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Paul Sireci
How Tibetan Buddhists in the
United States Negotiate
Mental Health Concerns

ABSTRACT

Tibetan Buddhism and Western psychotherapies both concern themselves with addressing human suffering. Given some of the areas of overlap between Buddhism and Western psychological theories as well as their areas of difference, the researcher used a mixed-methods design to study how overlapping features are negotiated by Tibetan Buddhists living in the US. Specifically, how do Tibetan Buddhists determine what mental-emotional problems require interventions that lie outside the scope of their spiritual communities and spiritual practices? This study employed an anonymous, web-based survey to gather demographic information on Tibetan Buddhists as well as to gather narrative data from open-ended questions about how they delineate which problems to address via spiritual practice or through relationships with their spiritual teachers or other members of their spiritual communities versus seeking professional services.

Findings indicate that participants generally hold positive views of professional services, while most participants indicated a belief that their spiritual lives and relationships more deeply affect the root causes of suffering. Participants as a group were highly ambivalent about the use of psychotropic medications. Participants' narratives suggested complex views about what struggles could be addressed through professional services, through Buddhist practices, through relationships within spiritual community, or through combinations thereof. Buddhism is one of the fastest growing

religious ways of life in the US; therefore, uncovering the mental health needs and how these needs interact with religious life is becoming enormously important for this emerging population (The Pew Forum on Religion & Public Life, 2008).

HOW TIBETAN BUDDHISTS IN THE UNITED STATES NEGOTIATE MENTAL
HEALTH CONCERNS

An independent investigating submitted in partial
fulfillment of the requirements for the Masters of
Social Work degree

Paul Sireci

Smith College School for Social Work
Northampton, Massachusetts 01063

2010

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS.....	iii
LIST OF TABLES	iv
CHAPTER	
I INTRODUCTION	1
II LITERATURE REVIEW	3
III METHODOLOGY	26
IV FINDINGS	32
V DISCUSSION.....	55
REFERENCES	65
APPENDICES	
Appendix A: Human Subjects Review Approval Letter	67
Appendix B: Informed Consent Form	69
Appendix C: Recruitment Letter.....	74
Appendix D: Data Collection Instrument	76

LIST OF TABLES

Table

1. Willingness to Recommend Professional Services41

CHAPTER I

INTRODUCTION

Tibetan Buddhism and Western psychotherapies both concern themselves with addressing human suffering. Their historical roots and theoretical underpinnings are in some cases quite different, but relational synchronization, unconditional positive regard, and empathic responsiveness are desired qualities in both Buddhist teachers and therapists using Western modalities (Wickramasekera, 2004). Moreover, both traditions underscore the role of the client's or practitioner's motivation for self-actualization as a major factor leading to growth (Wickramasekera, 2004).

However, the two traditions also contain concrete differences: the role of the Buddhist lama or guru is far more directive in employing mind/body techniques, and Tibetan Buddhist psychology places far more emphasis than does Western psychologies on the creation of positive states of mind rather than just eliminating or resolving negative states of mind (Wickramasekera, 2004; Wallace & Shapiro, 2006).

Given some of the areas of overlap between Buddhism and Western psychological theories as well as their areas of difference, the researcher used a mixed-methods design to study how overlapping features are negotiated by Tibetan Buddhists living in the US. Specifically, how do Tibetan Buddhists determine what mental-emotional problems require interventions that lie outside the scope of their spiritual communities and spiritual practices? Buddhism is one of the fastest growing religious

ways of life in the US; therefore, uncovering the mental health needs and how these needs interact with religious life is becoming enormously important for this emerging population (The Pew Forum on Religion & Public Life, 2008).

CHAPTER II

REVIEW OF THE LITERATURE

This chapter will review two categories of literature relevant to the study of whether and when Tibetan Buddhists choose to access professional mental health care: (1) Professional and academic literature examining Buddhists, and (2) religious literature describing the role of the teacher and spiritual community in the life of a practitioner of Tibetan Buddhism as they relate to religious approaches to wellness.

Adams et al (2007) report on a process of trying to formulate the most culturally sensitive informed consent procedure for bio-medical research in the Tibetan Autonomous Region. Adams and the other members of her team worked with local health authorities to run a triple-blind, double-placebo controlled, randomized clinical trial of a Tibetan medicine and a Western pharmaceutical to compare the efficacy of treatments for reducing post-partum blood loss. As part of their research, the team spent 15 months developing a culturally appropriate informed consent process by interviewing 24 women and 16 hospital workers in Lhasa to evaluate their understanding of the concepts “research,” “informed consent,” and other operationalized concepts relevant to the research. The team also evaluated participants’ views on the potency, efficacy, side effects, and procedures of traditional Tibetan medicine in comparison with Western allopathic medicine. The group took their findings based on this qualitative research and developed three pilot study instruments, which they then tested in different Tibetan hospitals in 2003 and 2004 following reviews by US and Tibetan institutional review

boards (IRB). Their findings showed “risks” and “benefits” as well as cross-cultural research difficulties based on different understandings of the body, causes and prevention of disease, and language differences.

Several Tibetan cultural beliefs impacted the participants’ willingness to engage in discussions of risk. One specific belief held by the participants was the belief in interdependence—thought and reality cause each other. A second belief relating to a traditional Tibetan understanding of the interface between verbalized thoughts physical reality is rLung (Tib.): the humoral “wind” energy of the body and also “speech”. Adams et al. (2007) note that rLung is a quality of a person’s being and humor in the body, and therefore one shouldn’t talk about risks or bad things that can happen because it can bring them into reality:

Fears surrounding vocalizations of risk are also related to Tibetan ideas that the central humoral “energy” of the body, the rLung (wind), will be disturbed by a patient’s negative thoughts. If a patient experiences unpleasant emotions, for example, from being told about unpleasant or untoward consequences of labor and delivery, those emotions will agitate rLung. Since rLung is responsible for all movement in the body (from breathing to muscular movement), agitated rLung can account for the production of negative psycho- physical effects. Thus, some Tibetans we interviewed believe that if one talks about possible negative outcomes of, for example, childbirth, one can actually generate forces that will bring a negative outcome into reality. (p. 453)

This belief posed the ethical concern to the team that disclosing risks to the participants might be perceived as a threat to their successful delivery or health because it could agitate their rLung.

Their study has ramifications for future research with ethnic Tibetans and those ascribing to Tibetan belief systems in two ways. First, it informs what concerns may be relevant in creating a culturally sensitive informed consent process for any Tibetan study participants, such as perceptions of risk to the participants. Second, it details a process in which Tibetans are asked to consider similarities and differences between their indigenous systems of care and Western healthcare systems; that comparative conceptualization is related to the proposed research question regarding how mental health care is negotiated by Tibetan Buddhists.

Similar to the work of Adams et al (2007), Brett (2002) conducted a detailed theoretical study into the differential diagnosis between psychotic states as they are conceptualized in the Western mental health/ medical model and mystical states as they are conceived of in Tibetan Buddhism, Zen, and Tantric Hinduism. Brett (2002) begins with descriptions of salient features of psychosis including spiritual themes. She then describes the defining characteristics of mystical or enlightened states in these three Eastern systems before examining how these traditions natively differentiate between meaningful states resulting from spiritual progress and similar states of disorder. Finally she compares and contrasts mystical states with psychotic states based on the

commonalities of the three systems and explores some of the implications for mental health.

Several distinguishable differences in cognitive organization differentiate psychotic and mystical states. The most meaningful and universally accepted difference between mystical and psychotic states according to these frameworks does not lie in the content or manifestation of the states (Brett, 2002). Rather, the person experiencing a mystical state is able to recognize and tolerate other people's experience of consensus reality, unlike paranoid and/or psychotic states. Additionally, the mystic, in these frameworks, has the ability to return to that consensus reality when desired, whereas a person experiencing psychosis is typically not able to do so (Brett, 2002).

Just as the work of Adams et al (2007) and Brett (2002) necessarily investigated the concept of rLung in the Tibetan worldview, Prost (2006) examines in greater depth how Tibetans apply the concept given its numerous associations to physical, moral, and psychological states. The author conducted qualitative fieldwork interviews from 2000 to 2002 with 74 Tibetan refugees at clinics in Dharamsala, India to understand how the patients conceptualized their disorders relating to rLung. Prost's (2006) findings revealed that Tibetan exiles are meaningfully selective in the way they attribute causation to their illnesses—using concepts of Karma (cause and effect) and rLung as cognitive and narrative touchstones that individuals access based on context to render their illnesses understandable in culturally significant ways (Prost, 2006). The author asserts that Tibetans express their individuality, in part, via religious and Tibetan

medical terms to articulate their individual experience of suffering. This finding raises the question of how Tibetan Buddhist students in the West navigate the same experiences. Particularly, this expressive lexicon illuminates the need to evaluate whether their decisions concerning psychological well-being are determined along religious lines or merely in medico-religious terminology.

While Prost (2006) focuses on the narrative elements of Tibetan mental health concepts, Kelly (2008) expands the scope of research by offering a larger view of traditional Buddhist psychology (*Abidharma*), Buddhist psychotherapies, and interactions between Buddhism and Western psychotherapies. Kelly is an eminent researcher in the field of globalization's effects on mental health and the etiologies of psychosis. In his theoretical study of literature, he creates a critical introduction to the intersection of Buddhist psychology, psychotherapies and the brain. In his research, he outlines the multiple interfaces of the three fields of knowledge: the theoretical concepts central and universal to Buddhism; the key areas contained within *Abidharma*; the conception of Buddhism as a set of psychotherapies; Buddhist models of mind relating to current advances in neuroscience; the effects of Buddhist practices on the brain; a comparison of different Buddhist practices and psychoanalysis; the Buddhist underpinnings of CBT and DBT; the integration of Buddhist techniques or concepts in other psychotherapies; Buddhist therapies and approaches to specific disorders; and the need for research on the efficacy of Buddhist therapies as well as contraindications.

This article serves as the most comprehensive introduction to the interplay of Buddhism and Western psychotherapies. While it doesn't deal with how Buddhist practitioners and teachers approach mental health services, it does provide a basis upon which questions can be better formulated to Buddhists about mental health with reference to some of the comparisons made between the two systems.

Unlike Kelly, Jennings (2004) is concerned with the effects of Buddhist practice on meditation practitioners suffering from pathological narcissism. Basing her work on the theories of Heinz Kohut and Otto Kernberg, Jennings accomplishes a theoretical investigation of the effects of meditation on those with clinical narcissism and/or borderline personality traits. Jennings (2007) outlines Kohut's and Kernberg's theories of narcissism and the self-structure as well as how they impact relationships for those who suffer from this condition and then relates how many of the classical and rigid defenses associated with this condition can co-opt the fixtures of the meditative path and relationships within Buddhist social networks including that with the teacher:

...it can breed a self-imposed isolation for the practitioner whose relational deficits make contact with fellow *sangha* [spiritual group] members and teachers unpleasant and frightening. For such a practitioner, the fusion with enlightened beings leaves little room for the influence of lamas or Buddhist teachers who might help intervene with this unconscious tendency. In such a case, the Buddhas become a satellite that reinforces unconscious grandiosity. Rather than being in

dynamic relationship with the many Buddhas, an extreme projective identification can take place upping the ante in the realm of idealized self/object fusion. (p. 10)

The second half of Jennings' paper details how Buddhist practice and relationships can work in synch with psychodynamic therapies to help support the clinical narcissist in a way that bolsters the ego in its areas of deficit while allowing the client to benefit from certain practices and relationships in the Buddhist social networks with which they associate. This study is remarkable in that it attempts to fill a wide gap in the literature. Currently, there is a dearth of scholarly literature detailing how different psychological problems as they are conceived of in Western terms interface Tibetan Buddhism.

As a theoretical study, a limitation of Jennings' hypotheses pertaining to how Buddhist social structures function in the West in relation to individual participants is purely speculative, given that Western Buddhist communities have only recently begun to be studied. Jennings is one of the few researchers investigating the Buddhist-Western dialectic of psychological theories from a collaborative stance rather than an integrative one. Of particular note, her framework provides an example of a pathology or set of mental states and behaviors that do not appear to be well suited to being resolved solely through Buddhist psycho-religious practice.

Daniel Capper conducted an ethnographic study during the mid-to-late 1990s at a North American Tibetan Buddhist center. Based on qualitative data gathered

from the narratives of Tibetan Buddhists in the US, Capper asserts that the guru-student relationship in North American Tibetan Buddhist centers has the essential ingredients of the therapeutic relationship aimed for in Self Psychology (Capper, 1997). He critiques earlier categorizations of the guru-student relationship in academic literature, which characterize the elements of merger in that relationship as being pathological while assuming a priori that those who enter into that relationship have greater needs for merger than other populations. Rather, Capper (1997) argues, “Practitioners...[interviewed in his study] couch their search for wholeness and meaning in religious, and particularly mystical, terms, and seek mystical cultural self-objects with whom they can establish an idealizing transference in the effort to heal themselves” (p. 57).

Capper (1997) identifies devotees’ nearly ubiquitous idealizing transference toward their Tibetan gurus. He uses vignettes of participants at this center to illustrate the Tibetan concept of “fabricated devotion” segueing into an uncontrived devotion (Capper, 1997). Capper (1997) also describes how he understood transmuting internalization to take place in this context through relational failures:

The lama was previously cathected as the ego-ideal or idealizing pole of the self by the disciple, especially during the beginning process of “fabricated” devotion. As devotion becomes more and more “unfabricated,” which is the Buddhist ideal, and qualities of the lama become more and more transmuted and internalized, more and more of the idealizing pole of the personality becomes stronger, allied with other sectors of the personality, and diachronic in terms of integrating ideals

over an entire lifetime. The psyche becomes reoriented to form a coherent arc concerning the values the disciple shifts from an external locus, in the form of the lama, to an internal locus, reflecting a transformed and coherent idealizing pole of the personality. (p. 65)

Indeed, as can be seen in the religious literature reviewed below, Tibetan Buddhism can be thought of as an elaborate system designed to help the practitioner introject the idealized qualities of the lama. Capper (1997) acknowledges that this is not always a fool-proof process from which all benefit equally, still, “[his] observational data support their self-reported experiences of increased personal autonomy arising from increased feelings of self-esteem, improved interpersonal relationships, improved vocational satisfaction, and an increase of meaning in their lives” (p. 66). These met needs may explain why some Tibetan Buddhists may choose not to meet them through professional psychotherapy services.

In contrast to Capper’s (1997) study illuminating the growth-promoting effects of Buddhists’ relationships with their primary teachers, Tanaka (2007) details the emergence of Buddhism in the West as essentially a personal or private affair with reference to the individual practitioner’s relationship to the sangha. Tanaka (2007) defines this new “privatized” form of Buddhism as

...a tendency for individuals (1) to emphasize practicing at home over religious centers, and (2) to value the subjective and the inward. The homebound

orientation is connected to the tendency to de-emphasize the importance of religious institutions and the traditions they represent. The subjective and inward features reflect the quest for personal fulfillment that focuses, in the words of Wade Clark Roof, “very much upon the person and his or her own inner life and feelings” (p. 116)

Tanaka (2007) compares and contrasts two groups of Buddhist practitioners: the first being those who participate in a chanting-based form of Japanese Buddhism called Jodo Shinshu [Tanaka is a Jodo Shinshu priest, or *Jushoku*]; the latter are Western convert Buddhists at seven Buddhist centers around the US—Zen centers, Tibetan Buddhist centers, and Vipassana centers.

Tanaka (2007) generated data from the Jodo Shinshu Church at which he was a priest by looking at attendance records from various meetings in the late 1990s. He estimated that approximately 15% of the attendees were converts to Buddhism, of which he identified half as White in race. Tanaka (2007) explained that the convert Buddhists were typically more interested in Buddhist study and practice than those who grew up in the tradition and ostensibly accessed the community for different reasons:

...at the risk of being too flippant, I have in the past described their involvement by categorizing them into “bazaar Buddhists,” “basketball Buddhists,” “board of director Buddhists,” “bingo Buddhists,” and “Buddhist Buddhists,” with the

last one being those most interested in learning and practicing the teachings. (p. 120)

Tanaka (2007) observed that Jodo Shinshu's weak emphasis on meditation in comparison to other Buddhist traditions may explain why it attracts less converts, who may access the nonreligious community activities associated with this temple elsewhere.

The latter set of data that Tanaka (2007) examines was generated by James Coleman and published in *American Buddhism; Methods and Findings in Recent Scholarship* (1999). One of the findings presented by Tanaka (2007) in his review of Coleman's research on the habits of White convert Buddhists is quite relevant to the functioning of Buddhist religious organizations and communities in general: "When asked to rank the relative importance of meditation, services and ceremonies, and social relations with other members of the group, more than 90 percent ranked meditation first. Social relations generally came in second, while services and ceremonies were least valued." Tibetan Buddhism has extensive rituals that are typically obligatory for Tibetan lamas to conduct on certain dates of the lunar calendar. Tibetan Buddhism emphasizes different types of meditation and, perhaps, above all the relationship with a qualified lama. It is possible that a Tibetan Buddhist's sense of obligation to his or her teacher might mitigate the findings that converts to Buddhism are least interested in services and ceremonies.

Wallace and Shapiro (2006) focus their attention on similarities between the emerging field of positive psychology and Buddhist theory and practices. Both are concerned with the creation of positive states of mind and alleviating suffering by reducing an individual's reliance on positive stimuli to generate those states of mind. Wallace and Shapiro (2006) draw on Buddhist theory as well as theoretical psychology and recent studies in neuroscience to present a mind balanced in four ways: "conatively, attentionally, cognitively, and affectively" (p. 693). "Conation" refers to intention or volition, which according to Buddhist theory can be retrained through any of dozens of Buddhist practices to lead an individual more reliably toward positive states of mind (Wallace and Shapiro, 2006, p. 694). Wallace and Shapiro (2006) describe an inner re-orientation process through which a person may reduce dependence on positive circumstances yet still increase his or her positive inner experiences:

Contentment is cultivated by reflecting on the transitory, unsatisfying nature of hedonic pleasures and by identifying and developing the inner causes of genuine well-being. At the same time, by reflecting on the potential benefits of achieving exceptional states of mental balance and insight, one may experience a healthy sense of discontent regarding one's current degree of psychological and spiritual maturation, leading to an insatiable aspiration to explore the frontiers of one's inner development. (p. 694)

Wallace and Shapiro (2006) synthesize Buddhist theory and neuropsychological research to describe how one may benefit from increasing one's sustained attention as well as through active cognition imbued with acceptance of one's experience. Cognition in this sense refers to directly knowing experience as opposed to discursive thinking about one's experience. Both sustained attention and active cognition are factors involved in the practice of mindfulness, and an emerging body of scientific literature indicates how mindfulness as enhanced by a panoply of Buddhist practices may play a role in affect-regulation and the creation of positive states of mind such as loving-kindness, compassion, sympathetic joy, and equanimity (Wallace and Shapiro, 2006, p. 698).

Indigenous Tibetan Buddhist Viewpoints on Mental Health and the Teacher-Student Relationship

Perhaps one of the most seminal indigenous Tibetan contributions to the religious literature exploring the nature and functions of the teacher-student relationship in Tibetan Buddhism is "The Explanation of the Master and Student Relationship, How to Follow the Master, and How to Teach and Listen to the Dharma" by the 19th Century ecumenical lama Jamgon Kongtrul the Great, translated by Ron Gary (1999) as the Teacher Student Relationship, in which Kongtrul summarizes and synthesizes disparate works written by masters over several centuries. The result is a comprehensive and systematic study of the relationship from many points of view including qualifications of masters and students, the purpose of different types of master-student relationships, how

to follow the wisdom teacher, and how to avoid pitfalls. Kongtrul describes the benefits of assiduously following whatever the guru prescribes thusly:

...it is said that by following the wisdom teacher the student approaches the level of Buddhahood; pleases the Victorious Ones; is not impoverished in regard to wisdom teachers; does not fall into lower realms; it becomes difficult for him to be affected by bad karma and afflictions; he is not in contradiction with the bodhisattva way of life (*spyod-pa*) and is mindful of it. Thereby he grows higher and higher with the accumulation of good qualities, and all provisional and ultimate aims are attained.... In summary, you will obtain immeasurable noble qualities of dharmas which are visible and invisible, such as completing the accumulations of merit (*bsod-nams kyi tshogs*) and wisdom (*ye-shes kyi tshogs*), pacifying all obstacles of bad conditions (*rkyen*), great prosperity and leisure, swiftly obtaining buddhahood, and so forth. (p. 148)

It is within this context of extreme spiritual importance that the student-teacher relationship takes place. The weight of the teacher-student relationship in Tibetan Buddhism is such a basic fact in Tibetan consciousness that, ironically, the chapter on the justification for following a guru is the shortest chapter in the book and features the syllogistic justification that *all* the buddhas and great masters of the past followed their own gurus, so it simply is a necessary condition for liberation from suffering.

Lama Thubten Yeshe was a Tibetan Buddhist teacher who was instrumental in establishing Tibetan Buddhism in the West. He fled the Chinese occupation of Tibet in 1959 and established a teaching monastery in Kopan, Nepal in the early 1970s. In the mid-1970s he established an organization called the Foundation for the Preservation of the Mahayana Tradition (FPMT), which now has over 150 centers in over 30 countries. Lama Yeshe passed away in 1984.

The interview found below with Lama Yeshe was conducted by Dr. Stan Gold at a meeting of psychiatrists at Prince Henry's Hospital, then a teaching hospital, in 1975. The following is primary text that was later published in the book *Becoming Your Own Therapist* (2003). While Lama Yeshe is expressing his own views, it is included here to give voice to Tibetan teachers whose views presumably have a relationship with those of their students.

Dr. Stan Gold: Lama, thank you very much for coming. Could I start by asking what you mean by "mental illness"?

Lama: By mental illness I mean the kind of mind that does not see reality; a mind that tends to either exaggerate or underestimate the qualities of the person or object it perceives, which always causes problems to arise. In the West, you wouldn't consider this to be mental illness, but Western psychology's interpretation is too narrow. If someone is obviously emotionally disturbed, you consider that to be a problem, but if

someone has a fundamental inability to see reality, to understand his or her own true nature, you don't. Not knowing your own basic mental attitude is a huge problem.

Human problems are more than just emotional distress or disturbed relationships. In fact, those are tiny problems, It's as if there's this huge ocean of problems below, but all we see are the small waves on the surface. We focus on those—"Oh, yes, that's a big problem"—while ignoring the actual cause, the dissatisfied nature of the human mind. It's difficult to see, but we consider people who are unaware of the nature of their dissatisfied mind to be mentally ill; their minds are not healthy.

Q: Lama Yeshe, how do you go about treating mental illness? How do you help people with mental illness?

Lama: Yes, good, wonderful. My way of treating mental illness is to try to have the person analyze the basic nature of his own problem. I try to show him the true nature of his mind so that with his own mind he can understand his own problems. If he can do that, he can solve his own problems himself. I don't believe that I can solve his problems by simply talking to him a little. That might make him feel a bit better, but it's very transient relief. The root of his problems reaches deep into his mind; as long as it's there, changing circumstances will cause more problems to emerge.

My method is to have him check his own mind in order to gradually see its true nature. I've had the experience of giving someone a little advice and having him think, "Oh, great, my problem's gone; Lama solved it with just a few words," but that's a

fabrication. He's just making it up. There's no way you can understand your own mental problems without becoming *your* own psychologist. It's impossible.

Q: How do you help people understand their problems? How do you go about it?

Lama: I try to show them the psychological aspect of their nature, how to check their own minds. Once they know this, they can check and solve their own problems. I try to teach them an approach.

Q: What, precisely, is the method that you teach for looking at the mind's true nature?

Lama: Basically, it's a form of checking or analytical, knowledge-wisdom.

Q: Is it a kind of meditation?

Lama: Yes; analytical, or checking, meditation.

...

Q: So you say that the problem lies more within the person and don't agree with the point of view that it is society that makes people sick?

Lama: Yes. For example, I have met many Western people who've had problems with society. They're angry with society, with their parents, with everything. When they understand the psychology I teach, they think, "Ridiculous! I've always blamed society, but actually the *real* problem has been inside of me all along." Then they become courteous human beings, respectful of society, their parents, their teachers and all other people. You can't blame society for our problems.

Q: Why do people mix things up like that?

Lama: It's because they don't know their own true nature. Their environment, ideas and philosophies can be contributory causes, but primarily, problems come from one's own mind. Of course, the way society is organized can agitate some people, but the issues are usually small. Unfortunately, people tend to exaggerate them and get upset. This is how it is with society, but anyone who thinks the world can exist without it is dreaming.

Q: Lama, what do you find in the ocean of a person's nature?

Lama: When I use that expression I'm saying that people's problems are like an ocean, but we see only the superficial waves. We don't see what lies beneath them. "Oh, I have a problem with him. If I get rid of him I'll solve my problems." It's like looking at electrical appliances without understanding that it's the underlying electricity that makes them function.

Q: Do you ask the other person questions about himself or how he feels to help him understand himself?

Lama: Sometimes we do, but usually we don't. Some people have quite specific problems; in such cases it can help to know exactly what those problems are so that we can offer precise solutions. But it's not usually necessary because basically everybody's problems are the same.

Q: How much time do you spend talking with that person to find out about his problem and how to deal with it? As you know, in Western psychiatry, we spend a great

deal of time with patients to help them discover the nature of their problems for themselves. Do you do the same thing or do you do it differently?

Lama: Our methods don't usually require us to spend much time with people individually. We explain the fundamental nature of problems and the possibility of transcending them; then we teach basic techniques of working with problems. They practice these techniques; after a while we check to see what their experience has been.

Q: You're saying that basically, everybody has the same problems?

Lama: Yes, right. East, West, it's basically the same thing. But in the West, people have to be clinically ill before you'll say that they're sick. That's too superficial for us. According to Lord Buddha's psychology and lamas' experience, sickness runs deeper than just the overt expression of clinical symptoms. As long as the ocean of dissatisfaction remains within you, the slightest change in the environment can be enough to bring out a problem. As far as we're concerned, even being susceptible to future problems means that your mind is not healthy. All of us here are basically the same, in that our minds are dissatisfied. As a result, a tiny change in our external circumstances can make us sick. Why? Because the basic problem is within our minds. It's much more important to eradicate the basic problem than to spend all our time trying to deal with superficial, emotional ones. This approach doesn't cease our continual experience of problems; it merely substitutes a new problem for the one we believe we've just solved.

Q: Is my basic problem the same as his basic problem?

Lama: Yes, everybody's basic problem is what we call ignorance—not understanding the nature of the dissatisfied mind. As long as you have this kind of mind, you're in the same boat as everybody else. This inability to see reality is not an exclusively Western problem or an exclusively Eastern problem. It's a human problem.

Q: The basic problem is not knowing the nature of your mind?

Lama: Right, yes.

Q: And everybody's mind has the same nature?

Lama: Yes, the same nature.

Q: Each person has the same basic problem?

Lama: Yes, but there are differences. For example, a hundred years ago, people in the West had certain kinds of problems. Largely through technological development, they solved many of them, but now different problems have arisen in their stead. That's what I'm saying. New problems replace the old ones, but they're still problems, because the basic problem remains. The basic problem is like an ocean; the ones we try to solve are just the waves. It's the same in the East. In India, problems people experience in the villages are different from those experienced by people who live in the capital, New Delhi, but they're still problems. East, West, the basic problem is the same.

...

Q: Is your treatment always successful?

Lama: No. Not necessarily.

Q: What makes it unsuccessful in certain cases?

Lama: Sometimes there's a problem in communication; people misunderstand what I'm saying. Perhaps people don't have the patience to put the methods I recommend into action. It takes time to treat the dissatisfied mind. Changing the mind isn't like painting a house. You can change the color of a house in an hour. It takes a lot longer than that to transform an attitude of mind.

...

Q: Sometimes we see patients who are so grossly disturbed that they need large doses of various drugs or just a lot of time before you can even communicate with them. How do you approach someone with whom you can't even communicate intellectually?

Lama: First we try slowly, slowly just to become friends in order to earn their trust. Then, when they improve, we start to communicate. Of course, it doesn't always work. The environment is also important—a quiet house in the country; a peaceful place, appropriate pictures, therapeutic colors, that kind of thing. It's difficult.

...

Q: Why do you think that the methods of Buddhist psychology offer an individual a better chance of success in achieving everlasting happiness whereas other methods may have great difficulty in doing this and sometimes never do?

Lama: I'm not saying that because Buddhist methods work we don't need any others. People are different; individual problems require individual solutions. One method won't work for everybody. In the West, you can't say that Christianity offers a solution to all human problems, therefore we don't need psychology or Hinduism or any

other philosophy. That's wrong. We need a variety of methods because different people have different personalities and different emotional problems. But the real question we have to ask of any method is can it really put a complete stop to human problems forever? Actually, Lord Buddha himself taught an amazing variety of psychological remedies to a vast range of problems. Some people think that Buddhism is a rather small subject. In fact, Lord Buddha offered billions of solutions to the countless problems people face. It's almost as if a personalized solution has been given to each individual. Buddhism never says there's just one solution to every problem, that "This is the only way." Lord Buddha gave an incredible variety of solutions to cover every imaginable human problem. Nor is any particular problem necessarily solved all at once. Some problems have to be overcome gradually, by degrees. Buddhist methods also take this into account. That's why we need many approaches.

Lama Yeshe introduces many themes prevalent in the Tibetan approach to mental healthcare: emphasis on the condition and process of dissatisfaction and suffering rather than on the catalysts for those states; personal responsibility for effecting change in the relationship between one's inner life and one's outer situation; and a belief that the experiences of emotional distress that may differ from person to person are merely the more superficial signs of a universal flaw deeper in the consciousness of sentient beings that is responsible for all suffering.

This brief survey of the literature elucidates a complex Tibetan worldview relating to psychological health as well as attempts by Western researchers to

conceptualize the borders of Buddhism and Western psychological models and therapeutic modalities. However there is a dearth of literature that investigates how Buddhist teachers and students negotiate serious mental and emotional disturbances within specific Tibetan Buddhist sanghas in the United States. Given that Western mental health care and Tibetan Buddhism exist to alleviate mental and emotional suffering, more study is needed to elucidate how Tibetan Buddhists in the west mobilize professional and/or religious resources and how they access care to improve their individual struggles.

This study uses an anonymous, web-based survey instrument to collect demographic data on Tibetan Buddhists in the United States as well as narrative data on their conceptualization of which spiritual resources and professional services, or a combination thereof, would most effectively address particular inner struggles. The study employs quantitative, scaled questions as well as open-ended narrative response questions in order to flesh out what struggles participants would bring to their Buddhist teachers or members of their spiritual communities versus addressing these struggles through professional mental health services. The design of the study is aimed at filling a gap in the scholarly literature by elucidating how Tibetan Buddhists in the US define the scope, role, and limitations of professional mental health services in relation to their spiritual resources as both or either may be employed to address internal or interpersonal struggles.

CHAPTER III

METHODOLOGY

This study was conducted to examine the perspectives of Tibetan Buddhists in the United States on accessing professional mental health services and how these perspectives interface with their Buddhist practice, relationships with their teachers, and their spiritual communities. Some questions this study set out to answer include: What are Tibetan Buddhists general attitudes toward professional mental health care? When struggling with something, when do Tibetan Buddhists choose to access professional services versus seeking support to resources related to Buddhism, or vice versa, and why? This study used an exploratory mixed-methods design because there is currently a dearth of scholarly literature addressing this topic. A web-based survey instrument was utilized to gather demographic data, responses to scaled questions on how likely participants would be to suggest seeking professional services for certain social-emotional problems, and narrative questions aimed at gathering qualitative data on the attitudes and thoughts of participants on Buddhism and mental health care. Participants accessed the web survey and completed structured response questions and focused, open-response questions. The demographic information was analyzed using descriptive statistics, scaled questions were analyzed using measures of central tendency and analyzed for correlations

to certain demographic information, and the qualitative data were analyzed by thematically coding the responses' common words and emergent themes.

Sample

Given that the population of Tibetan Buddhists in the United States is a small population in relation to the general population, purposive sampling allowed for a more thorough understanding of the target group than probability sampling techniques. The following were inclusion criteria for participation in this study: 1.) participants must reside in the United States, 2.) Participants must identify as practicing Buddhism in a lineage from the Himalayas, such as Nyingma, Sakya, Kagyu, Jonang, Gelug, etc., or one of its Western formulations, such as Shambhala, etc., 3.) Participants needed to be fluent in English, 4.) Participants can be of any ethnicity, race, sexual orientation, marital status, formal educational level, community in the United States, and can hold any set of political beliefs, and 5.) Participants had to have internet access to the web-based survey. Additionally, an *exclusion* criterion was that participants could not be under 18 years of age at the time of participation.

Recruitment and Criteria for Participation

The recruitment process began with a purposive, snowball sampling technique. The researcher distributed an email posting among several Buddhist practitioners known to him who participate in Tibetan Buddhist organizations and asked them to circulate the email to people who may meet the criteria for participation. The contents of the email described the project, its purposes, and the general criteria for participation as well as an

invitation to forward the email on to others who may meet eligibility criteria [See Appendix C]. Additionally, the email posting contained a statement requesting that potential participants forward the invitation email to other potential participants of diverse races, ethnicities, political backgrounds, sexual orientations, marital status, or age (above 18 years).

The email contained a link to the web-based instrument that potential participants can elect to access. When a potential participant accessed that link, they were greeted by a page containing a welcome message as well as a series of yes/no questions that determined whether or not they met the criteria for participation. If a potential participant had a question about any of the criteria, the researcher's email address was listed so that he could be contacted. If a potential participant answered "no" to any of the eligibility questions, they were thanked for their interest in participation and notified that they were not eligible for the study. If they met all eligibility criteria for participation, they were then directed to the Informed Consent page. A list of referrals to supportive resources were contained in the Informed Consent page, so that whether or not they electronically affirm the Statement of Agreement by checking an "I Agree" box, they could print out the Informed Consent page as well as its list of referrals. By checking "I Agree", the potential participant was directed to the research instrument.

Data Collection

An electronic, web-based survey was created using a data collection web service called Survey Monkey. After meeting criteria for participation and agreeing to the

informed consent, participants were directed to five sequential pages of questions wherein they could submit answers. The site stores that data, which was accessed by the researcher later.

Each participant was directed to five pages in order: Demographic information, content questions, scaled questions, longer narrative questions, and brief narrative questions. Demographic questions had either multiple choice or open-response fields in which to select or type in responses. All content questions had multiple choice response fields, and some of them gave the option to type in responses if the participant selected “other”. Scaled questions asked participants to select from multiple-choice scales. The final two sections were comprised of narrative, open-response questions.

Data Analysis

The demographic information was analyzed using descriptive statistics and measures of central tendency generated by the survey instrument software. Spearman’s rank correlation coefficient or Spearman’s *rho* is a model of statistical analysis wherein variables are tested for their dependence on one another. It is a test of association between variables. It is a non-parametric statistical model that analyzes ordinal values that have a ranked order but whose numerical value is not inherently meaningful, such as rating a movie four-out-of-five stars. Spearman rho analyses were run to test the relationship between the answers to the content questions as independent variables and participants’ responses to the scaled questions as dependent variables. These statistical

tests were carried out with the help of Smith School for Social Work's professional data analyst.

Narrative responses were thematically coded for each open-response question by identifying common words and emergent themes and categorizing the content of the narrative responses into qualitative data. Themes were then compared across questions to gain a broader sense of how participants related to the larger research question about the relationships between Tibetan Buddhist practice, Buddhists' relationships with their spiritual teachers, and their attitudes toward professional mental health services.

Measures to Ensure Anonymity

The design chosen for this research project uses procedures that should ensure anonymity. No contact or explicit identifying information was collected. Demographic information that could potentially be used to identify someone is reported in the aggregate. The narrative responses used code numbers to identify them. Quotes from narratives have been separated from demographic information in reports and presentations based on the data collected. If quotes express any identifiable information, the quotes have been disguised.

All participants were informed that the data collected will be password protected and stored on the web server for three years as per federal regulations. Given the changing nature of the internet, the researcher printed out and will store materials in a locked, secure location for three years. Demographic information has been separated from other data. The narrative portions of the data are only labeled by code number. All

data not needed for future presentations and publications will be destroyed after three years. One limitation of anonymous participation is the limits it places on withdrawing from the study after the data has been collected. The researcher's contact information is given at several points in the recruitment and participation phases of research.

Participants with questions about anonymity could have (and still can) email the researcher at any point in the process with their questions. Participants were also notified that the researcher's research advisor had access to the data after it had been separated from demographic information.

CHAPTER IV

FINDINGS

Quantitative Data

Demographic Background of Sample

Of the 157 respondents to the survey, 31 answered only screening questions and not the content questions of the survey instrument. Therefore, these 31 were excluded from the data analysis process. This left a sample size of 126 participants who answered at least 1 content question. The first section of content questions of the instrument was meant to generate demographic data about the sample. The questions on age and level of education were fixed response questions, however for level of education, respondents could choose other and write a narrative response in a dialog box. All other questions were open response in format.

Gender Identity

Despite the open response format of the question on gender identity, 124 respondents responded indicating male or female. Of the 126 in the total sample, 2 did not answer this question (1.6%, N=2). 67 participants responded that they identify as female (53.2%, N=67); 57 participants responded that they identify as male (45.2%, N=57).

Sexual Orientation

Participants were given a dialog box in which to type their responses to this question, consequently a diversity of responses was generated. One participant of the

total sample did not respond (0.8%, N=1). Participants who responded “straight” (12.7%, N=16) or “heterosexual” (57.1%, N=72) formed the largest sub-grouping (69.8%, N=88). The response “bisexual” made up the second largest sub-grouping (10.3%, N=13). Those who indicated some variant of gay as their sexual identity [“homosexual” (1.6%, N=2), “lesbian” (1.6%, N=2), and “gay” (6.3%, N=8)] formed the third largest sub-grouping (9.5%, N=12). Other responses were submitted by only one participant each and represent a range sexual identities or ways of relating to sexuality: “those whom you hate,” “monastic,” etc.

Marital/Relationship Status

A wide variety of responses were generated in response to the question on marital or relationship status. One participant of the total sample did not respond (0.8%, N=1). “Married,” (N=53) [also containing “monogamously married” (N=1) and “married, yes, legally, to another man” (N=1)] comprised the largest sub-grouping (43.7%, N=55). The second largest sub-grouping was made up of respondents who indicated “single” (27%, N=34). “Divorced” formed the third largest sub-grouping to this question (10.3%, N=13). The only other sub-grouping with more than one respondent was “separated” (1.6%, N=2). All other responses (15.8%, N=20) deviated from those responses enough to warrant their own sub-groupings and represented different statuses: e.g., “married with additional female partner,” “widow who has lived with my s.o. [ostensibly ‘significant other’, of] 4 years,” “divorced—ordained.”

Racial and/or Ethnic Identity

"Anglo/White", "Caucasian, European-American", "Caucasian-White", "Caucasion" [sic], "European American", "Partially deconstructed white...", "White", "White Caucasian", and "White, non-Latino" were combined into a "Caucasian/White" sub-grouping which represented the overwhelming majority of participants (82.5%, N=104). All other responses submitted were unique. 4 participants indicated that they had some American Indian/Native American ancestry (3.1%, N=4). Three respondents indicated that they had Asian or Pacific Islander ancestry ["Asian," "Asian American," and "api" (presumably "Asian/Pacific Islander")] (2.3%, N=3). Five respondents indicated that they had some ancestry that could be classified as Latino: "Cuban American," "Hispanic," "Hispanic/White," "Latina," "Mixed, Spanish-Irish" (4%, N=5). Of note, despite literature citing large numbers of Buddhist practitioners of Jewish heritage, only two respondents self-identified as having any Jewish ancestry (1.6%, N=2). No respondents indicated that they identify as African American or having any African/African American ancestry. One participant did respond that he or she identifies as "Multi-racial," however the respondent did not indicate with which races or ethnicities he or she identifies.

Age

Respondents were asked to select an age range into which their age belonged from a choice of ordinal values. Two respondents skipped this question, therefore the percents reported in this section will be valid percents excluding the absence of their data. The largest group of respondents fell in the 50-59 years old age range (25%, N=31).

There was almost a tie for the second largest age range sub-grouping between 40-49-year-olds and 60-69-year-olds (20.2%, N=25 and 19.4%, N=24 respectively). The fourth largest subgroup consisted of respondents were aged 30-39-years-old (17.7%, N=22). The fifth largest subgroup was comprised of respondents were aged 18-29-years-old (16.1%, N=20), the smallest subgroup being those aged 70-years-old or older (1.6%, N=2). It is worth noting that these last two choices were not 10-year ranges as the other choices were.

Level of Education

Respondents were asked to select a choice representing the highest level of education they had completed. A participant could also elect to answer “other,” in which case they needed to write a narrative answer in a dialog box. Two respondents skipped this question; therefore, the percents reported in this section will be valid percents excluding the absence of their data. It is noteworthy that 76.6% of respondents had at least completed a 4-year degree (N=28+14+33+20=95). It is also significant that of the 8 respondents that indicated “other”, 5 stated that they had advanced professional degrees: “law degree,” etc.

Country of Origin

118 participants were of US origin (93.7%, N=118). One participant chose not to answer this question. There were 7 remaining participants from countries other than the US (5.6%, N=7). Four participants of those 7 originated from European countries (3.2%, N=4). One participant originated from an East Asian country; one participant originated

from a South American country; one participant originated from another North American country.

Findings

Lineage

Participants were asked to answer with which lineage(s) of Tibetan Buddhism or its Western variants they identify. The question was multiple-choice, and participants could select more than one choice. Therefore, while the percent values presented here to represent what portion of the total sample selected each choice, they are not cumulative. One of the choices was also “other.” If a participant selected other he or she would have needed to type a narrative answer into a dialog box. 35.7% of participants listed their primary affiliation as Nyingma (N=45). 3.2% of participants primarily identified with the Sakya lineage (N=4). 50% affiliate primarily with the Kagyu lineage (N=63). 14.3% stated that their primary affiliation was with the Gelug lineage (N=18). 1.6% of respondents listed Jonang as their primary affiliation (N=2). 17.5% of participants primarily identified with Shambhala (N=22). 4% affiliate primarily with the New Kadampa Tradition (N=5). 11.1% posited “no affiliation or other” (N=14).

Years Practicing Tibetan Buddhism

A mistake was made in the construction of the survey instrument with regards to the question on how many years a participant had been practicing Tibetan Buddhism. Consecutive ordinal values were given to represent the years a participant had been practicing in 5-year interval ranges (0-5 years, 5-10 years, etc.). The choice for 10-15

years of practice was accidentally omitted from the choices a participant could select. Thus it is unclear how many participants have been practicing for 10-15 years, and whether they skipped the question or selected a response that was incorrect, especially given that only one respondent from the sample chose not to answer this question.

How Many Primary Tibetan Buddhist Teachers

Participants were asked to select how many teachers they consider to be their primary teacher(s). Multiple choices were presented to the respondent from which they had to select one choice. Two participants abstained from answering this question. The following values are given in valid percents. 42.7% stated that they hold one of their Tibetan teachers as their primary teacher (N=53). 32.3% of respondents selected “three or more” primary teachers of Tibetan Buddhism (N=40). 25% of participants responded that they have two primary teachers of Tibetan Buddhism (N=31).

How Often Participants Communicate with Primary Teacher(s) in Person

Participants were asked how often they communicate with at least one of their primary teacher(s) in person. Multiple choices were presented to the respondent from which they had to select one choice. Two participants did not respond to this question. The following values are given in valid percents. 31.5% of participants selected the choice “several times a year” (N=39). 23.4 % of respondents stated that they communicate with their teacher(s) in person “once a year” (N=29). 17.7% of respondents indicated that they communicate with their primary teacher(s) in person “more than once a month” (N=22). 14.5% of participants selected that they only see their primary

teacher(s) “once every few years” (N=18). 8.9% of respondents indicated that they “never” communicate with their primary teacher(s) in person (N=11). 4% of respondents selected the choice indicated that they see their primary teacher(s) approximately “once a month” (N=5).

How Often Participants Communicate with Primary Teacher(s) by Phone or Email

Participants were asked how often they communicate with their primary teacher(s) by phone or email (whichever is more frequent). Multiple choices were presented to the respondent from which they had to select one choice. Two participants did not respond to this question. The following values are given in valid percents. 36.3% of respondents indicated that they “never” communicate with their primary teacher(s) by phone or email (N=45). 25.8% of participants indicate that they communicate with their primary teacher(s) by phone or email “several times a year” (N=32). 12.9% of participants chose the response indicating that they communicate with their primary teacher(s) “more than once a month” (N=16). 10.5% of participants said that they communicate with their primary teacher(s) by phone or email “once every few years” (N=13). 8.9% of participants responded that they communicate with their primary teacher(s) by phone or email “once a year” (N=11). 5.6% of participants indicated that they communicate with their primary teacher(s) by phone or email “once a month” (N=7).

How Often Participants Attend Group Practices or Sangha Gatherings

Multiple choices were presented to the respondent from which they had to select one choice. One participant did not respond to this question. The following values are given in valid percents. 58.4% of participants indicated that they attend sangha gatherings or group practices “more than once per month” (N=73). 27.2% of participants responded that they attend sangha gatherings or group practices “several times per year” (N=34). 8% of participants answered that they attend sangha gatherings or group practices “once per month” (N=10). 4% of participants selected a response indicating “less than once per year” (N=5). 2.4% of participants responded that they attend sangha gatherings or group practices “once per year” (N=3).

Scaled Questions

Participants were asked to respond to the prompt: “If a Buddhist friend or sangha-mate seemed to be struggling with one of the following issues, how likely would you be to recommend professional mental health care / psychotherapy?” by selecting a choice from a likert scale: 1 = absolutely would not; 5= absolutely would (see Table 1). The scale consisted of six points: Choices 1-5 representing to what degree they would recommend professional services, and the six point representing that this “does not apply”. An aggregation of responses is reported in chart form below. Modal responses are indicated in red; mean ratings for each issue are found in the far right column. All presenting problems had modal responses in the category “absolutely would”

[recommend services] except for three: “problems in romantic relationship,” “anxiety,” and “child’s behavior problems.”

Table 1

Willingness to Recommend Professional Services

Issue	Absolutely Would Not				Absolutely Would	N/A	Mean Rating
Substance Abuse:	5.3% (4)	2.7% (2)	12.0% (9)	16.0% (12)	62.7% (47)	1.3% (1)	4.3
Eating Disorder:	4.0% (3)	5.3% (4)	13.3% (10)	17.3% (13)	60.0% (45)	0.0% (0)	4.24
Problems in Romantic Relationship:	10.8% (8)	18.9% (14)	36.5% (27)	12.2% (9)	21.6% (16)	0.0% (0)	3.15
Domestic Violence:	4.0% (3)	2.7% (2)	10.7% (8)	9.3% (7)	70.7% (53)	2.7% (2)	4.44
Depression:	5.3% (4)	9.3% (7)	21.3% (16)	20.0% (15)	42.7% (32)	1.3% (1)	3.86
Anxiety:	5.4% (4)	12.2% (9)	35.1% (26)	12.2% (9)	35.1% (26)	0.0% (0)	3.59
Child's Behavior Problems:	6.8% (5)	13.7% (10)	31.5% (23)	16.4% (12)	30.1% (22)	1.4% (1)	3.5
Psychosis (sound or visual hallucinations, delusions/bizarre rigidly held beliefs):	5.4% (4)	4.1% (3)	9.5% (7)	12.2% (9)	67.6% (50)	1.4% (1)	4.34
Anger Management:	4.1% (3)	9.5% (7)	24.3% (18)	25.7% (19)	36.5% (27)	0.0% (0)	3.81
Compulsive Behaviors (problematic or disturbing sexual behaviors, gambling, hand- washing, etc.):	4.2% (3)	5.6% (4)	8.3% (6)	29.2% (21)	51.4% (37)	1.4% (1)	4.2

Spearman's rank correlation coefficient or Spearman's *rho* is a model of statistical analysis wherein variables are tested for their dependence on one another. It is a test of association between variables. It is a non-parametric statistical model that analyzes

ordinal values that have a ranked order but whose numerical value is not inherently meaningful, such as rating a movie four-out-of-five stars.

Spearman rho analyses were run to test the relationship between the answers to the content questions as independent variables and participants' responses to the scaled questions as dependent variables. A significant positive, weak correlation was found between age category and "Psychosis" ($\rho=.234p=.011$ two-tailed). This means that the higher the age category a participant selected, the more likely they were to recommend professional mental health services for psychosis. There was also a significant, positive correlation between age category and "compulsive" ($\rho=.244p=.009$ two-tailed). There were no significant correlations between age and any of the other scaled questions.

A significant, weak negative correlation was found between number of teachers and how likely the respondent was to recommend professional services for depression ($\rho=-.201p=.029$ two-tailed). There were no significant correlations between number of teachers and any of the scaled questions.

Pearson's correlation coefficient (Pearson's r) was used to test the results of the scaled questions against the data gathered showing how often the participants met with their teachers in person, communicated with their teachers by phone or email, and how often participants attended sanghas gatherings in order to measure covariance. The only significant finding was a negative, weak correlation between how often participants see their primary teacher(s) in person and their likelihood to recommend professional services to address domestic violence ($r=-.221, p=.016$, two tailed).

Qualitative Data

The narrative response section of the survey consisted of nine questions. Respondents typed in text to answer each of these questions, which were aimed at generating data on the participants' general views on mental health as well as on how they would act on these views with regard to their spiritual communities if they were dealing with a particular struggle. The data generated shows the following themes:

- A large number of respondents spoke about the differing roles of Buddhism versus mental health services and how they could complement each other.
- Other respondents highlighted how they understood the paradigms of professional mental health care and Buddhism to be different. Many respondents' narratives indicated that respondents believed that talk therapy could reify a self/other dichotomy, contrary to a Buddhist paradigm, in which the locus of the problem is conceptualized as always being the Self or a manifestation of a limited viewpoint.
- A number of respondents used the Tibetan constructs of "root" and "branch" to define the scope of Buddhism and mental health services and their possible relationship to each other.
- Respondents, as a group, held ambivalent views on the role and use of psychopharmacology to treat mental and emotional problems.
- Most respondents held positive but cautious views about what can be achieved through talk therapy.
- A small but significant number of respondents disclosed consuming or practicing professional mental health care.
- A small number of participants talked about the need for culturally competent clinical services that were aware of Buddhist beliefs and worldviews.
- A number of respondents framed their attitude toward professional mental health services as being dependent on the capacity of the individual

struggling. Autonomy and self-reliance were normalized and preferred to seeking professional help, which was framed as a less desirable choice to be selected only when one has failed to solve one's own problems.

Questions were analyzed through thematic coding to generate categories. Once categories were created, responses were tallied by category to make evident the most common themes in the narrative responses. The summaries of the responses to the narrative questions below describe data for the 4-5 most common themes present in the narratives. They do not capture all of the themes that emerged from the responses to each question.

Narrative Question One

“What is your general attitude toward professional mental health / psychotherapy?”

83 respondents submitted narratives indicating that they hold generally positive views towards professional mental health services. 36 respondents submitted responses indicating a mixed view of professional services or referencing the idea that mental health services are of limited efficacy. 20 respondents referenced the intersection of professional mental health services and Buddhism: “They play their role and can benefit mundane sentient [sic] beings. Can be used in assoc. with Buddhism to help overcome obstacles.” 14 respondents referenced the use of psycho-pharmaceuticals generally in a negative way: “Other than an holistic therapist I used several years ago, I have a disfavorable attitude. I think they jump to the use of medications too quickly. I've found meditation to be much more successful.” Although less numerous, other respondents referenced what they perceived as a self/other dichotomy prevalent in professional

services that are based on Western paradigms: “[It’s] not Buddhist oriented. Western therapy usually believes in the self and finds "evil" out there in the external world and therefore is flawed, albeit with some limited benefits.”

Narrative Question Two

“What types of struggles, stresses, problems, or worries would you –NOT- talk to your Buddhist teacher(s) about, if any?”

57 respondents submitted narratives indicating that they would speak to their teachers about anything. 30 respondents’ narratives indicated that they would not speak to their teachers about sex, sexuality, romance/romantic relationships, or homosexuality. 13 respondents indicated in their narratives that there were other constraints external to the teacher/student relationship or that were affected by roles (ordained vs. lay, gender differences, etc.) that affected what was dialogued: “I bring my struggles to my practice. I don't generally talk about anything with Buddhist teachers other than practice issues. Due to perceived lack of privacy, I don't talk about sexual (is the quote sex or sexual?), addiction, childhood or other problems.” 12 respondents submitted narratives that indicated that they would only talk about issues related to Buddhist practice or how to work with the experience of struggling with something, rather than the content of the struggle.

Narrative Question Three

“What types of struggles, stresses, problems, or worries -WOULD- you talk about with your Buddhist teacher(s), if any?”

50 respondents indicated that they would talk to their teacher about anything/everything. 28 respondents submitted narratives that indicated that they would talk to their teachers about Buddhist practices or Dharma (Buddhist theory). 26 respondents indicated through their narratives that they would consult their Buddhist teachers regarding mental health concerns: “General emotional issues, especially anger management. I was abused as a child, and I still wrestle with the damage that remains.” 20 respondents submitted narrative responses indicating that they would speak to their teachers about general interpersonal difficulties or specific interpersonal difficulties within the context of the spiritual community. 20 respondents submitted responses that indicate that they would speak to their spiritual teacher about obstacles to Buddhist practice or to progress on their spiritual path:

Problems that directly involve my Buddhist practice. Generally I do not expect my lamas to be experts at mental health, conflict resolution, counseling, etc. I don't expect them to help me with my plumbing or tell me how to install Windows on my computer either. I expect them to be masters of a profound practice that enables human beings to transcend suffering. If after some time, my devotion to my practice did not address my personal problems, I might bring them to a lama and ask their advice.

Narrative Question Four

“What types of struggles, stresses, problems, or worries would you –NOT-talk to a sangha-mate about, if any?”

38 respondents submitted responses that indicate that whether they share struggles with members of their sanghas is highly dependent on the level of trust and intimacy they feel with members of their spiritual community. Of those 38 respondents, many indicated that they only felt comfortable disclosing struggles to one or two sanghas-mates, while many others indicated that they do not have the level of intimacy with any of their sanghas-mates that would support disclosing personal struggles. 29 respondents indicated that they would not share any personal struggles with any of their sanghas-mates. 24 respondents submitted narratives that seem to indicate that they would discuss any personal struggles with sanghas-mates. It should be noted however that some of the responses coded in this category were short answers that, due to the grammar of a question phrased in the negative, may have indicated the opposite of respondent’s intent. 12 respondents indicated that they would not talk to their sanghas-mates about sex, sexuality, homosexuality, or romantic relationships.

Narrative Question Five

“What types of struggles, stresses, problems, or worries -WOULD- you to talk about with a sangha-mate, if any?”

42 respondents submitted narratives that indicated that they would speak to their sanghas-mates about any personal struggles. It is unclear whether the positive wording of

this question elicited a different response from participants, or whether they were different respondents than the 29 respondents from the previous question, who indicated that they wouldn't share any personal struggles with sanghas-mates. 29 respondents to question five indicated that what they disclose to sanghas-mates is highly dependent on contextual factors including the level of trust and intimacy with particular sanghas-mates:

This definitely depends on the level of friendship I have with the person. If it is a close sangha-mate, there isn't anything I wouldn't talk about. Our sangha is very large and there are only a handful of people who are regularly at the center. I would say that I have 2 very close sangha-mates who I have weekly, in person contact with. With them, I would talk about meditation struggles, relationship issues with my partner, family [sic] issues, job issues, health issues...no real limits... With others, non-leadership/meditation instructors...others meaning meditation practitioners who may not have taken refuge and may or may not come to the center more than a couple of times a year...with them, I would probably only talk about meditation practice issues and perhaps common struggles that they initiate conversation about in their own lives.

16 respondents indicated that they would disclose their mental or emotional struggles to sanghas-mates. 13 respondents submitted narratives indicating that they would speak to their sanghas-mates about spiritual struggles. 12 respondents indicated that they would

not talk to their sanghas-mates about sex, sexuality, homosexuality, or romantic relationships.

Narrative Question Six

“Please –LIST- what types of struggles you believe could be noticeably improved by addressing through Dharma practice, if any.”

37 respondents submitted responses that indicate that they believe that struggles with anxiety, fear, or specific anxiety disorders such as obsessive-compulsive disorder, etc. 32 respondents indicated that they believe anger can be improved through Dharma practice. 31 respondents submitted responses indicating that they believe depression can be improved through Dharma practice. 22 respondents indicated that they believe everything/anything can be improved by Dharma practice. 13 respondents’ narratives indicate that they believe that Dharma practice can noticeably improve stress/emotional distress. 12 respondents indicated in their narratives that they believe that addictions or struggles with substances can be improved through Dharma practice.

Narrative Question Seven

“Please –LIST-what types of struggles might -NOT- improve noticeably by being addressed through Dharma practice, if any.”

23 respondents submitted narratives that indicated that they believe that disorders with psychotic features might not improve noticeably by being addressed through Dharma practice. 20 respondents indicated that there are not any problems that might not improve noticeably by being addressed through Dharma practice; that is to say, that all

problems would be improved by being addressed through Dharma practice. 12 respondents' submitted narrative responses that were not lists of struggles, but rather spoke about the context in which Dharma practice can help internal struggles: "All may improve as a result of understanding the role of the mind. Some may improve and be resolved, whilst others may also benefit from MH therapy in tandem with dharma practice." 12 respondents' narratives indicated that they believe that struggles with a physical, neurological, or biological etiology might not noticeably improve through dharma practice. 12 respondents indicated in their responses that they believe that depression might not noticeably improve by being addressed through Dharma practice.

Narrative Question Eight

"Please –LIST- what struggles might be better addressed through professional mental health care / psychotherapy than Dharma practice, if any."

39 respondents indicated in their narratives that struggles with psychotic symptoms might better be addressed through professional mental health services than Dharma practice. 24 respondents spoke to the dichotomous nature of the question by referencing the role that Dharma practice can take in mental healthcare with or without professional services:

Oh, always a combo is positivie [sic] response, but saftely [sic] issues, medical and mental health issues that impinge on day to day functions or may harm self or others. Safety first....see a doctor....precioius [sic] human life... impermanence... compassion... use dharma practice *tonglen* [a compassion meditation, italics

added], meditation with reference or without, dedicate the merit [presumably to the welfare of all beings].

21 respondents indicated in their narratives that depression might be better addressed through professional mental health services than Dharma practice. 17 respondents indicated that other serious mental health disorders or extreme mental health conditions might be better addressed through professional mental health care than Dharma practice. 17 respondents also submitted narratives indicating that they believe the addictions or struggles with substance abuse might be better addressed through professional mental health services than Dharma practice. Other responses highlighted the relationship between personal struggles, Buddhism, professional mental health services, and personal responsibility:

Actually, professional mental health works upon the same issue as Buddhism but with a self centered focus. While it is useful for the short run in identifying issues and harmful ways of working and thinking, it does not really make the leap to freedom by working with the deeper understandings. If you want some good tools, mental health is nice. But many of us have found that our healing required us to be more proactive in our minds discipline and in behaving better. Also, there is a conflict of interest inherent in "Health professionals" - they only make money if you are sick! So ultimately you have to do your own work and

recognize that if you are not getting the results you want, you need to change your ways.

Responses emphasizing one's personal responsibility for one's own mental health were found in many of the qualitative questions of this study.

Narrative Question Nine

“Please –LIST- what struggles might be better addressed through Dharma practice than professional mental health care / psychotherapy, if any.”

24 respondents submitted narratives indicating that they believe that existential struggles and questions of meaning, purpose, and philosophy are better addressed through Dharma practice than through professional mental health services: “Anything related to spirituality, e.g., big picture understanding of life (e.g., karma and its purification), meditation practices, spiritual practice, ritual, other healing modalities.” 19 respondents indicated in their narratives that they believe that anxiety or fear might be better addressed through Dharma practice than professional mental health care. 18 respondents' narratives expressed realizing Buddhism's core or unique concepts are better addressed through Dharma practice than professional mental health care:

Purifyihng [sic] karma, benefiting all sentient beings through wisdom/skillful means...compassion/emptiness. Bodhisattva practices, taming the ego/discursive mind, afflictive emotions, understanding how to skillfully [sic] be of benefit, the appearance of things vs the truth of the way things are...these kinds of sruggles

[sic]. Having a healthier ego is important and beneficial with spiritual practice
[sic].

These 18 respondents also include ideological responses from participants who critiqued the question: “I believe that daily life itself is dharma practice and therefore nothing is better addressed [sic] through it since everything is practice. Practice is not something you start and stop. It is a way of life and a set of tools for responding/coping and managing our lives and interactions.” 14 participants submitted narrative responses indicating that they believe that depression might be better addressed through Dharma practice than professional mental health services. 13 respondents’ narratives indicated that they believe that anger and aggression might better be addressed through Dharma practice than through professional mental health care. Some respondents’ narratives spoke to how they conceptualize Buddhist resources and Buddhist goals as being different in scope than professional mental health resources and goals:

If our orientation in our practice is toward less of a sense of self-importance (toward more genuine humility), I don't see therapy as helping much with that. Also, therapy doesn't particularly support shifting a view away from one's self toward benefitting others. However, this shift often becomes 'idiot compassion', or compassion with a do-gooder attitude, which is not genuine. Therapy is helpful in distinguishing when we are in a co-dependent or care-taking role,

which means we are not really addressing [sic] our personal needs because we are trying to manipulate or control an external situation.

Although these narratives were less numerous, they supply evidence of how these respondents decide which of the resources at their disposal to access.

CHAPTER V

DISCUSSION

This study was conducted to examine the perspectives of Tibetan Buddhists in the United States on accessing professional mental health services and how these perspectives interface with their Buddhist practice, relationships with their teachers, and their spiritual communities. Some questions this research sought to answer were: What are Tibetan Buddhists general attitudes toward professional mental health care? When struggling with something, when do Tibetan Buddhists choose to access professional services versus seeking support resources related to Buddhism, or vice versa, and why?

Key Findings and Areas for Future Research

A majority of the participants in the study identified as straight/heterosexual, married, White, and almost 65% of those who responded were over the age of 40. Approximately 94% of respondents designated the United States of America as their country of origin. It is significant that almost 30% of respondents identified as having a sexual orientation other than straight/heterosexual given the enormous difficulties generating reliable statistics on the prevalence of sexual minorities in the United States (based on behaviors, self-identification, affiliation, etc.). Recent United States government studies estimate that the number of people identifying as “homosexual” or “bisexual” is approximately 5% (Gates, 2004). This study is not designed to study the

relationship between sexual orientation and religious choice, however further study might illuminate whether there are more LGBT Tibetan Buddhists than LGBT people of other religious traditions or whether there was perhaps something endemic to the data collection process of this study that accessed more LGBT Buddhists who participated in the research.

It is also noteworthy that more than 75% of respondents indicated having completed at least a 4-year post-secondary degree, which supports data published by the Pew Forum on Religion & Public Life (2008) positing that as a religious group, Buddhists in the US have a relatively high percentage of adherents with post-secondary degrees (48%) in comparison with other religious groups in the United States, being lower only than Jews and Hindus (p. 56). This study sets itself to study the participants' relationships to Buddhism and professional mental health and hypothesizes that their Buddhist views markedly affect their choices of whether and when to access professional mental health services. An alternate hypothesis is that their level of formal education may have as much or more to do with their views and choices involving professional mental health care. One limitation of this study that future studies may address is that it did not ask participants to cite what experiences were instrumental in the formation of their views, attitudes, and choices in the realm of professional mental health care.

Kagyü and Nyingma were the lineages of Tibetan Buddhism that participants affiliated with most frequently (50% and 35.7%, respectively). There is currently a gap in the scholarly literature examining which lineages Tibetan Buddhists in the United

States affiliate with and in what numbers. Perhaps this study can add to the literature, from which future studies may investigate what the social, cultural, or economic processes are that determine which lineages propagate themselves and how they do so.

Approximately 43% of participants responded that they have one primary Buddhist teacher, which was a higher percentage than those who reported having 2, 3, or more primary teachers. It is significant that in a tradition that emphasizes the critical nature of having a dyadic relationship with a guru, that a less-than-50% majority of participants would state having only one primary Buddhist teacher. One hypothesis is that the social fabric of Tibetan Buddhism is somewhat different in the United States because many, if not most Tibetan teachers in the United States are itinerant. Less surprising was that approximately 73% of participants responded that they communicate with their primary teacher(s) in person at least once per year. Nonetheless many respondents indicated in their narratives that external factors such as limited time with their teachers or lack of privacy with their teachers were important factors in shaping what they chose to disclose to him or her. The statistical tests of correlation also showed that the number of primary Buddhist teachers a participant has and how often they communicate also influences to some degree whether or not the Buddhist participant would recommend professional services to address psychosis, compulsive behaviors, or depression.

Approximately 86% of participants indicated that they attend sangha gatherings more than once per year, with over 50% indicating that they attend more than once per

month. This data is noteworthy when compared to the qualitative data gathered about the nature of respondents' relationships with sangha-mates because most participants suggest that they do not have intimate or very personal relationships with fellow Buddhists in their spiritual communities. These data, then, support Tanaka's descriptions of a more private or individualistic approach to religious life despite frequent contact with members of the participants' spiritual communities.

The scaled questions aimed to generate data regarding participants' thoughts on the efficacy of professional services in addressing certain struggles. A five-point scale was used: "1" indicated that the respondent absolutely would not recommend professional services to address the problem area, "5" represented that the respondent absolutely would recommend professional services to address the problem area. Substance abuse, eating disorders, domestic violence, psychosis, and compulsive behaviors all garnered mean scores above four on a five-point scale, suggesting that participants viewed professional services as appropriate or necessary interventions for these struggles. All problem areas that were listed received modal scores of 5 ("absolutely would") except for problems in romantic relationships, anxiety, and child's behavior problems. These three had modal scores of 3—halfway between "absolutely would not" and "absolutely would," and represented the problem areas with the lowest modal scores. This suggests that, as a group, participants held ambivalent views about the use of professional services to address difficulties with romantic relationships, anxiety, or a child's behavior problems.

While Tibetan Buddhists conceptualizations of how best to address these three areas could certainly be a subject of future research, there seems to be some clarity in the narrative data that participants viewed features of Tibetan Buddhism as being efficacious in mitigating anxiety. Hanson (2009), among others, have shown how some forms of Buddhist meditation may affect states of sympathetic nervous system arousal by engaging and strengthening parasympathetic responses. One reasonable hypothesis is that these practices are what participants are referencing in their data expressing the efficacy of Dharma practice in mitigating anxiety, however there is currently a dearth of literature examining the neurobiological underpinnings of the effects of specifically *Tibetan Buddhist* practice on the human nervous system over time. Likewise, participants may have been calling to mind other aspects of their religious tradition as being mitigating factors to anxiety.

The qualitative data showed a number of themes present in the extant literature. A large number of respondents spoke about the differing roles of Buddhism versus mental health services and how they could complement each other, which supports the theoretical work of Jennings' (2004) that explores how professional mental health services may be coordinated with religious practice. Correspondingly, these narratives spoke of the participants' life experiences that confirm some of the similarities between the Buddhism and clinical services as outlined by Kelly (2008) and Capper (1997).

Other respondents highlighted how they understood the paradigms of professional mental health care and Buddhism to be different. Some of these narratives indicated that

respondents believed talk therapy could reify a self/other dichotomy contrary to a Buddhist paradigm, in which the locus of the problem is conceptualized as always being the Self or a manifestation of a limited viewpoint, as indicated in the interview with Lama Yeshe (2003). A number of respondents used the Tibetan constructs of “root” and “branch” to define the scope of Buddhism, mental health services and their possible relationship to each other. Again these viewpoints appear to support those of Lama Yeshe in his 1975 interview (2003).

A number of findings in the narratives have not yet been explored in academic literature. Respondents, as a group, held ambivalent views on the role and use of psychopharmacology to treat mental and emotional problems. Without a control group or perhaps more pointed narratives, it is difficult to ascertain what impact their religious tradition has on their views of psychotropic medications in comparison to the population at large. Most respondents held positive but cautious views about what can be achieved through talk therapy, and a small portion of the sample disclosed consuming or practicing professional mental health care. A small number of participants talked about the need for culturally competent clinical services that were aware of Buddhist beliefs and worldviews, and a number of respondents framed their attitude toward professional mental health services as being dependent on the capacity of the individual struggling. With the sample population, autonomy and self-reliance were normalized and preferred to seeking professional help, which was seen as a less desirable choice to be selected only when one has failed to solve one’s own problems.

Strengths and Limitations of the Study

This study on the attitudes of United States based Tibetan Buddhists towards professional mental health services had a number of strengths. There is currently a dearth of scholarly literature that sets itself to understand the worldviews of Western Buddhists and how their views interface with the social structures in their social contexts. One positive attribute of the study is that it adds some dimension of their perspectives to the academic literature. The study may also inform how best to query this population in the future.

The research question, as manifested in the survey instrument, was effective in acquiring data that directly addressed the topic. Participants contributed their understandings of the differences between mental health care as expressed through Tibetan Buddhism and as expressed through professional services. While many participants commented on the dichotomous phrasing of the questions (“would”/“would not talk about”, “better addressed... than”, etc.), these questions also stimulated complex answers from the respondents. The open-ended nature of the questions in the last section of the survey produced some data that was rich in detail.

Using a website-based anonymous survey produced inconsistencies in the sample itself as well as the data. The researcher designed the instrument with a proposed sample size of 25 and an expectation that most of the narrative responses would consist of 3-6 sentences each. In actuality, over 150 respondents who met the inclusion criteria participated in the survey within the first two weeks of its posting. Moreover, many

participants' responses to the open-ended questions were short, incomplete, or lacking in the depth required to elucidate clearly their experiences and viewpoints. Had these questions been asked in in-person interviews with prompts, the responses might have been richer, if less representative. However, the large sample size allowed the researcher to collect more demographic data on this emerging population, and a fair number of narratives for each question were longer, more detailed, and rich in the perspectives and experiences of the respondents.

Most of the sample identified as racially White of United States origin and holding advanced degrees. The Pew Forum on Religion & Public Life (2008) reports that 53% of Buddhists in the United States describe themselves as White, while about 33% of Buddhists in the United States identify their race as Asian (p.45). Without further literature to reference on the demographic makeup of Tibetan Buddhist communities in the United States, it is difficult to determine whether the sample's responses can be generalizable to Tibetan Buddhists in the United States en masse. Whether or not the data is generalizable to most Tibetan Buddhists in the United States, the experiences and perspectives of Tibetan Buddhists who are otherwise members of minority or oppressed groups are valuable and worthy of further study.

Another limitation was a design flaw in the question asking respondents how long they had been practicing Tibetan Buddhism. The question was multiple choice with answers in five-year intervals; however, the response "10-15 years" was accidentally omitted from the response choices. Therefore, the data gathered from this question may

be less accurate. It is unclear whether respondents answered this question with inaccurate data or simply did not respond to this question at all.

The narrative section of the survey was designed to gather data on the participants' views of professional mental health services as well as how their relationships with their Buddhist teachers and sangha-mates relate to their struggles. It would have added breadth to the study to further query the respondents on how they developed their views on professional services.

Implications for Social Work Practice or Policy

The data generated by this study indicates that Tibetan Buddhists in the US have complex views regarding the use and efficacy of professional mental health services to address a variety of struggles. The 21st century has started to see a revolution in the quantity and quality of research evaluating the efficacy of meditative practices and social relationships to help people self-regulate their state of mind and inner experiences, which gives the clinician a special opportunity to strengthen the therapeutic alliance by exploring recent findings with the client as relevant to client strengths, resources, and developmental level. In attempting to apply the social work value of “meeting the client where they are at”, a clinician or other service provider would be wise to carefully assess the resources that a Tibetan Buddhist client conceptualizes as being within his or her religious tradition. Moreover, the literature and data highlight the significance of the Buddhist practitioner’s relationship with her lama or guru. This implies that if a client is employing resources from her religious tradition as coordinated by her teacher in

conjunction with professional modalities, that a discussion between client and clinician about whether or not the presenting problem will be addressed as a triad should happen early on in the working relationship. Finally, while participants in this study generally expressed positive views towards professional services, a service provider might formulate a more targeted, culturally competent treatment plan by exploring the client's views on the role and limits of professional services in addressing the client's presenting concern.

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APPENDIX A
HUMAN SUBJECTS REVIEW APPROVAL

March 15, 2010

Paul Sireci

Dear Paul,

Your amended materials have been reviewed. They are fine and we are happy to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Michael Murphy, Ph.D.

Member, Human Subjects Review Committee

CC: Cara Segal, Research Advisor

APPENDIX B
INFORMED CONSENT FORM

Dear Potential Research Participant,

My name is Paul Sireci. I am conducting a mixed-methods study that involves surveying practicing Tibetan Buddhists in the US in order to explore the relationship between their involvement with Tibetan Buddhism and their attitudes toward professional mental health care. This research is being conducted as part of the thesis requirements for my Master of Social Work degree at Smith College School for Social Work and future presentations and publications.

Your participation in this study is requested because you have identified yourself as a US citizen over the age of 18 who practices Tibetan Buddhism. Participants must be fluent in English. Participants can be of any ethnicity, race, sexual orientation, marital status, formal educational level, community in the US, and can hold any set of political beliefs. Participants must have internet access to the web-based survey. If you choose to participate, you will be forwarded to a web-based survey, where you will select or type short answers in response to questions. You will be asked to provide some basic demographic information about yourself such as your gender identity, national origin, and age, etc. You will also be asked basic questions about your involvement in Tibetan Buddhism. You will then be asked short answer questions exploring your views on the

relationship between Tibetan Buddhism and professional mental health care. The survey will take approximately 20-45 minutes to complete depending on how long you take to answer any given question. The survey contains 15 questions, of which 9 are multiple choice. You will not begin participating in this survey until and unless you complete this Informed Consent form by stating that you understand and agree to the conditions contained herein. If you choose to complete this Informed Consent form, please print it for your records.

There is potential risk in participating in this study in that you may experience some feelings of discomfort in answering questions that explore your views on some mental health issues as well as questions that ask you to think about your relationship with your Buddhist teacher(s). You will find a list of mental health resources below the electronic signature portion of this Informed Consent page that you may use at your discretion.

You will receive no financial compensation for your participation in this study. This study may benefit you by helping you think about your mental health as it relates to your Buddhist practice. Additionally, by generating data on the relationship between Tibetan Buddhist practice and mental health choices, this research may be used to improve mental health care for Tibetan Buddhists in the US.

In order to ensure anonymity, narrative answers and the answers to multiple choice questions will be separated from the demographic information you provide. At no point in this process will you be asked your name or location in the United States. The

responses separated from demographic information will be given code numbers to identify them. Your responses will be referred to by code number in the reporting of the research. My research advisor will see the data after it has been separated from demographic data. The data will be protected and stored as per federal regulations in a secured location for a minimum of three years. Data will be destroyed after three years unless I need it for future publications and research, at which point it will continue to be secured according to federal regulations.

All participation in the survey is voluntary, and you may choose not to answer any question contained therein. Additionally, you may withdraw from the study at any point before the data is submitted. You will not be asked to explain the reasons for discontinuing the survey—simply navigate away from the webpage containing the survey. This is an anonymous study; once you have completed the survey and submitted your responses, you will not be able to withdraw. This is because your data will be combined with that of others, and I will be unable to tell what responses were yours. If you have additional questions about participation or any aspect of the study, please contact me:

Boulder Institute for Psychotherapy and Research

Attn: Paul Sireci

1240 Pine St.

Boulder, CO 80302

(303) 442-4562, mailbox 3

psireci@smith.edu

Additionally, you may contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974. After completing this form, you should print out a copy for your records using the print function of your web browser.

Thank you for your participation.

By checking “I Agree” below, you are indicating that you have read and understand the information above and that you have had an opportunity to ask questions about the study, your participation, and your rights and that you agree to participate in the study.

-I Agree [takes participant to survey]

-I Do Not Agree [takes participant to “thank you” page]

Mental Health Resources

National Association of Social Workers National Social Worker Finder:

<http://www.helppro.com/nasw/Default.aspx>

American Psychological Association endorsed Psychologist Locator:

<http://locator.apa.org/>

Psychology Today’s Therapy Directory:

<http://therapists.psychologytoday.com/rms/>

Additionally, if you have mental health insurance benefits, a list of providers can often be obtained by contacting your insurance company.

APPENDIX C

RECRUITMENT LETTER

Hello. My name is Paul Sireci, and I am a second-year masters student at the Smith College School for Social Work. I am currently collecting data for my thesis in order to examine the relationship that Tibetan Buddhists have with professional mental health care. I am currently recruiting participants for the study, which is a web-based survey that takes approximately 30-45 minutes to complete depending on your response time.

Do you reside in the US and practice Tibetan Buddhism?

If you are over the age of 18 and:

- Hold US citizenship,
- Possess fluency in English,
- Practice a lineage of Buddhism originating in the Himalayas, such as Nyingma, Sakya, Kagyu, Gelug, Jonang, etc. or one of its Western manifestations such as Shambhala, etc.,

Then you are eligible to participate in my study that is attempting to understand this emerging population in the US. If you do not meet these criteria but know someone who does, please forward this message on to them. Anyone who meets the above criteria may participate regardless of educational level, sexual orientation, gender identity, marital status, race, ethnicity, national origin, first language, or political beliefs. I highly encourage members of understudied populations to participate.

Participation in the study will be anonymous. No explicit identifying information, such as your name or location in the US will be collected in the survey. Because it is anonymous, you will not be able to withdraw from the study after completing it, as it will be impossible to identify responses that are uniquely yours from the aggregated data. All quotes from narrative responses will be disguised when presented or published.

If you have questions about participation or any aspect of the study, please contact me:

Boulder Institute for Psychotherapy and Research

Attn: Paul Sireci

1240 Pine St.

Boulder, CO 80302

(303) 442-4562, mailbox 3

psireci@smith.edu

To see if you meet the eligibility requirements and then participate, please click on the following link:


<http://www.surveymonkey.com/s/tibetan-buddhism-mental-health>


Thank you so much for your time and interest!

Paul Sireci

APPENDIX D
SURVEY INSTRUMENT

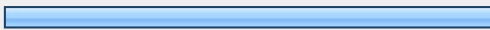

Tibetan Buddhism & Mental Health Survey

1. Are you 18 years of age or older at this time?			
		Response Percent	Response Count
Yes		100.0%	157
No		0.0%	0
<i>answered question</i>			157
<i>skipped question</i>			0

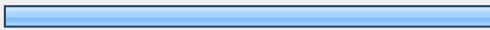
2. Do you possess fluency in English?			
		Response Percent	Response Count
Yes		100.0%	157
No		0.0%	0
<i>answered question</i>			157
<i>skipped question</i>			0

3. Do you currently hold a US citizenship and reside in the US?			
		Response Percent	Response Count
Yes		98.1%	154
No		1.9%	3
<i>answered question</i>			157
<i>skipped question</i>			0

4. Do you currently practice Buddhism in a lineage originating in the Himalayas (such as Tibet, Bhutan, etc.) such as Nyingma, Sakya, Kagyu, Gelug, Jonang, etc., or one of its Western manifestations, such as Shambhala, etc?

		Response Percent	Response Count
Yes		98.7%	155
No		1.3%	2
<i>answered question</i>			157
<i>skipped question</i>			0

5. All participation in the survey is voluntary, and you may choose not to answer any question contained therein. Additionally, you may withdraw from the study at any point before the data is submitted. You will not be asked to explain the reasons for discontinuing the survey—simply navigate away from the webpage containing the survey. This is an anonymous study; once you have completed the survey and submitted your responses, you will not be able to withdraw. This is because your data will be combined with that of others, and I will be unable to tell what responses were yours. If you have additional questions about participation or any aspect of the study, please contact me: Boulder Institute for Psychotherapy and Research Attn: Paul Sireci 1240 Pine St. Boulder, CO 80302 (303) 442-4562, mailbox 3 psireci@smith.edu Additionally, you may contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974. After completing this form, you should print out a copy for your records using the print function of your web browser. Thank you for your participation. BY CHECKING "I AGREE" BELOW, YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND THAT YOU HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.



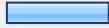

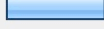

		Response Percent	Response Count
I Agree		100.0%	135
I Do Not Agree		0.0%	0
<i>answered question</i>			135
<i>skipped question</i>			22









6. Gender Identity		
		Response Count
		125
	<i>answered question</i>	125
	<i>skipped question</i>	32

7. Sexual Orientation		
		Response Count
		125
	<i>answered question</i>	125
	<i>skipped question</i>	32

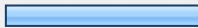

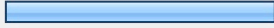


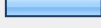

8. Marital/Relationship Status		
		Response Count
		125
	<i>answered question</i>	125
	<i>skipped question</i>	32



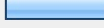


9. Racial and/or Ethnic Identity		
		Response Count
		125
	<i>answered question</i>	125
	<i>skipped question</i>	32

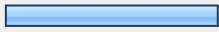
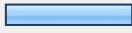
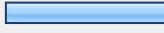
10. What is your age?			Response Percent	Response Count
18-29 years of age			16.1%	20
30-39 years of age			17.7%	22
40-49 years of age			20.2%	25
50-59 years of age			25.0%	31
60-69 years of age			19.4%	24
70 years of age or older			1.6%	2
		<i>answered question</i>		124
		<i>skipped question</i>		33



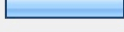
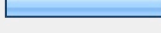


11. Level of Education			
		Response Percent	Response Count
No formal education		0.0%	0
Some formal primary or secondary education		0.0%	0
High school graduate		0.8%	1
Some college coursework completed		12.9%	16
Graduate of 2-year college degree program		3.2%	4
Graduate of 4-year college degree program		22.6%	28
Some graduate coursework completed		11.3%	14
Graduate of masters program		26.6%	33
Graduate of doctoral program		16.1%	20
Other (please specify)		6.5%	8
		<i>answered question</i>	124
		<i>skipped question</i>	33

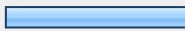


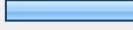


12. What is your country of origin?		
		Response Count
		125
		<i>answered question</i>
		125
		<i>skipped question</i>
		32



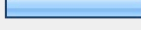

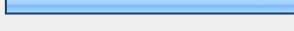
13. With which lineage(s) of Buddhism do you primarily affiliate? [More than one choice can be selected]			
		Response Percent	Response Count
Nyingma		38.8%	45
Sakya		3.4%	4
Kagyu		54.3%	63
Gelug		15.5%	18
Jonang		1.7%	2
Shambhala		19.0%	22
NKT		4.3%	5
No primary affiliation/ Other (please specify)			14
answered question			116
skipped question			41

14. How long have you been practicing Tibetan Buddhism?			
		Response Percent	Response Count
Less than 5 years		19.2%	24
Between 5 and 10 years		40.8%	51
Between 15 and 20 years		20.0%	25
Between 20 and 25 years		7.2%	9
More than 25 years		12.8%	16
answered question			125
skipped question			32

15. How many teachers of Tibetan Buddhism do you consider to be your primary teacher(s)?			
		Response Percent	Response Count
One primary teacher		42.7%	53
Two primary teachers		25.0%	31
Three or more primary teachers		32.3%	40
		<i>answered question</i>	124
		<i>skipped question</i>	33

16. How often do you communicate with your primary teacher(s) IN PERSON?			
		Response Percent	Response Count
Never		8.9%	11
Once every few years		14.5%	18
Once a year		23.4%	29
Several times per year		31.5%	39
Once per month		4.0%	5
More than once per month		17.7%	22
		<i>answered question</i>	124
		<i>skipped question</i>	33

17. How often do you communicate with your primary teacher(s) BY PHONE OR EMAIL (whichever is more frequent)?			
		Response Percent	Response Count
Never		36.3%	45
Once every few years		10.5%	13
Once a year		8.9%	11
Several times per year		25.8%	32
Once per month		5.6%	7
More than once per month		12.9%	16
		<i>answered question</i>	124
		<i>skipped question</i>	33

18. How often do you attend group practices or sangha gatherings?			
		Response Percent	Response Count
Less than once per year		4.0%	5
Once per year		2.4%	3
Several times per year		27.2%	34
Once per month		8.0%	10
More than once per month		58.4%	73
		<i>answered question</i>	125
		<i>skipped question</i>	32

19. If a Buddhist friend or sangha-mate seemed to be struggling with one of the following issues, how likely would you be to recommend professional mental health care / psychotherapy: (1 = absolutely would not; 5= absolutely would)								
	Absolutely would not				Absolutely would	N/A	Rating Average	Response Count
• Substance Abuse:	3.3% (4)	2.5% (3)	12.5% (15)	20.0% (24)	60.8% (73)	0.8% (1)	4.34	120
• Eating Disorder:	2.5% (3)	3.3% (4)	12.5% (15)	20.0% (24)	61.7% (74)	0.0% (0)	4.35	120
• Problems in Romantic Relationship:	10.9% (13)	18.5% (22)	31.1% (37)	18.5% (22)	21.0% (25)	0.0% (0)	3.20	119
• Domestic Violence:	2.5% (3)	1.7% (2)	7.5% (9)	13.3% (16)	73.3% (88)	1.7% (2)	4.56	120
• Depression:	3.3% (4)	8.3% (10)	18.3% (22)	26.7% (32)	42.5% (51)	0.8% (1)	3.97	120
• Anxiety:	4.2% (5)	11.8% (14)	30.3% (36)	21.8% (26)	31.9% (38)	0.0% (0)	3.66	119
• Child's Behavior Problems:	4.2% (5)	12.7% (15)	28.8% (34)	22.0% (26)	31.4% (37)	0.8% (1)	3.64	118
• Psychosis (sound or visual hallucinations, delusions/bizarre rigidly held beliefs):	3.4% (4)	3.4% (4)	9.2% (11)	10.9% (13)	72.3% (86)	0.8% (1)	4.47	119
• Anger Management:	2.5% (3)	11.8% (14)	22.7% (27)	26.1% (31)	37.0% (44)	0.0% (0)	3.83	119
• Compulsive Behaviors (problematic or disturbing sexual behaviors, gambling, hand-washing, etc.):	2.6% (3)	6.0% (7)	7.7% (9)	28.2% (33)	54.7% (64)	0.9% (1)	4.28	117
• Grief or Loss:	6.8% (8)	16.1% (19)	25.4% (30)	24.6% (29)	26.3% (31)	0.8% (1)	3.48	118
• Trauma symptoms or Post Traumatic Stress Disorder (sleep disturbances, flashbacks, disturbances in mood or mind-state following a very disturbing or dangerous event):	1.7% (2)	5.0% (6)	12.6% (15)	24.4% (29)	54.6% (65)	1.7% (2)	4.27	119
• Sexual Abuse, Sexual Assault:	1.7% (2)	0.8% (1)	8.5% (10)	10.2% (12)	78.0% (92)	0.8% (1)	4.63	118

	<i>answered question</i>	120
	<i>skipped question</i>	37

20. What is your general attitude toward professional mental health / psychotherapy?		
	Response Count	
		112
	<i>answered question</i>	112
	<i>skipped question</i>	45

21. What types of struggles, stresses, problems, or worries would you –NOT- talk to your Buddhist teacher(s) about, if any?		
	Response Count	
		113
	<i>answered question</i>	113
	<i>skipped question</i>	44

22. What types of struggles, stresses, problems, or worries -WOULD- you talk about with your Buddhist teacher (s), if any?		
	Response Count	
		111
	<i>answered question</i>	111
	<i>skipped question</i>	46

23. What types of struggles, stresses, problems, or worries would you –NOT-talk to a sangha-mate about, if any?		
		Response Count
		110
	<i>answered question</i>	110
	<i>skipped question</i>	47

24. What types of struggles, stresses, problems, or worries -WOULD- you to talk about with a sangha-mate, if any?		
		Response Count
		108
	<i>answered question</i>	108
	<i>skipped question</i>	49

25. Please –LIST- what types of struggles you believe could be noticeably improved by addressing through Dharma practice, if any.		
		Response Count
		109
	<i>answered question</i>	109
	<i>skipped question</i>	48

26. Please –LIST-what types of struggles might -NOT- improve noticeably by being addressed through Dharma practice, if any.		
		Response Count
		102
	<i>answered question</i>	102
	<i>skipped question</i>	55

27. Please –LIST- what struggles might be better addressed through professional mental health care / psychotherapy than Dharma practice, if any.		
		Response Count
		109
	<i>answered question</i>	109
	<i>skipped question</i>	48

28. Please –LIST- what struggles might be better addressed through Dharma practice than professional mental health care / psychotherapy, if any.		
		Response Count
		106
	<i>answered question</i>	106
	<i>skipped question</i>	51