

Suffering Loves and Needs Company: Buddhist and Daoist Perspectives on the Counsellor as Companion

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ABSTRACT

Mindful of living in a multicultural and cross-cultural society, this article introduces and presents Buddhist and Daoist philosophy, psychology, and practice along with the potential for their application in psychotherapy within the context of the theme of the psychotherapist or counsellor accompanying the suffering person. The theoretical grounding for this application is the understanding that the suffering person has an underlying need for ontological security. It is suggested that this is made possible by a twofold connection: intra-subjective connection to self through integration of emotions, thoughts, and psycho-physical states; and inter-subjective connection to others. A case is made in this article that the therapist's mindful and energetic presence is key to the development of this connection.

RÉSUMÉ

Avec une perspective pleinement consciente de la vie dans une société multiculturelle et interculturelle, cet article présente la philosophie, la psychologie, et la pratique bouddhiste et taoïste et leur application potentielle en psychothérapie dans le cadre de l'accompagnement de la personne souffrante par le conseiller et le psychothérapeute. Le fondement théorique de cette application est une compréhension du besoin sous-jacent de sécurité ontologique d'une personne souffrante. L'article suggère deux moyens de connexion pour répondre à ce besoin : une connexion intra-subjective de la personne souffrante avec soi-même, intégrant ses émotions, ses pensées, et ses états psycho-physiques, et une connexion inter-subjective avec les autres. Selon les auteurs, la présence consciente et énergétique du thérapeute est la clé permettant le développement d'une telle connexion.

Great Doubt, Great Awakening,
Little Doubt, Little Awakening,
No Doubt, No Awakening.
(Zen saying, Batchelor, 2001, p. 29)

The word “suffer” is a variant of the Latin “*suffere*; to bear, undergo, endure, carry or put under,” from sub “up, under” + ferre “to carry” (*Online Etymology Dictionary*, 2001). Note the physicalistic root of the word. A sufferer is one who is struggling, staggering, limping, maybe even collapsing, under the unbearable weight of a burden he or she is carrying. The importance of this physical image for us lies in its elicitation of a certain response from the witness, the counsellor. An ordinary response from us when we see someone staggering under the weight of a burden is to run to his aid, to lend a supportive hand, and even to take on some of the burden. All these and similar responses are solely focused on one thing

and only one thing: a human being before you who is suffering. Not a disorder, a diagnostic category, a “case” of suffering, or some other label, but a person who is feeling pain and anguish in-the-moment. Never lose sight of the person (we lean toward the term “person” in the service of emphasizing the personal nature of the encounter and deconstructing the idea of client or patient as an object upon whom the counsellor bestows treatments or “operates”) who is carrying the suffering and see her (in the service of gender equality, we use the pronouns referencing gender randomly throughout the article) as merely a cluster of symptoms, behaviours, and feelings. This is the fundamental principle for psychotherapy within the traditions of existentialism, humanistic psychology, and Eastern spiritual practices, from within which this article is theoretically framed. By “spiritual,” we specifically mean certain altered states of consciousness and a sense of connection characterized by a sense of non-duality between the perceiver and the perceived, subject and object. Such non-dual states can be achieved through practices in breath (*spiritus*) work as in traditions of Buddhist and Daoist meditations, among others (Hahn, 2001; Loy, 1999; Thompson, 1998).

Let us be clear, your task is to see and connect with the person who stands before you (against the usual convention of academic writing, we choose to address the reader sometimes by the familiar “you” in order to enact the I-Thou connection that we are thematizing in this article, and to emphasize the significance of the other in the counselling relationship) in anguish and torment; to see *the person* who, however hard to find existentially, exists somewhere behind or within the pain that she is experiencing. Finding the person is difficult for two interrelated reasons: (a) The person’s upset is so powerful it cloaks the individual like a dense fog and makes him invisible, (b) The person’s pain has such a strong effect on you that your capacity to see clearly is compromised. Your job is to see this suffering person with your full attention, which does not mean that you will ignore the pain, hers or your own. No, you will certainly be aware of the pain, but focusing on it is to focus on a symptom, which puts the *person*—her existential being—into the background.

The main point we will be making from various viewpoints, and particularly from Buddhist and Daoist perspectives, is that the underlying need of the suffering person is for ontological security (Laing, 1965) made possible by a twofold connection: intra-subjective connection to self through integration of emotions, thoughts, and psycho-physical states; and inter-subjective connection to others, which is initiated and modelled through the process of connection development with you. Both of these connections are invariably in a ruptured condition when a person suffers.

Our job is to find the way to the inter-subjective connection, and utilize this process to facilitate the person coming back into a conscious connection with herself and with others. With this last comment, we completely endorse R. D. Laing’s foundational insight into the therapeutic process: “Psychotherapy is an activity in which that aspect of the patient’s being, his relatedness to others, is used for therapeutic ends” (Laing, 1965, p. 26). We base our approach to psycho-

therapy on the understanding—derived from Becker (1997), Laing, Loy (1996), and others—that suffering is about ontological insecurity based on disconnection from self and other, and a related felt sense of loss of meaning, purpose, and connection. The case that the relationship between counsellor and client is central to the process is not one that has to be made again here, but we will be looking a little more closely at the psychologically-based therapeutic practice, the underlying philosophy that illuminates practice, and the relationship between these two dimensions. This integration of practice and philosophy are the counsellor’s meta-dimensions: “Meta-dimensions are the in-the-moment expressions of feelings and attitudes that are reflective of the most deeply held values and beliefs” (Cohen & Porath, 2007, p. 10). As well, we will present some stories from the counselling office based on experience and fictionalized to preserve confidentiality to illustrate our thesis.

MEETING THE PERSON: THE I, THE THOU, AND THE I-THOU

In this section, we explicate and illustrate the therapeutic orientation laid out in the previous section. How should a person who walks into a counselling office be met? Should he be met as a case of anxiety disorder, clinical depression, borderline personality disorder, post-traumatic stress disorder, or a host of other possible disorders? Or should she be met as a person in a distressed state? What is the best way to understand these people and their experience, in terms of alleviating their suffering and helping them toward a felt sense of ontological security? How you proceed with a client depends on how you perceive the human being who is before you. Wittgenstein (1958) spoke of seeing-as, or perception as interpretation, teaching us that we do not just see things but we see things as *this* or *that*. As such, how we approach and treat the being in front of us depends on how we see-as, frame, or interpret. Focusing on the problems that the client brings and diagnosing him with clinical labels frames the person and disposes the therapist to see him as a case, which creates an objectification of the person. That is, we separate the person from his suffering, ourselves from the person, and then we focus on the suffering as an object of our treatment. In Buber’s (1970) terms, the person becomes an “it,” an object. The irreducible and singular presence of a human being who stands before you is gone. The inter-subjectivity is also gone. This goes against a primary and, in our view, singularly valuable principle of existential psychotherapy based on the fundamental understanding that humans suffer when they experience twofold disconnections.

Instead of yet again theorizing and further explaining the approach we are taking, we shall illustrate it with an example of I-thou connection in practice:

A client comes to my (Cohen’s) office. He tells me that he has an addiction to pictures of young children. He says he has never done anything improper with a child and that his experiences are confined to viewing pictures on the Internet. He feels shame and guilt. His wife knows about his predilection, is very worried about him, and has strong concerns about who she is married to. This man would likely qualify for some kind of label that includes sexual addiction; perhaps pedophilia will come into the diagnosis as well. I hear a story about a man who works

hard, is well liked, and is responsible in his life by most standards. I hear about a strict religious upbringing and a culture and family that emphasized that men do not show their emotions. He also describes being beaten for crying as a young boy. When he tells me this I notice a very slight shift in his tone, notice that he swallows a couple of times, and see a bit of tightening around his eyes. Simultaneously, I feel a softening and sinking in my chest. I say, "Ah, I feel a pain and poignancy in my heart as you say this. I see an image of you as a small child, and I want to say to you, it's okay. It's okay. I will protect you." He looks at me. His eyes contract. His brow furrows. His mouth tightens. A single tear comes out of the corner of his left eye. Then he lurches forward a little and the floodgate opens. He cries and cries and then says, "Where were you when I was little?" We both know that he is talking both to me and to some guardian that did not exist. I work with him on his capacity to feel his emotions, to show them, to be vulnerable, and to allow others to get close. It comes out that his activities take place when his wife is not home. He is lonely when she is not there, but he hardly knows this because he has learned that he is not to feel or show emotion. Over time he feels his loneliness, shows his vulnerability to his wife (and himself), and begins to express his feelings. His interest in pictures of young children disappears. It turns out that his suffering was actually not about what he was doing, but about the loss of parental love (Schellenbaum, 1990) as a child and the energy it took in his adult life to suppress the emotions he had. He no longer has the need to see small children humiliated and abused because he is now connected with the abused child he was and does not have the false identification with the abuse perpetrator.

This story demonstrates the loss of connection to self and others. He has developed a strategy to cope. His behaviour has been in the service of not feeling his pain related to his own childhood experience, his pain around being separate from himself, and his inability to cope with even short-term separations from his wife, as they "remind" him of his other separations, but the reminder is out of his awareness. By working with the lived experience of this person in a compassionate way, the psychic numbing is thawed. What is the secret to this thawing moment?

1. The therapist's willingness to allow this person to feel his pain.
2. The person's willingness to allow himself to finally feel his pain.
3. The willingness of both of them to feel, speak, and be seen in their vulnerability. The therapeutic session is about two human beings meeting authentically, openly, transparently.

Let us now look at this possibility of open and honest encounter from a complementary perspective. An idea that we believe is uncommon even in the counselling world about the development of personality structures and behaviours is that they are in the service of suppressing feeling and numbing psychological pain. Some, such as Miller (2005), Schellenbaum (1990), and Reich (1972), tell us that almost all personality and behaviour is formed to provide the service of denying an inner reality that became too painful to endure a long time ago. From a process-oriented perspective (Mindell, 1982), these personality formations constitute limitations on a person's ability to be fully present and fully who he is. These formations are seen as having meaning and intent but also in a state of "arrested becoming." In process-oriented psychotherapy terms (Mindell, 2000), the suffering person is at an *edge*, which is simultaneously painful and a doorway into unrealized personal potential. It is just that the suffering person is not able to enter the doorway by himself. Too pained to enter the doorway, he unconsciously develops personality structures that are in the service of numbing pain. David Loy (2003), a Buddhist

scholar, puts it thus: “the alternative to anesthesia is likely to be depression” (p. 51). His statement is drawn from Luc Sante, who writes, “The potent illusion that drugs provide is called upon when the more commonplace illusions fail, and especially when life appears as nothing more than the conduit between birth and death” (in Loy, 2003, p. 179). Clients who come to us in a state of suffering, in fact, are suffering because they are caught between feeling and numbness. Their attempts to alleviate the pain are not working, and they are not able to fully feel the emotions that are affecting them. If they could, they would be able to complete the process that is lodged and immobilized within their psyche-soma. Hence the task of the counsellor is to join with them through companionship and help uncover the feelings that are caught within through compassion: a task that is surprisingly difficult for many counsellors, given the usual orientation of solution-focus and diagnosis.

In the next section, we turn to Buddhist philosophy/psychology to provide some illumination for this challenging task. We have two reasons for introducing the Buddhist resource:

1. Diversity and inclusion are the social principles of the contemporary multicultural and cross-cultural society we live in, and thus it is fitting that we look to traditions other than the modern west to bring in complementary approaches.
2. Buddhist and Daoist traditions are rich with resources particularly helpful to the task at hand.

SITTING IN THE MIDST OF FIRE WITH ANOTHER: A BUDDHIST PERSPECTIVE

A cornerstone precept of Buddhism is compassion—the ability to feel the suffering of another being; in counselling terms, empathy. In Buddhism, four states of consciousness are held up as exemplary and known as “the four *brahma-viharas* (“heavenly abode” or modes of consciousness)—loving kindness [*metta*], sympathetic joy [*mudita*], compassion [*karuna*], and tranquility [*upekkha*” (Bai, 1996, p. 1). These states of consciousness can be understood as “being-for,” “being with in suffering,” “being with in joy,” and “simply being,” respectively. Although all four states are interconnected and thus support each other, in this article, we will focus on compassion (*karuna*) and tranquility (*upekkha*) for their specific relevance to the topic we treat. This ability to suffer with another person is difficult to gain when we are not open and receptive to the other person and her reality of experience because we are busy diagnosing her and thinking about how to solve her problems. For this reason, essential to the cultivation of compassion is the Buddhist mindfulness (*sati*) practice that extends and augments the capacity to be receptive and attentive to the reality before you. Mindfulness practice, also known as Vipassana (insight) meditation, is a capacity-building practice where the ability is developed to be fully present to and be with experience exactly as it is. What prevents the ability to be fully present and fully attentive are all the conditioned mental-emotional-physical-behavioural habits that get built up and create an overlay that buries the authentic self (*bodhicitta* in Buddhist terminology, meaning

enlightened heart-mind) of a person. The “goal” of mindfulness is enlightenment, where enlightenment means, in psychological terms, seeing through the build-up of layers of protection and suffocation and into the pulsating and ever-changing “fluid centre” (Schneider, 2004) that is our being.

It is difficult to be receptive to another’s suffering when we are so affected and distressed by the story of suffering that we find ourselves recoiling from the reality of this suffering person and wanting to run away from him. In the current counselling literature, there is a lot of talk about helping professionals’ burnout and vicarious trauma. Core to Buddhist training is strengthening the witness consciousness and its ability to be tranquil (*upekkha*)—the capacity and ability to sit in the midst of raging fire, which life often is, and face *what is*. (In the next section, we will discuss *upekkha* more fully.) Also, if we are distracted because our mind is elsewhere, or bored with the story before us because we have heard the same story in some variation hundred of times, again we are unable to feel with the sufferer.

The idea of caring, compassion, and equanimity as therapeutic resources is, of course, not restricted to the Buddhist tradition. Carl Rogers (1961), certainly not a Buddhist, has similar ideas and practices about the importance of the therapists’ open, authentic, and receptive states of being. He speaks of the foundational conditions for learning in psychotherapy: (a) “The client is, first of all, up against a situation which he perceives as a serious and meaningful problem” (p. 281); (b) “[W]ithin the relationship he (the therapist) is exactly what he *is*—not a façade, or a role, or a pretense” (p. 282); (c) “It involves an acceptance of and a caring for the client as a *separate* person, with permission for him to have his own feelings and experiences, and to find his own meanings in them” (p. 283); and (d) “[T]he therapist is experiencing an accurate, empathic understanding of the client’s world as seen from the inside” (p. 284). Rogers, in fact, demonstrates that you do not have to be officially a Buddhist to access and demonstrate holistic human qualities. These qualities transcend traditions and disciplines and are core, in our view, to being a whole human being.

A pertinent question for us to ask is how does a therapist develop compassion? It is too easily assumed that counsellors just have it, which, of course, is not the case. True, we all have the *capacity* for compassion. But the actual *ability* to generously practice or exercise compassion is underdeveloped and limited in most of us, notwithstanding the training that professional counsellors receive. We take the position that these human qualities cannot be trained for, unless we include personal inner work (Cohen, 2006, pp. 30–66), work that facilitates the emergence of the wholeness of the person, as part of the training. As mentioned earlier, our *compassion-ability* is quelled by personality structures that were set up as defense against wounding and pain. What is required to extend our compassion-ability is an ongoing process of personal reflection highlighted by the practice of mindful attention that is being explored here.

A person suffers intensely when she perceives that there is no escape or, at least, the exit is not near enough. A person suffers even more intensely when she feels

alone in her suffering. When the flesh is pressed into the fire, the flesh burns and the pain is excruciating. If only she could withdraw sufficiently to escape the agony! The person who suffers intensely has no ability to step aside from the burning pain of anguish, hatred, sorrow, and despair. For counsellors the task is to enter the space of the suffering person. The counsellor must join the sufferer in the fire. Your accompanying presence is potentially steadying, calming, and caring for the person in the midst of what seems like an unbearable pain, and your capacity to sit in the fire while it burns without losing your consciousness constitutes both accompaniment and modelling. The counsellor demonstrates that it is possible *to be* with the sufferer and her suffering. In other words, the counsellor models for the client a possibility of being with the person while the latter is in the grip of powerful emotional pain. The opposite—namely, marginalizing the client—will occur if the counsellor has no capacity to be with strong feelings or avoids such experiences for his own reasons. The counsellor has to be able to generate a psychic zone of steadfastness and grounded safety for himself, which will offer the opportunity to move toward a more grounded possibility for the client.

This is where we find the Buddhist notion and practice of equanimity (*upekkha*), practiced in mindfulness meditation, most helpful. *Upekkha* is the energetic space (which we will discuss more in the next section) that enables a person to stay grounded in an energetically charged and secure space. Another way to describe this is the ability to stay centred in the midst of strong and swirling emotions. How to do this? There is no short or simple answer, since this is not a matter of theoretical understanding. The requirement is practice and more practice of mindfulness, and this work is none other than the work of enlightenment as exemplified in Eastern traditions, which is a life-long learning and practice. In the way we understand and describe a counsellor's work it is, then, nothing other than the work of enlightenment. Theoretically speaking, there is nothing mystifying about enlightenment. Enlightenment is freedom from the conventional, everyday egoic, discursive consciousness that dualistically divides self from no-self, subject from object, and so on. Freedom from this habitual state of consciousness, which results in what is known as non-dual consciousness (Loy, 1999), is enlightenment. But the practice leading to enlightenment is arduous and rigorous. It was only after an original awakening (*bodhi* in Pali and *satori* in Japanese) that Siddhartha saw the world as it is and not as he thought it was or as he thought it *should* be. It was only after a journey of years of searching that he was able to finally give up on the ego-mind's delusion to insist on seeing the world according to his thought-constructs. It was at that moment that he achieved enlightenment. This enlightenment work seems to be the ultimate model for counsellors. Counsellors have daily—indeed, moment-to-moment—opportunities to sit in the midst of suffering as it enters our offices with our clients, and of course, as we all know, at times it enters our “office” within us. To the degree that we, the accompaniers, can sit in the midst of the raging fire of life and engage in our process of becoming enlightened, to that degree can we provide service to the suffering persons who come to us for aid. And each and every time we can, however difficult, practice sitting with our

clients in the midst of the pain that accompanies them as they enter our office, we potentially become a little more enlightened.

It can be hell to witness another's suffering. The counsellor, while listening to graphic accounts of suffering, opens herself to experience all kinds of strong emotions. She must be willing to enter into the process of learning how to increasingly hold all those strong emotions without being thrown out of consciousness. In fact, the counsellor's capacity to actually feel his or her emotions is a major distinction between her and the sufferer who is partly feeling, partly fearing the feelings or actively engaging in activities to numb the feelings. "I saw, too, that my willingness to crucify myself on dark impulses and emotions distinguishes me from the criminal, who merely acts on them" (Dallett, 1991, p. 11). For our purposes we substitute the word "sufferer" for the word "criminal." Frequently, the fear is that the feelings will just become increasingly more painful and never ever go away. Below we illustrate the challenge of sitting in the midst of the fire with a client, and how we can work with it. Please bear in mind that this example is presented for purposes of illustration and is not intended as a "method" for replication in a situation that might seem similar.

A client whom I (Cohen) have seen a number of times comes into my office. She is an attractive, intelligent young woman with a childhood background of physical and sexual abuse and a history that includes two serious suicide attempts in the last five years. Our rapport has been tenuous but positive. She tells me about a number of incidents with a boyfriend that involve, by her report, his statements that he doesn't think he can take her mood swings anymore and his suggestion that he may terminate the relationship. She is deathly afraid of being alone, and aside from him has no really substantial contacts with anyone. I listen attentively. She is certainly suffering. Her state does not allow for much sense of anything other than her fragility and her pain and fear. So, while I do feel compassionate, I am aware that she is not really even able to know this. She says, "I'm thinking about killing myself." I say, "I can understand that." This does not seem to be what she expected. She looks at me in a way that suggests that she actually heard my words. She says, "I feel that nothing will ever work out for me. I am miserable. I mess everything up. No one has ever loved me. No one ever will. I am not lovable. I am like a big open pit that sucks in anyone who comes near, chews them up, and swallows them. Who would want to be with someone like that? And, if someone did, they would surely have to be crazier than me? I think that I would be better off dead." She pauses and waits for my response. I imagine she expects me to say something like "Oh, it's really not that bad. You are smart and pretty. I like you" and so on. In other words, dispute with her, and I consider this possibility, as, at the least, it might get her stirred up and angry with me that I am yet another person who really doesn't understand her experience and her misery. I also entertain the possibility that she will meekly agree with me, still feel I don't understand, go away feeling very much alone, and possibly make a serious attempt to end her life. So, instead, after a reflective pause, I say, "I am having all kinds of thoughts and feelings, including arguing with you about your experience, but the truth is I really don't know what is right for you. Really, I don't know what is right for anyone. I do know that you have suffered a lot in your life on your own, that you have had to do most things by yourself, and that you have felt lonely throughout your life. I am willing to walk down this road with you towards self-destruction. I don't feel you should have to go on such a difficult and painful journey alone. I will walk down the path towards suicide with you. I don't feel you should have to deal with this terrifying and ultimate decision all by yourself. If we get to that point, I can't say what I will do. I know I am against you killing yourself, but I will walk with you as far as possible. I just really don't want you to have to be alone, yet again, in your life with such a terrifying possibility." There is a palpable silence. She seems dazed. Her

eyes widened. She looks directly at me. She literally shakes herself and then says, “Wow, it seems so real when you say it.” For the first time in the session she seems animated. Some colour comes into her cheeks. There is a change in the atmosphere of the room. She is crying again, but it is different than before. Something seems to be freed up. The conversation shifts to a more practical level, which is interspersed with tears and childhood memories of abuse, isolation, and feelings of being a strange “other,” who was somehow unlike other children.

Enlightenment involves a developed capacity for full awareness in the moment and accepting reality as it actually is. The young woman in the above story is trapped in a world that does not coincide with her dreams and hopes. She wants to be with her boyfriend. She wants to have a happy life. She cannot see how this is possible. In fact, she cannot see how her life will ever be anything but suffering. She sees herself as not lovable and cannot imagine living life as she now experiences it. Her identity is frozen into a configuration that includes these strongly held, unquestioned, and seemingly unquestionable ideas that are seamlessly intertwined with a complex of emotions, body-states, and unconscious patterns and effects of personal history. The outcome is a reaction to a history of feeling unloved, which manifests in the present as a painful disparity between what is and what she longs for. Another way of putting this is that she did not experience a sufficient level of bonding and being loved. From a Buddhist standpoint, she needs to work on letting go of her conditioned image of herself that is unloved and unwanted, and start to build the inner and outer connections that will support the process of developing ontological security. However, the catch here is that in order to be able to let go of one’s old and conditioned image of oneself, a person must have sufficient ontological security, and in order to have the latter, one has to be able to do the former! The therapist walks into this double-bind situation, holds the difficult space with mindful presence, and thus lends enough support to enable the client to both rebuild ontological security and let go of the conditioned self-image. As she experiences an increasing connection to herself and to other significant people in her life, her sense of wholeness grows and she will feel more ontologically secure.

DAOIST PERSPECTIVE AND RESOURCES

In this section, we wish to bring a Daoist perspective to our inquiry into accompanying the sufferer. Daoism has valuable resources for us, and they can be a supplement to the Buddhist resources we have been working with hitherto. The ancient and one of the most revered texts in Chinese culture, *Dao-De-Ching*, is full of messages about the master or sage who is in touch with the energy (*qi*) flow of all things. *Qi* literally means breath or air, and signifies energy that is manifest in all beings and phenomena. Daoism is, besides a philosophy, a system of somaesthetic practices that enable us to access sources of energy and become energetically empowered. Inasmuch as we see counselling as a mental work, still it is tremendously energy-demanding work. Daoist practices, such as *Tai Chi* and *Qi Gong* (to cite just two well-known practices), work with energy and energy flow. We see such practices as a valuable support to counselling. Space limits a deeper

exploration of theory and practice of Daoist energy work, but there is currently a wealth of books, online resources, and multimedia materials on the subject, all demonstrating that Qi work and Daoist philosophy are not esoteric. In contrast, however, there is a relative paucity of materials on applying Daoist work to counselling, which we begin to address herein.

What is the relevance of Daoist work to our discussions about accompanying the sufferer? Our succinct response is that Daoist practice and view of life help us approach and engage with counselling as an energetic work. Clients come to counselling with a felt sense of distress and disorder that pervades their being. Their energy is blocked in various ways and is accompanied by a feeling of disjunct with the world. The counsellor has to not only work with this blocked energy in the client but also empower herself and hold the energetic space for the client and herself to do the counselling work. From a Daoist perspective, the counsellor who is in touch with the Dao field of energy (qi) will represent a centring potential. The energetic presence of the counsellor—the very state and way of being that the counsellor brings to the encounter—has a positive potential to help the suffering person begin to feel their own flow and connection to the world as it is.

In the last story, the woman who was entertaining dark thoughts of ending her life was engulfed in a death-trance. The term “death-trance” refers to a state of non-feeling, an emotionally vacant state, or, more likely, a state of partial feeling that is accompanied by both undifferentiated fear and numbness. From a Daoist frame of reference she is blocked in her connection to her own energy flow and to the energy flow of the world. Being caught in the painful trap of her inner and outer life, she looked towards an ultimate and irrevocable way out of her pain, ending her life. The Daoist psychotherapist’s energetic presence can awaken the awareness of the suffering person and helps her to unblock from her frozen state of being. In this particular instance, the energy of the client, frozen and contemplating self-annihilation, was joined with by the counsellor, and this joining was crucial to the thawing experience. The counsellor’s connection with the Dao-Field was extended to and hence inclusive of her and her experience.

From the Daoist perspective, the only relevant question in each situation is whether a person is in touch with the creative and potent Dao-field of energy or not. If a person is, then there is nothing to do, and if they are not, the task is to return to this connection to the field. The identified problem is a signal that in fact the person is out of touch with the Dao-field. The task of the Daoist counsellor is to create conditions where this awareness is catalyzed, available, and activated in his client. In non-Daoist terms, the counsellor’s presence and innate ability to be connected to himself and to connect to the client and what is actually happening at a level beyond this person’s stuck state makes a crucial difference. In the simplest of terms, the counsellor becomes a reference point. This is not about technique, rather a way of being.

In Daoism the idea of *wu-wei* (literally, “no effort” or “no work” in the sense of production) is central—the idea of non-doing. A psychotherapist in this state of non-doing is not passive. She is still, in the sense of being so potently and fully

open that presence and attention do not waver. She is alert, energetically centred, responsive, and able to engage with whatever comes in the way that makes sense and takes account in-the-moment of self, other, and context. In this state of *wu-wei*, the need to do anything is not there. Her very *presence* is calming and nurturing for anyone in her presence. We believe that Daoist practice of in-the-moment stillness and meditative awareness and awakening is facilitative both of the awakening that the suffering person is struggling to find, perhaps without realizing this and of his efforts to avoid feeling the pain. This latter may even be successful in the short term, but in the long term guarantees the return of his pain.

The Daoist counsellor works to connect the suffering person to his own latent and obscured potentials of self-healing, wellness, and wholeness. Chapter 17 from the *Dao-de-ching* tells us:

A leader is best
 When people barely know that he exists,
 Not so good when people obey and acclaim him,
 Worst when they despise him.
 'Fail to honour people,
 They fail to honour you;'
 But of a good leader, who talks little,
 When his work is done, his aim fulfilled,
 They will all say, 'We did this ourselves.' (Lao Tzu, 1972, p. 35)

Perhaps as counsellors we can take something from this idea of *wu-wei*, silence, and doing nothing invasive while being fully present. If we accept these ways of being as having something significant to offer, then we are committed to practices that will take us towards our own individual and unique place of realization or enlightenment, and through this process we will increasingly become a more subtly charged companion for ourselves and for those who are suffering.

JOURNEY'S END

Human life is to be journeyed in company. Hermits and wilderness folks are no exceptions: they seek the better company of God, gods, spirits, and Nature. While suffering clients may not say that they are looking for company when they come to see us, they are certainly there because they are finding it difficult to go on in their life's journey without support and help. We counsellors are fellow travellers who lend a supporting arm to those staggering under the weight of their suffering. Do we need to be Buddhist or Daoist to be fellow travellers? For sure, the answer is, *Not at all*. Names and "isms" do not matter in the final analysis. What matters is how authentically we can meet and walk along with the suffering, struggling other. In our article we have suggested that Buddhism and Daoism offer powerful resources that can help.

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