

How a Buddhist Helped a Christian Love God

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ABSTRACT: A description of how a Buddhist psychotherapist used a threefold approach to the treatment of a fundamentalist Christian diagnosed with Obsessive-Compulsive Disorder (OCD) and presenting with obsessive religious thoughts and fears. One element is the frame of the more traditional psychotherapeutic supportive approach; another element is the Zen Buddhist spiritual perspective with the associated "cognitive set" of oneness and respect for the common human struggle with "opposite thinking;" the third element is the Organic Mind Energy (OME) Psychotherapy techniques incorporated into the therapy. These techniques are especially useful with someone with "rigid" religious beliefs as they allow for a relaxation of the mind that in itself promotes openness and healing. There is no challenging of the client's beliefs and no attempt to change them.

KEY WORDS: anxiety; Obsessive-Compulsive Disorder (OCD); Zen Buddhism; Christian fundamentalism; OME psychotherapy.

We have all heard the term, "the fear of God" and, indeed some promote this as a positive condition for the right relationship with God. Imagine, however, that you have an extreme fear of the topic itself and even if the subject is mentioned you have a panic attack accompanied by unrelenting obsessive thoughts, "Is there a God. What if there isn't?" which then generates even more fear. This obsessive thought goes round and round in your head and you cannot stop thinking about it and your fear builds and builds. When you are temporarily out of this painful mode, you are terrified that something will set this off again and you will return to the horrible and uncontrolled panic. You are in a psychological and spiritual crisis and can find no way out. You have no spiritual refuge as God has become a phobia and you cannot pray for help. You tell yourself, "this must be the devil making me think like this?" Or "If there is a God how can 'He' let this happen to me?" This was the state of mind that Lauren, a 26-year-old single woman, was experiencing when she came to the

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Blanton—Peale Counseling Center 2 years ago. Terrified to go to therapy and face this fearful topic she finally came out of desperation as she felt she was losing her mind. “I was no longer in my body, I was outside of myself.”

This was a particularly interesting case for me, not only because I am a spiritual person but also because I am a Zen Buddhist. In Buddhism we say, “don’t make God and don’t make no God” this means don’t be attached to the idea, “there is a God” or “there isn’t a God.” Because of the opposite thinking nature of the human mind, when the idea of God comes the idea of no God or of the devil soon follows. Just as you cannot have a coin without both heads and tails you cannot have the idea of God without the opposite idea—no God; you cannot have the idea of good without the idea of evil or faith without skepticism. All of us have this opposite thinking but my new client is trapped in an extreme form of it. In Buddhism there is a saying, “If you meet the Buddha on the road kill him” This means do not be attached to the idea of Buddha. We are directed instead to look inward and find our own Buddha nature, thus the Zen emphasis on meditation practice. So how can I help this person who is so painfully attached to the idea of “God or no God”? What is behind this extreme fear? What kind of medicine will help her—Zen medicine, Christian medicine or other medicine? How can I respect her belief system and yet help her to open her mind and loosen this stranglehold? Do we have to kill God in order to save her from her terrifying and immobilizing fears?

Diagnosed with Obsessive/Compulsive Disorder by the clinic psychiatrist in the intake procedure, she was taking medication which shortened but did not prevent the panic attacks. In order to obtain more detail, I asked her to complete the Symptom Checklist 90-R (SCL-90-R) which is a brief, multidimensional self-report inventory designed to screen for a broad range of psychological problems and symptoms of psychopathology. The results indicated obsessive-compulsive disorder (OCD); depression, hostility and phobic anxiety. It is not that unusual for obsessive religious or moral doubt to appear with OCD patients who have religion as a central concern in their lives (Greenberg & Sheffler, 2002).

I thought about how to approach this case and whether or not to refer her. What if she asked me what my personal beliefs were or if she asked if I was a Christian? Would she continue to work with me knowing that I am a Buddhist? Should I refer her to one of the many Christian pastoral counselors that work in the clinic? I had some exposure to Christian fundamentalist clients and knew to expect that literal interpretation of the bible would come up in the therapy. Frame (2003) refers to a “biblical filter” that is used by clients who view the Bible as the sole directive for life. She believes that the therapist’s interventions and strategies must conform to the clients’ understanding of what is “biblical” to be considered sound or helpful. Lauren has a biblical filter and I have a Zen filter. I can’t talk “biblical” or use conforming interventions or strategies nor would it be genuine for me to attempt to do so. My job is not to manipulate her into health. So how can we do what we need to do? How can I

be authentic and help her? I knew my Zen Master would say, Bible filter, Zen filter no matter—put it all down—just “How can I help?”

I decided that it was not in her best interest to refer her as I had previous experience with a fundamentalist Christian client also with anxiety disorder where I had excellent results using techniques that made it unnecessary to use “conforming strategies.” These techniques are components of a collection of tools which I have refined over the past 20 years. I call this Organic Mind Energy (OME) psychotherapy. Readily integrated with more traditional approaches, OME utilizes some aspects of Yoga and Buddhist psychology but with a completely new and practical therapeutic application. The OME techniques allow me to guide her to discover what situations from her past contribute to how she is thinking and feeling now. Information and insight would come from her with me acting more as support and guide. Of course, the therapist cannot help but influence the therapy even if by highlighting certain issues for further exploration. While we psychotherapists work to keep our minds open, we are also aware that our subjective state is a natural part of the encounter and I am hoping that some of my “openness” will rub off. The goals are chosen by the client and I kept those goals in mind whenever I was directive. Her goals were to improve her mental and emotional health through increasing her self-esteem and reducing her fear. But as both were intricately bound up with her religious ideas, could we achieve these goals without discussing religious views or without challenging her belief system? The OME psychotherapeutic techniques allowed us to work together with these common goals in mind and only these goals in mind. OME techniques bypass the “defense/resistance” mechanisms that are believed to protect the ego and focus directly on the unconscious determinants of the symptoms. By focusing attention on specific “psychological sense organs” or chakras, we can “surface” or bring into consciousness the memory traces that are causing the anxiety and depression and dissolve the offending memory trace energy through a process that involves concentration and some visualization.

As with all new clients, I worked on establishing rapport and a therapeutic working relationship. After developing a working relationship and doing some psychoeducation in the areas of “what is crazy” and how the mind communicates, I proposed that we do some work to lower her anxiety and hostility in general while still avoiding the “God/no God” topic. Over time, she came to trust me and was open to working with inner exploration techniques. Although the client determines what the goals of the therapy are, within that framework the therapist has some objectives that will help us to meet those goals. My first objective with Lauren is to improve her sense of self via positive mirroring, unconditional acceptance and complete attention. The healing therapeutic relationship. My second objective is to help relax and open her mind. My third objective is to help her feel more of a connection to self. Her self-connection and self-trust were negligible and she was at war with herself, fearing her own mind and her own thoughts. I wanted to encourage the

realization that her inner self is a positive resource and not something to fear. This comes from my “Buddhist filter,” as a Buddhist-inspired psychotherapist has a profound belief in the “basic sanity” or unconditioned core of each person (Watson, 1998). Finally, the spiritual healing would come when the sense of “God” or spirit was in her heart rather than her head—then she can experience the spiritual dimension. Her mindtrap of “God vs. no God” is only an idea based on grasping and aversion. Her attachment to this idea reflects her detachment from herself and from spiritual experience. But it is important to understand why this idea in particular and why the extreme fear associated with it? Success will be measured by a decrease of anxiety and depression in general, a positive outlook on life, a sense of spiritual connection and, maybe, but not necessarily, a reconciliation with her religious practice. I am working with the client’s goals and her goals were to eliminate her fear and terror and to increase her self-esteem. At a minimum, she will need to be able to discuss religion and God without fear or apprehension and will not have compulsive ruminations—religious or otherwise.

I taught her some basic breathing techniques to help concentrate and quiet her mind and we then used the OME techniques to target her fear in general. She remembered many fearful situations from her childhood and teen years in her family, with peers and in school. Some of them were related to having to face stressful situations on a daily basis in her neighborhood, a dangerous public housing project in Los Angeles where she felt targeted, she believes, because of her blonde hair. She lived in fear both in her neighborhood and in her high school where the same situation prevailed. There were also specific painful memories related to hostile teachers. Over time a significant amount of material related to early fear, guilt and loss revealed itself. As we surfaced and processed these earlier memories, her anxiety and hostility was slowly but significantly lowered as attested by her daily reported life experiences and reduced obsessive thinking.

The topic of her “God/no God” phobia came up when she discussed her mother’s death at the age of 44 due to cancer. When she was 19, her mother, a devoted churchgoer, who exemplified the faithful woman, died a long, painful death from cancer (3 years prior her father had died in an automobile accident). The loss of her mother was complicated by an accompanying sense of disappointment with God. Everyone prayed and prayed and her mother suffered and suffered. Lauren was raised in the Pentecostal Church and one of their doctrines is that God heals faithful people:

God has made Himself known through the ages by miraculous healings and has made special provisions in the age of grace to heal all who will come to Him in faith and obedience.

There is no sickness or disease too hard for God. Any of us, our children, or our friends can be healed by the power of God. Many people in our churches can testify to being miraculously healed by God. And what God has done for others, He will do for you. Whatever your sickness or disease, He can make you whole. Look to Him today for your healing.

Taken from the Word Aflame Press tract "Divine Healing" - #1567220835
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The slow and painful death of her mother left her with the following conundrum in trying to understand her mother's death in light of her church's teachings: (1) Her mother wasn't actually a faithful woman despite the evidence to the contrary—daily prayer in her house and regular church attendance (her mother as a hypocrite); (2) Her mother did have faith yet God abandoned and betrayed her (3) there can't be a God because "He" wouldn't let her mother suffer like that (4) her church broke her trust with false promises or (5) I did not do enough, did not show up enough and did not pray enough and this is why my mother died. She could not think of any other explanation and all of the above were unacceptable.

When she brought up the subject of the loss of her mother and her resultant mixed religious feelings, I asked her to imagine that God was sitting in the empty chair (Gestalt Empty Chair Technique) in the therapy office and to speak to "Him." She agreed and said angrily,

"Why if my mother was so holy, why didn't you look out for her? Why were other people healed and my mother wasn't. I feel betrayed by you." As she spoke copious tears poured down her cheeks. At a point much later in the therapy she noted that, "because I was told to have faith that God would heal my mother, I did not have the opportunity to accept that my mother was going to die. Part of my mind would say, 'You know that she is going to die' and I would fight that." This is where the war within her mind began.

So our work has been successful so far. Her anxiety has been reduced to the point where we can approach the topic without panic. But what else is behind the "God no God" phobia?

I agree with Rizzuto (1998) who posited that one's concept of God is dynamically influenced by one's relationship to his or her parents and to one's own self. When we are in a dualistic mindset, (God as something out there) the relationship with God becomes, in the human psyche like any other relationship—conditional and subject to conflict. If there was abandonment in history that person has a damaged sense of trust. Lauren held an unconscious conviction that her parents didn't care about her. When trust is damaged a person can be in a psychological state where they don't trust enough or trust too much and can flip back and forth between these extremes. All therapists are familiar with the clients who fit into this category. Not able to trust closeness for fear of rejection or abandonment, they are especially vulnerable

to trusting too fast, too much or trusting the wrong people and continuing to be harmed. As in this case, they may go to the extreme and put all of their trust in someone or in this case “God”, have unrealistic expectations, and are again hurt when the illness or bad situation comes and then continue to feel betrayed and abandoned. In the mind, connection and trust are intertwined. If I am connected to myself, I have a sense of self trust, if I am connected to others I can trust others, if I have a strong connection to life I can trust life, if I have a strong spiritual connection I can trust in spirit. Loss, fear of loss, disappointment and betrayal have permeated her life and damaged her sense of connection and trust. As a child she felt overlooked and not paid attention to in her family—this was experienced psychologically as a rejection and loss of connection; the early deaths of her parents were a major loss and the fact that God didn’t do his job was yet another loss. “I have had so many losses that is why I think about death all of the time.” She has said many times, “If there is no God then there is nothing.” In other words she has no one to depend on. But has she lost God or has she lost her image of God—the God that behaves as she expects? Zen Master Dae Gak addressed this point at a Zen retreat at the Catholic Abbey of Gethsemani in Kentucky.

“In the Christian tradition we say that we do not depend on anything but God. But if we see God as something separate from ourselves, we make God an idea. God becomes a creation in our own minds. Thus, we depend on an image of God, not God itself.” (Dae Gak, 1997)

She is then in a very precarious state—no one to trust including God, her church, life or even herself. Without self-connection and self-trust, she lives in quiet desperation. She fears what terrible thing will happen next and how to make her way in a hostile world. She needs this self-connection to heal the loss of the important people in her life and her fear of death. Maybe there is someone she can trust (the therapist) and herself. Although the trust in the therapist is essential to her healing, self-trust is more important for this is the key to finding our way through relationships and life and this is my primary objective—to help her establish self-trust. This will also enable her to connect with God for if she is connected to self she is also connected to God (Buddhist all “one” filter).

After working with Lauren for more than 6 months she, very hesitantly, revealed two other phobic ruminations—fear of the possibility of the existence of reincarnation and fear of the possibility of the existence of aliens. She was hesitant in revealing them because she didn’t want me to “think I am crazy.” Exploration of each of these ruminations revealed that both were closely connected to the “God/no God” fear.

The reincarnation fear was connected to the fear of loss and the fear of “no God” for she firmly believed that if reincarnation did exist that means that God does not exist. After pointing out to her that there are millions of people in

the world (Hindus) that believe in both at the same time, her response was, "If it is not in the Bible and it is true then the Bible is wrong. If any of the Bible is not true then none of it is true and there is no God." Her "bible filter" is very opaque.

This topic came up when she visited a friend's home. The friend's father had severe psychological problems and maintained the conviction that his apartment building was peopled by reincarnated enemies from his past lives. Lauren had to leave her friend's relative's home in fear and when she next came into therapy she revealed this fear to me. She has had it many times in the past when looking at her niece who resembles her deceased grandmother (Lauren's mother) and thinking, "maybe she is my mother reincarnated." This then would send her into the fear spiral of "God/no God" or even worse—the devil was putting these thoughts in her mind. Exploration of this fear in therapy over time led to the connection with her major fear of loss and another related conundrum: "If there is reincarnation, then everything I was taught was wrong (loss of trust); I want there to be reincarnation, then my mother wouldn't really be gone e.g., niece (loss of people) and then, I don't want there to be reincarnation because then I will have to repeat this life of suffering (loss of connection to and trust in life).

The alien ruminations were also related to her fear of loss and associated fear of being out of control. Her thought was "maybe there are aliens out there putting ideas in our heads and we think that we are actually free but we are under their control." Just having the thoughts made her feel that she was losing her mind or being influenced by the devil. These were not psychotic delusions as she was aware that they were her own thoughts and when using OME relaxation techniques on her own, the thoughts go away. These techniques emphasize allowing and not struggling.

Upon exploration, this rumination was revealed to also be connected to her primary loss fear—of there being no God and "if there is no God there is nothing." People come and go but the loss of God is a much bigger loss because "He" is supposed to always be there. "If aliens do exist then it means that God does not exist." In my only challenge to her beliefs and knowing that it would get me nowhere, I still could not resist the retort, "But if God created everything in the Universe that would mean just that God created aliens too and not necessarily that there is no God." This came from my Buddhist filter—"oneness." Her response went back to the "if it is not in the bible retort," "Aliens are not mentioned in the bible and the bible can't be wrong."

But it wasn't just the fact that aliens might exist that she was afraid of, it was the fear that they might be controlling our minds without our knowledge. My response to this was a little more intelligent, I said, "The unconscious mind often communicates in exaggerated metaphors as with dreams. Do you think that it is possible that this is actually a communication to you from your unconscious to let you know that you have an excessive fear of being out of control and to do something about it?" She appeared relieved and replied, "I

never thought about it that way.” With this statement/question I was telling her the truth as I see it from a therapeutic perspective but there was another reason for me to focus on this point. She needed to have more of a sense that her mind was not her enemy but also her ally actually working to help her heal. If even those frightening thoughts were messages from her mind to get her to deal with these issues maybe she can begin to learn to let go of fear of her own mind, to trust herself and heal her *self-alienation*.

This belief that her mind is something she has to fear is a big part of her inability to trust herself. Therein lies the other key to this situation—fear of loss of control. In general, people with OCD also have some perfectionism and other types of controlling behaviors. Fear and control are always associated. Fearful people have control issues and controlling people have fear issues. When we explored further this fear, she revealed that she had made many mistakes in her life—bad choices that led to pain and suffering and she was afraid of making more (especially with no one to depend on).

My approach of not challenging her beliefs or her thoughts but to use the OME techniques to help her slow down her thinking and calm and open her mind was bearing fruit. A “tight” mind is an anxious mind. As it turns out the loosening of the stranglehold of her thoughts on her psyche (or her psyches stranglehold on her thoughts) allowed her to relax regarding this whole issue of “God/no God” and an associated result was her relaxing of her religious rigidity. Two years and a few months after beginning therapy, she attended a wedding in a Catholic Church and, not only did she not have any fear but she felt that the service was beautiful. She danced at the wedding reception (dancing is forbidden in the Pentecostal religion) and felt that it was fine. She stated, “Those Pentecostals are too restrictive.” This “opening” of her mind also spilled over to the issue of her mother’s death when she stated, “Well, you know my mother never went to the doctor. She waited until it was too late to save her.”

Her extreme fear of loss revealed itself in the form of jealousy when her boyfriend told her about a neighbor who had stopped him and chatted him up. Lauren was angry and “vented” with her boyfriend for even talking to this woman. OME exploration of this jealousy revealed a crucial situation from her past that is connected to her loss of trust in and separation from her church. Her two best friends attended the same church with Lauren. Lauren felt close to both friends and one even felt like a “mentor.” It turned out that this friend, “Whom I saw was in the spirit even speaking in tongues,” was having an affair with her other friend’s husband. Pentecostals place an emphasis on the “baptism” of the Holy Spirit in believers as evidenced by speaking in tongues (Josephson & Peteet, 2004).

Speaking in tongues also indicates the complete control of the Spirit over our human wills. The tongue is the most unruly member of the body (James 3:8), and

its being tamed by God is evidence of His complete control. **United Pentecostal Church website.**

Word got out, there was a scandal and Lauren left the church, feeling betrayed and wondering why God would let this happen. One friend's marriage was in shambles, her "mentor" had acted immorally—violating loyalty, fidelity, honesty and trust while, at the same time, Lauren had seen with her own eyes that she was "in the spirit"—how could that be? This church-based situation and the painful death of her mother without the promised healing, were traumatic events in her life. Lauren lost the essential components of confidence and trust. These situations would be difficult for anyone but for Lauren, who already had a shaky emotional foundation, this was too much and she experienced psychological damage. In psychotherapy we are not dealing with religious truths we are dealing with the truth of the client's experience and how that experience has resulted in positive or negative thoughts and feelings. While we strive to remain open-minded, we must be cognizant that religious beliefs and practices sometimes "support ongoing psychopathology or may contribute to the development of psychiatric illness." (Josephson & Peteet, 2004). Baer (2002) acknowledges the difficulty of working with clients with "bad" thoughts involving religion if the sufferer "truly" fears God's punishment. Koenig, Pargament, and Nielsen (1998) found that some types of religious coping were possibly associated with depression. This includes an image of God as punitive, the passive practicing of a religion, and being dissatisfied with one's own congregation. Pentecostal Protestants sometimes view suffering as a punishment from God for personal sin (Josephson & Peteet, 2004).

Lauren belonged to a religious group that believed in salvation at the expense (in order to be an insider there must be outsiders) of others—insiders are saved and outsiders are not—an "us vs. them" mentality. While not as obvious as destructive situations where rigid religious boundaries with insiders and outsiders have led to conflicts, wars and genocide, I maintain that these types of belief systems are reflective of, and exacerbate, separation from the self. Separation from the self is a type of loss and contributes to depression and anxiety. It is in our hearts that we feel the joy and oneness with life, others and with "spirit." This belief in salvation by faith in a specific teaching is a separating mechanism which results in an unconscious psychological sense of loss not only because some of one's own family or community will be excluded but because so many human beings in general are excluded. Religion separates, while spirituality connects as it is based on direct experience open to anyone and not dogma which is only embraced by the religious insiders.

The human heart is inclusive—it is the thinking mind that is exclusive and egoistic. It is in the human heart where connection (love) exists and if we cannot connect with or love ourselves we cannot connect with or love others or spirit because these are one and the same. When we connect with ourselves we

become aware of belonging to a greater whole that is universal—this is the Buddhist “oneness.” Jesus also points to this state of oneness:

“Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind. This is the first and great commandment. And the second is *like unto it* (my italics), thou shalt love thy neighbor as thyself. On these two commandments hang all the law and the prophets.” (Matthew 22: 34-40).

Of course, any religious or spiritual practice can exacerbate psychological problems in someone who has some psychopathology when that practice becomes a source of stress or misunderstanding. For example, for someone presenting like Lauren, a prescription for a Zen meditation practice would be the last thing to recommend. Her fear of her own mind, self-criticism, perfectionism and excessive thinking (her “tight mind”) would not have allowed her to relax into the practice and “let go” and she would feel like a failure further lowering her self-esteem. Her internal battle to stop her thoughts would have been stepped up. The quickest way to speed up unwanted thoughts is to try and stop them. Also, for someone without inner resources, the concept of emptiness or impermanence can be frightening. I believe that a meditation practice requires a good psychological foundation and grasp of ordinary reality.

So Lauren’s crisis of faith consisted of fear and confusion with several competing possibilities swirling around in her mind. If there is a God then why this and why that? A crisis of faith. But is faith an idea, a belief or a state of trust? Is it in our minds (a thought or belief) or is it in our hearts—a sense of connection and a certainty that comes out of that state of connection or trust.

A clergymember, David Steindl-Rast (1984) from the Christian tradition clarifies this point

“Faith is not first and foremost a collection of religious beliefs handed on to us by tradition. It has far more to do with that courageous trust in life that we know from our moments of inner breakthrough.”

In the Yoga tradition:

“Whereas belief is in the nature of an opinion, faith is the disposition of trust in the spiritual reality” (Feuerstein, 2001).

In the Buddhist tradition:

“While the Buddha was critical of blind faith, he did not deny a role for soundly based faith or “trustful confidence” (*saddha*); for to test out his teachings a person had to have at least some initial trust in them. This leads to deeper practice until the heart of the teachings is directly experienced. (Harvey, 1990)”.

As long as faith is an idea it is subject to relative and conditioned thinking—God/devil; faith/skepticism; true/false—does this make sense or God did or didn't do this or that—why not? When Lauren's mother died she not only felt betrayed by God but tremendous fear when she realized that God cannot be controlled after all. Your faithfulness or goodness will not necessarily guarantee that God will respond in an anticipated way. She was particularly susceptible to this type of thinking. As a teenager when she was worried about something bad happening to someone she knew, she would say it out loud several times and she felt that this had an effect on whether or not something bad actually happened. She was trying to control the future because she was so afraid and felt so out of control. We don't want to get closer to something that we fear (self, others, spirit) so this fear must be healed and it is healed by letting go of ego (fear and control) and opening the heart.

Normally I would follow the lead of the client relating to religious issues but in this case, due to the nature of the presenting problem, I would periodically, say "Let's check in and see where you are with God." This also enabled me to empathically connect to her perspective (a God out there) without being inauthentic. Although, psychotherapy aims at expanding consciousness, and can therefore be thought of as a spiritual activity (Sperry, 2001), her goal is not spiritual realization but psychological integration as demonstrated by a significant reduction of anxiety and depression. While I had a different spiritual perspective I did not have to convince Lauren of this perspective. By opening her heart by surfacing and processing experiences that led to her overwhelming sense of loss and distrust, this in itself expanded her perspective. She began to trust in her experience and thus, in herself. Vivienne Joyce made a related point in the Christian tradition:

The incarnation is an experience before it is a doctrine. Spirituality finds its grounding in taking the Spirit of God seriously and that means taking each other and our own experience seriously.

So a Buddhist therapist for a fundamentalist of any faith might at first seem counterintuitive as we are seen to be at opposite ends of the "religious spectrum." But it may not be such a bad choice after all as we do not believe any religion is right or wrong or better than another. We just focus on the oneness of all people and how the mind is working. Changing religions is not part of that. One can remain a Christian, Jew or Moslem and still practice Zen. Abernethy and Lancia (1998) state that a therapists internal "psychospiritual cognitive set" needs to be handled as any countertransference phenomenon. The Buddhist "psychospiritual cognitive set" is with openness, oneness, present moment experience, unconditional love and acceptance. While we are not always able to attain these states, it is what we strive for. I would posit that there will be less negative countertransference because the Buddhist approach is to see the oneness and how attachment to ideas separates us from

ourselves and others. So someone with extreme separating religious ideas would be seen with compassion rather than repugnance as this mind state “I, my, me” and attachment/aversion is something that we all have in one form or the other and in some it is more extreme than with others. Sitting with someone who is attached to the idea of “God/no God” is perhaps more interesting to a spiritual person, but it is no different than sitting with someone who is holding onto the idea of I am right and you are wrong; or I like this and I don’t like that; or I am good or I am bad. If we look at attachment according to Feuerstein’s (2001) definition “a combination of placing one’s attention on something and investing it with great emotional energy” it would not be unfair to say that Freud was attached to the idea of “no God” as he had a “mature, passionate unbelief” (Rizzuto, 1998) and was convinced that religion is the projection of our wishes and illusions onto the cold and empty sky (Friedman, 1992). We all need to heal our minds, every day, moment by moment we need to let go. Zen Master Seung Sahn used to say, “Just put it all down.”

So this paper is in actuality about a threefold approach in the therapy of this client. One element is the frame of the more traditional psychotherapeutic supportive approach; another element is the Zen Buddhist spiritual perspective with the associated “cognitive set” of oneness and respect for the common human struggle with suffering and “opposite thinking” and the clinical application of oneness, presence, connection, openness and acceptance. The third element is the OME techniques incorporated into the therapy. These techniques are especially useful with someone with “rigid” religious beliefs as they allow for a relaxation of the mind that in itself promotes openness. There is no challenging of the client’s beliefs and no attempt to change them. No religious dialogue is necessary and would surely be counterproductive between a Buddhist and someone with fundamentalist leanings.

Dialogue about religious beliefs or spiritual practices often seems impossible with someone whose intense convictions or zealous practices appear to violate the relatedness of spirituality (Griffith & Griffith, 2002).

The OME visualization process wherein the client concentrates on a psychological sense organ (chakra) and surfaces clinical material shifts the focus to acknowledging and exploring difficult life situations that are driving the anxiety and depression. Questions are asked about truth and reality and the client must come to terms with the truth of their experiences and the impact of those experiences upon them. Through this process the client develops self-understanding, self-acceptance and a shift in perspective. The mind is understood as an ally rather than something to be feared. Lauren’s increased self-connection supported by the inner self-exploration in itself enhanced her spiritual connection. On a daily basis, the mind is no longer at war with itself. Memory traces from disturbing experiences are like the supply line that feeds the combatants. When those traces are dissolved the war must stop for the

focus shifts to more productive endeavors in feeding the self. We didn't have to kill God in order to save Lauren. Lauren was able to shift the focus to obtaining a work situation more conducive to her enhanced self-esteem. When she told me about this, she stated, "I no longer see the future as a terminal illness, I am excited about it."

So much of her fear was connected to loss. She had felt abandoned by God and had a difficult time, as we all do, with the idea that there is so much suffering in the world. These are anxious times that we live in. Terrorists threaten to strike again at any moment; the nation is in debt and deeply divided; natural disasters such as the tsunami and Hurricane Katrina come more frequently; and deadly diseases such as HIV, SARS and now the avian flu that threatens to spread from the east and wipe out thousands if not millions of people, challenge our core sense of safety and security. In spite of this, Lauren was able to shift her perspective from focusing on the amount of suffering in the world and her resultant lack of trust in God. Right after Hurricane Katrina she came in and stated. "I don't know what is going on there is so much suffering going on, maybe Armageddon is coming." We did some more OME therapy to open her heart and reconnect with life and spirit. The next week she came in and said, "My friend says that the Hurricane struck New Orleans because it is a sinful place, you know with Mardi Gras and all". She said that it is a modern day Sodom and Gomorrah but I can't think like that anymore. I just can't see that God would do that to all of those innocent children." I stated, "Oh, it sounds like your attitude toward God is changing." She said, "Yes, I don't know why with all of this going on but I have more faith in life." I stated that well, some things do change for the better, after all, you have changed, you have gotten better and your boyfriend just obtained a good job. She said, "Yeah, I can't focus on the negative any more—I just had so much negativity in my own life that I felt overwhelmed and I was afraid that I would die young like my parents." I don't feel like that anymore, I have things to look forward to."

She recently made the effort toward reconnecting with a sibling that had been estranged for several years and was looking forward to seeing her and rebuilding her relationship with her. It turns out that this sister had been a missionary in Asia and Lauren felt that the church had taken her away from her—yet another "issue" with her and God.

If she had come into the therapy talking about an actual person that caused so much unhappiness in her life; taking her sister away from her; not helping her mother as promised; allowing suffering on a large scale to occur; being a witting accomplice to the betrayal of her friend and her; and being untrustworthy and undependable in general, one of the aims of the therapy would be to help her separate from that person and find more dependable friends! However, with this approach she didn't need to "show God the door" but was able to keep "God" in her life but with a different style of relating. After all, as I often noted, she obviously cares very much about the relationship since she

worried about it so much. With this combined therapeutic approach she was able to relax her attachment to her ideas about “God” and stop thinking about “Him” so much. Through healing her losses and separation from herself she was able to feel more connected to others and “God” shifted positions from “out there” to “in here” as she said pointing to her heart—a more intimate relationship.

As the therapist in this process I also had some orthodoxy to let go of for we Buddhists are advised “don’t make inside or outside, okay.” (Sahn & Mitchell, 1994). Inside and outside is still a dualistic perspective. This process was about psychological healing not any adherence to any spiritual perspective. Yes, maybe in the bigger picture “God” is not situated inside her heart but she now senses a spiritual connection rather than only having ideas about “God” and this switch is helpful to her. Now she is not only more present to herself but to me also and it is palpable in the room. I administered the SCL-90 again after 2.5 years of “eclectic” psychotherapy and her test results confirmed the significant improvement that I was seeing in her relationship with God, with self and with me. She recently purchased a pocket bible and reads it on the subway as she travels to work.

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