Suffering and the Relationship with the Problem in Postmodern Therapies: A Buddhist Re-Visioning

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ABSTRACT. This article explores ways that Buddhist psychology can enrich postmodern family therapy practice. The discussion focuses in particular on Buddhist ideas regarding suffering and the relationship with suffering. We propose that Buddhist practices of accommodation to suffering offer an alternative orientation to problems that in various ways can be incorporated into postmodern therapeutic practice—specifically solution-focused brief therapy, narrative therapy, and collaborative language systems. The article compares and contrasts Buddhist and postmodern therapy ideas

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about relating to problems before providing examples of postmodern practice informed by Buddhist psychology.

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Curiously, the therapy community speaks seldom of "suffering," yet one might argue that suffering is precisely what people come to therapists for: to alleviate suffering. Over the past 100 years in the West, we have developed psychological constructs and methods attempting to alleviate suffering, and yet we largely ignore numerous traditions from our culture and others that have been devoted to the alleviation of suffering for millennia. In recent years, psychotherapists have begun to tap the potentials of Buddhist psychology to glean new approaches to alleviating suffering (Baer, 2003; Germer, Siegal, & Fulton, 2005; Kwee, Gergen, & Fusako, 2006; Segal, Williams, & Teasedale, 2002). Buddhism is viewed primarily as a religion in the West, yet as an atheistic religion it has many and perhaps more parallels with Western psychology than it does with Judeo-Christian religions.

Essentially, Buddhism is about how to engage and alleviate human suffering (Hahn, 1998). Some experiences that give rise to suffering are inevitable: birth, sickness, loss, and death. In other cases, our suffering can be understood as products of the way we construct the world, our expectations, and attachments. Buddhism offers long established practices for greatly reducing this second form of suffering and reducing the severity of the first. In this article we explore how these ideas compare and contrast with certain family therapy traditions, specifically postmodern therapies, and how Buddhist ideas can be brought to enrich therapeutic practice.

SUFFERING: BUDDHIST AND WESTERN PERSPECTIVES

Viewing suffering as central to the human experience may seem similar to existentialism, but Buddhist thinking adopts a more optimistic response based on a unique form of empirical psychological research, an insight-oriented "contemplative science" (Wallace, 2001, p. 211). The findings of this empirical study, systematically duplicated and documented over the course two and a half millennia, are that suffering is perpetuated

by grasping or attachment and can be alleviated by the practice of nonattachment. Nonattachment does not involve ignoring what are ultimately inescapable and ineradicable phenomenon such as loss, sickness, and death, and it does not call for emotionally removing or numbing oneself from these phenomena. Instead, it advocates a specific relationship with them, namely, a compassionate and nonjudgmental presence in relation to problematic experiences.

This presence bears fruit in insight or wisdom (Hahn, 1998). We all have heard folk sayings that claim wisdom is gained by experiencing life's travails (e.g., "no pain, no gain"; "that which does not kills us, makes us stronger"); Buddhist psychology provides a fine-grained analysis of how this occurs. A compassionate and nonattached presence to all experience, including that which we view as "problematic," cultivates a kind of wisdom that allows us to develop a rewarding relationship with life's inevitable challenges that come with being human. In this article, we suggest that these ideas and practices have useful implications for postmodern therapy, which can be understood as conversations with people who are having relationship difficulties with the "problems" in their lives.

Buddhism's empirical investigations have produced a convincing portrait of the pervasive inclination of persons to pursue pleasure and avoid suffering (Wallace, 2001), a tendency exploited with unprecedented success in capitalist cultures (Newman & Holzman, 1996). Western economies are founded on the escape from the suffering that comes with living: from aging, to loss and inevitable death (Kingwell, 1998). Pharmaceuticals, cosmetic surgery, and endless gadgetry are designed to shield us from suffering. If we make sense of our experience in relational terms, this is like roommates who avoid each other at all costs, leaving the room at the slightest hint of the other's footfall. The result, of course, is that we do not know each other and, over time, become increasingly uncomfortable in each other's presence. When we confront each other, as we inevitably will in a house with finite floor space, we are not prepared for the meeting; we have no history of relating to each other and no foundation to draw from in repairing our relationship. And so for our time on this planet: it is a place where we will inevitably experience suffering, and without a similar foundation we are not equipped for the meeting. It is worth wondering whether in our work as therapists we are helping people to strengthen that (inescapable) relationship or whether we are mostly supporting people in avoiding it. In this essay we share ideas about engaging persons around their relationships with suffering, within the context of postmodern approaches to therapy.

POSTMODERN APPROACHES TO SUFFERING

In recent years, the postmodern therapies have offered a refreshing perspective in their position that therapists' primary attention does not need to be devoted to identifying, naming, and engaging with problems. As solution-focused therapists point out (de Shazer, 1988), we can address a problem without "fixing" or "solving" the problem per se. Instead, attention turns to the constructive potential of conversation. Rather than resolving or working through problems, therapists direct their energy to creating preferred experience. This takes various forms: in collaborative language systems, the "dis-solving" of problems through conversation (Anderson & Goolishian, 1988; Goolishian & Anderson, 1992), in narrative therapy, reauthoring one's story about the problem (White 2004; White & Epston, 1990), and in solution-focused therapy (SFT), building solutions (Berg, 1994; de Shazer, 1994; Lipchik, 2002).

We see these arguably related approaches as offering a welcome turn in therapy: clients are situated as agents of their own lives and are not pathologized in their life struggles. However, we are interested in exploring how this welcomed emphasis on constructing experience may, at times, inadvertently divert attention from another vital life process: the task of learning to live in relation to the suffering and "problems," many of which we believe to be an inescapable feature of living.

We are not proposing that it is somehow soul cleansing to subject ourselves to pain, or that "what doesn't kill you makes you stronger." We are not advocating that therapists convince their clients that they are wrong-headed in their response to the problems they experience: that would be dishonoring of clients' experiences and, frankly, bad therapy. We believe there is an important place for teaming up with people to develop resourceful responses to life challenges, to connect with community, to revise self-critical narratives, and so on. And we also believe that while we are engaged in all these worthy enterprises, there remain ongoing and ubiquitous aspects to life that are unsolvable and difficult.

A Buddhist Perspective of Suffering in Therapeutic Contexts

Buddhists encourage a specific relationship with suffering in which a person is "open" to the suffering—feeling it, experiencing it—without getting lost or overwhelmed by it. Rather than intending to identify solutions or enact preferred realities, Buddhism's relational stance is designed to open oneself to the experience of life—in all of its richness,

complexity, and contradiction—at emotional, intellectual, and spiritual levels. This openness creates a sense of equanimity and peace in the face of good times and bad, thus defining the Buddhist understanding of mental health (Gehart, 2004). This relational stance is often characterized by curiosity, a concept that has been embraced in many postmodern approaches (Anderson & Goolishian, 1988; Cecchin, 1987; Freedman & Combs, 1996). When a person responds to suffering with curiosity rather than an immediate sense of needing to escape, there is an openness and a pause, which changes how the problem is experienced. This shift in viewing and relating to problems does not imply a resignation to the status quo, but rather represents a Buddhist approach to opening new possibilities.

POSTMODERN THERAPIES AND SUFFERING: THREE APPROACHES

Although the three strands of postmodern family therapy explored here share a constructionist impulse that can be contrasted with more problem-focused approaches, they also diverge in substantial ways. In this section, we briefly explore how the approaches characterize relationships with problems. We would like to acknowledge that the best we can do is catch the general tenor of the approaches and that all practitioners differ somewhat in how they describe and apply the ideas.

Relating to Suffering: SFT

In the seminal days of SFT at the Brief Family Therapy Center in Milwaukee, the therapeutic teams noticed how families not only engaged in attempted solutions to problems, but they also exhibited what would become known as "exceptions" (Walter & Peller, 2000). Exceptions are "times when the complaint/problem does not happen even though the client has reason to expect it to happen" (de Shazer, 1994, p. 83) and are the building blocks of "solutions."

The vigilance for exceptions promotes optimism and opens the door to unforeseen possibilities. In effect, it directs attention to other experience not noticed in the fixation on problems. Indeed, from an SFT perspective, "problems don't necessarily have anything to do with solutions" (Lipchik, 2002, p. 79, emphasis in original). Steve de Shazer used to depict this notion with the anecdote of a Japanese coastal village threatened by an unnoticed tsunami. When a farmer sees the wave approaching, he sets fire

to the crop-covered hills above the town. The villagers all rush to put out the fire that threatens their livelihood and thereby escape drowning.

Like the other therapies mentioned here, SFT turns away from the question "what is the cause of problems" that dominated the therapeutic endeavor for a good part of the 20th century (Walter & Peller, 2000). But more than rejecting the pursuit for causes, SFT minimizes engagement with problems whenever possible. To focus on problems is regarded as "problem talk"—a lost opportunity to construct solutions, to "do something different" (O'Hanlon, 1999). Orienting in this way may lead therapists away from being actively present to a person's distress (Nylund & Corsiglia, 1994). This in effect discourages an engagement with suffering, because suffering is more closely associated with problems than solutions.

Buddhist ideas provide some additional possibilities for relating to suffering within an SFT framework. When attachment to suffering, rather than suffering itself, is regarded as "the problem," there is a radical shift in the focus of the conversations. For example, when a couple is arguing about their differing desires for the form and frequency of emotional intimacy, a solution-focused therapist typically moves the focus toward enacting these preferences. In contrast, a Buddhist approach might focus on loosening each partner's attachment to his or her respective preference. Rather than inferring that the therapist should negotiate a compromise, the focus might shift to helping the couple develop the ability to maintain the preference without demanding or rigidly insisting on it. By being compassionately present to, but not overwhelmed by, their mutual differences and the potential of not having their needs met, the couple is more likely to move toward a resolution that honors each person's preferences and makes them more resilient in times when their preferences are not met. Buddhist ideas have the potential to enhance SFT practice in this case by not dismissing the possibility of resolving a gridlock, but also creating a framework that will greatly increase the couple's chances of successfully navigating times when their preferences are not met.

Of course the usefulness of this potential way forward hinges on, and should unfold from a conversation with, the client. We would like emphasize that this idea, like others proposed here for relating to suffering within postmodern therapies, is offered as an alternate way forward to be mutually considered rather than unilaterally imposed. Despite their various differences, the three approaches discussed here share a collaborative ethic that advocates for the coinvention of the direction in therapeutic work.

If solution-focused therapists begin to focus on the client's attachment to the problem as the focus of the work, then it would also follow that they

would shift their focus to the client's attachment to the solution. From a Buddhist perspective, all attachments ultimately lead to suffering: whether we are positively attached, as in loving, or negatively attached, as in despising. Therefore, if a client is rigidly attached to his or her preferred solution, this would also be a cause of suffering. This problem is familiar to most therapists: a client has a narrow definition of successful outcome and does not acknowledge even small movements toward it. Commonly, I (D.G.) see this with parents who have a narrowly defined goal for their child's behavior (e.g., A's must be earned on all assignments for a child to be considered "successful") or with couples when love must be shown in particular ways (e.g., romance, particular gifts, or specific sexual encounters). For example, one couple I worked with was easily able to identify their preferred solutions: The wife wanted a resurgence in their previous dating life, and the husband wanted more freedom to pursue his personal interests. However, because each had strong attachments to the exact form and expression of their preferences, they had a difficult time showing the slightest appreciation for their partner's attempts to move toward these goals. In this case, the focus of therapy was on softening their rigid attachment and narrow definition of the solution.

Buddhist Informed Solution-Focused Practice

This new line of thinking offers some new questions for the solution-focused therapist. First, one might follow up the crystal ball question (de Shazer, 1988) with the following:

- "Now, imagine you look into the crystal ball and see yourself at a time in the future when the problem is still there in some form but somehow it is less of a problem for you. Describe what is going on both outside and within you in that future moment."
- Exception questions can also be used to not only look for times when the problem could have occurred but did not but also for times when the client could have been more upset about the problem but was not: in essence, times when the person was less attached to the problem.
- "Can you think of any time when you could have reacted strongly to the problem situation but for some reason on this particular day you were not as upset as you usually are. What was going on for you at that time?"

In terms of being overly attached to solutions, after asking the miracle question the therapist can inquire as follows:

- "Wow. That was a beautiful description of what a solution might look like. Are there times you can use that picture to energize your life now instead of making it cause for discouragement about what you don't yet have?"

By integrating Buddhist ideas of attachment and suffering, solution-focused therapists can expand their line of questioning to increase clients' abilities to meaningfully engage more enduring forms of suffering, such as a spouse's annoying habit or a child's varying school performance. This Buddhist re-visioning of SFT is particularly useful for situations in which the preferred solution cannot be fully enacted or attained, which is especially common when goals require the cooperation of another as they commonly do in couple family therapy.

Narrative Therapy: Relating to Suffering

Whereas SFT leads away from problems and toward "solutions," narrative therapy reserves a generous amount of time for conversations about problems. However, the narrative critique of normative cultural discourses, informed richly by the work of the social critic and philosopher Michel Foucault in particular (1965, 1972), leads to a separation of person from problem. Narrative therapy's practice of "externalizing the problem" (Freedman & Combs, 1996; White, 2004; White & Epston, 1990) opens linguistic space, as it were, between persons and problematic experience. That space becomes a site for "rich story development" (White, 2004)—in effect, a thickening of particular accounts of identity aligned with persons' hopes and commitments. These accounts foreground human agency; they feature persons actively performing cherished values in the face of life's challenges.

Narrative therapists therefore view persons who consult them as having come under the influence of problem-saturated stories (White & Epston, 1990) and join with them in the "reauthoring" of their lives (White, 1995). In our view, these ideas and practices both resonate with Buddhism in some aspects while diverging in other significant ways. We are interested here in teasing out the distinctions while looking for ways that a Buddhist orientation to suffering might enrich aspects of narrative practice.

Self and Identity in Narrative Therapy and Buddhism

Although narrative therapy's most explicit influences include, alongside Foucault, cultural anthropology (Geertz, 1973, 1983; Myerhoff,

1982, 1986), narrative psychology (Bruner, 1986, 1990), and developmental psychology (Vygotsky, 1962), its characterization of self and identity has a certain resemblance to Buddhist psychology. In narrative therapy,[1] as in Buddhism, there is no conception of a singular, fixed core self. White (2001, 2005) systematically unpacks humanistic traditions that point to a human "nature" said to underlie action and that equate "authenticity" with the expression of a purported true essence. Instead, White proposes that there are many "versions" of self available and that these identities are constituted in multiple cultural discourses. Narrative therapy conversations explore these cultural discourses, drawing out persons' purposes and commitments and thereby thickening preferred versions of self. These accounts of identity feel more "experience-near" (Geertz, 1976, p. 223) and thus "real," but should not be confused with a phenomenological concept of an "authentic self." Narrative therapy therefore strives for particular forms of meaning-making surrounding identity, disrupting problematic "meanings privileged by the culture" (Hare-Mustin & Maracek, 1990, p. 48) and rendering thick descriptions of accounts resonant with persons' commitments. In contrast, Buddhism advocates nonattachment to all meaning-making associated with self, encouraging an openness and fluidity that leads toward *anatman*, an enlightenment in which there is no experience of a unique and separate sense of self (Hahn, 1998).

Reconstructing and Relinquishing

Despite their shared disavowal of a fixed core self, the paths pursued by these two traditions of practice differ in substantial ways. Conversation is the primary vehicle of narrative practice. Narrative therapists use language to construct an exit door from problematic accounts of self, which are also understood as being constructed in language and performed in culture. This exit door becomes an entranceway into new territories of life, as it were—alternative meanings, preferred identities. In contrast, Buddhism advocates more experiential practices, such as mindful attention to daily activities, and various forms of meditation, which involve experiencing of and a letting go of discursive constructions of all sorts (Gehart, 2004). From a Buddhist perspective, the clinging to preferred meanings is still a form of attachment that can hamper the movement toward greater fluidity and openness.

Buddhist psychology's emphasis on nonattachment is associated primarily with relinquishing or letting go of experience. Narrative therapy, on the

other hand, places more emphasis on the creation of experience. It includes a "reconstructive" (Gergen & Hosking, 2006) dimension that it shares with the three family therapy traditions explored here. Although narrative may share Buddhism's view that a foundational or "true" self is illusory, it is intent on helping persons to step into preferred identities constituted in language. In contrast, Buddhism seeks "freedom" (Levine, 1989, p. xiii) from discursive constructions. A narrative response to this ambition to be released from language-based meanings might raise the conundrum: Can we ever escape the "fly-bottle" (Wittgenstein, 1958, p. 309–311) of language itself? A narrative view is closer to the notion that the best we can hope for is new meanings constituted in language and performed within communities.

Places of Intersection

The narrative focus on the active storying of experience differs from the Buddhist emphasis on compassionate presence to experience, although Buddhism does not advocate passivity and has much to say about cultivating mind states (Dalai Lama & Cutler, 2000; Levine, 1989). Narrative therapists reach beyond mind states in the present moment in their efforts to link these across time with past and future events and actions, images, and persons: to effectively "story" experience in particular ways. In this respect it may appear that the differences between narrative work and Buddhist practice far outweigh the resemblances. However, narrative therapy's deep suspicion of essentializing traditions in psychology (White, 2001) bears some striking similarities to Buddhism and both traditions share a reflexive posture that facilitates a revised orientation to experience. As a result, we believe Buddhist ideas provide fertile possibilities for enriching narrative practice. In the remainder of this section we would like to explore those points of intersection; to do so, we believe it would be useful to first examine the evolving narrative language and practice pertaining to the relationships with problems.

Relationship with Externalized Problems; Relationship with Suffering

Narrative therapy, like Buddhism, promotes a witnessing of experience. In the case of narrative work, the witnessing is achieved linguistically through the externalization of webs of meaning, discourses that through further exploration are found to be out of step with persons' preferred values in relation to others and to themselves. From narrative therapy's

rich critique of pathologizing traditions (White & Epston, 1990) has emerged the defiant rallying cry, "the problem is the problem; the person is not the problem" (Epston, 1993, p. 161). The phrase usefully reminds us of the perils of totalizing descriptions that equate persons with the difficulties they face; however, it is sometimes taken up in ways that obscure the possibility within narrative practice of developing compassionate relationships with problems rather than eradicating them.

Notwithstanding its "reconstructive" ambitions shared with other postmodern family therapies, narrative therapy does not vainly promise the eradication of suffering. Indeed, it seeks to acknowledge it by making sense of persons as standing in relation to the difficulties they face. Write Roth and Epston (1996), "seeing oneself as in a relationship with a problem . . . immediately opens up possibilities for renegotiating that relationship" (p. 149). In practice, this sometimes happens by drawing on metaphors that depict problems in adversarial terms—"kicking out, undermining, winning over, or beating a problem" (Freeman & Lobovits, 1993, p. 194). This stance is less resonant with a Buddhist invocation of compassionate presence, but is only one among many. Roth and Epston (1996) write that the goal of externalizing conversations is not to "eliminate, conquer, or kill off problems" (p. 150), but rather to establish preferred relationships with them. This might include "dealing with an old friend you've grown out of" or "'seeking other options to' the externalized problem" (Freeman & Lobovits, 1993, p. 194). Although Tomm (1989) has written of how an adversarial positioning can help in constructing a sense of personal agency, he also suggests that some contexts may call for an orientation of compromise and coexistence with problems. Tomm, Suzuki, and Suzuki (1990) cite the example of a child's temper, and speak of developing a "peaceful co-existence" with it rather than "a struggle against the temper or an effort to try to escape it" (p. 105).

Gehart (2004) suggests that a Buddhist approach to externalizing problems would encourage "befriending" problems similar to traditional Tibetan practices of developing compassion for one's enemy in order to promote personal and spiritual growth. Rather than imply that one should helplessly accept or surrender to something harmful or painful, this befriending stance involves engaging a problem with curiosity and a willingness to understand its needs, purposes, and meaning in order to more successfully work with it, a stance that resonates with all forms of postmodern therapy practices.

The option of developing a relationship with problems, rather than banishing or overcoming them, brings us back to the question of suffering

and its inevitability. Narrative therapist Kathleen Stacey (1997) recounts how she entered family therapy through the speech-language field, where she was accustomed to working with people dealing with "non-reversible" (p. 48) neurophysiologic problems. In her work, she proposes a range of metaphors for relating to externalized problems, including balancing, minimizing the effects of, and collaborating with problems.

Some problems—such as anorexia, which can be imprisoning and life threatening (Epston, Maisel, & Borden, 2004)—seem to call for a posture of active protest not incongruent with Buddhist ideas, as exemplified by the Dalai Lama's tireless campaign to oppose the Chinese occupation of Tibet. But to oppose all experiences that bring discomfort in the cause of eliminating suffering may require withdrawing from engagement with life, as illustrated in the following example of Claire.[2]

Claire reported feeling worried and stressed as she weighed a decision she was facing—whether or not to take on a contract consulting with an organization of high-level professionals. She said she was intimidated by the clients and the project and anticipated she would fret about it all through a rare and precious visit from her children. She was concerned about losing sleep and being distracted. The image of her situation that came to Claire was of her and "fear" facing off in a boxing ring.

As a member of a reflecting team responding to Claire's account, I (D.P.) raised the question of whether she wanted to "deliver a knockout punch," or whether she had other ideas about how she would like to relate to fear. Claire reported that the question and the image associated with it had a profound impact on her, and so I sought her permission to audiotape a conversation with her afterward. Her account was complex—at first she related that the fear had "vanished," but later explained that the intensity and suffering associated with it were gone but that fear still had a place—a nonadversarial one—in her life:

> It really melted that fear. Even that day it just disappeared . . . I guess the conversation, talking about fear, allowed me to see how fear had always been there all my life and it had never stopped me from moving ahead and taking risks. And some of those risks were quite big. But the shift was really amazing. Just to picture the fear as no longer just in front of me and eyeballing me, but . . . moving it to, in a way, a companion, and a wise companion and someone also that I can choose to listen to and make my own decision and to separate from. And yet to be informed by it, but not to be put down or knocked out by it.

Claire described experiencing the fear now as among various "characters" that are "on her side," including "the skills, the abilities, the experience, the knowledges" she has picked up over the years. When she returned home that day, Claire found a phone message from the same client. She called back and accepted the contract.

Buddhism contributes some creative openings for a narrative practice informed by a stance of compassionate presence to experience. Among some of the possible questions arising from this marriage of perspectives include the following:

- What do you notice right now as you pay attention to (the problem)? Where in your body do you experience it? If it were speaking to you, what would it be saying? What would you like to say back to it? (cf. Griffiths & Griffiths, 1994)
- If (the problem) has something to teach you, what might it be?
- Are there ways in which (the problem) goes with the territory of life that you are intent on inhabiting? Are there values and commitments you might need to relinquish if you were to eliminate (the problem)?
- What difference might it make to welcome (the problem), to greet it and nurture it, rather than to push it away? If you were to choose to do this, how would you proceed—is there a time you might set aside for (the problem) in your day, or a place where you might be with it? What do you think the impact on (the problem) might be if you were to shower it with care?
- "In what ways—both positive and negative—has (the problem) affected your life?"
- "If (the problem) were sent to deliver you a helpful secret message, what might it be?

Tibetan Buddhists practice a form of meditation that focuses on "wrathful deities," horrific blood-drinking and grotesque beings. These meditations involve seeing these as both illusory and also an inherent component of human experience. In clients' lives, this translates to viewing even the most hideous of problems as part of the "dance of life" rather than the evil that they appear to be:

- "In what ways has facing death changed how you approach and value life?"
- "In what ways has being abused altered how you view and treat others?

- "Are there ways the abuse (or tragedy) you have experienced has inspired you to make the world a better place? How might you account for that?"

A final word on Buddhist and narrative practice: as we said, the former emphasizes presence to and letting go of experience, whereas the latter leans toward creation of meaning. We believe one way that Buddhism can enrich narrative practice is to introduce another option as it were—the possibility of new meanings that are about presence to suffering, rather than a turning away from it. This notion is certainly not absent in narrative practice, but perhaps deserves further attention.

Collaborative Therapy: Relating to Suffering

Of the three postmodern therapies, collaborative therapies (Andersen, 1991; Anderson, 1997; Anderson & Goolishian, 1992) arguably have the least antagonistic relationship with problems and therefore create the most space for a meaningful relationship with suffering. Anderson and Goolishian (1992) describe therapy systems as problem-organizing and problem-dissolving systems. Therapy systems are organized through language around the identification of a "problem"; this process is always language dependent. Therapy systems "dissolve" when the problem is no longer described as a problem; again, a language dependent process. Problem dissolution also refers to the lived experience of problems. Through the collaborative dialogue process, problems "dissolve" in the sense that they typically do not go away or get "solved" but in some way become more workable. Lynn Hoffman (2006) has described this process as preventing the chronification of any one description of a person or situation, consistent with the Buddhist assertion that all things are impermanent and constantly in flux (Hahn, 1998). In this sense of continual change and flux, collaborative therapists assume a different stance in relation to problems than solution-focused and narrative therapists, who are generally inclined to distance themselves from problems rather than relying on the slower, evolving shift in meaning through dialogue without specific interventions.

Although both Buddhists and collaborative therapists can be described as having a neutral or nonantagonistic stance toward problems, their stances are qualitatively different. Through the practice of mindfulness, Buddhists practice fully experiencing suffering without getting attached (positively or negatively) to the experience. Mindfulness involves a direct, nonverbal sensory experiencing of the problem without judgment or evaluation. In

contrast, the collaborative therapist's primary, although not sole, vehicle for encountering suffering is language, the one element the Buddhists attempt to avoid. The collaborative therapist's position of curiosity creates openness to understanding the client's unique experience, with particular attention given to the linguistic construction of meaning. Thus, the neutrality takes the form of openness to meaning and the broader project of reality construction in collaborative therapy, and in Buddhist approaches neutrality is emphasized in one's relation to immediate experience.

More Fully not Knowing

The Buddhist perspective offers collaborative therapists ways to expand the practice of not knowing (Anderson, 1997), which is easily misunderstood as a primarily cognitive process because the term "knowing" is more closely associated with cognitive rather than affective ways of knowing in Western society. Buddhists use a curious, not knowing approach to engage experience in their practice of mindfulness (which involves sustained, nonjudgmental awareness of present experience; Hahn, 1998) and emphasize the importance of embodying a warm and engaging curiosity rather than a cool and disengaged form that characterizes many forms of science and therapy.

Current descriptions of not knowing in collaborative therapy do not fully address the emotional tone of not knowing:

> Not-knowing refers to a therapist's position—an attitude and belief—that a therapist does not have access to privileged information, can never fully understand another, always needs to be in a state of *being informed* by the other, and always needs to learn more about what has been said or may not have been said. (Anderson, 1997, p. 134)

In contrast, the Buddhist's mindful approach more vigorously highlights the importance of a gentle, warm, and compassionate quality to curiosity and not knowing: "Right Mindfulness accepts everything without judging or reacting. It is inclusive and loving" (Hahn, 1998, p. 59). Furthermore, the not knowing quality of the Buddhist practice of mindfulness is not an intellectual activity but rather embodied and sensory, and thus highly personal, involving a person's whole being. Tom Andersen (2006) integrates bodied knowing in his conceptualization of collaborative work:

> The talker's words are not only received and heard but they also *move* the talker. . . . These movements of the talker can be seen and/

> or heard. Sometimes a shade crosses the talker's face, the hands are closed or opened, there comes a cough, a tear can appear, or the person pauses, and so on. (p. 92)

The Buddhists extend Andersen's conceptualization by emphasizing that being "moved," as Andersen terms it, is its own form of knowing, operating by similar epistemological principles as languaged knowledge. Buddhists would go so far as to say that this embodied knowing gets closer to experiencing what Buddhists describe as truth, which involves a fully conscious and openhearted embracing of what is.

Courage

Anderson (1997) describes therapy as risky:

> In my therapy room a therapist is not *safe* . . . Being in a not-knowing position makes therapists vulnerable: they risk change, too. This risk includes letting clients be center stage, allowing them to lead with their stories as they want to tell them, not being guided by what a therapists thinks is important and reselects to heart. (p. 135)

The Buddhist approach takes this a step further and says that this process demands courage. To fully engage another and enter into the other's lived world, whether through linguistic or experiential means, is an incredible act of courage because one is required to leave the familiar, and in the case of many therapeutic conversations, enter uncharted, dark, and painful areas of the other's world. When one enters another's world from a position of curiosity and not-knowing, one enters essentially unarmed and thus open to whatever experience emerges. Whereas in other therapies, a therapist comes equipped with techniques and strategies, neither the Buddhist nor collaborative therapist (Goolishian & Anderson, 1992) can rely on such anchors. Instead, the strategy is to sit and be with what is with the assumption that through the process of being open, things will move and change. The Buddhists frequently refer to the courage that is required by such an act, often using metaphors of warrior and fierceness (Chödrön, 1997).

Engaging the Heart

Buddhists also offer collaborative therapists a new language to discuss the "heart" and human side of their work. Similar to other postmodern therapists, collaborative therapists have avoided discussing anything

beyond the therapist's cognitive processes; and in many ways professional language limits this discussion, especially regarding emotions. Any discussion of the therapist's emotional processes quickly generates connotations of subjectivity and lack of balance and professionalism. Thus, the Buddhist discussions of compassion offer new ways to conceptualize the human side of the therapist in collaborative work.

In the Buddhist tradition, compassion is generated through the discipline of mindfulness practice and differs in many ways from humanistic forms of empathy. Whereas in the humanistic tradition empathy originates from the therapist's ability to enter into and recognize the client's emotional state, compassion is generated from the therapist's patient and heartfelt witnessing of human suffering in the broadest sense. The client's current situation is one manifestation of the many forms of suffering that occurs in life. The therapist's heart is touched and opened by the intimacy that is created by sharing in another's suffering; this compassion is always counterbalanced with a wisdom that is generated from appreciating the unending movement between suffering and joy in every human life. Thus, compassion is a balanced combination of emotion and cognition and is both personal and universal at the same time. When collaborative not knowing is combined with a Buddhist understanding of compassion, it becomes clearer that the therapist stands in a middle point, appreciating the personal within a universal context while balancing the emotional with wisdom.

This Buddhist approach informs a subtle but profound shift in collaborative dialogue. The shift is perhaps more apparent in nonverbal than verbal communication. For example, when working with a parent who has lost their child to cancer and was feeling utterly hopeless and somehow punished by God, the Buddhist approach of compassionate and courage enabled me (D.G.) to fully open myself to the depths of her pain while maintaining a steadfast inner knowing that "this too" is part of the human experience and that she too can heal from even this most painful loss. Rather than my words, the fullness of my presence honored the poignancy and humanity of her suffering without trying to change or fix it, paradoxically freeing her to allow herself to truly and meaningful move toward healing.

Expanding the Central Question

Anderson (2001) states that the central question of collaborative therapy is: "How can therapists create the kinds of conversations and relationships with others that allow all the participants to access their creativities and

develop possibilities where none seemed to exist before?" (p. 20). A Buddhist expansion of this question might read:

> How can therapists create the kinds of conversations and relationships that enhance the humanity of all participants and enable them to compassionately honor and courageously engage their present situation in such a way that they can access their creativities and generate possibilities where none seemed to exist before?

The Buddhist expansion underscores the humanity, compassion, and courage that are required in collaborative therapy. It expands the goal of therapy from problem dissolution and transformation (Anderson, 1997) to include—in fact demand—that the conversations honor the humanity of all involved by invoking compassion and courage to venture into present pains and future potentials. Joys and sorrows are greeted with the same warm and loving curiosity, and both are honored as part of the human journey.

FINAL REFLECTIONS

We believe that postmodern therapies and Buddhist psychology are in the early stages of an enduring romance, each having much to offer the other and the potential to create something greater than either could on its own. This article attends to how Buddhist psychology can enhance postmodern therapies, particularly how each relates to problems. The Buddhist approach provides a gentler and more playful approach to relating to the problems that therapists and clients face while encouraging a more fully engaged experience of those same problems. Rather than propose a right/wrong or either/or discussion, we propose these ideas as possibilities to inspire new ways to embody and enact the reader's theory and practice. Paradoxically, we hope that therapists find a way to refresh and add newness to their current practices by integrating the ancient psychological wisdom of the Buddha to create something that is greater than either practice alone.

NOTES

1. Narrative theory takes many forms in many disciplines. The strand referred to throughout this article is identified with poststructural family therapy and is most closely associated with the work of Michael White and David Epston (cf. White & Epston, 1990).

2. "Claire" is a pseudonym in this example.

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