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*Prescribing the Dharma: Psychotherapists,
Buddhist Traditions, and Defining Religion*

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A Review of *Prescribing the Dharma: Psychotherapists, Buddhist Traditions, and Defining Religion*

Orly Tal¹

Prescribing the Dharma: Psychotherapists, Buddhist Traditions, and Defining Religion. By Ira Helderman. Chapel Hill: University of North Carolina Press, 2019, x + 318 pp., ISBN 978-1-4696-4852-1 (paperback), \$29.95.

Ira Helderman's *Prescribing the Dharma: Psychotherapists, Buddhist Traditions, and Defining Religion* makes a foundational contribution to our understanding of the continual interchange between psychotherapy and Buddhism. Observing this currently booming exchange from both outside and within, Helderman, a religious studies scholar and therapist, charts the various ways in which contemporary clinicians interact with and incorporate the Buddhist *Dharma* into their practices. Readers of this book will gain an extensive overview of more than a century of psychotherapeutic-Buddhist dialogue, as well as an in-depth analysis of its expressions, complexities, and the wider implications of the understandings and doings of "religion" and "the secular."

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Intrigued by the questions of what psychotherapists do to and with Buddhist traditions in therapeutic settings and what shapes the strategies they employ, Helderman's book joins the literature in the field of psychology, therapy, and religion, and more specifically, the sub-field that explores the diffusion and integration of religious and spiritual ideas and practices into Western secular psychotherapy. Focusing on the Buddhist arena of this movement, Helderman skillfully fills a lacuna in the research by directly engaging with prominent psychotherapists who are playing a key role in the creation and distribution of Buddhist-inspired therapy in the United States. These therapists mainly participate in, and sometimes lead, non-Asian "convert" Buddhist communities. In his spoken and written encounters with these clinicians, Helderman carefully listens to the subjective meanings they ascribe to their interactions with Buddhist traditions and to the attempts most of them make to reconcile their professional and Buddhist affiliations.

Helderman finds that a key factor shaping clinicians' carefully thought-out strategies (six to be exact) towards Buddhist teachings and practices is the way in which they define religion and science; specifically, whether they and the institutional structures in which they are embedded draw rigid or blurred boundaries between the two. In an interesting talk, the Israeli anthropologist Tamar El Or said: "Within the tension between binary divisions . . . there are vast spaces of cultural creativity. . . . We create entire worlds that bridge the gaps, the chasms, that we have produced with our binary divisions" (El Or 3:00–3:27). In a sense, Helderman's subjects are situated in the playground that stretches between the religious and the non-religious. Although some therapists reinforce this binary by ensuring that psychotherapy remains a secular-biomedical discipline, others challenge it and sometimes try to dissolve it. Despite contradicting motivations, these clinicians have something in common. The fact that they are Western professionals who are clinically utilizing an ancient Asian wisdom in goal-oriented settings while partly holding a strong Buddhist identity makes their discourse and practice creative, dynamic, and ethically charged, as Helderman insightfully shows.

In the first chapter, Helderma presents the psychotherapists' "conventional definitions" (25) of the discussion's core terms, such as "religion," "science," "Buddhism," "psychotherapy," "spirituality," and "health." Helderma argues that psychotherapists' conceptualizations of such terms, although mostly implicit and rarely publicly articulated, function as imagined reference points that form their relationship to Buddhist teachings and practices. For example, a therapist's classification of Buddhism as a religion or alternately as a philosophy or even a science and the content of their Buddhism, be it metaphysical deities or the practice of meditation, will determine whether they view Buddhism as adversary or complementary to secular psychotherapy.

The following chapters constitute the heart of the book, and each chapter focuses on one of the six strategies that psychotherapists apply in relation to Buddhist traditions. The first four sets of approaches maintain the traditional split between religion and therapy, and the last two sets characterize therapists who "aren't afraid of mixing things" (178), as Helderma says simply, yet sharply. The first to be presented are clinicians who "therapize" Buddhist teachings and practices, such as Carl Jung, who drew a parallel between his "collective unconscious" and Buddhist "enlightenment." These approaches conceptualize religious elements in psychological terms and thus reduce them. The second set of approaches also reproduces the religion-science binary, but does so by "filtering" Buddhist notions and extracting only the ones that receive scientific validation and that are thus approved for use in a secular clinic. Therapists employing the third set of approaches are responsible for developing therapeutic mindfulness-based interventions (such as Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT)), a process through which the practice of *sati* or mindfulness is "translated" into biomedical language and reborn, for example, as "Attention-Control Training." The "personalizing" therapists who follow the fourth set of approaches are mostly psychoanalysts advocating a strategy of "be a Buddhist at home and a professional in your clinic" (to paraphrase

the famous saying of the philosopher Moses Mendelssohn). For these clinicians, their often valued and even transformative Buddhist practice is a private matter, and they refrain from explicitly using it in their work with patients.

Moving on to the second sub-group of therapists who challenge and blur the imagined borderlines between the Buddhist and psychotherapeutic frameworks, the fifth set of approaches explicitly and actively “adopts” Buddhist elements, somewhat prioritizing Buddhist practice over therapy. These psychotherapists express their deep engagement with Buddhism either outside their clinical practice—through public teaching, speaking, and writing about Buddhist ideas and practices—or, when wearing their therapist’s hat, through framing and structuring therapy as means of advancing spiritual achievements, such as a patient’s ethical transformation or enlightenment. Finally, the “integrating” therapists completely collapse the borderlines and hierarchy between Buddhism and psychotherapy. Instead, they aim to develop theoretical and practical hybrids that stand equally on both feet. In each chapter, Helderman traces the forerunners of the strategy and presents its contemporary advocates, while analyzing their multifaceted and multilayered challenges and tailored responses.

First and foremost, Helderman’s typology provides us with an analytic vocabulary that is important for the ongoing theorizing about the intersection between religion and therapy. In recent years, as this fruitful dialogue expands and becomes more explicit—as can be seen in some of its oxymoron-like configurations (e.g., Jewish Cognitive-Behavioral Therapy, Islamic Psychology, and Spiritually Sensitive Psychoanalysis (Lev 523–556))—scholars studying it will be better equipped to do so, thanks to the conceptual framework that Helderman offers us. It will be fascinating to explore whether the approaches Helderman extracts in his study apply to the encounter between the psychotherapeutic technology of the self and other religious and spiritual meaning-making systems (e.g., theistic, monotheistic, and contemporary forms of spirituality), as well as to other

cultural and religious contexts outside the United States with varying degrees of modernization and religious pluralism.

Having said that, this book would be valuable not only for scholars interested in the “Buddhicization” of psychotherapy (Metcalf 356), but also for scholars intrigued by the development of Western Buddhism and its psychologization. Helderma addresses the flip side of this dialogue and shows how therapeutic discourse and culture has shaped Buddhist practice in the United States from the very beginning. Explaining the double meaning of the book, Helderma says, psychotherapists “also prescribe—they help rewrite and reconstruct—‘the dharma’ for future generations who may come to it without foreknowledge of psychotherapists’ contributions to its present state” (4).

Throughout the book, another dimension of the Buddhist-psychotherapeutic exchange that receives a deep and thorough examination is one that may particularly interest the readers of this journal. This involves the ethical dilemmas and issues surrounding this enterprise that are discussed among scholars studying religion and Buddhism, psychotherapists, and *Dharma* practitioners. This ethical dilemma is twofold—driven by a Buddhist commitment, a professional commitment, or both. From a Buddhist perspective, the debate revolves around the question of whether this interchange secularizes and dilutes a rich religio-cultural tradition or whether we are witnessing a natural process of religious transmission leading to the formation of a new version of Buddhism. This new version, as the latter advocates would argue, is consistent with Buddhism’s historical tendency to absorb local influences. What is particularly revealing in Helderma’s analysis is seeing how grappling with this dilemma affects the approach that psychotherapists embrace and moreover, how even siding with one of the above-mentioned stances can lead to different strategies. For example, clinicians who wish to protect the integrity of the Buddhist doctrine from secularization can either employ a “translating” or “personalizing” approach, while agreeing that keeping the Buddhist and psychotherapeutic frameworks separate will counter

their dilution. From a professional perspective, bringing religious elements into a clinic, a space that has been constructed from the inception of modern psychology as secular, is no trivial thing for therapists, to say the least, and it involves ethical discomfort. Clinicians are socialized to leave their own value and belief systems outside of the clinic, allowing them to remain impartial towards ethical issues that arise in their clients' lives. These deeply rooted norms are further reinforced by their communities and the rationalist organizational settings in which they work.

Helderman's analysis is thought-provoking and prepares the groundwork for further investigations. One important future investigation will be to deepen our understanding of what makes Buddhism so compelling for psychotherapists besides the wish to ease their patients' suffering, a motivation that recurs throughout the book. In order to produce a richer and more elaborate account of why Buddhist traditions appeal to clinicians, there is a need to access "thick descriptions" of therapeutic vignettes, daily lived experiences in clinics, in addition to the therapists' ideological formulations. Hearing more about how the introduction of a loving-kindness meditation practice brought about change in a patient's therapy or how therapists respond to a patient's story about unethical conduct in the outside world, to name just a few directions, can shed more light on what else draws psychotherapists to Buddhism and religion. Such information can also shed light on the ways in which therapists combine and shift between the strategies presented in the book, an aspect that would add another layer to Helderman's findings and analysis.

Another question left unanswered is what Buddhism "does" to psychotherapy. Helderman skillfully shows how the understandings and actions of psychotherapists interested in Buddhism are deeply contextualized and influenced by different institutional and social forces, such as insurance companies and medical centers as well as therapeutic, Buddhist, and academic communities. Yet there is another part of this puzzle that receives no systematic analysis. This is the shifts and developments in the psychological and psychotherapeutic disciplines that have enabled and

facilitated this move towards religious and spiritual ideas and practices. One of the main shifts includes the overall increasing legitimization—entailed by postmodernism—of more sources and images of knowledge besides scientific knowledge. Another driving force of this process is made up of the internal and external voices criticizing modern psychology and psychotherapy for its reductionist apprehension of the human soul and its fragmentizing implications for communities. Taking this piece of the puzzle into account raises another important question hinted at by Helderma's study that needs to be acknowledged. This question is: To what extent does this religious-therapeutic exchange transform the psychological discourse and practice from within? Will these dialogical efforts lead to the stretching of the boundaries and jurisdiction of clinical theory and method, so as to include self-transcendence and spiritual wishes, or will these developments stay on the margins of the discipline?

To conclude, Helderma's book is an important and fascinating addition to a series of contemporary studies in the field of religion that explore the ways in which religion and spirituality are present in everyday and seemingly secular spaces, such as medical centers and private clinics. This body of literature, shared by scholars who study religion in the fields of sociology, anthropology, and religious studies, points to the constructed, contextualized, and ever-changing nature of the religious and the secular in contemporary Western society. This book insightfully shows how the religious and the secular intertwine and articulate in new ways and how this intertwining carries weight and significance in people's lives and in our institutional and societal fabric.

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