia (Johnson 2009). Among them, only Chan's study (2010) dealt with non-Western participants. These projects studied various research topics, such as applying compassion to building therapeutic rapport and enriching music therapy, the four immeasurables meditation to enhance foetal health, and loving-kindness meditation to reduce schizophrenic symptoms. They further shed light on researching the practicality of Chinese Buddhist philosophies in therapeutic settings.

Denominations of Buddhism

Four (2.7 %) publications incorporated relevant teachings of Chinese Buddhism without particular themes, extending into the domain of psychological therapies. In addition, 23 (15.8 %) sources concerned the use of *Mahāyāna* theories in the dimension of Tibetan Buddhism, nine (6.2 %) dealt with Japanese Buddhism, and five (3.4 %) focused on *Theravāda*. The remaining studies discussed basic Buddhist teachings without specifying a certain denomination. Thus, Tibetan Buddhism drew the dominant attention, while Chinese Buddhism drew the least, with the latter suggesting more potential research needs.

Primary Sources of Data

Using primary sources was found to be rare in the present review, with only three (2.1 %) using first-hand sources of Buddhist scriptures. Chen (2005) incorporated Buddhist canons, including *Theravāda* and *Mahāyāna* texts, into theories of hospice care. Heng-Chu, et al. (2006) demonstrated how to use the 'Universal Door Chapter' for hospice care, but these authors did not provide a detailed analysis of that text. Xiong (2011) analysed human nature's view in an effort to support the theoretical foundation of the mindfulness approach through the 'Platform Sutra of the Sixth Patriarch', a significant scripture of Chinese Buddhism. This limited employment of first-hand Buddhist scriptures provides room for further attention.

Implications and Future Research Directions

Chinese Buddhism, as explained earlier, is one of three Buddhist mainstreams and has played a significant role in the development of Japanese, Korean and Vietnam Buddhism, which, in turn, influence the development of modern spirituality or psychotherapy. Thus, studying the interaction between Chinese Buddhism and counselling is both timely and important. However, among the 146 reviewed English ($n=130$; 89 %) and Chinese ($n=16$; 11 %) publications, research on applying *Mahāyāna* theories from the perspective of Chinese Buddhism was limited; and only three studies employed Buddhist first-hand sources (Chen 2005; Heng-Chu et al. 2006; Xiong 2011). These study results were sharply distinguished from other references under review, urging future researchers to use primary data for Buddhist studies.

Since interpretation of Buddhist canons differs among scholars, solely relying on secondary data may be inadequate for achieving a deep and proper understanding of a philosophy that has been studied for over 2,500 years. The direct voice of Chinese Buddhism through primary source data offers more concrete and convincing theoretical grounds to Buddhist-based research (Cheng 2013; Xiong 2011), as this would enable researchers and readers to minimise the influence of individual scholars' varied interpretations of the doctrines, in turn providing richer perspectives on the research topics.

In spite of the authors' attempts to combine Buddhist scriptures with psychological therapies in the three publications that used primary sources (Chen 2005; Heng-Chu, et al. 2006; Xiong 2011), they were largely short of empirical data to validate any relationship between Chinese Buddhism and psychological therapies. Empirical examinations are likely to enhance the quality of research, which is crucial for theory building (Murdock 2013), and so adding empirical inquiry into this research niche seems desirable. Using a mixed-method approach involving Buddhist textual analysis and empirical research is, therefore, recommended.

However, choosing an appropriate methodology depends on the nature of the study. Qualitative research is more appropriate than quantitative for exploring knowledge in-depth and for developing an understanding of a particular phenomenon (Marshall and Rossman 1999; Patton 2002), especially one involving human behaviour (Schwandt 2000). As there is a dearth of research considering Chinese Buddhism in relation to psychological therapies, an understanding of real-life experience and meanings through qualitative data (Denzin and Lincoln 2000) collected from different informant sectors, such as Buddhist psychiatrists and monastics, may be an advantageous and justifiable strategy.

Similarly, our review reported that little research has addressed Chinese communities, despite the fact that the application of Buddhism to healing has drawn much attention and yielded encouraging responses in the West, as previously examined. Since Chinese Buddhism is a crucial ingredient in Chinese cultured societies, research on its applicability and practicality in regard to psychological therapies within Chinese contexts needs to be developed. This under-examined topic provides scholars with opportunities for cross-cultural studies that might merge Chinese Buddhism into psychological therapies.

Concluding Remarks

In this integrative review, we have analyzed research topics, methodologies, denominations of Buddhism, and the nature of data sources in connection with Chinese Buddhism and psychological therapies. As such, the aim was to identify research gaps and to ultimately propose a research strategy for blending Chinese Buddhism into therapeutic theories.

Among the selected literature published before 2012 ($n=146$; 130 English and 16 Chinese works), 60 (41.1 %) contributions integrated counselling, psychotherapy, psychology, or mental health interventions into *karuṇā* or compassion, 32 (21.9 %) grappled with psychological therapies related to *Mahāyāna* teachings, and 19 (13.0 %) considered such topics in light of *maitri* or loving kindness. These three major subjects represent the main themes of Chinese Buddhism.

Most reviewed publications did not specify which views of Buddhism they investigated, and only four (2.7 %) sources integrated psychological therapies with *Mahāyāna* in the perspective of Chinese Buddhism. Therefore, the limited research exploring how Chinese Buddhism is related to psychological healing suggests a pressing need for further studies. As well, the fact that, few studies use Buddhist primary source data risks confusing the issues. Considered overall, the current integrative review reveals the need for more qualitative investigations, supported by first-hand data, that reveal how best to apply Chinese Buddhist philosophy to counselling theories. Such an approach may also serve as a reference point for other researchers and offer an alternative to extant Buddhist-oriented research methodologies.

In conclusion, the significance of this integrative review includes five aspects. First, the review method provides researchers with a systematic overview of Chinese Buddhism in regard to psychological therapies, which offers a panoramic stance for considering future research on relevant themes. Second, the review addresses the significance of studying

Chinese Buddhism in regard to therapeutic settings, which is a developing topic. Third, it highlights the importance of adopting primary source data when researching Buddhist-based themes. Fourth, it proposes using more quantitative and qualitative combined research methodologies, including a canonical analysis, for pursuing more in-depth considerations. Finally, it suggests various research needs in regard to Chinese Buddhism, particularly from the dimension of *Mahāyāna* and psychological therapies, towards investigating its specific relevance and providing practitioners with enhanced understanding of its potential along with meaningful strategies for working in the therapeutic arena.

Acknowledgments We thank Dr Xiao Lu Wang for her valuable comments. We also express our gratitude to the anonymous translator who has proofread the English translation of those Chinese publication titles.

References

- Bankart, C. P. (2006). Treating anger with wisdom and compassion: A Buddhist approach. In E. L. Feindler (Ed.), *Anger related disorders: A practitioner's guide to comparative treatments* (pp. 231–255). New York, US: Springer Publishing Company.
- Bao, H. 包. (2005). Unconditional positive regards and bodhisattva spirit 無條件積極關注與菩薩精神. *Chuanshan Journal* 舟山學刊, 57, 197–199.
- Bermann, A. (2009). Reflections on aging, psychotherapy, and spiritual practice. *Women and Therapy: Special Issue: Women doing therapy in the last third of life*, 32(2–3), 267–274.
- Bhutia, A. B. (2010). *Transformation through cultivating compassion and empathy using the Nyungne practice of Tibetan Vajrayāna Buddhism*. (Unpublished PhD thesis). USA: Saybrook University.
- Bitner, R., Hillman, L., Victor, B., & Walsh, R. (2003). Subjective effects of antidepressants: a pilot study of the varieties of antidepressant-induced experiences in meditators. *The Journal of Nervous and Mental Disease*, 191(10), 660–667.
- Blando, J. A. (2009). Buddhist psychotherapy with older GLBT clients. *Journal of GLBT Family Studies*, 5(1–2), 62–81.
- Boleyn-Fitzgerald, P. (2003). Care and the problem of pity. *Bioethics*, 17(1), 1–20.
- Braun, J. M. (1992). *Compassion and the psychotherapist*. (Unpublished PhD thesis). USA: California Institute of Integral Studies.
- Campos, P. E. (2002). Integrating Buddhist philosophy with cognitive and behavioural practice: Introduction. *Cognitive and Behavioural Practice*, 9, 38–40.
- Carson, J. W., Keefe, F. J., Lynch, T. R., Carson, K. M., Goli, V., Fras, A. M., et al. (2005). Loving-kindness meditation for chronic low back pain: results from a pilot trial. *Journal Holistic Nursing*, 23(3), 287–304.
- Casalino, L. (2008). Psychotherapy and the paramitas: Walking the bodhisattva's path. In F. J. Kaklauskas, S. Nimanheminda, L. Hoffman, & M. S. Jack (Eds.), *Brilliant sanity: Buddhist approaches to psychotherapy* (pp. 355–364). Colorado: University of the Rockies Press.
- Chan, K. P. (2010). *Spirituality and psychoeducation of pregnant Chinese women in Hong Kong: An evaluation of the effect of an Eastern based meditative intervention on maternal and foetal health status*. (Unpublished PhD thesis). Hong Kong: The University of Hong Kong.
- Chen, B. 陳. (2005). Buddhist hospice care and release of souls from purgatory 佛教的臨終關懷與追福超度. *The Voice of Dharma* 法音, 8, 17–22.
- Cheng, F. K. (2013). Compassion focused therapy: the CBT distinctive features series. *Mental Health, Religion and Culture*. doi:10.1080/13674676.2012.755617.
- Cooper, P. C. (2005). The formless self in Buddhism and psychotherapy. In M. B. Weiner, P. C. Cooper, & C. Barbre (Eds.), *Psychotherapy and religion: Many paths, one journey* (pp. 17–56). Lanham, MD, US: Jason Aronson.
- Crane, C., Jandric, D., Barnhofer, T., & William, J. M. G. (2010). Dispositional mindfulness, meditation, and conditional goal setting. *Mindfulness*, 1, 204–214.
- Damall, K. T. (2008). Contemplative psychotherapy: Integrating western psychology and eastern philosophy. In F. J. Kaklauskas, S. Nimanheminda, L. Hoffman, & M. S. Jack (Eds.), *Brilliant sanity: Buddhist approaches to psychotherapy* (pp. 299–308). Colorado: University of the Rockies Press.

- Das, A. K. (1989). Beyond self-actualization. *International Journal for the Advancement of Counselling*, 12(1), 13–27.
- Daya, R. (2001). *Buddhist movements in psychotherapy*. (Unpublished PhD thesis). Canada: The University of Calgary.
- Denzin, N. K., & Lincoln, Y. S. E. (2000). *Handbook of qualitative research* (2nd ed.). USA: Sage Publications, Inc.
- Dibert, F. (2009). *Mindfulness, compassion and the nature of self: A study of Vipassana meditation in context*. (Unpublished PhD thesis). USA: Boston University.
- Duncan, L. G., Coatsworth, J. D., & Greenberg, M. T. (2009). A model of mindful parenting: implications for parent–child relationships and prevention research. *Clinical Child and Family Psychology Review*, 12, 255–270.
- Dwivedi, K. N. (2006). An Eastern perspective on change. *Clinical Child Psychology and Psychiatry*, 11(2), 205–212.
- Epstein, M. (1989). Forms of emptiness: psychodynamic, meditative and clinical perspectives. *The Journal of Transpersonal Psychology*, 21(1), 61–71.
- Evans, J., Shenpen, A., & Townsend, P. (2008). Maitri space awareness: Developing the therapist within. In F. J. Kaklauskas, S. Nimanheminda, L. Hoffman, & M. S. Jack (Eds.), *Brilliant sanity: Buddhist approaches to psychotherapy* (pp. 195–211). Colorado: University of the Rockies Press.
- Fenner, P. (2003). Nonduality and therapy: Awakening the unconditioned mind. In J. J. Prendergast, P. Fenner, & S. Krystal (Eds.), *The sacred mirror: Nondual wisdom and psychotherapy* (pp. 23–56). USA: Paragon House.
- Flowers, S., & Stahl, B. (2011). *Living with your heart wide open: How mindfulness and compassion can free you from unworthiness, inadequacy and shame*. USA: New Harbinger Publications, Inc.
- Frechette, B. (2005). *Cultivating altruistic intention: Embodiment of compassion or compassion fatigue?* (Unpublished PhD thesis). USA: California Institute of Integral Studies.
- Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, 95(5), 1045–1062.
- French, J. (2006). Self within the matrix: Buddhist narrative and a group-analytic paradigm. *Group Analysis*, 39(2), 243–256.
- Gilbert, P. (2010). An introduction to compassion focused therapy in cognitive behaviour therapy. *International Journal of Cognitive Therapy*, 3(2), 97–112.
- Gilbert, P., & Irons, C. (2004). A pilot exploration of the use of compassionate images in a group of self-critical people. *Memory*, 12(4), 507–516.
- Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: overview and pilot study of a group therapy approach. *Clinical Psychology and Psychotherapy*, 13, 353–279.
- Gilboa, A., & Ben-Shetrit, S. (2009). Sowing seeds of compassion: the case of a music therapy integration group. *The Arts in Psychotherapy*, 36, 251–260.
- Glaser, A. (2005). *A call to compassion: Bringing Buddhist practices of the heart into the soul of psychology*. USA: Nicolas-Hays, Inc.
- Guo, H. J. 郭. (2010). Application of Morita therapy in mental health education for university students 森田療法在大學生心理健康教育中的應用. *Journal of Campus Life and Mental Health 校園心理*, 8(1), 35–37.
- Harris, M. S. (2008). *A qualitative study of Buddhist informed psychotherapists*. (Unpublished PhD thesis). USA: Westwern Michigan University.
- He, J. S. 何. (2008). *History of Korean Buddhism 韓國佛教史*. Beijing: Social Sciences Academic Press (China) 社會科學文獻出版社.
- Heng-Chu, B. 釋., Tsung-Tueng, B. 釋., Chen, C.-Y. 陳., & Huimin, B. 釋. (2006). The clinical application of the Universal Door Chapter in Lotus Sutra to overcome fear of death in terminal cancer patients 普門品在死亡恐懼之臨床應用. *Taiwan Journal of Hospice Palliative Care 安寧療護雜誌*, 10(2), 97–109.
- Hinton, L., Tran, J. N., Tran, C., & Hinton, D. (2008). Religious and spiritual dimensions of the Vietnamese dementia caregiving experience. *Hallym International Journal of Aging*, 10(2), 139–160.
- Hornstein, A. R. (2005). *Working with the dying: Compassion, shame, and the illusion of loss*. (Unpublished PhD thesis). USA: California Institute of Integral Studies.
- Hsieh, H.-M. 謝. (2010). *The effects of religious beliefs of counselling psychologists on counselling: Buddhist experience 個人宗教信仰在諮商工作中的呈現與實踐:以佛教背景諮商心理師為例*. (Unpublished PhD thesis). Taiwan: National Taiwan Norman University 國立臺灣師範大學.
- Hung, Y.-T. 洪. (2009). A study on the process of how learning Buddhist doctrine influences spiritual health 佛教徒學習佛法對靈性健康之影響歷程研究. *Formosa Journal of Mental Health 中華心理衛生學刊*, 22(3), 269–298.
- Hunt, D. (2003). Being intimate with what is: Healing the pain of separation. In J. J. Prendergast, P. Fenner, & S. Krystal (Eds.), *The sacred mirror: Nondual wisdom and psychotherapy* (pp. 164–184). USA: Paragon House.

- Jack, M. S., & Lindemann, A. M. (2008). Exploring counter-transference, emptiness, and joy in the path of the therapist. In S. Nimanheminda, F. J. Kaklauskas, L. Hoffman, & M. S. Jack (Eds.), *Brilliant sanity: Buddhist approaches to psychotherapy*. USA: University of the Rockies Press.
- Jannazzo, E. S. (2009). *An examination of self-compassion in relation to process group psychotherapy*. (Unpublished PhD thesis). USA: The University of Texas at Austin.
- Johnson, D. P. (2009). *Loving-kindness meditation to enhance the psychological recovery of individuals with persistent negative symptoms of schizophrenia: A pilot study*. (Unpublished Master thesis). USA: The University of North Carolina at Chapel Hill.
- Jones, K. (2003). *The new social face of Buddhism: A call to action*. USA: Wisdom Publications.
- Jormsri, P., Kunaviktikul, W., Ketefian, S., & Chaowalit, A. (2005). Moral competence in nursing practice. *Nursing Ethics*, 12(6), 582–594.
- Kemper, K. J., Larrimore, D., Dozier, J., & Woods, C. (2006). Impact of a medical school elective in cultivating compassion through touch therapies. *Complementary Health Practice Review*, 11, 47–56.
- Kiefer, D. (1973). The psychophysiological principle and the prajna paramita. *Psychologia*, 16(2), 110–114.
- King, S. B. (2009). *Socially engaged Buddhism: Dimensions of Asian spirituality*. Honolulu: University of Hawaii Press.
- Kochumuttam, T. (1981). Śūnyata and tathatā: emptiness and suchness. *Journal of Dharma*, 6, 18–33.
- Kraus, S., & Sears, S. (2009). Measuring the Immeasurables: development and initial validation of the Self-Other Four Immeasurables (SOFI) scale based on Buddhist teachings on loving kindness, compassion, joy, and equanimity. *Social Indicators Research*, 92(1), 169–181.
- Kumar, S. M. (2002). An introduction to Buddhism for the cognitive-behavioural therapist. *Cognitive and Behavioural Practice*, 9, 40–43.
- Le, T. N., & Levenson, M. R. (2005). Wisdom as self-transcendence: what's love (and individualism) got to do with it? *Journal of Research in Personality*, 39, 443–457.
- Lee, D. A. (2005). The perfect nurturer: A model to develop a compassionate mind within the context of cognitive therapy. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 326–351). New York: Routledge.
- Lin, A. W. 林. (2002). Confucian, Daoist, Buddhist thoughts on mind morality, and logotherapy 儒道佛心性道德思想與意義治療. *Morality and Civilisation 道德與文明*, 5, 44–49.
- Lutz, A., Brefczynski-Lewis, J., Johnstone, T., & Davidson, R. J. (2008). Regulation of the neural circuitry of emotion by compassion meditation: effects of meditative expertise. *PLoS ONE*, 3(3), 1–10.
- Lutz, A., Greischar, L. L., Perlman, D. M., & Davidson, R. J. (2009). BOLD signal in insula is differentially related to cardiac function during compassion meditation in experts vs. novices. *NeuroImage*, 47, 1038–1046.
- Mann, J. C., Kretschmar, M. D., & Worsham, N. L. (2011). Being in relationship: paradoxical truths and opportunities for change in foster care. *Zero to Three*, 31(3), 11–16.
- Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research* (3rd ed.). Thousand Oaks: SAGE Publications.
- May, C. J., Burgard, M., Mena, M., Abbasi, I., Bernhardt, N., Clemens, S., et al. (2011). Short-term training in loving-kindness meditation produces a state, but not a trait, alteration of attention. *Mindfulness*, 2, 143–153.
- Mayhew, S. L., & Gilbert, P. (2008). Compassionate mind training with people who hear malevolent voices: a case series report. *Clinical Psychology and Psychotherapy*, 15, 113–138. doi:10.1002/cpp.566.
- Morrow, K. L. (2006). *The mandala of great delight: Happiness at the threshold of time*. (Unpublished PhD thesis). USA: Pacifica Graduate Institute.
- Mosig, Y. D. (1989). Wisdom and compassion: what the Buddha taught: a psycho-poetical analysis. *Theoretical and Philosophical Psychology*, 9(2), 27–36.
- Murdock, N. L. (2013). *Theories of counselling and psychotherapy: A case approach* (3rd ed.). USA: Pearson Education, Inc.
- Muzika, E. G. (1990). Evolution, emptiness and the fantasy self. *Journal of Humanistic Psychology*, 30(2), 89–108.
- Nadimpalli, S. B., & Hutchinson, M. K. (2012). An integrative review of relationships between discrimination and Asian American health. *Journal of Nursing Scholarship*, 44(2), 127–135. doi:10.1111/j.1547-5069.2012.01448.x.
- Nakamura, H. 中. (1984). *History of development of Chinese Buddhism, Volumes 1, 2 & 3 中國佛教發展史, 上中下冊* (trans: Y. W. J. 余萬居). Taiwan: Heavenly Lotus Publishing Company Limited 天華出版事業股份有限公司.
- Pan, S.-C. 潘. (1996). *The Buddhists' conception of death, its relations to life meaning, and its application in counselling* 佛教徒的死亡觀念與生命意義之研究及其在諮商上的應用. (Unpublished PhD thesis). Taiwan: National Changhua University of Education 國立彰化師範大學.
- Pang, Y. Y. (2007). *Kuan-yinism and healing: Ethnographic study of a Kuan Yin sanctuary in Hong Kong*. (Unpublished PhD thesis). Hong Kong: The University of Hong Kong.
- Park, C. L. (2010). Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136(2), 257–301. doi:10.1037/a0018301.

- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). California: Sage Publications, Inc.
- Perish, C. S. (2010). Family life and spiritual kinship in American Buddhist communities. In G. Storhoff & J. Whalen-Bridge (Eds.), *American Buddhism as a way of life* (pp. 151–165). USA: State University of New York Press.
- Pitsch, J. (2009). *Reports of group differences in narcissism within the practice of Buddhist Satipathana Vipassana meditation: Experiences of self-centeredness, grandiosity, the need for mirroring/admiration, and emptiness*. (Unpublished PhD thesis). USA: Institute of Transpersonal Psychology.
- Pommier, E. A. (2010). *The compassionate scale*. (Unpublished PhD thesis). USA: The University of Texas at Austin.
- Pookayaporn, J. (2002). *Wisdom and compassion in action: Theravada Buddhist nuns as facilitators of healing*. (Unpublished PhD thesis). USA: California Institute of Integral Studies.
- Puchalski, C. M. (2006). Spiritual care compassion and service to others. In C. M. Puchalski (Ed.), *A time for listening and caring: Spirituality and the care of the chronically ill and dying* (pp. 39–54). USA: Oxford University Press, Inc.
- Purdy, M., & Dupuy, P. (2005). Holistic flow model of spiritual wellness. *Counselling and Values*, 49(2), 95–106.
- Rawl, S. M., Menon, U., Burness, A., & Breslau, E. S. (2012). Interventions to promote colorectal cancer screening: an integrative review. *Nursing Outlook*, 60, 172–181. doi:10.1016/j.outlook.2011.11.003.
- Robinson, L. M., & Vail, S. R. (2012). An integrative review of adolescent smoking cessation using the transtheoretical model of change. *Journal of Pediatric Health Care*, 26(5), 336–345.
- Rockliff, H., Gilbert, P., McEwan, K., Lightman, S., & Glover, D. (2008). A pilot exploration of heart rate variability and salivary cortisol responses to compassion-focused imagery. *Clinical Neuropsychiatry: Journal of Treatment Evaluation*, 5(3), 132–139.
- Rodrigo, W. D. (2005). *Conceptual dimensions of compassion fatigue and vicarious trauma*. (Unpublished Master thesis). Canada: Simon Fraser University.
- Rubin, J. B. (1996). *Psychotherapy and Buddhism: toward an integration*. New York: Plenum Press.
- Rubin, J. B. (2009). There is more than meets the I: Psychoanalytic reflections on spirituality. In B. Willock, R. C. Curtis, & L. C. Bohm (Eds.), *Taboo or not taboo? Forbidden thoughts, forbidden acts in psychoanalysis and psychotherapy* (pp. 95–119). London, England: Karnac Books.
- Salzberg, S. (1995). *Lovingkindness: The revolutionary art of happiness*. Boston: Shambhala Publications, Inc.
- Salzberg, S. (2010). *The force of kindness: Change your life with love and compassion*. Canada: Sounds True, Inc.
- Sayadaw, U. I. E. (2003). *Metta: The practice of loving kindness*. Birmingham: Windhorse Publications.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 189–213). USA: Sage Publications, Inc.
- Sek, T. K. 釋. (2009). *Clinic research on metta-music electro-acupuncture treatment against depression 電針結合慈經音樂療法治療憂鬱症的臨床研究*. (Unpublished PhD thesis). China: Nanjing University of Chinese Medicine 南京中醫藥大學.
- Seppala, E. (2009). *Loving-kindness meditation: A tool for increasing social connectedness*. (Unpublished PhD thesis). USA: Stanford University.
- Sethabouppha, H., & Kane, C. (2005). Caring for the seriously mentally ill in Thailand: Buddhist family caregiving. *Archives of Psychiatric Nursing*, 19(2), 44–57.
- Silverberg, F. (2008). Resonance and exchange in contemplative psychotherapy. In F. J. Kaklauskas, S. Nimanheminda, L. Hoffman, & M. S. Jack (Eds.), *Brilliant sanity: Buddhist approaches to psychotherapy* (pp. 239–257). USA: University of the Rockies Press.
- Smith-Penniman, A. (2007). *Buddhist resources in pastoral care*. (Unpublished Doctor of Ministry thesis). USA: Andover Newton Theological School.
- Song, Y. (2008). *Exploring the spiritual development model of Mahāyāna Seon (Zen) practice from the perspective of transpersonal development and healing*. (Unpublished PhD thesis). USA: Institute of Transpersonal Psychology.
- Sprecher, S., & Fehr, B. (2005). Compassionate love for close others and humanity. *Journal of Social and Personal Relationships*, 22(5), 629–651.
- Steward, T. M. (2004). Light on body image treatment: acceptance through mindfulness. *Behaviour Modification*, 28(6), 783–811.
- Stuart, J. (2009). *Mal-adaptive perfectionism and disordered eating in college women: The mediating role of self-compassion*. (Unpublished PhD thesis). USA: University of Florida.
- Sundararajan, L. (2008). Toward a reflexive positive psychology: insights from the Chinese Buddhist notion of emptiness. *Theory Psychology*, 18, 655–673.
- Teasdale, J. D., Segal, Z., & Williams, J. M. G. (1995). How does cognitive therapy prevent depressive relapse and why should attentional control (mindfulness) training help? *Behaviour Research Therapy*, 33(1), 25–39.
- Tsui, J. C. (2008). *Dejian mind-body intervention: Effects on mood and physical health*. (Unpublished PhD thesis), Hong Kong: The Chinese University of Hong Kong.

- Virtbauer, G. D. (2010). Dimensions of intersubjectivity in Mahāyāna-Buddhism and relational psychoanalysis. *Contemporary Buddhism*, *11*(1), 85–102.
- Vivino, B. L., Thompson, B. J., Hill, C. E., & Ladany, N. (2009). Compassion in psychotherapy: the perspective of therapists nominated as compassionate. *Psychotherapy Research*, *19*(2), 157–171. doi:10.1080/10503300802430681.
- Wallace, B. A. (1999). *Boundless heart: The four immeasurables*. Ithaca, New York: Snow Lion Publications.
- Wallace, B. A. (2004). *The four immeasurables: Cultivating a boundless heart*. Ithaca, New York: Snow Lion Publications.
- Watson, G. (1998). *The resonance of emptiness: A Buddhist inspiration for a contemporary psychotherapy*. UK: Curzon.
- Wawrytko, S. A. (1991). Zen and Western psychotherapy: Nirvanic transcendence and Samsaric fixation. *Chung-Hwa Buddhist Journal*, *4*(July), 451–494.
- Weibel, D. T. (2007). *A loving-kindness intervention: Boosting compassion for self and others*. (Unpublished PhD thesis). USA: Ohio University.
- Welford, M. (2010). A compassion focused approach for anxiety disorders. *International Journal of Cognitive Therapy*, *3*(2), 124–140.
- Welwood, J. (2003). Dancing with form and emptiness in intimate relationship. In J. J. Prendergast, P. Fenner, & S. Krystal (Eds.), *The sacred mirror: Nondual wisdom and psychotherapy* (pp. 290–302). USA: Paragon House.
- Wickramasekera II, I. E., (2004). The Kalyanamitra and the client-centred psychotherapist. *Journal of Humanistic Psychology*, *44*(4), 485–493.
- Williams, J. M. G., & Kabat-Zinn, J. (2011). Mindfulness: diverse perspectives on its meaning, origins, and multiple applications at the intersection of science and dharma. *Contemporary Buddhism*, *12*(1), 1–18. doi:10.1080/14639947.2011.564811.
- Xiong, W. R. 熊. (2011). *The lost and reversion of the theory of human nature of the mindfulness psychotherapy* 正念療法的人性論迷失與複歸. (Unpublished PhD thesis). Jilin: Jilin University 吉林大學.
- Yeung, W. H., & Lee, E. (1997). Chinese Buddhism: Its implications for counselling. In E. Lee (Ed.), *Working with Asian Americans: A guide for clinicians* (pp. 452–463). New York: The Guilford Press.