

## *Editorials*

# **Eastern Roots of Psychology and Counseling**

## **INTRODUCTION**

As a result of frustration with the lack of efficacy in Western emotion-focused counseling, new Eastern practices of yoga, qigong, Zen or mindfulness-based meditation, and philosophical counseling are gaining attention in contemporary society (Lee, Ng, Leung & Chan, 2009). It is timely for us to explore the Eastern roots of psychology and counseling through this journal, which is peer-reviewed and open access. The philosophy of The Journal of Psychology and Counseling is coherence with Eastern traditions of mutual help, sharing, balance, harmony, change, non-attachment, letting go of control and being at ease with impermanence, as in Daoism, Buddhism, and traditional Chinese medicine (TCM). The wisdom of these Eastern traditions provides us with a new framework for understanding human experience and insights into clinical practices for facilitating client change. The therapeutic goals of counseling established under Eastern philosophies and practices include restoring the dynamic balance of the body, mind and spiritual integrative well-being, fostering strengths, and facilitating meaning making for individuals and families (Pan et al., 2008; Chan, Ho & Chan, 2007).

Growing out of the medical paradigm, psychoanalysis focuses on intra-psychic forces, cognitive theories emphasize thoughts, and behaviorism deals with observable behaviors in understanding and treating individuals' problems under a linear framework of adjustment and malfunction. Moreover, contemporary problems like domestic violence, suicide, addiction, substance abuse, burn-out in the workplace, traumatic loss, etc. are multidimensional issues that call for an integrative approach capable of honoring the physical, cognitive, psychological, social and spiritual experiences of individuals and communities.

Recent evidence suggests that both positive and negative well-being independently predict ill health (Whittington & Huppert, 1998). Further, the absence of positive well-being in individuals is even more damaging than the presence of psychological symptoms (Huppert & Whittington, 2003). There is an urgent need for practitioners to help identify and nurture strengths and resources among individuals and families (Saleebey, 2006).

## **Eastern Roots of an integrative approach**

Eastern concepts of embracing pain and positive acceptance may provide a useful alternative perspective in coping with suffering (Chan, Ng, Ho & Chow, 2006). The goal is to attain spiritual contentment and peace rather than fighting against the pain (Chan et al., 2006; Chan, Ho, & Chow, 2001). The Eastern philosophical roots of psychology and counseling are Daoist philosophy, Buddhist teaching, and concepts from TCM.

## **Regaining Balance and Harmony: Daoist Philosophy**

Daoism is an ancient Chinese philosophical tradition that adopted the yin-yang theory that engenders a holistic and dynamic system perspective in viewing change in individuals and the world. It recognizes the complementary and interrelatedness of contrasting forces in life in maintaining a dynamic balance of growth and movement (Koenig & Spano, 1998).

Daoist philosophy is primarily about living a harmonious life through being in accord with the flow of life, allowing nature to unfold in its own way and relinquishing efforts to control. The Dao is the way to generativity, peacefulness, harmony, and well-being (Tsuei, 1992). The implication for Daoist philosophy in counseling includes enhancing clients' ability to regain balance and harmony as instrumental in igniting their self-healing capacity.

## **Eradication of Suffering through Non-attachment: Insights from Buddhism**

Buddhist philosophy sees life as a journey through suffering. The primary concern of Buddhism is with freeing people from pain and remorse in life. However, people suffer most not from physical discomfort caused by illness, physical deterioration and death but by endless desire, craving and over-attachment to possessions, relationships, sense of control and life. The Buddha observed that the root of suffering lies in ignorance, greed and over-attachment, an inability to acknowledge that everything is impermanent (Dalai Lama & Cutler, 1998; Lee, Ng, Leung & Chan, 2009). In Buddhist psychology, the way to cultivate the capacity of non-attachment is through the practice of meditation and mindfulness (Ramaswami & Sheikh, 1989; Rubin, 1996). Through total concentration, an individual exercises self-regulation of perceptual and cognitive attention to attain peace of mind, inner happiness and mental health. The effectiveness of mindfulness-based stress reduction programs in countering mental health has been widely established in the literature (e.g. Segal, Williams, & Teasdale, 2002).

### **Dynamic Equilibrium: Ideas from Traditional Chinese Medicine (TCM)**

The TCM perspective views the body, the mind and the spirit as an integral whole. Health and well-being are achieved when there is a harmonious dynamic equilibrium within the system, between oneself and the socio-natural environment. In a healthy functioning state, the cybernetic rebalancing mechanism is in place and the body's vital energy (qi) flows freely. The treatment goal is to restore the system balance or the dynamic equilibrium so that the body can ignite its self-healing capacity (Ng, Chan, Ho, Wong, & Ho, 2006). This can be achieved through multi-modal intervention, including the use of body techniques (breathing, therapeutic massage, taiji/qigong exercises), cognitive reframing as well as a spiritual quest for meaning, depending on the clinical situation. Counseling that is based on TCM is primarily concerned with three main treatment goals: (1) restoring balance and promoting dynamic equilibrium, (2) fostering strengths and resilience, as well as (3) facilitating meaning making of individuals and families. To achieve these goals, an integrative multi-modal approach and strength-based intervention are adopted as the principles of intervention.

The adoption of Eastern philosophy in counseling can potentially facilitate the reframing of the meaning of suffering and the reorganization of values and purpose in life. The recent decade evidences a move from an exclusive focus on symptomatology to the study of strengths and resilience as well as post-traumatic growth (Seligman & Csikszentmihalyi, 2000; Tedeschi & Calhoun, 1996). The Eastern integrative approach emphasizes the facilitation of a context for growth and transformative experiences, and reconnecting with spiritual meaning.

### **Conclusion**

Acknowledging the interconnected, dynamic and generative nature of human beings, the Eastern roots of psychology and counseling will attract greater attention in the development of intervention models (Chan, Chan & Ng, 2006). As a result of the establishment of intervention effectiveness through randomized control trials and accumulation of clinical evidence, the Eastern integrative approach may lead us in meeting the challenges of human needs in the 21st century (Chan et al., 2005). We believe that, with trust in the innate capacities of all human beings, we can help ourselves and our clients to move forward more effectively.

### **REFERENCES**

- Chan CHY, Chan CLW, Ng SM, Ng EHY, Ho PC (2005). Body-mind-spirit intervention for IVF women. *Journal of Assisted Reproduction and Genetics*, 22(11/12): 419-427.
- Chan CLW, Chan THY, Ng SM (2006). The strength-focused and meaning-oriented approach to resilience and transformation (SMART): A body-mind-spirit approach to trauma management. *Social Work in Health Care*, 43(2/3): 9-36.
- Chan CLW, Ho PSY, Chow E (2001). A body-mind-spirit model in health: An Eastern approach. *Social Work in Health Care*, 34(3/4): 261-282.
- Chan CLW, Ho RTH, Fu W, Chow AYM (2006). Turning Curses into Blessings - An Eastern Approach to Psychosocial Oncology. *J.Psychosocial Oncol.* 24(4):15-32.
- Chan CLW, Ng SM, Ho RTH, Chow AYM (2006). East Meets West: applying Eastern spirituality in clinical practice. *Journal of Clinical Nursing*, 15: 822-832.
- Chan THY, Ho RTH, Chan CLW (2007). Developing an outcome measure for meaning-making intervention with Chinese cancer patients. *Psycho-Oncol.* 16:1-8.
- Dalai Lama, Cutler HC (1998). *The art of happiness: A handbook for living*. New York: Riverhead Books.
- Huppert FA, Whittington J (2003). Evidence for the independence of positive and negative well-being: Implications for quality of life assessment. *British J.Health Psychol.* 8:107-122.
- Koenig TL, Spano RN (1998). Taoism and the strength perspective. In E. R. Canda (Ed.), *Spirituality in social work: New directions* New York: The Haworth Pastoral Press. pp. 47-65.
- Lee MY, Ng SM, Leung PPY, Chan LW (2009). *Integrative body-mind-spirit social work: An empirically based approach to assessment and treatment*. New York: The Oxford University Press.
- Ng SM, Chan CLW, Ho DYF, Wong YY, Ho RTH (2006). Stagnation as a distinct clinical syndrome: Comparing 'Yu' (stagnation) in traditional Chinese medicine with depression. *British Journal of Social Work*, 36: 1-17.
- Ng SM, Chan CLW, Leung PPY, Chan CHY, Yau JKY (2008). Beyond survivorship: Achieving a harmonious dynamic equilibrium using a Chinese medicine framework in health and mental health. *Social Work in Health Care*. 7(1-3): 1-20.
- Pan JY, Wong DFK, Chan CLW, Joubert L (2008). Meaning of life as a protective factor of positive affect in acculturation: A resilience framework and a cross-cultural comparison. *Int. J. Intercultural Relations.* 32: 505-514.

- Ramaswami S, Sheikh A (1989). Buddhist psychology: Implications for healing. In A. Sheikh & K. Sheikh (Eds.), *Eastern and Western approaches to healing: Ancient wisdom and modern knowledge* New York: Wiley-Interscience. pp. 91–123
- Rubin JB (1996). *Psychotherapy and Buddhism: Toward integration*. New York; London: Plenum Press.
- Saleebey D (2006). *The strengths perspective in social work practice* (4th ed.). Boston: Pearson/Allyn & Bacon.
- Segal ZV, Williams JMG, Teasdale J (2002). *Mindfulness-based cognitive therapy for depression*. New York: Guilford Press.
- Seligman MEP, Csikszentmihalyi M (2000). Positive psychology: An introduction. *American Psychologist*, 55(1): 5–14.
- Tedeschi RG, Calhoun LG (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Trauma Stress*, 9: 455–471.
- Tsuei W (1992). *Roots of Chinese culture and medicine*. Selangor Darul Ehsan: Pelanduk Publications.
- Whittington J, Huppert FA (1998). Creating invariant subscales of the GHQ-30. *Social Science & Medicine*, 46(11): 1429–1440.

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