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A Qualitative Study of Buddhist Counseling on Traumatized Clients: Counseling Practices of Seven Experienced Buddhist Counselors

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Abstract

In the past decade, a number of contemporary psychotherapy approaches for trauma have extracted Buddhist ideas and practices into their treatment models. However, there has been growing criticisms that are primarily rooted in the concern that these practices have been taken out of their original Buddhist context, necessitating the implementation of holistic Buddhist knowledge among mental health professionals. In response, this qualitative study aims to explore the treatment of traumas by utilizing a Buddhist counseling approach that incorporates the wisdom and principles of Buddhism. Seven experts with advanced training in Buddhism and experiences in Buddhist counseling for trauma were interviewed. The results indicate that Buddhist counseling facilitates the development of concentration, enabling clients to cultivate wisdom in addressing their rigid attachment to self-identity or self-notion. Various specific Buddhist counseling interventions were discussed. Initially, the research question aimed to explore the Buddhist conceptualization of trauma. However, the participants encountered difficulties in understanding the Western construct of trauma. To them, trauma was simply suffering associated with concepts such as grief, loss, and challenging life experiences.

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Consequently, the research question shifted to focus on the participants' counseling experiences with clients who have experienced trauma.

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Introduction

We currently live in a world where the risk of trauma is alarmingly high. Recent events, such as the COVID-19 pandemic, the Russia-Ukraine war, the Israel-Hamas conflict, the 2024 Sea of Japan earthquake, and numerous other traumatic incidents, have resulted in the loss of millions of lives and left countless survivors grappling with deep emotional scars. According to recent findings from the WHO World Mental Health Surveys, which included 68,894 participants from twenty-four countries, 70.4% of respondents reported experiencing at least one form of trauma in their lifetime. On average, each participant reported experiencing approximately two traumatic incidents (Kessler et al., 2017).While trauma can manifest in diverse ways and transpire at any time and location, all traumatic events impose significant psychological and physical burdens on survivors that can persist for extended periods. Despite the immense suffering caused by trauma, the resources available to address its impacts are invariably limited (Kessler et al., 2017). Buddhism, a philosophy centered on alleviating human suffering (Lee, 2023), may offer unprecedented perspectives on addressing the traumas we confront in our present circumstances.

The integration of Buddhist teachings and contemporary mental health counseling practices has given rise to the field of Buddhist counseling, which is still in its nascent stages (Lee, 2023). This development has emerged in response to the ongoing debate surrounding the secular adoption of mindfulness practices derived from Buddhism in mental health treatments. While several Buddhist counseling interventions, such as the Awareness Training Program (Gao et al., 2022) and Cognitively Based Compassion Training (Titanji et al., 2022), have garnered increasing recognition in academic circles, there remains a limited understanding of the essence of Buddhist counseling and its practical implementation across various mental health disorders.

Furthermore, scholars have emphasized the necessity of acquiring original Buddhist knowledge and understanding the process of Buddhist counseling to ensure the effective, accurate, and ethical application of Buddhist principles in treatment (Lee, 2017; McWilliams, 2011; Sun, 2014). However, it has been observed that many Buddhist-derived counseling interventions do not incorporate substantial Buddhist knowledge. Therefore, this study aims to investigate how experienced Buddhist counselors incorporate original Buddhist teachings into the counseling process to assist individuals who have experienced trauma.

Methodology

To demystify the process of Buddhist counseling, a quantitative approach may not be able to reveal the essence of the process, including the theoretical foundation, treatment process, and requirements of Buddhist counselors. Therefore, a qualitative approach presents a more suitable methodology for comprehending Buddhist counseling and practices within their own cultural frameworks. This approach allows for an exploration of subjective experiences of Buddhist counselors in the treatment process and investigating the potential effects of Buddhist counseling on traumatized individuals through linguistic expression. These expressions include explicit words as well as the implicit and underlying meanings of the words, which can only be captured through a qualitative analysis of conversations and texts. However, such studies are currently scarce in the field of social science. Therefore, this study employs a qualitative approach to examine the perspectives of experienced experts who apply Buddhist teachings in counseling and psychotherapy, specifically focusing on the nature and application of Buddhist counseling in the context of trauma.

The following are the stem questions:

Table 1

Research (Stem) questions that guided the semi-structured interviews

1. What is Buddhist counseling?
2. What is trauma according to your understanding of Buddhism?
3. What is the process of Buddhist counseling for traumatized individuals?

Participant Selection

Given the uniqueness of this population, purposeful sampling was an appropriate method. Suitable candidates were identified by utilizing researchers' networks of the faculty and students in Buddhist studies. Thirty participants were recruited via purposeful sampling from a pool of faculty and students at a Buddhist university in California. After identifying potential participants, the research team interviewed the participants individually in order to ensure that they met all the inclusion criteria: (a) being an ordained Buddhist monk, Buddhist chaplain, Buddhist minister, or Buddhist counselor, (b) having received advanced training in Buddhism (e.g., graduate level training in Buddhism, training in a monastery, etc.), and (c) having a minimum of three years of experience in counseling individuals who have experienced trauma using Buddhist approaches. Of 13 Buddhist practitioners approached, seven were eligible participants who met the inclusion criteria. Then, a detailed explanation of the research project was provided to them, and their informed consents were obtained. To ensure privacy, all interviews were conducted in a closed university office setting.

Data Collection

During the screening interviews, demographic information and the participants' backgrounds in Buddhist counseling were collected. Semi-structured interviews were then

conducted, employing investigative open-ended questions as the primary approach. These interviews lasted approximately 90 minutes each. All interviews were recorded and transcribed, and field notes were taken to document observations that emerged during the interviews. Follow-up questions were utilized for clarification, gaining insights into the participants' understandings and assumptions, and encouraging further elaboration on their responses.

Data Analysis

For the purpose of disclosing common themes in the responses, the process of data analysis followed an inductive approach to thematic analysis (Braun & Clarke, 2006). The method of thematic analysis involves six steps: (a) data familiarization; (b) initial code generation; (c) searching for themes; (d) reviewing themes; (e) defining and naming themes; and (e) report production.

First, data familiarization involves the transcription of text. Following transcription is the generation of initial codes, which involves the systematic coding of data features. Second, relevant data is collated and given a code. Third, groups of data codes that speak of a similar experience are then grouped into themes. The themes encompass both semantic themes, which are derived from the explicit words used, and latent themes, which consist of underlying ideas, assumptions, and cultural conceptualizations. Next, by comparing the obtained themes to the original data, the themes are reviewed to test for applicability and to determine if they fit the coded data and the entire data set. Modifications and corrections are made to ensure the accurate representation of the original data. The fifth step involves categorizing and labeling the themes into major themes. Each major theme is defined and given a clear name, providing a comprehensive understanding of the treatment process and elements that comprise the Buddhist counseling approach. Subsequently, a report is generated, which includes illustrative examples

extracted from the data. The report concludes with a final analysis of the selected extracts, emphasizing their relevance to the research question and existing literature.

Using the same approach, three researchers coded the data independently at each step and then discussed discrepancies until consensus was reached. Subsequently, an auditor, who possesses a Master's degree in Buddhist Studies and is experienced in utilizing a Buddhist counseling approach, was engaged to review the codes for any deviations from Buddhist concepts resulting from misunderstandings or insufficient understanding of Buddhism. To enhance the comprehensiveness and validity of the result, the primary investigator and three research assistants collaborated in reviewing the collected data to assess the identified themes and explore the possibility of discovering new themes or additional data relevant to the existing themes.

Results

To maintain the confidentiality of the participants, themes are summarized without revealing their real names. Selected responses from the participants are extracted to exemplify the themes that emerged from their answers.

Demographics

The seven selected participants were working as Buddhist chaplains, monks, instructors, or teachers of Buddhism (Table 2). The participants had received training in Buddhism across different traditions. The mean age was 54 (range=42–69). Six males and one female, including one Caucasian American, one Chinese American, one Taiwanese American, one Thai American, one Tibetan, and one Puerto Rican. Six lived in California, USA and one lived in New Mexico. Three participants hold a PhD in Buddhist Studies or religious studies, and the other four have

MA level training in Buddhist Studies or Buddhist Chaplaincy. The mean number of years of counseling practice was 5 (range=3–31) and the mean number of years of Buddhist practice was 11 (range=7-35). Moreover, all seven participants reported to have daily Buddhist practices such as meditation, chanting, reading Buddhist sutras, and/or worshiping. Among the seven participants, two were monastic members. All participants were working in a capacity at the time of the study that required them to provide Buddhist counseling on a regular basis.

Table 2. *Demographics*

Participant Number	Sex	Race	Professional Identity	School of Buddhism
1	Male	Chinese	Chinese Monk	Humanistic Buddhism (Chan)
2	Male	Taiwanese American	Buddhist Meditation Teacher	Early Buddhism
3	Male	Thai	Buddhist Chaplain	Theravāda Thai Buddhism
4	Male	Chinese Vietnamese	Buddhist Chaplain	Theravāda
5	Female	Caucasian	Buddhist Chaplain	Japanese Buddhism (Zen)
6	Male	Mexican	Buddhist Instructor and Clinical Psychology	Japanese Buddhism (Zen)
7	Male	Tibetan	Tibetan Monk	Tibetan Buddhism

Summary of Themes

Three major themes were identified in this research and the second and third broad themes have several themes contributing to it.

Major Theme 1: What is Buddhist counseling?

Participants generally defined Buddhist counseling as a process for helping individuals to reduce suffering based on the counselors' knowledge of and experiences in Buddhism. According to the participants who aligned with Buddhist traditions, they emphasized that the essence of Buddhist counseling lies in the counselor's embodiment of Buddhist Teachings. This entails possessing a profound understanding of various Buddhist scriptures and concepts, such as the Four Noble Truths, the Satipaṭṭhāna Sutta, and the kōan. These teachings serve as a guiding framework for the counselor in their counseling practice.

One participant expressed that the term "counseling" is a Western concept that may differ from their practice of Buddhist counseling in temples. Specifically, in traditional Chinese Buddhism, the process of "teaching" is viewed as a form of "counseling" within Eastern culture. In this context, intervention typically involves introducing clients to key Buddhist Teachings, such as the Four Noble Truths, the concept of impermanence, and the understanding of the eight types of suffering. These teachings serve as fundamental principles for guiding individuals seeking support within the Buddhist counseling framework. Such "teaching-based counseling" is a basic and common duty for monastic members to help clients gain insights to their suffering. Therefore, the participant defines Buddhist counseling as a "personalized Dhamma talk" or an "education" for a client.

Another participant defined Buddhist counseling as *upāya*, a Sanskrit word used to describe skillful means, and described the counselor as an agent who uses different skillful ways to reduce suffering in clients. All participants pointed out that Buddhist counseling is based on the core teachings of the Buddha.

Major Theme 2: What is trauma according to your understanding of Buddhism?

The themes in the response were that trauma is (a) not an original Buddhist concept, (b) a negative body and mind state, and (c) a form of *dukkha* (Table 3).

Table 3. *Themes in response to conceptualization of trauma.*

Theme	Abstracts
1. Not an original Buddhist concept	A. "so, basically, trauma is a-is a Western term—a modern term." B. "Is there any, uh, sutras, or any Buddhist teachings that talk about trauma? I don't think so." C. "Not in the—not in the sutras themselves."
2. A disturbed mind and body state	A. "mind … resorts habitually to oftentimes unwholesome reactive tendencies." B. "crying, mourning, having flashbacks about the incident and don't know what to do." C. "those kinds of . . . yeah . . . is usually kind of those are afraid or scaring." D. "It brings you back to the past, and brings back those memories again."
3. A form of dukkha	A. "Same thing with the *dukkha*. *Dukkha* is dissatisfaction of life, of your experience, of pain, of disease." B. "we can say that the term *dukkha* is almost equivalent to the term trauma"

Theme 1: Not an original Buddhist concept. Four of the participants stated that the original Buddhist scriptures do not include the concept of trauma. Two participants stated that more recent commentaries on Buddhist scriptures have used the concept of trauma to explain a particular form of suffering. One participant noted that trauma is a western psychological concept. All participants described trauma as a threatening event that causes significant mental and bodily changes in their clients, including incidents such as car accidents, loss of loved ones, different forms of abuse, and imprisonment.

Theme 2: A disturbed mind and body state. Consistently, all participants described distinct changes in both mind and body as responses to trauma. Mentally, individuals often find themselves preoccupied with past traumatic memories, accompanied by negative emotions such as fear, sorrow, and anger. They also experience worries and engage in mourning for their losses. In terms of bodily responses, participants mentioned muscle tension, breathing difficulties, and overall physical rigidity. Traumatized individuals struggle to fully engage in the present moment due to their persistent negative states in both mind and body.

Theme 3: A form of *dukkha*. Participants indicated that *dukkha*, which is often translated as suffering or dissatisfaction, is the closest way to describe trauma. Five participants explained that *dukkha* arising from trauma is caused by an individual's attachment to the notion of self. Five participants explained that trauma-related dukkha originates from an individual's attachment to the notion of self. This attachment manifests as a habitual pattern of seeking pleasant feelings and avoiding unpleasant ones, as well as forming strong emotional bonds with narratives and scenes connected to trauma and loss. Furthermore, participants recognized the influence of self-created stories and identities in shaping their experiences. Two participants emphasized that trauma is an inevitable aspect of human suffering, and distress arises from the resistance to acknowledge and accept the inherent nature of suffering in life, including the refusal to come to terms with the death of a loved one.

Major Themes 3: Process of Buddhist Counseling for Traumatized Individuals

The themes regarding the process of Buddhist counseling for traumatized individuals were (a) the cultivation of the practitioner, (b) knowing the client, and (3) the implementation of Buddhist interventions (Table 4).

Table 4. *Themes in response to the process of Buddhist counseling for traumatized individuals.*

Theme	Abstracts

1. Cultivation of Buddhist Counselor	A. "Have to be hand-on experience, the person (Buddhist counselor) have to, to know—have to experience those, uh, quality of mind by themselves." B. "You have to have some experience, even as a healer, even as a teacher, even as a counselor to have cultivated a host of good qualities in the mind." C. "So how do you calm the person down? You have to not show fear. You have to be someone who's equanimous enough."
2. Knowing the client	A. "Listening first. It called compassionate listening that we, uh, talking. We allow the patient to sit and talk." B. "I would look at this individual, I would listen to him, as I would listen to my own mind, as if I am working on my own mind." C. "those kinds of . . . yeah . . . is usually kind of those are afraid or scaring." D. "It brings you back to the past, and brings back those memory again."
3. Implementation of specific Buddhist techniques according to clients' needs	A. "Depending on the needs of the person, it may be that the person first needs to, um, develop a way of talking to herself, more skillfully, more conducively." B. "This tiny bits of good qualities in them that are resonating with you, you being a skilled teacher should point that out: "Right there; this is it!" Encourage this. Recognize this. Develop this." C. "So when they meditate, clear focus allows the patient to, after 5 minute meditation, and then patient will be able to, um, calm down and tell story." D. "I usually practice compassion is non-directed, meaning that it's not—it's not directed to self or other people. It's just a general friendly, uh, well-wishing attitude."

E. “So, by, um chanting and, um, performing the, uh, the—the rituals, and um, then they transfer the merit to their—to the deceased.”

Theme 1: Cultivation of Buddhist Counselor. All participants in the study shared that they engage in regular Buddhist practices for self-cultivation, including meditation, chanting, and reading Buddhist scriptures. Six participants specifically emphasized the significance of practitioners cultivating their own minds to enhance the effectiveness of the therapeutic process. These practices aim to develop qualities such as lovingkindness, forgiveness, acceptance, urgency, awareness, presence, re-remembering, discernment, and a selfless mindset. By nurturing these qualities, Buddhist counselors can attain an elevated state of mind, which enables them to cultivate heightened sensitivity towards their own minds as well as the minds of others. This heightened sensitivity equips them to identify issues within their clients more effectively, serve as composed role models to provide comfort and solace, and experience reduced susceptibility to emotional disturbances caused by their clients' struggles.

Theme 2: Knowing the client. According to the participants, Buddhist counseling involves comprehending the specific problems faced by clients that have contributed to their suffering. Four participants emphasized the importance of active and attentive listening, as it fosters trust, provides solace, and aids in understanding the underlying causes of clients' distress. Different forms of listening were highlighted, including compassionate listening, listening with a "not knowing" mind to avoid assumptions, and mindful listening to be fully present with clients.

The participants identified common problems such as craving, having doubts, clinging to losses and resistance to accepting reality. They emphasized that the selection of interventions depends on the counselor's quality of mind and their understanding of Buddhist teachings. Rather

than following a standardized counseling approach, the participants emphasized the cultivation of a discerning and compassionate quality of mind that allows counselors to comprehend clients' concerns and guide their interventions accordingly.

Theme 3: Implementation of specific Buddhist techniques according to clients' needs. Participants consistently pointed out that they use different approaches and techniques according to the problems of each client, such as teaching a client to read koans to soothe her anger, meditating with a client to help her process a trauma, teaching mindful breathing to calm a client's anxiety, and inviting a client to Buddhist services to help him cope with his grief. There are a variety of techniques that the participants used, including mindfulness training, sitting meditation, lying meditation, shifting perceptions, sitting meditation, chanting, observing and understanding the mechanisms by which the mind functions, practicing meditation in real life scenarios, visualization, chanting and meditating on koans, teaching impermanence, guiding clients to let go, teaching clients' Buddhist ethics, giving them advice, and transferring merit.

The types of techniques used can be categorized as follows (Table 5):

Table 5. *Categories of Techniques*

Techniques Types	Definition	Description of Techniques
1. Concentration Meditation (Samatha)	Teaching client meditation techniques to increase their awareness level and refine their concentration on particular objects of meditation.	A. Mindful Breathing: guide clients to attend to breathing. B. Noting bodily reactions: observing and noting bodily senses without excessive interpretations. C. Mental noting of mind activities: observing and noting thoughts without catching onto the thoughts. D. Observing impermanence of thoughts: seeing how thoughts rise and cease by themselves. E. Visualization of mantras: mentally repeating a mantra during a sitting meditation.

		F. Visualization of self-compassion: visualizing and directing compassion, loving-kindness, and other positive attributes of the self. G. Visualization of unconditional compassion for all beings: visualizing compassion and blessings for all beings. H. Feel and release: when noting anxiety in the body, guiding clients to breathe out tension.
2. Insight Meditation (*Vipassanā*)	Teaching clients to use their concentration to observe, know, discern, and understand the nature of the mind.	A. Meditating on koans: pondering a particular word or sentence of a koan during meditation to achieve a deeper understanding. B. Seeing the functions of the mind: the counselor leads clients to observe how mind activities lead to different consequences, such as how thoughts of wanting to receive acknowledgement aggregates muscle contractions and leads to negative feeling tones. C. Discerning wholesome and unwholesome mind acts: when seeing different activities of the mind and the consequences of the thoughts, the counselor guides clients to distinguish between more beneficial thoughts and less beneficial thoughts. D. Letting go of grasping impermanent things: helping clients see the transient nature of external events and the suffering that results from clinging onto the ever-changing external world. Exploring the letting go of desire and attachment.
3. Contemplation	Assigning practices to clients to contemplate	A. Voice dialogue: visualizing a traumatized self of the past and

	Buddhist teachings in daily life.	conversing with the current self, who will provide comfort and safety. B. Making a self-commitment to change: helping clients make a commitment to change and practice Buddhism. C. Describe the trauma as a story: fostering mental distance from the trauma and describing it as a story. D. Pulling weeds: physical activity to symbolically pull out the root of anger related to the trauma.
4. Rituals	Providing spiritual and religious services for spiritual care.	A. *Nianfo*: chanting the names of Buddhas or Bodhisattvas. B. Practicing precepts in daily life: following the five precepts in Buddhism to cultivate positive karma and reduce unwholesome activities that lead to suffering. C. Reciting mantras: using Buddhist mantras or part of Buddhist scriptures as mantras for an object of recitation to self soothe. D. Generating merits for others: After practicing Buddhism, visualizing the transference of merits to others. E. Joining Buddhist services: repentance rituals, Buddhist funerals, and other Buddhist services can be viable ways to help clients to reduce suffering from trauma.
5. Teach Buddhist Knowledge	Providing didactics on Buddhist teachings in order to help clients develop alternative perspectives to the problem.	A. Teaching Buddhist Knowledge: teaching Buddhist concepts or stories that are relevant to clients' suffering, such as the impermanent nature of life and life after death.

In summary, the process of Buddhist counseling requires a cultivated Buddhist counselor to build rapport with clients by deeply listening to them. After understanding clients' causes of suffering, the counselor provides different techniques to help clients reduce suffering. The techniques can be categorized as teaching clients concentration meditation (*Samatha*) and insight meditation (*Vipassanā*), guiding clients to practice different contemplative techniques, providing Buddhist rituals, and teaching clients Buddhist knowledge.

Discussion

This qualitative study shed light on the process of traditional Buddhist counseling for traumatized individuals. The findings provide valuable insights that can be discussed in the context of current literature on trauma and Buddhist psychology.

Definition of Buddhist Counseling. According to Srichannil and Prior (2014), Buddhist counseling is defined as a process of counseling that is based on Buddhist teachings. The key element described in the definition seems to align with the Buddhist conceptualization of suffering and healing. However, "Buddhist counseling" may be a concept that combines concepts from Eastern and Western cultures. Buddhist counseling is a new term that is not frequently used in current literature. Perhaps it may be defined as a joint effort to use Buddhist teachings as the theoretical foundation for counseling that is supplemented by Western counseling techniques. In conclusion, this project proposes defining Buddhist counseling as a process guided by Buddhist knowledge and practices aimed at reducing suffering in clients, supported by counseling skills and techniques. In other words, Buddhist counseling can be defined as counseling with the following characteristics: (a) guided by core Buddhist teachings, (b) counselors being attuned with clients, (c) understand and conceptualize their suffering and

causes of suffering, and (d) employ Buddhism-based practices and techniques to reduce clients' suffering.

Buddhist Conceptualization of Trauma. According to the findings of this study, trauma is a westernized concept that does not have an identical notion in Buddhism. Similarly, the available research on using a Buddhist approach for treating trauma has defined trauma as a Western construct (e.g., Lindahl, 2017). Since the current study and existing literature consistently pointed out that trauma is a non-Buddhist concept, Buddhism does not seem to share the same conceptualization of trauma as does Western psychology.

Interestingly, two participants discussed using Buddhist techniques to help their traumatized clients by practicing single-pointedness meditation to foster equanimity and such practice does not differentiate whether a client is traumatized or not. Some scholars may challenge mindfulness intervention and point out the potential danger of retraumatizing clients (Hilton et. al., 2017). However, current data illustrate the possibility of using mindfulness to combat trauma symptoms by cultivating concentration, thereby reducing the effect of trauma-related thoughts and emotions. The emergence of trauma-sensitive mindfulness intervention echoes the potentials of mindfulness in working with trauma (Wästlund, Salvesen, & Stige, 2023).

Based on the interviews with participants, traumatization is a form of *dukkha* that manifests as a disturbance in the body and mind. The cause of *dukkha* may include one's mind state remaining fixated on the trauma, resistance to unpleasant feelings, and attachment to the concept of self. *Dukkha*, often translated as "suffering" or "dissatisfaction," is the main target of Buddhist practice. In fact, Tuicomepee et al. (2012) described the foundation of Buddhist counseling as using core Buddhist teachings, such as the Four Noble Truth, to understand human desires and craving, to conceptualize how human suffering arise from the discrepancy between

desires and reality, and to eliminate suffering using the Noble Eightfold Path. In other words, suffering is dissatisfaction caused by the discrepancy between desire and reality. Moreover, Buddhism discusses many factors that cause suffering—such as separation from loved ones, not getting what one wants, or associating with dislikes—that are all related to the inability of the mind to find satisfaction in reality.

This conceptualization can also be applied to trauma. Unlike most theoretical orientations in counseling or psychotherapy, however, there is an assumption of objective reality or universal truth in Buddhism (*Dhamma*). This truth is signified by the three marks of existence: impermanence (*anicca*), meaning that every phenomenon is constantly arising and passing; suffering (*dukkha*), meaning that attachment will eventually result in suffering because any object of attachment will inevitably change; and non-self (*anatta*), meaning that the existence of self is ultimately dependent on some other things that are impermanent and, in turn, that the self is neither independent or stable (Nikaya, 1995). As delineated in the Second Noble Truth, attaching, craving, or holding on to things that will inevitably change and disappear ultimately binds one to suffering.

The rationale for this delimitation stems from Buddhism's belief in the impermanent nature of all phenomena. Clinging to these ever-changing phenomena will eventually lead to dissatisfaction. Suffering arises from the conflict between the subjective desires of the self and the ever-changing external reality that one clings to as a permanent phenomenon—such as life, youth, health, beauty—and, thus, becomes unwilling to accept inevitable changes. From the view of impermanence, birth and death, health and illness, or togetherness and separation are all part of the ever-changing nature of the world, and no single human being can exert control over these unsustainable events (Karunadasa, 2013). However, the human mind tends to believe in an

independent, stable, and controllable existence of the self. Denial of or unwillingness to accept the traumatic loss of loved ones or one's physical integrity, fantasizing relationships as everlasting, craving for sensual pleasure regardless of the consequences, or coercing others through control to resist changes are all called ignorance, and they will eventually result in suffering. Trauma poses a significant threat to one's existence, challenging the sense or notion of self and resistance to accepting impermanence in life.

One way to describe the cause of suffering in Buddhist teachings is the clinging to self-notion (Lee, 2023). To fully grasp this perspective, it is important to understand the distinction between a self and self-notion. In the Buddhist worldview, the self is generally defined as the five aggregates, which is a conceptual system that describes the amalgamation of body and mind. In the five aggregates, the mind creates a sense of ownership, believing that it has control over bodily and mental activities, thus forming a sense of existence (Somaratne, 2021). However, this existence is impermanent and subject to change. For instance, physical health depends on external factors like natural disasters, virus prevalence, and living environment, as well as internal factors such as nutrients, muscle strength, hydration, and the immune system. Nevertheless, the mind of an ordinary person does not perceive and accept oneself objectively and realistically; instead, it tends to construct a specific concept, label, or notion to reify the self in a certain way. For example, while the self may be aging, the self-notion may hold onto the concept of "I am still young and healthy." Alternatively, if the self receives a lot of acknowledgment and love from others in the present, the self-notion may cling to a past concept of "I am unlovable and no one truly recognizes my worth." Clinging to the self-notion is an endeavor to fulfill deep-seated yearnings for existence, thus any disparities between the self and self-notion, or simply "I do not exist" or "I do not exist the way I desire," give rise to suffering.

This psychological tendency to hold onto a self-concept without awareness and acceptance of the realistic self is considered as clinging to self-notion. In the context of trauma, it is probable that the clinging to self-notion is forcefully confronted by life-threatening experiences. As a result, the mind is unable to maintain the same self-notion, leading to emotions such as fear, anger, non-acceptance, and a sense of helplessness. In such case, the self-notion typically does not dissolve; instead, the mind formulates a new self-notion and clings to it to maintain the constructed sense of existence. However, a traumatized self-notion is often more fragmented, negative, and fearful. Examples of such self-notions include "I am unable to protect myself," "I hate myself," and "Perhaps I deserved the trauma." The treatment goal is the non-attachment to the self-notion: to know and see the fabricated nature of self-notion and how one's mind unskillfully hold onto it, thereby letting go of clinging to reified concepts and radically accepting reality as it is. This practice is also known as the realization of non-self (*anatta*).

The cause of suffering related to trauma in psychotherapy appears to share some similarities with the Buddhist understanding of suffering, suggesting that applying Buddhist principles and practices may offer a similar approach to treatment.

The Process of Buddhist Counseling for Trauma. First, the current findings consistently pointed out the necessity of deeply attending to, listening to, and understanding the clients and their points of view, and it needs to be the primary step in Buddhist counseling. Second, the theoretical foundations of Buddhist counseling can be built on core Buddhist teachings like the Four Noble Truths. In the current study, participants emphasized the need for Buddhist counselors to self-cultivate, and they described the quality of mind of counselors as an effective therapeutic tool for clients. Moreover, it is important for Buddhist counselors to adhere to consistent and guided Buddhist practices in order to enhance their level of cultivation and

personal qualities. This is because the presence of Buddhist counselors can be one of the most therapeutic factors in the counseling process. In particular, engaging in Buddhist practice can enhance a counselor's ability to recognize and comprehend their own sources of suffering, gain a deeper understanding of the causes of clients' suffering, establish trust and rapport by attuning to and connecting with clients, and cultivate a calming and therapeutic presence for their clients.

In addition, a Buddhist counseling model can also use core Buddhist teachings to conceptualize the causes of suffering and ways to reduce or cease suffering. For example, the Buddhist perspective acknowledges that human suffering stems from the dissatisfaction that arises when personal desires and cravings remain unfulfilled in the face of reality. This perspective can be utilized in case formulation to provide a deeper understanding of the client's experience. When a person fails to see reality as it is—such as the impermanent nature of things and the fabrication of the identity of self—he or she becomes subject to suffering. The five interventions in the findings, including teaching clients concentration meditation (*Samatha*) and insight meditation (*Vipassanā*), guiding clients to practice different contemplative techniques, providing Buddhist rituals, and teaching clients Buddhist knowledge, are mediums to help clients see reality as it is by cognitively learning the Buddhist worldview and experientially cultivating their minds. In other words, the current findings suggest that Buddhist interventions could help clients to realize their causes of suffering and learn to make decisions that result in less suffering.

Conclusion

This project represents an initial exploration of Buddhist counseling with the aim of examining its processes, and it successfully achieved its objective by identifying and summarizing the approaches employed by various experts in utilizing Buddhist counseling techniques for individuals who have experienced trauma. In light of the growing recognition for

the contextualization of Buddhism, rather than solely relying on secularized mindfulness interventions, this project sought to discuss Buddhist counseling by bridging psychological language with Buddhist terminologies to facilitate comprehension among mental health professionals. It is advisable for mental health professionals who are interested in this field to engage in both cognitive and experiential learning of Buddhism, approaching it with a non-judgmental mindset, in order to gain a more comprehensive understanding of Buddhism within its own framework.

The current study has two limitations. Firstly, the use of qualitative inquiry provides insights into the processes of Buddhist counseling for traumatized individuals. However, due to the nature of qualitative research, the sample size in this study was limited. Future studies could employ a qualitative approach with Buddhist counselors from various countries to further explore the processes of Buddhist counseling in different cultural contexts. Additionally, quantitative studies could be conducted to examine whether the themes identified in this study are applicable to a broader population of Buddhist counselors and chaplains. This collaborative research effort would contribute to the development of a more comprehensive and structured model of Buddhist counseling. Secondly, this study focused solely on the experiences and practices of counselors, neglecting the perspectives of clients. Further studies could design a specific protocol for Buddhist counseling in trauma cases and investigate the experiences of clients who have participated in such counseling. This would provide valuable insights into the effectiveness and impact of Buddhist counseling from the client's point of view.

An important future research direction is to adopt the perspective of Buddhist psychology to conceptualize trauma, particularly focusing on the notion of self. According to Buddhist teachings, attachment to a fabricated self-notion is identified as a root cause of suffering. In the

context of trauma, which entails life-threatening experiences, there is a profound impact on the stability of the self-notion. The traumatic event can lead to the collapse or fragmentation of the attached self-notion, resulting in a fragmented sense of self infused with aversion, fear, and confusion. Additionally, the mind becomes scattered and easily disturbed by trauma-related cognitive events and emotions. Mindfulness, particularly when practiced skillfully, can serve as a means to restore attention and bring it back to the present moment. This allows individuals to observe trauma-related cognitive events and emotions with a sense of mental distance. Future studies can explore this hypothesis rooted in Buddhist psychology and design interventions that incorporate mindfulness techniques to address the experiences of traumatized clients and their self-notions. By doing so, a deeper understanding of the impact of trauma on self-identity and effective therapeutic approaches grounded in Buddhist principles can be developed.

Finally, one implication of the current study is that many assumptions and concepts are different between Western psychology and Buddhism. Therefore, it may be more beneficial for individuals in psychology to learn Buddhism as a blank slate instead of approaching Buddhism with preexisting assumptions and knowledge in psychology, in order to understand the specific cultural neurons and meanings. Even though Buddhism and psychology have overlapping areas, they are two distinct schools with different theoretical assumptions and cultural contexts. It is recommended that interested mental health professionals learn Buddhism cognitively and experientially with a not-knowing mind to truly comprehend Buddhism from its own frame of reference.

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