

"TOUCH AND GO" IN CLINICAL PRACTICE: SOME IMPLICATIONS OF THE VIEW OF INTRINSIC HEALTH FOR PSYCHOTHERAPY

Karen Kissel Wegela

THE VIEW OF INTRINSIC HEALTH AND BRILLIANT SANITY

From the Buddhist point of view, each one of us possesses what is known as Buddha Nature (*tathagatagarbha*).¹ It is who we are. This nature, which is also known as intrinsic health or brilliant sanity has several qualities.² It is characterized by what may be called spaciousness, clarity, and warmth. Moreover, it is inherent in us, exists in all beings, and is unconditional. In the following article, I intend to present this view of intrinsic health and brilliant sanity and discuss how holding such a view may have an impact on one's work as a psychotherapist. In particular, I would like to present a style of working with oneself and one's clients which can be called "touch and go." By practicing touch and go, the therapist can invite the qualities of intrinsic health into the atmosphere and relationship of psychotherapy.

ATTRIBUTES OF SPACIOUSNESS, CLARITY AND WARMTH

Spaciousness

Spaciousness refers to the capacity to accommodate whatever experience arises. One can, for example,

accommodate anger without having to identify with it.³ Usually, we do not experience such spaciousness. If anger arises, we often may feel heat on the back of our necks, tense jaws, flushed cheeks. At the same time we are aware of thoughts arising, such as, "I'll show him! What does he know? I was right. What was he doing pulling out of that intersection in that way anyhow?" Usually, when we are angry, our minds become a logjam of thoughts, and there is no room for anything else. The feeling is tight and full.

This logjam quality, this feeling that there is not room, is the absence of spaciousness. When we are in touch with the roomy quality of our experience, the details do not change particularly. What is different is that we are not identified with them. This is not some kind of "objective detachment"; it is a larger outlook altogether.

Spaciousness is sometimes referred to as "openness." This means that whatever arises in one's own mind can be experienced for what it is. We do not have to push our experience away; we can be open to it. If this is the case, then we accommodate anger, sadness, joy, boredom, agitation, calm and so on. It does not really matter from the point of view of spaciousness.

Openness or spaciousness is like the Colorado sky which is vast and deep. Whatever kind of weather arises in it, the sky does not object. Whether we experience the blue sky of peacefulness or the stormy, dark-clouded sky of terror does not matter from the point of view of the sky. So, too, with spacious mind.

Clarity

Intrinsic health, or brilliant sanity, is also characterized by clarity. We feel the textures and temperatures and colors of

our experience. Whatever happens need not be filtered through habitual biases of any kind.

Usually we select certain states of mind and body to like, others to dislike, and others to ignore. Our habitual tendencies are to try to cultivate the states we like, push away those we dislike, and ignore those we regard as not important to us.⁴ According to the Buddhist teachings, as well as to much current cognitive psychological thinking, our perception is affected by these biases.⁵ For example, we do not see what we do not want or what we do not expect to see. Or we see what we are afraid we might see, and so on. The point is that we distort our perceptions — our sight, hearing, smelling, tasting, and touching — with our biases. This is lack of clarity.

Intrinsic health has no such biases, and therefore does not distort the sense perceptions. This is the notion of clarity. This means that if I have a headache and my vision is a bit fuzzy, I will feel the tightness in my forehead and perhaps in my neck and on my scalp. I will look across the room and the books on the bookshelf will look a little wavy. Clarity means that the waviness will simply be waviness. It does not mean that I will have to try to make the books look unwavy.

Moreover, clarity refers to the way one senses the activity of one's mind. One is mindful and aware of what occurs. Thoughts and fragments of thoughts, bits of jingles that seem to float through our awareness, are just what they are. Suicidal thoughts are just that — thoughts. Happy thoughts are thoughts. Even such labelling like "suicidal" or "happy" need not be done. Clarity is the simple apprehension of things as they are without embellishment.

Warmth

Finally, the third quality of intrinsic health is that it is warm. Warm here refers to compassion for ourselves and for others.

When we do not filter our experience through personal, habitual biases, we are able to see how much pain we experience. We have no convenient rationalizations to offer and want none. Instead, what we discover is our heart. We feel some kindness toward our experience. We are able to be friendly to anything that arises: wishes for companionship, dislike for brussel sprouts.

When we touch in to sympathy toward our own experience, we naturally begin to extend that sympathy toward others. When we do not pick and choose what we will and will not experience, we cannot help discovering that people all around us are in tremendous pain and confusion. If we have no filters to keep us from feeling their depression, or their rage, or their boredom, we feel it fully and find that we would like to remove that pain from them. We experience compassion. We genuinely wish to remove their pain — not so we can prove what good therapists we are, but because they are in pain and pain hurts. That makes us much more interested in being truly helpful, not just in coming up with some glib verbal band-aid or temporary palliative.

To be in touch with these qualities is to experience health and sanity. Whatever occurs can be included, regarded with clarity, and felt with warmth.

INTRINSIC HEALTH NOT THE SAME AS "EGO"

It may seem that intrinsic health or brilliant sanity is some *thing*, some new way of describing a solid self or ego. In the Buddhist tradition, "ego" may be understood to describe our habitual tendencies to identify with particular experiences and say "this is who I am." For example, if we experience anger, we try to possess that anger as our "self." We assume that because there is anger, there is someone experiencing the anger, and that someone is "I."

Ego, however, cannot possess intrinsic health or brilliant sanity.⁶ It is not merely what we have, it is what we are. There is nothing in intrinsic health which can be claimed or fixated upon successfully. If we identify ourselves with space, there is nothing solid. We find that any experience that arises is who we are. This does not provide us with a reference point which could be called "I." If we identify with warmth, if we try to narrow it down in that way, as "my warmth," we find that we lose touch with warmth, we re-enter the habitual realm of protecting "*this* warmth." If we try to identify with clarity, we find the same thing occurs. Clarity "reflects" any experience without bias. This does not leave anything in particular to call "I," except, perhaps, the fleetingly present flickers of experience. To call this "I" does not provide much comfort.

From "ego's" point of view, this whole idea or experience of intrinsic health is foreign. It means dropping any particular fixed reference point, dropping the notion of possessor and possession. This is precisely what "ego activity" is designed to establish.

INHERENT, UBIQUITOUS, AND UNCONDITIONAL IN ITS NATURE⁷

Inherent

To say that health is intrinsic means that it is in us already. Health is not something added on by the action of a doctor or psychotherapist. The activity of the healer, then, is not to infuse health into the client, but rather to help uncover the already existing health that is the client's birthright. This means that the therapist is a helpful companion on the jour-

ney, she is not the repository of magical techniques for bestowing something external called "health."⁸

The therapist, also, is concerned with uncovering her own intrinsic health. In a very real way, both the client and the therapist are on the same journey. The work of psychotherapy must be seen as part of that journey for both parties. In such a way, therapy becomes mindful practice for both of the participants. The client and the therapist are co-travelers. The therapist is not a guru.

Ubiquitous

To say that intrinsic health exists in all of us means that no one, not even the most flagrant sexual or physical abuser, lacks a fundamental nature of goodness and health. To be sure, such a person is not in touch with this nature when engaged in abuse. It would be impossible to so harm another person if one were in touch with one's heart in the way that is described by the view of intrinsic health.

Unconditional

The notion of health as unconditional is perhaps the most interesting to me personally because it undercuts any opinion we may hold about what health is or must be. Most of the time we regard health in a very conditional way. We say things like "I am healthy when I feel vigorous." "I am healthy when I run every day." "I am healthy when I take my Super Blue-Green Algae." "I was sick yesterday, but today I feel healthier." "I am healthy if I am free from illness."

Or we can be more subtle. "I am healthy when my mind is calm." "I am healthy if I meditate every morning." "I am healthy if I am aware of my intrinsic health."

All these are conditional views. If circumstances change, as they inevitably will, then one's health is lost. But intrinsic health cannot be lost. It is inherent and ubiquitous. Even if one has cancer one is intrinsically healthy. If one is experiencing psychosis, one is intrinsically healthy. It is possible to bring to any experience the qualities of openness, clarity, and warmth. When one does this then whatever one experiences is simply what it is. Sometimes people describe what they call "well-being" in the midst of disease. That is to say, they can be in touch with their intrinsic health. Yet, that health is present and available whether or not one is in touch with it.

I remember an occasion when I was on a meditation retreat in the mountains. I woke up one morning with a very painful headache and stomach cramps. It was a clear and lovely morning, and as I went outside, I noticed that I was smiling and that I still could feel the headache and the stomach cramps. I felt slightly embarrassed to catch myself feeling well despite my pain.

RECONNECTING WITH INTRINSIC HEALTH

Healing has to do with reconnecting with intrinsic health. It is not the same thing as curing symptoms.

When we take a conditional view of health, we lay the groundwork for an aggressive or materialistic approach to working with ourselves and others. If we have an idea of how we should be, then we will reject or ignore how we actually are. We will put our effort into trying to attain our preconceived ideal. Reconnecting with intrinsic health is fundamentally nonaggressive; nothing needs to be "fixed." The therapist is not a mechanic.

This does not mean that we would ignore someone's headache or refuse to set a broken leg. Our desire is still to alleviate unnecessary suffering. Yet, we have a larger vision.

IMPLICATIONS OF THIS VIEW FOR PSYCHOTHERAPY

When we take the view of intrinsic health or brilliant sanity, it may alter our understanding of what we are trying to do in psychotherapy altogether. It means that our task is to assist the client in reconnecting with or rediscovering his inherent nature. This is also the goal of most spiritual journeys, so it may seem presumptuous to imagine doing this as a therapist. At the very least it may sober us and invite us to drop the professional arrogance and therapeutic aggression that present hazards on the psychotherapist's path.

Regarding ourselves as therapeutic wizards, fix-it experts, or spiritual teachers is losing touch with our own health and sanity. Whenever we assume such postures we have lost touch with our openness, clarity, and warmth. Any action that follows will, of necessity, be based on confusion and distortion. Despite what may be a very genuine intention to be helpful, we may delay and confuse the journeys of our clients. This is the operation of professional arrogance.

As for therapeutic aggression, it has been discussed elsewhere; but briefly, it refers to our attempts to change the client.⁹ Aggression is the rejection of things as they are. Therapeutic aggression is the activity of the "healer" which is aimed at easing the healer's own discomfort with the client's pain. Its purpose is to make the therapist feel better.

How is one to avoid making the situation worse? How can one hope to offer help to a fellow being who is in pain?

Touch and Go

We could use the phrase *touch and go*. You are in contact, you're touching the experience of being there, actually being there, and then you let go. That applies to awareness of your breath and also to your day-to-day living awareness. The point of *touch and go* is that there is a sense of feel.¹⁰

In the Buddhist tradition the practice of sitting meditation is taught as the most effective way to reconnect with one's health and sanity.¹¹ This practice of sitting down with oneself embodies the qualities of intrinsic health (spaciousness, clarity, and warmth). One is instructed to include whatever arises; thoughts of eating cookies are regarded as no more or less important than thoughts of killing your dearest friend. Any thought, any emotion, any bodily sensation is simply noticed and not pushed away. This is the quality of "touch." One allows oneself to experience fully whatever arises. If jealousy arises, one lets oneself feel that fully for a moment. One does not hold back. One touches the jealousy completely. This is not a lengthy examination process, but rather a momentary "touch." One can touch completely and at the same time momentarily.

Then, in accordance with the technique of shamatha or mindfulness meditation, one lets the experience go. One identifies with the outbreath. As the breath dissolves into space, whatever attention one has put on the breath dissolves along with it. Whatever one has touched, one lets go. This is the quality of "go." It is relaxing one's hold, so to speak.

There is a rhythm of touching and going, touching and going. It is like the process of natural or unself-conscious breathing itself. One does not push one's breath out; one does not hold one's breath.

Often one discovers a tendency to touch and grasp. Instead of simply touching an experience, one hangs on to it and thinks it over. One makes up stories about it and gets completely caught up to the point of forgetting where one is. This is getting lost in discursive thought. Thoughts proliferate and then emotions connected with the thoughts come up. One can find oneself spending many minutes completely lost in this way before one realizes where one is. Mindfulness/awareness sitting practice provides training in noticing the moments when one

has "come back," and in exerting some effort in not jumping on to the next thought-train leaving the depot.

On the other hand, one may discover that one's tendency is to "go" and not to touch very much. For example, rather than really allowing oneself to feel the pain of heartbreak, the feeling of longing and sadness, one quickly tells oneself that this is just thinking and goes out with the breath. This, too, is a way of getting "lost." Mindfulness/awareness also trains us to stay with our experience: with our broken-heart, our boredom, whatever it is in any one moment.

This technique, then, is directly concerned with cultivating openness, clarity, and friendliness to our experience — the qualities of health and sanity.

Touch and Go in Psychotherapy

The technique of touch and go can be brought into psychotherapeutic work as well, providing the therapist with a means for laying the ground for a healing relationship. Without such a ground, it is quite likely that the interaction between the therapist and client may not be healing. It may even add to the confusion and aggression of each of them. The use of touch and go can provide the opportunity, again and again, to return to the fundamental ground of experience. Actions and speech can arise naturally from this ground. What is known in Buddhism as "skillful means" can arise only from this nonaggressive open-mindedness.

Laying the ground in this way is an essential part of psychotherapy, but it is not enough in itself. The activity of psychotherapy also involves the shared journey of the client and the therapist. Certainly the therapist still engages in dialogue with the client and expresses interest in the client's experiences. The insights of the therapist and the client have their proper place. Thinking things over, or contemplation, as well

as study, are important tasks for the therapist and possibly for the client as well. Anything that arises for the client or the therapist may become part of the journey of therapy. It is, however, beyond the scope of the present article to explore the details of such a journey and the differing roles of the therapist and client.

By practicing touch and go, the therapist can help provide an occasion when the client may also begin to practice touching and letting go on the spot. Here, it is not so much a matter of sitting quietly in meditation posture and touching one's experience and going out with the breath, but rather it is touching the experience one has in the moment and letting it go. This may mean touching one's "internal" experience, noticing that one's state of mind is getting speedy, or that one's hands are trembling. One does not then analyze these "symptoms," but rather notices them fully in the moment, lets them go, and moves on to what happens next. This may mean noting what is going on with the client. Perhaps he is talking rapidly, his voice is growing louder, he is talking about how angry he is feeling about his boss. Again, the therapist feels that completely. She may discover that she is experiencing anger herself. Again, the point is not to analyze, but to touch and to go. One does not try to figure out if the anger is "one's own" or the "client's," if this is transference, countertransference or anything else. One remains open to whatever comes next.

I find that this approach directs my attention to the touch quality in an interesting way. I am more likely when I am practicing "touch and go" to notice the textures and emotional tones of an interaction. I might find myself appreciating the energetic quality of a client, or feeling the sadness connected with his loss of a valued friend. At the same time that there is a heightened sense of touch, there is less likelihood that I will become tangled up in the story that accompanies that feeling or texture. I can experience someone's pain and feel myself moved by it, feel that pain myself, and not have to "buy" my

client's view that he is terrible, or that life is bad and the best thing to do is kill himself.

Sometimes, of course, as therapists, we get completely caught up in regarding the client's life as the client does. At some point we notice and then can completely touch, and that touching then allows us to completely let go. Occasionally we do not realize the extent to which we might have "bought" the client's storyline. Clinical supervision of the style described by Rabin and Walker (1987) can help to show the therapist how she is holding on and how she might let go. This supervision approach is based on touch and go rather than on intellectual analysis.

My practice is to touch whatever is arising, and then to let it go. Neither half of the practice is regarded as more important than the other. It is not the point to go without touching. Touch and go is not a gimmick for escaping from the intimacy of pain.

I was once sitting with the husband of one of my clients. He had come in, with her permission, to tell me "his side of things." He sat in my office, telling a list of her faults. "She doesn't wash her hands above the wrist. She doesn't take good care of things. She's dirty. I don't want her preparing my food." As I listened to him, I noticed that I was starting to shake. I was not aware of regarding him as dangerous, and yet I was growing increasingly nervous. I let myself really feel that feeling. I was extremely shaky in body, my mind was growing more agitated, jumping from topic to topic. I had been asking him questions to draw out what was on his mind, and at this point, I stopped. I let go of any agenda. I noticed that he became more quiet as well. There was a moment of simple contact between us. The conversation shifted, and he began to speak of his own fear.

What occurred in this situation, when I began to feel nervous, is known as "exchange." It is a phenomenon that is common to all of us, and well-known to therapists. When we

let ourselves be open, and often even when we do not, we find that we “catch” what our clients are feeling. Sometimes this is regarded as a problem and we tell ourselves that we have poor boundaries. From the point of view of intrinsic health, it is simply our openness and our warmth that allows us to be touched by another person’s experience. The problem is that often we then do with that experience what we so often do with any other experience. We identify with it, grab on to it, and make it something solid. We become “stuck in the exchange.” We regard certain clients as difficult because of how we feel when we are with them.

Imagine, if you will, that you are with a client whose mind is very speedy.¹² He jumps from one thought to the next and talks without stop. I suspect that every therapist has worked with such a client. Let me describe one man with whom I worked. He is a tall man, very well-filled out, in his mid-forties. He has brown curly hair of a sandy shade. He often runs his hand through his hair, pushing the hair back from his face. He is wearing jeans and a flannel shirt. He has very large hands and feet. He is wearing dirty work boots because he has been working outside. He looks weathered. He has a warm face: he smiles often, looks at me with a direct gaze, but not in a challenging way. He has large lips, sensuous. His mouth is moving most of the time. The only way to get him to listen to me is to interrupt him. Sometimes I have to wave my arms to get his attention. This makes him laugh, and he admits freely that he gets caught up in what he is saying and loses track of where he is. Other times his voice is loud and he is talking about how angry he is. He cannot keep track of what he is doing long enough to get it done. He blames the anti-psychotic drugs he was given ten or more years ago.

Now he is describing how difficult it has been for him to try to make a decision about what to do next in his life. He starts to list all the alternatives. Maybe he should go back to school again and study to be a teacher. “Teaching would be a kind of

good job to have since it has the summer off and it has lots of structure and, you know, structure is really helpful to me. When I don't have structure then I get caught up in all kind of things. You know, I can be working on the house and then I forget what I had just figured out. I can't figure out how to fix the floor because I can't keep the numbers in my head. If I keep the numbers in my head then I can't remember what the numbers are for. I can't really do math anymore. I used to be really good at that."

My mind is starting to race. I want to ask him if he thinks he would like teaching. Wouldn't that really make him feel crazy? Trying to keep up with a roomful of speedy children? I want to offer him advice. I want to help him sort through the pros and cons of teaching. And could he really manage at school? I think I remember that he described his last schooling experience to me. It was really hard for him to study. He could do it, but he took a very long time to get things accomplished, and he found that frustrating.

". . . . the plumbing. And then I had to ask the guy next door to help me."

Where am I? I lost track of what he was saying. What was that? I better try to catch up.

"But then, if I do that I will lose all of the insurance support that I have. I'm not sure I want to do that, especially if there isn't any chance of getting this other thing to work out. I can't sort this out. They all seem the same [speeding up more]. If I can't get this figured out then I am going to just keep on as I am, and I'm getting really sick of this. I am sick of it. I have been sick of it for a long time. If I go to visit my sister she will give me the ticket. Maybe I'll just do that. But we don't really get along all that well and I probably should try to do something for my mother."

His mother? He is interested in doing something for her. That is the first time he's said he would like to do something

for someone else. Or is it? I'm not sure if I'm remembering this right.

“ because I have a ride there. Isn't that a ridiculous reason to do something?” [His voice is louder.]

Whoops. I missed him again. Ride? Where?

This kind of thing is likely to happen again and again. I cannot be said to have “touched” my experience yet. At some point I notice my own experience. (Perhaps a few minutes have gone by. Perhaps a lot longer. Sometimes a whole session could get eaten up.) I am feeling speedy. My mind is jammed with thoughts and solutions to offer to his many problems. I cannot keep up with his thoughts or my own thoughts. I am feeling tense in my upper arms and shoulders. My stomach is tight. My jaw is tight. My brow is a bit furrowed. I feel as though I am working very hard, but I don't know at what. I feel much the same way now, writing about the experience. I am feeling rushed, like I have to catch each thought before it gets away from me.

As I let this experience be here, it is just this, just this moment. If you have come along, you might be feeling some kind of speediness of mind too. So, the technique at this point is simply to touch, simply to feel this moment. No big thing, no analysis. Just this.

Let it go. Breathe again. Look. There is my client. Here is my client. He looks back at me. He starts up, or maybe continues again. For a moment I am not trying to take away his speed, to take away his pain. I am available to whatever happens next.

Times in which one “comes back” to the moment at hand happen quite naturally. According to Buddhist teaching such naturally occurring openings can assist us in developing mindfulness.¹³ The practice of meditation, in particular, works with this tendency of mind to return to what is going on now. Through meditation we can train ourselves to notice when we

have come back, to acknowledge (touch) that we were "gone," and to let go even of this discovery.

When such moments arise for the therapist, she can practice touch and go. Then there is no particular action to be taken. One might or might not do or say something. The point is that one is practicing the dropping of any preconceptions, any preconceived strategies, and returning to this very situation.

With this particular client, sometimes I have said nothing. Other times, I have simply said what I am experiencing. "I feel my mind speeding. It's pretty uncomfortable. I can't keep up with you."

Sometimes he does not seem to hear me, but just keeps going. One time he stopped for a moment and looked at me and said, "Yes. That's it." It was nothing profound, but there was a moment of mutual touch. A moment of shared acknowledgment of pain. Then, there was a moment of shared laughter. Just a short time in which nothing was complicated, a simple moment.

SUMMARY AND CONCLUSION

Discovery of Common Ground

Touch and go is best understood, in this context, as a postmeditation practice. It is a simple, albeit sometimes difficult, technique. The sitting practice of mindfulness/awareness meditation can provide powerful training in recognizing when one is and is not touching one's experience. Further, one is also trained in letting go.

When one practices touching and going in working with others, one discovers over and over again the common ground of intrinsic health which we all share.

As can perhaps be seen in the above examples, the therapist's practice of touch and go may provide an occasion in which the therapist can return to the moment, return to the relationship in the moment. When the therapist can touch her experience in this way, there is the chance to touch the client's experience as well. In this way the beginning of a path of healing can be shared. Such a path begins with the acknowledgment of pain. By practicing in this way, the pain is not the client's pain, nor is it the therapist's pain. It has become environmental pain which both people tap into. How each of them learns to relate to that pain is the path they share together.

Sometimes one can touch simply. Other times one gets "stuck in the exchange." That is to say, one grasps the experience, identifies with it. Sometimes this grasping is a kind of holding back from touching something new. Often when one is holding back in this way one feels "overwhelmed." When one truly lets go there is nothing that can be overwhelmed. If one touches this experience completely, the grasping can relax for a moment. It may seem paradoxical, but when one goes toward one's pain, one relaxes. If one fully opens to the experience of being stuck, of being confused, of being whatever one is; one touches completely. Such complete touching is already letting go. On the other hand, completely letting go allows one to touch fully in the next moment.

In such moments of really touching and fully letting go, there is the possibility of genuine contact. Such meeting between two people, free from aggression, contains intrinsic health. Communication of this kind cannot be captured in words, and yet it can be recognized.

Atmosphere of Intrinsic Health

At the same time, when the therapist practices in this way, the environment, the atmosphere, of the relationship is influenced. Each time the therapist is able to touch and to go, there is a cutting of the possibility of therapeutic aggression and arrogance. The therapist is able for that moment just to be spacious. This helps to create an environment which is free from aggression also. It becomes inviting for the client. Rather than adding to aggression which is already part of the client's pain, such an opportunity to experience nonaggression, spaciousness, can invite the client to relax enough to begin to touch his/her own pain on the spot.

By continually touching and disowning her own thoughts about what to do to or with the client, the therapist makes it clear that the client will have to do things for himself. She will not take away the client's pain. She cannot make everything all better. She cannot even solve the client's problems. This may not be easy for the therapist to accept since so many of us tend to identify ourselves as "helpers" and "doers."

The practice of touch and go, then, helps to lay the ground in psychotherapy. It provides both the therapist and the client with a way of tuning in to intrinsic health. By its very nature, practicing touch and go undercuts therapeutic arrogance and aggression; it exposes our tendencies to impose our conditional views of health and sanity on ourselves and on our clients. By helping to short-circuit any habits of "psychologizing," touch and go affords us access to a particularly "plain" and ordinary way to be. At the same time, it is also important to bring the attitude of touch and go even to this technique. We must not make a big deal out of not making a big deal out of things! Instead, we can come back, again and again, to the experience of simplicity.

NOTES

1. *Tathagatagarbha* is presented extensively in *The Changeless Nature* (1979) by Arya Maitreya and Acarya Asanga.
2. Chögyam Trungpa, Rinpoche introduced the term “intrinsic health.” See also, “A Conversation with Health Professionals” (1979).
3. “Spaciousness” has become something of an overused word by those of us who ascribe to this view of intrinsic health, and yet it is difficult to find another word which conveys quite the same thing.
4. Dr. Simmer-Brown discusses the Buddhist view of habitual patterns in her article, “Pratityasamutpada: Seeing the Dependent Origin of Suffering as the Key to Liberation,” Vol. IV of this Journal (1987).
5. See also *Perceiving Ordinary Magic* (1984) by Dr. Jeremy Hayward.
6. Similarly, we cannot possess or grasp what Chögyam Trungpa calls “basic goodness.” See *Shambhala: The Sacred Path of the Warrior* (1984).
7. See also Gampopa, “The Motive,” in *The Jewel Ornament of Liberation* (1971).
8. In the perhaps never-ending dilemma of how to employ personal pronouns in a non-sexist way, I have elected to do the following: when referring to the therapist, I have used feminine pronouns as I myself am female. In referring to the client, since all of the examples I have cited are male, I have used masculine pronouns.
9. “Therapeutic aggression” is discussed by Jeffrey Fortuna in “Therapeutic Households” (1987) in Vol. IV of this Journal.
10. Chögyam Trungpa, *Dathun Letter*.

11. In particular, the meditation technique referred to in this article is shamatha/vipashyana mindfulness/awareness meditation as taught by Chögyam Trungpa, Rinpoche, and made available to students through Shambhala Training, Vajradhatu, and The Naropa Institute. The description included here is not intended as meditation instruction. Those who are interested in finding out more about this practice might read Chapter 2, "Discovering Basic Goodness," in *Shambhala: The Sacred Path of the Warrior* by Chögyam Trungpa or Chapter 7, "Connecting with the Earth," in *Buddha in the Palm of Your Hand* by Ösel Tendzin. Preferably, one should seek out a qualified meditation instructor to receive individual meditation instruction. One may also learn how to meditate by using the Vajradhatu Home Study Course, available from Vajradhatu (1345 Spruce St., Boulder, CO 80302).
12. Certain details have been changed to protect the privacy of this client.
13. See Chögyam Trungpa, *Garuda IV: The Foundations of Mindfulness*, especially the section on "Mindfulness of Effort."

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