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Integrating the World's Psychologies

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In the first part of this chapter, according to the goals for the book, I discuss some personal influences and experiences that have shaped my perceptions and knowledge. These examples are vehicles to discuss some general issues related to gender/cultural differences, Eastern and Western psychologies, and the development of integrative therapies. I introduce my approach of Conjunctive Psychology, an integrated psychology that draws from all the world's psychologies. In the second part of the chapter, I show how aspects of Conjunctive Psychology apply to two cases. Buddhism is intertwined throughout.

A Modern Pythagorean

Pythagoras was a Greek who taught in Southern Italy from about 530 BCE to about 500 BCE, around the same time as the Buddha was teaching. For Pythagoras, number is the essence of reality and mathematics is the key to reality, a position I do not take literally, but to which I resonate on an experiential level.

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For as long as I can remember, I have had a deep love for mathematics, which continues today. For me, an elegant proof is a thing of beauty and mathematics is a description of the manifestation of the fundamental ground. Among many other mathematical topics, I love number theory, logic systems, and recreational mathematics. I love music, which is totally intertwined with mathematics, as Pythagoras was one of the first to demonstrate.

I think that my mathematical orientation has helped me see past form to essence. I can see the essence of a theory, meditation practice, or spiritual path, beyond the specific forms. For example, I can see the type of mental training that is occurring during meditation, independent of the meditation tradition, what the body is doing, the object of meditation, or the attitude toward meditation. Most of the current Western misunderstandings and prejudices about meditation confuse form with essence. And, it is at the level of essence where we can most easily and most effectively integrate disparate psychologies and therapies.

Also, starting about the age of 13, mathematics was my first serious introduction to alternative realities. For example, our consensus reality consists of three physical dimensions. But, perhaps this reality is a subset or cross section of a more basic reality of more than three physical dimensions. It is intellectually stimulating to consider a higher reality of four physical dimensions (time is not a physical dimension), and some people may have experienced this reality (Rucker, 1984). Current cosmologies in physics suggest universes with 10 to 25 dimensions.

I went to college as a math and physics major and gradually drifted into psychology. Here, the behavioral sciences in general, and learning theories in particular, most spoke to me and my mathematical/scientific view of things. Behavior modification was a logical extension.

Years later as a young college professor, we brought Rollo May to our campus. May was the leading existential psychotherapist, and the two of us had a public dialogue comparing, contrasting, and combining existential and behavioral approaches. This led to a small friendship over the years. One time we reflected on what we had learned from our various conversations. His main point was how our personal backgrounds led us to the type of psychology we practiced and advocated. My math and physics background led to behavior modification. May, on the hand, was interested in art, philosophy, and psychoanalysis; and he was a minister for two years. He was introduced to existentialism by his mentor Paul Tillich, a Protestant theologian and existential philosopher, at a time when general interest in existentialism was at its peak. Tuberculosis put May in a sanitarium for 18 months, and the continual closeness of death made existentialism even more meaningful. Relative to a theme of this book, existentialists often come to see the

arbitrariness of the culturally conditional reality, and then try to find or establish some meaning and authenticity in life.

Before Rollo May, I was certainly intellectually aware of how one's personal path influences one's view, but my interactions with May made this particularly clear. What had seemed obvious to me about psychology became less universal and complete. Michael DeMaria (2001) is my current friend in the existential/phenomenological domain.

According to May, anxiety is a result of a threat to one's existence as a self (e.g., May, 1967). In Buddhism, we talk about the anxiety that results from clinging to a sense of self and challenges to this self, and the basic desire to become and the desire not to become. Near the end of his healthy life, I asked Rollo if he thought Buddhism might provide a "solution" to some of the existential issues; he thought so.

Where Have All the Flowers Gone?

I was a student at the University of Michigan throughout the 1960s, where I got all my college degrees. I received a good education in classrooms and labs, and a better education in the surrounding social/political environment, including being a member of a fraternity and observing and playing many sports. It was a wonderful time and place for a person like me, a time of great social change and challenging of cultural and political assumptions. I was involved with many political action groups, at first focusing on civil rights and the Kennedy-Nixon election, and later the Vietnam conflict. Through the election of Kennedy, we brought Camelot to America and ended the political career of Nixon, or so we thought.

The 1960s were also marked by a resurgence of the women's movement, which I naturally supported; power to my sisters in their fight for equality and justice. I have stayed aware and supportive of women's issues ever since. Relative to this, I think we are now at a plateau of naive complacency. That is, there is a sense that we have identified most to all of the gender biases, although we still need changes in the marketplace. People who consider themselves moderately aware and politically correct in this area often are quite unaware of the prevalence of gender biases in their own thinking and perceptions. This naive complacency has slowed the women's movement.

Western psychology is filled with inadequately explored gender biases, related to such things as type of therapy, goals of therapy and personal growth, processes of development, and nature of the self (Mikulas, 2002). For example, self-actualization is often offered as a criterion or goal for mental health; but this is a Western White male value. In most of Asia and the

Middle East, individualistic self-actualization is a sign of mental illness and/or immorality, and it is not highly valued among many Western women and non-White minorities (e.g., Cross & Madson, 1997; Dwairy & Van Sickle, 1996; Hoshmand & Ho, 1995). Integrating the world's psychologies requires developing a perspective that is superordinate to, and free from, gender/cultural biases.

Largely unexplored are the gender biases in the whole scientific/experimental approach. I strongly value this methodology, but I also realize it is a restricted Western White male epistemology. It generates a certain type of data and knowing, which is very important, but incomplete. A more powerful and integrated psychology must include other types of knowing (Hart, Nelson, & Puhakka, 2000; Mikulas, 2002; Wilber, 1996). For example, in Buddhist psychology primary emphasis is given to the cultivation of prajna, immediately experienced intuitive wisdom, a nonconceptual form of insight. Experimental data and conceptual knowing certainly may be part of the antecedents for personal change, but they rarely, on their own, directly result in significant personal growth. Prajna, on the other hand, transforms and purifies one's being. For example, conceptually knowing everything changes does not alter one's being, but experientially observing this change in an insightful way may reduce one's attachment to things as a source of happiness. An interesting question is how prajna relates to the type of insight postulated in some psychotherapies.

While I was a graduate student, some of the women students started developing ideas for courses and programs in women's psychology. I supported women's rights, but could not see the need for a whole course in women's psychology, until I talked with the women! I was shocked by my ignorance, and came to realize that women lived in a different reality than mine (Schaefer, 1981). This view was reinforced by the consciousness exploration of alternative realities that many of us were engaged in at the time.

Also, while I was a student, behavior modification was coming together as a field. This was very exciting and controversial, as the basic assumptions of the powerful and dominant psychoanalytic positions were being challenged. At Michigan, like almost all such schools, behavior modification was a questionable to unacceptable topic in psychology. Clinicians considered it too experimental, and experimentalists considered it too clinical. When fellow student Bill Sheppard and I put together the first Michigan psychology course in behavior modification, we could not call it by that name; rather, it was called "Experimental Bases of Clinical Behavior." It would be a number of years before Michigan had another course in behavior modification. In addition to behavior modification being a logical extension of my interest in learning, it also fit my social/political agenda of empowering the people,

in this case through behavioral self-control. I still strongly believe that therapies and personal growth programs that emphasize the development of behavioral self-control are usually the best way to maximize cooperation, generalization, maintenance, freedom, choice, positive self-concept and self-esteem, self-efficacy, and internal locus of control (Mikulas, 1986, 2002). It is also a good way to make the treatment program less expensive, and it facilitates consideration of therapeutic objectives and related ethical issues.

Hello World

A strong feature of the University of Michigan is the large number of international students, about 8,000 when I was there. This resulted in a very active International Center and many international clubs focusing on various cultural, religious, and political topics. I immersed myself in the international community in many ways. Near the end of my student days, I met and later married Benita, an extraordinary lady from Germany.

Since my first trip outside North America as an undergraduate, I have been an avid traveler. Benita's family gave me a door into the German culture and a base for us to explore Europe. We have now traveled through much of the world and lived in different parts for varying amounts of time. I have been a visiting professor in Ireland (University College of Dublin) and Thailand (Srinakharinwirot University), and am currently an honorary professor in Argentina (University of Flores) and a visiting professor in Thailand (Chulalongkorn University).

My association with two Thai universities and my continual involvement with Thai students and faculty has taught me much about the wonderful Thai culture. In addition, the king of Thailand is one of the world's great leaders. Living in Thailand was an extraordinary opportunity for me to learn about and practice the form of Buddhism that was most important for me at the time. In addition, I have had the good fortune to be involved with several international organizations concerned with integrating world psychologies, particularly the blending of Eastern and Western psychologies. Especially important for me was the Transnational Network for the Study of Physical, Psychological, & Spiritual Well-Being (Mikulas, 2003). I learned much from this group and made a number of good friends. They also put out many books that are good resources for integrating psychologies and therapies (e.g., Kaku, 2000).

From an international perspective, what constitutes health, including mental health, is very culturally influenced. For example, a Western therapist might stress independence, assertiveness, nonconformity, competition,

freedom, individual needs, expression of feelings, and self-actualization; while an Eastern therapist might stress interdependence, compliance, conformity, cooperation, security, collective goals, control of feelings, and collective actualization (Ho, 1985). Similarly, there are strong cultural biases in types of therapy. Consider the traditional Western talk therapy, where one tells a stranger personal details of one's life. This is basically a Western female therapy; Western men do not respond to it as well (a major issue in the men's movement) and it does not suit most Asians.

A Generalist in a Specialist World

I learned a lot while at the University of Michigan, but I never fit into the psychology department's very specialized categories. For example, one semester I was coteaching a course in behavior modification and helping in research with single-cell recording. Another semester, I was studying classroom learning and the biology of memory. This was great experience for me, but strange behavior to the Michigan specialists. My journey through the graduate program was much bumpier and varied than for most students. But it all fit together for me under the domain of learning, including behavioral research, biological correlates, and applications in clinic, home, school, and workplace. Learning has stayed central to my academic understanding, teaching, and research (Mikulas, 1974, 1977, 1978) and is a major vehicle for integrating psychologies and therapies (Mikulas, 2002).

But back to the issue of specialization. The history of Western thought has generally been one of fractionalization and specialization. Religion and science battle and carve out their own domains. Science breaks into many separate disciplines, which develop their own terminology and programs. Psychology separates from philosophy and divides into two feuding camps: experimentalists and clinicians. Clinical psychology gradually disintegrates into a mass of contradictory theories and therapies. Academicians reward themselves for very specialized research and thinking.

This specialization has gone way too far in North American mainstream academic psychology (NAMAP). Within this approach, in order to do clean and unconfounded research on therapies, most investigators study a very simple form of "therapy," that is usually just a piece of the therapeutic package a sophisticated therapist would individualize for a particular client.

Therapists in the field usually require a treatment package that is much more complex and integrated than the therapies traditionally taught and researched in NAMAP. And for those of us developing integrated therapies, the overspecialized approach is missing many of the most important dynamics

that take place at superordinate levels. Common and significant examples here include exactly how psychological attitudes affect biological health, how behavioral changes impact self-concept and conversely, the interrelationships between behavior modification and transpersonal awakening, and the true nature of happiness and peace of mind.

Within NAMAP, a popular question has been: What is the best treatment for depression—cognitive behavior therapy and/or antidepressant drugs? But from a generalist position, there are many possible causes of depression, including brain disorders, biological cycles, seasonal effects, positive ions, environmental allergies, food sensitivities, nutritional deficiencies, immune system suppression, inadequate reinforcement, conditioned emotional responses, problematic thoughts, low self-esteem, discrepancy between self and ideal self, and a wide range of beliefs and self-fulfilling prophecies (Mikulas, 2002). Different causes would require very different types of therapy.

Eastern Psychologies

Whereas the history of Western thought (Western Europe, North America) has been dominated by fractionalization and specialization, Eastern thought (primarily Asia) has remained more integrated. Eastern psychologies are totally intertwined with biology, sociology, and religion. In traditional Asian cultures, there is no word or role for a psychologist; it makes no sense to treat a person's mind and behaviors without also working with nutrition, life-force/energy, lifestyle, family relations, meditation, spiritual practices, and environmental influences. In fact, in most of the world psychological health is a subset of overall health. Eastern and Western psychologies are very different, including what constitutes data and research, how the individual is influenced by cosmic forces, and central dynamics, such as related to life-force, which is fundamental to Eastern psychologies and marginal in Western psychologies. The two sets of psychologies cover different ground, one is not "better" than the other, and there are strengths and weaknesses to both. But integrating them yields a psychology that is superordinate to both and integrative therapies that are much more powerful than can be found in either one alone.

Eastern psychologies have been influenced by, and intertwined with, Indian yoga, Chinese Taoism, and Buddhism. I am interested in and draw from all of these, but it is Buddhism that most speaks to me personally. Appealing to me is that basic Buddhism, as taught by the historical Buddha, is not philosophy or religion, and there is nothing to be taken on faith. Rather, it is a practical psychology in which one sees for oneself how the basic teachings (*dharma*) relate and work for oneself. It is a very direct way

to reduce suffering and facilitate transpersonal awakening, by going to the essence of the relevant dynamics. Within the many forms of Buddhism there are many rituals and devotional practices, which is good for some people, but not for me. My practice is the cultivation of awareness (mindfulness) as found in the *vipassana* literature (e.g., Goldstein, 1993), and I am inspired by Zen's direct pointing to the awakened perspective (e.g., Suzuki, 1970).

In traditional Buddhist cultures (e.g., Tibet, Southeast Asia), Buddhist psychology is embedded in a religious cosmology of reincarnation and karma, which strongly influences the beliefs and actions of most practitioners. For example, most Thai people will do things to generate "merit" to improve the next incarnation of themselves or family, and many Tibetans cultivate compassion by reminding themselves that anyone could have been their mother in a previous life. Some people believe Buddhism should stay embedded in such cultural cosmologies, even though this was not the teaching of the Buddha. Others, such as I, are working to separate Buddhist psychology and adapt it to other cultures. Also, in traditional Buddhist cultures, institutionalized Buddhism is usually patriarchal, hierarchical, and authoritarian. This has created limitations for women in these cultures and conflict when such approaches were brought to the United States. Currently, an American form of Buddhism is evolving, which is more democratic, more open to women and lay practitioners, and less bound to a specific Buddhist tradition.

Relevant to my personal social/political agenda, a strong feature of Buddhism is to freely give away the teachings to whoever is interested. It is common in many Buddhist retreats for there to be no charge, but people have the opportunity to make a contribution (*dana*) to support the organization and/or teacher. I regularly give free programs for the community on Buddhist practices and related topics. Also, on my university website are a number of my books that anyone can access for free. This is great for my work in economically poor countries, and a couple of the books are often accessed by community people and referred to clients by therapists (Mikulas, 1983, 1987).

What has had the biggest influence on Western culture and thought in the last 50 years? To me and others there are two answers: computer technology and the influx of Eastern thought. Eastern thought is influencing art, philosophy, religion, economics, ecology, and psychology. Probably the vast majority of everyone reading this has had some experience with an Eastern-based practice such as yoga, meditation, breathwork, tai chi, martial arts, acupuncture, or chi kung. Currently, in the United States, there are at least a million Buddhists, 7 million regular practitioners of hatha yoga, and 10 million regular practitioners of an Eastern-based meditation. Western psychology in the near future will have to be very different due to the interest

and demand of these people, in addition to the overall power of the Eastern practices. At many psychology conferences in the last few decades, talks and workshops on Eastern practices usually draw the biggest attendance.

Despite all of this, Eastern psychologies are conspicuously absent in most of NAMAP's courses, curricula, texts, and journals. There are many reasons for this. First, is that most of the people in power are unfamiliar with the Eastern literatures and often reluctant to learn. We need to wait for the next generation of psychologists coming in now. Second, since Eastern psychologies are intertwined with religion, NAMAP considers them religion and therefore irrelevant and/or inappropriate. In the United States, Buddhism is almost always in departments of religion and/or philosophy. But, basic Buddhism is not religion or philosophy, as the Buddha continually emphasized; it is psychology! (There is, of course, a wonderful set of religions and a rich philosophy grounded in basic Buddhism, and philosophers can argue that any psychology is an applied philosophy.) I teach a course in Buddhist psychology, and there may be a few others; but, from my point of view, this should be a standard course in most psychology departments. I think this will eventually happen because Buddhist psychology is so powerful and applicable.

What particularly saddens me is the arrogant provincialism that is very common in NAMAP, although often simply due to ignorance. For example, a very prevalent attitude is: Do not tell me about Eastern psychological concepts until you have Western-style research to support them. Through this attitude, one chooses to disregard a massive body of knowledge and research, collected over thousands of years, and across very disparate cultures (Kwee, 1990; Mikulas, 1991; Sheikh & Sheikh, 1996)! As another example, the main North American group focusing on developing integrative therapies currently restricts itself to only considering Western therapies. This is a very limited approach compared to the integration of Eastern and Western therapies that is happening at the international level. In the last few years, this group had a series of articles in their journal (*Journal of Psychotherapy Integration*) identifying mindfulness as a central component in therapy integration, which it clearly is. At this point, one should turn to Buddhist psychology, the world psychology that, by far, has the best understanding of the nature and cultivation of mindfulness. But instead of seeking out this information, or even being open to it, this group chose to simply ask each other what they meant and thought about mindfulness.

As a third example, consider meditation, which worldwide is probably the most used practice for improving the health of body, mind, and spirit. But, again, knowledgeable discussion of meditation is basically absent from NAMAP's texts and curricula. When meditation is discussed, it is usually

just a paragraph or two, and most of the time it is described as one way to produce relaxation, often in the context of stress reduction. But relaxation is just one result of one type of meditation, there are many much more important results, such as *prajna*, opening the heart, and reducing attachments. Sometimes meditation is discussed relative to different states of consciousness, but some of what I have read appears to be inaccurate and confused relative to my knowledge of the literature. In addition to the inadequate knowledge about meditation, there is basically no formal training in various meditation practices and how they can be incorporated into therapy. In my ideal program for training future counselors and therapists, I would require all students to learn and practice meditation, to cultivate listening and empathy skills, among many other reasons.

Conjunctive Psychology

I am a member of NAMAP, which has treated me well; I honor this. Thus, I regularly do my best to facilitate NAMAP's evolution. But some time ago, I realized I did not have the time or patience to deal with the inertia and politics. So I made up my own psychology called Conjunctive Psychology (Mikulas, 2002), and teach a course with that name. This is not something I intend to recruit for; it is simply a pedagogic tool.

Conjunctive Psychology draws from all the world's psychologies and health systems, including Western psychology, Buddhist psychology, the yogic sciences, *ayurveda*, Chinese medicine, and Native American wisdom and practices. And it integrates this knowledge across the four levels of being: biological, behavioral, personal, and transpersonal. (For the transpersonal, see Cortright, 1997; Walsh & Vaughan, 1993.) Emphasis is given to heuristic models and implications for therapy and personal growth, ways of conceptualizing that most directly suggest practical interventions. It is definitely not postmodern in that it seems obvious to me that there are universal principles of existence and behavior, and these universals allow for the integration of world psychologies. For example, in Buddhism one of the fundamental "marks of existence" is that everything changes.

I believe that there are general principles by which the universe moves from one state to the next, principles described in part by our theories of evolution and learning, which are much more intertwined than are usually discussed (e.g., Skinner, 1975). For example, the operant conditioning principles of how reinforcement works are universal worldwide, but what is reinforcing and reinforced varies tremendously among cultures and individuals. Postmodern theorists focus on the great diversity found in the specific forms

of behavior; I focus on the essence of the universal principles by which behaviors are learned.

Particularly important in Conjunctive Psychology are principles and practices that cut across levels of being. For example, I suggest that there are universal somato-psycho-spiritual practices that impact all four levels of being, improving the health of body, mind, and spirit. That is, the same practice improves biological health, psychological functioning and well-being, and spiritual awakening. Four such universal practices are quieting the mind, increasing awareness, opening the heart, and reducing attachments (Mikulas, 1987, 2002). Attachments are mental clinging to things such as perceptions, rituals, expectancies, opinions, assumptions, images of self, and models of reality. I think therapists should, as much as possible, incorporate these four universal practices into their therapies and their own personal practices.

In Conjunctive Psychology the optimal therapist or counselor, what I call the integrative helper, works on all four levels of being simultaneously, although one or more levels may be emphasized at a particular time. Also, the levels of being, from biological to transpersonal, describe some practical sequences. As a general rule, with many exceptions, biological issues should be moderately resolved before behavioral issues, behavioral before personal, and personal before transpersonal. Also, psychological development, including development of the self, tends to move from the biological to the transpersonal. There are interesting correlations here with Maslow's hierarchy of needs, the yogic *chakra* system (Mikulas, 2002), and the developmental stages of a therapy or personal growth group (Gilchrist & Mikulas, 1993).

Returning to Rollo May and one of the main things I learned from our conversations, I would say that existential therapies focus on the transition from the personal level to the transpersonal level. In my model, most clients are not ready to deal with existential issues until they have first dealt with biological, behavior, and personal issues. Hence, behavior modification usually precedes existential psychotherapy.

Tantra

There are three major branches of Buddhism. First was Hinayana Buddhism, currently represented by Theravada Buddhism in Southeast Asia and Sri Lanka. Emphasis here is on ordering one's life along moral and practical guidelines, cultivating concentration and mindfulness, and reducing craving and clinging (quieting the mind, increasing awareness, reducing attachments). Later came Mahayana Buddhism, which added an emphasis on

opening the heart. (Zen is usually considered a form of Mahayana, but I think it is closer to Hinayana.) Still later came Vajrayana Buddhism, as represented by Tibetan Buddhism, which incorporated *tantra*.

The word *tantra* in Sanskrit has meanings such as continuum, extend, context, and loom. In Vajrayana, it involves the recognition of the continuity of the enlightened state within the unenlightened state; they are not separate. This includes the profound understanding that one is already fully enlightened, even if the personal-level self does not realize it. In Conjunctive Psychology, I propose that the transpersonal level of being is always already present; it simply has to be uncovered. Essentially, there is no difference between the sacred and the profane; one can just as easily spiritually awaken while cleaning up dog poop as chanting in the temple. A full understanding of this is critical to anyone seriously involved on a spiritual path.

More generally speaking, what all this means is that the issues of daily living, such as conflicts with a coworker, are not only important for biological and psychological health, but also are the optimal opportunities for spiritual awakening. One can have success in the world and enlightenment, the main appeal of *tantra* when it first began as a major force in Asia. One can work on all levels of being simultaneously, as with the universal practices.

In the last few decades many Americans went to Asia to live a monastic life for a few years. While there some discovered very clear, calm, and centered states of consciousness. But when they returned home, they were disappointed to find how quickly they were thrown off by their old attachments. For example, a significant other could still push the buttons to make one angry. Creating a space where attachments are not elicited does not reduce the attachments. On the other hand, reducing attachments deals with issues of daily living, and simultaneously allows enlightenment to be uncovered. This parallels the Buddha's pre-enlightenment experiences, where he found that the yogic practices of the time could suppress defilements, but did not reduce them. Buddhist practices reduce defilements, such as anger and greed.

In my ideal world there would be no such sport as boxing. But when circumstances led my good friend Stanley Levin to become involved with amateur and professional boxing (e.g., he was the promoter and lawyer for Roy Jones, Jr.), I saw the *tantric* side of the sport. For example, there were many street kids caught up in heavy drugs and quickly headed for a life of crime and jail. Some of these kids got free from the drugs by coming into the gym and physically working out, punching on bags, and learning discipline from the trainer. Talk therapies, cognitive behavior therapy, and other therapies we teach would not reach or work for these kids.

In the United States, we college professors were very disappointed by the students of the 1990s. Compared to students of the prior 50 years,

these students were less involved in politics, social issues, interpersonal relationships, and their own education; and they were often sarcastic about those who were involved. They were very passive and very easily bored, demanding that the external world feed and entertain them. They felt they had a right to be given a degree; they were not interested in actively becoming educated. Again, I am overstating things and there were many exceptions. But the absence of a *tantric* approach to life, a zestful engagement with life, is going to create many severe problems for many of these people, including effects on biological health, psychological wellness and happiness, marital and vocational relationships, and personal growth.

Finally, it has long been my intention to become as invisible as possible. I actively avoid academic fame, personal promotion, and autobiographical reference. I avoid having my picture taken and stay off of TV. For the early Pythagoreans one chose what type of person to be: lover of wisdom, lover of success, or lover of pleasure. The first was considered the best, which is my choice; but as a *tantric* practitioner, I have no problem with pleasure. So, when I was asked to write this chapter, my immediate response was of course not; I have no interest in writing anything autobiographical. But then my *tantric* side got me to agree, thinking it might be a good way to make some important points.

Case Examples

Below are two case examples that illustrate a Conjunctive Psychology approach to therapy. Both examples were chosen because of the inclusion of components from Eastern psychologies, one of the themes of this chapter. If a client has a spiritual orientation, I will talk and work within that tradition, such as Christianity or Hinduism. If not, I will utilize whatever conceptualizations fit the client. One property of behavior modification, as I approach it, is that it is less culturally biased than many other therapies, and thus easier to fit in with and show examples from a variety of spiritual traditions, including Christianity/Judaism (Lasure & Mikulas, 1996) and Buddhism (de Silva, 1984).

The two case examples are somewhat fabricated: Names and some details have been changed to protect the clients, the cases have been simplified and cleaned up for clarity of discussion, and a number of side issues have been deleted. The descriptions, however, are very accurate in terms of the dynamics of the processes and interventions. Other cases could be offered to make the same points.

Yoga

Michelle suffered from anxiety and depression. Drugs had provided some relief, but she was reluctant to up the level of this approach. Counseling helped her understand the causes better, but provided little relief. What she did like was a hatha yoga class, where the combination of exercise and relaxation seemed natural and helpful. She discussed her psychological problems with her yoga instructor, who referred her to me for further direction.

When she first met with me, she said she was interested in “yoga and meditation therapy.” Further discussion and assessment, greatly aided by her previous counseling, identified a cluster of interrelated problems. First, was her general inability to relax, which I could see in the tension in her body and her shallow breathing. Second, was an agitated mind that regularly generated problematic thoughts outside of her control, thoughts that elicited anxiety, anger, and depression. Additional thoughts about these emotions compounded the problem, such as being anxious about being anxious or anxious about lack of control. Third, were memories of when she had been mistreated by others, most dramatic being physically abused by an uncle. Various situations and thoughts elicited these memories, which elicited anger or depression, which elicited anxiety, which elicited a feeling of helplessness, and so on.

I strongly encouraged her to continue her hatha yoga classes, and, because of her interests, all of our discussions were from a yogic perspective. I told her I would teach her meditation to control her mind, but this was not the place to start. I explained that in yoga we want to do things with the body to prepare for meditation, and breathwork was a place for her to begin. We discussed the yogic science of breath (*pranayama*) and its various benefits.

There are many reasons I began with breathwork with her. It was obvious from watching her breathing that this was a critical area. Breathwork is a good way to relax and an excellent lead-in to later meditation. It is something she could quickly learn and apply, thus increasing her sense of self-control and optimism about and patience with later interventions, such as meditation. I have come to believe that breathwork is one of the most applicable therapeutic interventions, although seldom used by Western psychologists.

On the first treatment day, Michelle learned about the differences between chest breathing and diaphragm breathing, and how exactly to do diaphragm breathing. She was given related homework assignments with a heavy mindfulness component, that is, she was instructed to pay careful, detailed and non-judgmental attention to the body sensations accompanying her breathwork. Some concentration practice was introduced, in that whenever her mind left her body sensations, she should gently and firmly bring her attention back.

On the second treatment day, she was given instructions on how to be more mindful of her breathing throughout the day. When she noticed shallow breathing, she would correct it. She also learned a basic thought-stopping procedure. Whenever an undesirable thought arose, she would shout "STOP" in her mind and mindfully take a few deep breaths. She understood that this was just a temporary practice until she learned stronger forms of mental control. The fact that this was something she could quickly learn and apply increased her optimism, motivation, and self-efficacy. On the third treatment day, I had her close her eyes, relax with deep breathing, watch her breathing, and realistically imagine situations that elicited some anxiety. She could watch her breathing change, and then use her self-control skill to alter her breathing and re-relax. I gave her related homework practice.

On the fourth treatment day, we began progressive muscle relaxation, where she learned to sequentially tense and relax various muscle groups. Again, mindfulness was emphasized, paying careful attention to body feelings, both during tension and relaxation. She practiced this at home, both with and without audiotaped instructions. Throughout the training she learned how to periodically mindfully scan her body for places of tension to relax. Particularly important for Michelle was learning to relax muscles in her neck and shoulders, where tension was a common source of headaches. All of this nicely dovetailed with her hatha yoga practice.

Gradually we combined her breathwork skills and muscle relaxation skills into one basic self-control skill. She learned how to notice in her body when she was upset, regardless of how this might be cognitively labeled (e.g., anxiety, anger) and then relax. Mindfulness training helped her to notice this earlier and earlier in the chain of events, and thus made it easier to change or avoid.

With this powerful self-control skill, she practiced at home with imagined scenes, as she had learned to do earlier just with breathwork. She started with scenes that produced a small amount of dis-ease, such as anger or anxiety, and then gradually moved into some that produced greater and greater dis-ease. Because of the range and variety of situations that elicited dis-ease, this was a more effective approach than developing structured hierarchies as in desensitization. Simultaneously, she was cultivating this self-control skill in real-life situations, as they arose, and some that she intentionally put herself in. For example, one time she visited a store where she had been cheated. She was very pleased that she could do this without being upset.

In parallel with this, a couple of weeks into therapy, we began meditation, which she was really looking forward to. In fact, the mindfulness and concentration instructions embedded in the breathwork and muscle relaxation training had already started this. Her hatha yoga classes often ended with some type of meditation, but this was usually a form of guided imagery,

rather than the mental training we would do. In her hatha yoga class, however, she did learn how to comfortably and easily sit in the full lotus position. Although I do not recommend or require this of people I teach to meditate, I am delighted when one can do it and we can use it for meditation.

So her meditation practice was a basic concentration practice, with mindfulness as an important but secondary component. She would sit in full lotus with eyes closed and her attention on the rising and falling of her diaphragm. Whenever she became aware of her attention having left her diaphragm, she would gently and firmly bring it back. This type of meditation had two important interrelated effects for her. First, it helped her quiet her mind, which added to her ability to relax. Second, she eventually learned how to control her thoughts to a large extent. When a thought arose, she could stop it or let it go.

The attitude of meditation is the component of meditation practice that is least well understood in the West, but it is very important (cf. Mikulas, 2002). It is the mental set in which one approaches meditation, with optimal attitude including persistent dedication, a welcoming openness to experience, and being in the here and now. Meditation practice is a microcosm of living in general, in that one's attitude toward meditation is often one's attitude toward many other activities, but the attitude may be easier to observe during a "simple" activity such as a sitting breath meditation. For Michelle, learning how to make friends with herself during meditation helped her make friends with herself in all situations, an important component in reducing her depression.

Finally, Michelle learned to do lovingkindness meditation (cf. Salzberg, 1997). We constructed a hierarchy of people, beginning with her sister whom she loved the most and gradually moving through people she liked less and less, ending with the uncle who had abused her. She learned how to meditate on a person while feeling lovingkindness toward that person. She very gradually worked her way through the hierarchy, the last half being completed months after we had stopped meeting. To her great surprise, she was eventually able to think about the uncle without being thrown into anger or depression. Note that this does not mean she forgot or condoned what the uncle had done, but she freed herself from the memory continually hurting her.

This was the essence of Michelle's therapy. Five years later, the last I heard from her, life was still very good for her. She had pursued other things we had discussed, such as joining Weight Watchers and a health spa, and learning more about *ayurveda*, the natural healing system of India, which is heavily intertwined with yoga. She is now a yoga instructor.

Hinduism and Zen

Mia was raised a Christian in Midwest United States. Her spiritual quest led her to India where she found her guru and became a Hindu and a practitioner of bhakti yoga, the path of love, service, and devotion. Jarod was raised a Jew in the Northeast United States where he discovered Zen Buddhism and became an ardent Zen practitioner. Mia and Jarod met at an eclectic spiritual retreat in New York, discovered each other's central passion for spiritual work, got married, and later moved to northwest Florida.

Despite their central common interests in spiritual work, their first 2 years of marriage had many conflicts. They sought out marriage counseling, which was moderately helpful, particularly related to learning better communication. But the counselor's inability to incorporate the spiritual component they felt was too limiting. After attending one of my free community lecture series on universal spiritual practices, they came to consult with me.

Mia found Zen too cold and impersonal; she wanted to sing and dance with joy (figuratively and literally speaking), not sit in a corner. She felt Zen made Jarod distant, authoritative, and too detail-oriented. Jarod felt that Mia's practice was too superficial and "fluffy," and caused her to be irresponsible in the duties of daily living. We had wonderful conversations, sometimes as a trio and sometimes as a duo.

For Jarod, I helped him see past the level of form to the essence of Zen; that is, true liberating Zen practice should be just as applicable during Hindu chanting as during sitting meditation. There were many classic Zen stories that were helpful here (e.g., Reps, 1957), several of which he already knew, but came to understand more deeply as he applied them to his own marital life. For example, one story ends with the Zen master telling the student, "We don't need any more stone Buddhas around here."

For Mia, I reminded her of her belief that everyone is an incarnation of God, including Jarod, and of her guru's teaching that everyone's life is optimally designed for spiritual awakening. I also helped her understand that following one's heart does not mean being imprecise or irresponsible. We discussed yogic teachings on ordering one's life along moral and practical guidelines (*yama* and *niyama*), which includes nonviolence, not stealing, avoiding sexual excess, nonpossessiveness, truthfulness, cleanliness and purity of body and mind, contentment, and study of self and spiritual works.

As a trio, we discussed how a marital relationship, in addition to many other things, can be a shared journey of spiritual growth. Sparks and conflicts were now seen as opportunities for discovering and working with desires and attachments, which is central to both yoga and Buddhism. And they each

came to see the other as a wonderful live-in guru, a knowing and caring teacher. We had a lot of fun brainstorming how to make various activities also vehicles for awakening, such as how the communication exercises they had learned from the counselor could also be a practice in meditation. Or, when one is upset, it is an opportunity to look for exactly who is this self that is upset. The four universal somato-psycho-spiritual practices (mentioned earlier in this chapter) became their general guidelines for this voyage, an approach which is superordinate to intervention at just one level of being.

The above was the key to therapy; everything else flowed somewhat easily after that. For example, one of my graduate students helped them do behavioral contracting relative to division of labor in their practical lives. Before, this had been a major source of conflicts. Now they approached it differently; the contracting helped them find a balanced reciprocity, and the formal contract could be released after a few weeks. I was also able to direct them to another marriage counselor for some minor issues. But now they did not demand that the counselor be spiritually oriented, because they could embed this counseling into their spiritual practices.

Last Qualifications

The above cases have strong Eastern/spiritual components because that is one of the things I am contributing to this book. But they are not typical or representative of general counseling cases. A person working in a community mental health center is going to be much more involved with issues at the biological and behavioral levels, and a counselor in a university center will be more involved with behavioral and personal level issues. Conjunctive Psychology provides a heuristic approach for all cases.

Since the two cases involved people with strong interests and backgrounds in Eastern approaches, that was our frame of reference, an orientation applicable to only some clients. For example, another case was an engineer with no such interests and who considered spirituality irrational superstitions. For him, humans are deterministic biological computers. Hence, in our work together we conceptualized what we were doing as reprogramming the biocomputer. For other cases, such as the drug addicts in the boxing gym, mentioned earlier, any conceptualization is an intrusion to be minimized or omitted, as the emphasis is a physical action. The goal of Conjunctive Psychology is to identify the essence of the principles of behavior change and personal growth, which take diverse forms and are conceptualized in many ways. The integrative helper, with a quiet aware mind and open heart, objectively assesses the client's strengths, weaknesses, and needs,

and the way the client thinks about these and related issues. The helper can then suggest courses of action described within the client's language and cosmology. What is specifically done with different people will vary tremendously; there is no standard orientation or required therapeutic techniques.

There is no research data on the effectiveness of Conjunctive Psychology, such as an operationally defined conjunctive therapy compared to appropriate control conditions or other forms of therapy. What exists are many separate bodies of research related to various components that a Conjunctive Psychologist might utilize (cf. Mikulas, 2002). For example, relative to meditation, which is discussed in this chapter, in addition to the massive world literatures, there is also a very sizable Western research literature (Andresen, 2000; Murphy & Donovan, 1997).

To Your Health

In Conjunctive Psychology, psychological wellness is recognized as a subset of overall health across all four levels of being (biological, behavioral, personal, and transpersonal). These levels are totally intertwined, a change in one produces changes in the others. Thus factors that influence biological health (e.g., nutrition, breathwork, bodywork, life-force) also affect psychological health. Because of the nature of one's clients, an integrative helper may focus on the behavioral and/or personal levels, but she or he should be aware of biological and transpersonal influences that must be addressed first, later, or concurrently, perhaps via another helper. A unique strength of Conjunctive Psychology is identifying central dynamics at each level and how the levels interact. For example, very important at the personal level is the belief that one can do what is required in various situations and thus have some control. And usually the best way to affect such beliefs is through changes at the behavioral level, such as learning skills that give one control. Then the beliefs about control affect biological health.

Conjunctive Psychology is a *tantric*, action-oriented approach, in which the client actively does things, such as learning behavioral self-control skills or practicing meditation. On the other hand, one learns not to fight what cannot be changed and to unconditionally accept reality as it is, even while simultaneously doing things to change that reality. All of this empowers the person to be more effective, such as having satisfying and fulfilling relationships, work, and leisure activities.

In conjunction with empowerment is the psycho-spiritual freedom that comes as one gradually awakens to a broader or more fundamental reality, as through universal practices such as opening the heart and increasing

mindfulness. This allows the person to gradually dis-identify with some cultural conditioning, including the conditioned sense of self, which then leads to existential freedom and peace of mind, called enlightenment in Buddhism.

I believe that these types of changes at the individual level are some of the most effective ways to promote positive change in a culture or society, as opposed to, for example, hoping politicians will create and lead the way. We are now at a point in history when, drawing from all the world's knowledge, we have very powerful somato-psycho-spiritual practices that everyone reading this can use to significantly improve her or his life and the lives of others, and in so doing also improve the culture in which one lives.

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