

Appropriation of Eastern Notions from Cognitive Behavioral Therapy in Argentina

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Abstract: In this study, the authors present the appropriation of Eastern notions in cognitive behavioral therapy in the Autonomous City of Buenos Aires, Argentina, inscribing this phenomenon on a wider field of interest for social science and psychotherapy. The supply of Eastern alternative therapies and the new developments of cognitive behavioral therapy in the area of study are introduced. Based on a survey conducted in CBT training institutions of the Autonomous City of Buenos Aires, three categories are proposed to understand the phenomena: 1) the desacralization of yoga; 2) the incorporation of Eastern traditions into cognitive behavioral psychotherapy, and 3) scopes and limits of therapeutic complementariness between cognitive behavioral therapy and Eastern practices. The authors conclude that this appropriation produces a desacralization of the original contents of the Eastern tradition, because in this fusion the focus is on the practice that produces well-being more than on the Eastern practices.

Keywords: Alternative therapies, Argentina, Autonomous City of Buenos Aires, cognitive behavioral therapy.

INTRODUCTION

At present, the study and analysis of experiences and meanings assigned by the individuals in their searches for well-being are presented as a topic of high interest for the social sciences field. This is how, beyond the considerable debate around the existence of many medicines and the possible categories to classify them, recent research show a focused interest in the analysis of the fields of combination of therapeutic practices [1]. It was noted that the experiences of both illness and cure rely on cultural, ethnic and socio-economic differences, accessibility of health services and thought styles [2], that illness acquires full meaning in the particular experience of subjects, an experience which is also intersubjective [3]. In this sense, even the international organizations such as the World Health Organization support the fact that there is a coexistence of a variety of medicines in multicultural and urban contexts [4].

With regard to this last aspect, in a previous study [5] the phenomenon of Eastern practices in biomedical institutional contexts was analyzed. What was taken into account was the supply in the market and incorporation of some of these practices -such as

yoga, reiki, reflexology, singing bowls, tai chi chuan-in the supply of workshops related to well-being and health promotion of some of the hospitals within the free of charge and public health care network in the Autonomous City of Buenos Aires, a phenomenon which not only remains, but is also expanded to other hospitals and public entities involved in health care and its promotion.

Despite the fact that the practices of Eastern origin that have had an impact in Argentina and the West in general are varied, an example case that allows the analysis of refiguration, domestication and appropriation processes of Eastern notions is yoga. Hence, special attention will be paid to it.

Yoga started being practiced in Argentina at the beginnings of the 20th century and has not stopped increasing its field of impact ever since. As Eliade [6] has emphasized, the most well-known yoga in the West is that which comes from Patñjali, probably due to its circulation and the existence of many writings and comments on his work. Yoga is a practice present in all schools of thought of the Pan-Indian system. The differences between some systems and others lie in some highly complex aspects that, in outline, speak about the uniqueness or diversity of the universe, its reality or unreality and the existence of an Absolute and its possible manifestations incarnated in the matter [6, 7].

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These distinctions -of great subtlety and philosophical depth- are not reflected nor form part of the yoga knowledge that people who practice it have, and many of the specialists or instructors in our area of study do not have this knowledge either. In this regard, it is necessary to remember that social processes of transmission of a culture or a religion imply a reinvention and, thus, a differentiation from the original one. In the case of yoga in our country, it can be said that there was a condensation of contents, each coming from different philosophical branches and traditional Eastern practices, which are presented all as one under the label of Yoga.

Furthermore, the increasing dissemination of cognitive therapies (TC) has changed the outlook within the field of psychology in the city of Buenos Aires [8], a domain historically controlled by psychoanalysis [9]. Psychotherapy's phenomenon in Argentina has been described by many researchers and it is such a well known phenomenon, that an article published in the *New York Times* [10] described the high consumption of psychotherapy in the Autonomous City of Buenos Aires and the fact that it carries no stigma as a local originality.

The first cognitive therapists gathered in a series of institutions. One of them is the Aiglé Foundation (Fundación Aiglé), which existed since 1977 and back then was not mainly "cognitive", but experimental and widely eclectic. In 1987, the first center incorporating the term "cognitive" in its name was founded: the Cognitive Therapy Center (Centro de Terapia Cognitiva; C.T.C.). Towards the end of the 1980s the Institute of Integrative and Cognitive Therapies (Instituto de Terapias Cognitivas e Integrativas; CETEM) was founded in the city of La Plata. Four years later, in 1992, the Center of Post-rationalist Cognitive Therapy (Centro de Terapia Cognitiva Post-racionalista; CETEPO) was created. All these centers devoted to assistance, research and teaching reveal a significant expansion and institutionalization of the work within the CT school of thought that would consolidate and professionalize during the 1990s [8].

In 1991, the Argentine Association of Cognitive Therapy (Asociación Argentina de Terapia Cognitiva) was created. The first postgraduate course in psychology was an MS in Clinical Psychology with a Cognitive approach, which was implemented at the National University of San Luis in 1993. In addition, towards 1992, many postgraduate courses started in the National University of Mar del Plata. These were

organized by the team of the Aiglé Foundation. At present, this team has developed an MS in Cognitive Clinical Psychology at the University of Belgrano. The postgraduate program in this school of thought at the University of Buenos Aires started in 1995, and the graduate programs in 2000. This national university represents, approximately, more than 40% of total graduates in Psychology in Argentina.

In this opportunity, the focus is placed in the field where two therapeutic models that imply specific ways of thinking about illness and health interact: practices with an Eastern origin and cognitive behavioral therapy. It is of particular interest to analyze the phenomenon of appropriation of certain Eastern practices and notions associated to disciplines such as yoga, by cognitive therapists in the Autonomous City of Buenos Aires, Argentina. In this regard, the attention will be placed on the analysis of some notions which, being essential to the Pan-Indian system or world view [7], have been resemantized when incorporated to the behavioral cognitive paradigm [8, 11, 12].

It is worth mentioning that the same phenomenon is found in the context of other psychosocial treatments. Authors from different specialties also support this idea. From a psychoanalytic perspective, Rubin [13] suggests that mindfulness enriches psychoanalytic therapy. Rosenbaum [14], in turn, suggests integrating Zen Buddhism principles to improve psychotherapy and the actual life of the therapists, whereas Ash [15] poses a Zen Buddhist interpretation for Alcoholics Anonymous groups. Early antecedents of the psychotherapy-Zen Buddhism relationship can be found in texts written by Suzuki and Fromm since the mid twentieth century [16].

MATERIALS AND METHODS

In order to carry out this study, a survey was conducted in which the different choices of CBT training offered by the different distinguished institutions in the Autonomous City of Buenos Aires were analyzed. Special attention was paid to categories present in those training models that acknowledge having an origin in Eastern practices, so as to distinguish processes of resemantization of those categories. The analysis model used in this study lies within the grounded theory method [17], an inductive approach in which social processes are analyzed in specific contexts, taking into account experiences, contents and reflections associated, in this case, to the appropriation of Eastern philosophies in Western

contexts. Such perspective proposes collecting, encoding and data analysis must be done simultaneously through the method of constant comparison. The ultimate aim of this strategy is to generate a theory that has a basis in the data collected by the researcher. The aim of our research is to focus on the description of phenomena. The categories that emerge from the data collected allow us to achieve organized and useful concepts for further developments in this matter. It is interesting to highlight the fact that the appropriation of Eastern philosophies in Western contexts has been regarded as of special interest by authors within the field of psychology, such as Kabat-Zinn [18] or Hayes [11] who point out the importance of inquiring into the process of assimilation of Eastern concepts into the Western psychology, valuing the cultural aspects of each of them as well as the possible tensions between them.

The emergence of training in the new cognitive behavioral models that include Eastern techniques is quite recent in Argentina. A survey was conducted on the present supply of trainings in the Autonomous City of Buenos Aires. On the one hand, since 2009, the School of Psychology at the University of Buenos Aires offers a postgraduate program in therapy that presents these new models, among others within the cognitive behavioral ones, both for psychologists and psychiatrists. In the private sector, the Foro Foundation (Fundación Foro) offers a specific training program on Dialectical Behavior Therapy for psychologists and psychiatrists since 2008. On the other hand, there are a series of institutions, also private, such as Mindfulness and Health Society (Sociedad Mindfulness y Salud) -since 2003- and Clear Vision (Visión Clara) -since August 2002-, devoted to the teaching of Mindfulness techniques to possible users.

In this regard, one of our first studies [19] describes the existence of a growing field in which strategies of complementariness between behavioral cognitive psychotherapies and yoga was confirmed, i.e. cognitive psychotherapists recommending the practice of yoga to their clients, whereas their recommendation of other complementary alternative therapies was minor [19]. Moreover, from this study it follows that yoga is held in high regard from the psychotherapist perspective, since it allows to improve the subject's skills regarding relaxation techniques [19] as well as it implies, for the client, a space completely devoted to relaxation and self-knowledge that has positive effects together with psychotherapy.

RESULTS

Based on the materials gathered, three central aspects of the phenomenon were distinguished: 1) the desacralization of yoga practices; 2) the incorporation of Eastern traditions into cognitive behavioral therapy; and 3) scopes and limits of complementariness between both practices.

The Desacralization of Yoga Practices

In Buenos Aires, there is a great variety of options to practice yoga, which go from the widespread *hatha yoga* to less known versions such as *pranayama*, *dharana* or *dhyana*. *Hatha yoga* can be defined as the handling of the physical body through postures and counterpostures, or asanas, and certain breathing exercises, and a final instance of meditation. *Pranayama* can be defined as the handling of breath, controlling it by means of counts and alternating the use of nostrils. Finally, both *dharana* and *dhyana* can be defined as only meditation instances that differ one from the other by the object on which they focus [7]. In our field of study, the last three modalities show a more restricted access and supply in the market than *hatha yoga* which ranges from free of charge workshops to very expensive ones, and which offers a wide variety of specialists with different trainings that range from five years of formal training to self-learning [20].

Having said this, yoga not only has had an impact in the field of alternative health options and others towards the search for well-being, but also has been incorporated as complementary/alternative therapy [4] in different fields of treatment within biomedicine. The phenomenon can be clearly observed in how this discipline was accepted in fields such as gerontology, orthopedics, internal medicine and obstetrics by some doctors within biomedicine, who started referring their patients to this discipline. From the biomedicine specialists' perspective, yoga is perceived as a moderate activity which does not require a physical effort and, thus, can be practiced by individuals of all ages and physical conditions. In this sense, since it does not require any medication of any kind, its practice generates no contradiction with the biomedicine practitioner's therapeutic prescription.

The fact that biomedicine in its different modalities has been incorporating alternative practices of Eastern origin has been analyzed by different authors. Fadlon [21] defines this as part of a domestication process, i.e. a process by which the foreign -East- is rendered familiar -West-. Following this idea, Barnes [22] and

Hare [23] examined the processes by which Chinese medicine in the United States was adapted to the needs and expectations of the American users, while McGuire [24], also in America, described the way in which disciplines such as shiatsu, acupuncture or reflexology have lost much of their original ritual content, thus being transformed into techniques, which become attractive for possible users, because they leave aside many of the original Eastern beliefs that support them.

This fact seems to show that some alternative therapies that have been appropriated by the field of biomedicine have experienced a process that started with the mere recognition of its existence and continued to advance until a desacralized appropriation of its techniques happened, undergoing -in most cases- a process marked by the emptiness of world view contents, in which the disciplines' pragmatic aspects are highlighted over the philosophical foundations.

The Incorporation of Eastern Traditions into Cognitive Behavioral Therapy

Within cognitive behavioral psychotherapy there is a vast amount of literature that shows the attempts to incorporate tools of Eastern traditional disciplines to psychotherapeutic practice. In the Autonomous City of Buenos Aires, most institutions offering training on the new cognitive-behavioral models refer to the model proposed by Jon Kabat-Zinn -in particular, institutions Clear Vision and Mindfulness and Health Society-. Mindfulness-based Stress Reduction Program by Jon Kabat-Zinn [25] includes mindful movements (*hatha yoga* with increased body awareness), body scan (developed to increase body-mindfulness), and sitting meditation. All these practices attempt to develop awareness of body experience, emotions, mental states and contents. It could be said that this is a Westernized version of Buddhist practice to face unease and discomfort, which gained great support among professionals in the mental health field: 2011 data reveal that there are more than 18,000 graduates of the Program and more than 9,000 graduates of professional training in the field of psychology [26].

Jon Kabat-Zinn's definition of mindfulness is: "Mindfulness means paying attention in a particular way: On purpose, in the present moment, and nonjudgmentally" [25]. This awareness is non-elaborative, it is nonjudgmental and is focused in the present, where each thought, emotion or sensation that arises is accepted as it is. Mindfulness considers thoughts, feelings and emotions as events that happen;

their existence is noticed, but there is no reaction to them, thus avoiding the automatic response. There is a space between the way in which perception happens and the immediate response, which allows for a different course of action in contrast with the automatic reaction produced when connecting thoughts with reality. Mindfulness allows for a more thoughtful response avoiding automatic reaction.

After Kabat-Zinn's proposal, many cognitive behavioral therapists and researchers have used these developments in their treatments. The utility of these proposals lies, mainly, on the fact that they focus on the client's being able to implement mindfulness so as to relate to his/her thoughts in a different way. This way of relating, deeply affects the experience of discomfort or unease. Some examples of this phenomenon are: the treatment for borderline personality disorder, developed by Marsha Linehan [27], which takes elements from Kabat-Zinn's stress reduction model to develop the Dialectical Behavior Therapy, in which cognitive behavioral techniques are used, as well as training in mindfulness. In Buenos Aires, Foro Foundation, bases most of his psychotherapy training in this model.

The School of Psychology at the University of Buenos Aires also offers training in other related models, such as Teasdale, Segal and Williams' Mindfulness-Based Cognitive Therapy - MBCT, which suggest the integration of meditation, mindfulness and cognitive therapy as a treatment to reduce the risk of relapse and recurrence of depression [28], and Brad Gilbert's Compassion Therapy [29] which combines therapy, mindfulness techniques and the category of compassion. It can be said that the incorporation of Eastern traditional techniques in cognitive behavioral models in the past two decades has been increasing significantly.

Scopes and Limits of Complementariness between both Practices

The use of certain techniques of Eastern traditional practices such as meditation, body movement or some breathing techniques by cognitive behavioral therapists has the aim of producing a change in the relationship with thoughts and, in general, they are used as tools to cope with behaviors, thoughts and emotions related to suffering or mental disorders.

Having said that, these activities -here called "activities," because they are part of a wider field of beliefs and practices and are not complete by

themselves- exist within Eastern disciplines and philosophy as a strategy that is part of a wider framework of senses and meanings, in which the understanding of man and his place in the universe are included. Meditation, yoga postures *-asanas-* and breathing techniques *-pranayama-* are presented as techniques destined to the achievement of an essential and major goal: freedom from matter, the end of the cycle of rebirth and union with or dissolution in the Absolute. That is to say, the effects of practicing these techniques are not considered a goal per se, but a path, part of a process that, away from the moral principles of right or wrong and void of long or short-term expectations, has an ultimate goal: the cessation of the cycle of birth, death and rebirth.

In this sense, Eastern practices do not intend to control or quieten thought, or review past experiences and the emotions associated with them, or make people become increasingly aware of the here and now as specific achievements. Without failing to consider the strategies as a necessary stage, each of them fits a practice that is experienced as a way of being in the world, despite the fact that they can be considered positive according to the Western criteria of well-being. Although they are necessary instances, they are not a goal in and of themselves.

DISCUSSION

The purpose of this study was to describe the appropriation phenomenon of certain yoga practices by cognitive behavioral therapy in the Autonomous City of Buenos Aires, Argentina. It is in this sense that similarities and differences have been shown to understand resemantizations of certain contents of one and other field of knowledge. It is agreed that appropriation processes must not be understood unilinearly or homogeneously, but, on the contrary, when studying these types of phenomena the mutual impact generated as a result of such process must be taken into account. Therefore, the authors concur with the idea that resignifications are part of expected processes in culture dynamics, that cultures are not static but subject to exchanges, and that some of them have an impact on others and this leads to complex processes that must not be simplified or homogenized.

The appropriation of concepts belonging to Eastern philosophy by cognitive behavioral therapy is a phenomenon that has been developed for the last three decades, that has crossed the boundaries of the places where these disciplines were created, and that has had

an impact in the field of psychotherapy in Argentina, more precisely in the City of Buenos Aires.

Although a desacralization of the original contents, a deprivation of rituals and philosophical foundations, can be noticed, what is prioritized in this combination of practices is the search for well-being. The pragmatization of Eastern philosophy transforms the search for liberation from the cycle of rebirth into a search for well-being and good health in the here and now.

REFERENCES

- [1] Broom A, Tobey P. Therapeutic Pluralism: Exploring the experiences of cancer patients and professionals. London, UK: Routledge 2008.
- [2] Douglas M. Estilos de pensar. Barcelona: Gedisa 1998.
- [3] Hinton D, Good, B. Culture and Panic Disorder. Stanford: Stanford University Press 2009.
- [4] World Health Organization. Traditional medicine strategy 2002-2005. Ginebra, Switzerland: Author 2002.
- [5] Saizar M, Korman G. Interactions between Alternative Therapies and Mental Health Services in Public Hospitals of Autonomous City of Buenos Aires. Sage Open 2012; 6: 1-13.
- [6] Eliade M. Técnicas de Yoga. Buenos Aires: Kairos 1999.
- [7] Zimmer H. Filosofías de la India. Buenos Aires: EUDEBA 1979.
- [8] Korman G, Garay C, Viotti N. Orígenes y Profesionalización de la Psicoterapia Cognitiva. Algunas Reflexiones sobre la Reconfiguración del Campo Psi en Buenos Aires. Revista Argentina de Clínica Psicológica 2010; 19(2): 141-150.
- [9] Plotkin M. Psicoanálisis y Habitus Nacional: Un enfoque Comparativo de la Recepción del Psicoanálisis en Argentina y Brasil (1910-1950). Memoria y Sociedad 2009; 13(27): 61-86.
- [10] Romero S. Do Argentines Need Therapy? Pull Up a Couch. New York Times. August, 18, 2012. http://www.nytimes.com/2012/08/19/world/americas/do-argentina-need-therapy-pull-up-a-couch.html?_r=0 (accessed dec, 2, 2012)
- [11] Hayes SC. Buddhism and Acceptance and Commitment Therapy. Cogn Behav Pract 2002; 9: 58-66. [http://dx.doi.org/10.1016/S1077-7229\(02\)80041-4](http://dx.doi.org/10.1016/S1077-7229(02)80041-4)
- [12] Lau MA, McMain SF. Integrating mindfulness meditation with cognitive and behavioural therapies: The challenge of combining acceptance- and change-based strategies. Can J Psychiatry 2005; 50: 863-869.
- [13] Rubin JB. Psychotherapy and Buddhism. New York: Rutgers University Press 1996. <http://dx.doi.org/10.1007/978-1-4899-7280-4>
- [14] Rosenbaum R. Zen and the Heart of Psychotherapy. Philadelphia: Brunner/Mazel 1999.
- [15] Ash M. The Zen Recovery. New York: Tarcher/Putnam 1993.
- [16] Suzuki DT, Fromm E. Budismo Zen y Psicoanálisis. México: FCE 1985.
- [17] Glaser BG, Strauss AL. The Discovery of Grounded Theory: Strategies for Qualitative Research. New York: Aldine Publishing 1967.
- [18] Kabat-Zinn J, Massion AO, Kristeller J, Peterson LG, Fletcher KE, Pbert L, Lenderking WR, Santorelli SF. Effectiveness of a Meditation-based Stress Reduction Program in the Treatment of Anxiety Disorders. Am J Psychiatry 1992;149(7): 936-43.

- [19] Korman G, Saizar M. Reflexiones en Torno a la Inclusión del Yoga como Terapia Complementaria en los Tratamientos Psicoterapéuticos Cognitivos en Buenos Aires. *Revista Brasileira de Sociologia da Emoção* 2006; 5(13): 97-110. <http://dx.doi.org/10.1093/acprof:oso/9780195172621.001.0001>
- [20] Saizar M. Todo el Mundo Sabe. Difusión y Apropiación de las Técnicas del Yoga en Buenos Aires (Argentina). *Sociedade e Cultura* 2008; 11(1): 112-122.
- [21] Fadlon J. *Negotiating the Holistic Turn: The Domestication of Alternative Medicine*. Albany: State University of New York 2005.
- [22] Barnes L. The psychologizing of Chinese healing practices in the United States. *Cult Med Psychiatry* 1998; 22: 413-443. <http://dx.doi.org/10.1023/A:1005403825213>
- [23] Hare, ML. The emergence of an Urban US Chinese medicine. *Med Anthropol Q* 1993; 7: 30-49. <http://dx.doi.org/10.1525/maq.1993.7.1.02a00030>
- [24] McGuire M. *Lived Religion: Faith and Practice in Everyday Life*. New York: Oxford University Press 2008.
- [25] Kabat-Zinn J. *Full catastrophe living*. New York: Delacorte 1990.
- [26] Cullen M. Mindfulness-Based Interventions: An Emerging Phenomenon. *Mindfulness(NY)* 2011; 2(3): 186-193. <http://dx.doi.org/10.1007/s12671-011-0058-1>
- [27] Linehan M. *Cognitive-Behavioral Therapy for Borderline Personality Disorder*. New York: Guilford Press 1993.
- [28] Teasdale JD, Segal ZV, Williams JM, Ridgeway VA, Soulsby JM, Lau MA. Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *J Consult Clin Psychol* 2000; 68: 615-623. <http://dx.doi.org/10.1037/0022-006X.68.4.615>
- [29] Gilbert P. An Introduction to Compassion Focused Therapy in Cognitive Behavior Therapy. *Int J Cogn Ther* 2010; 3(2): 97-112. <http://dx.doi.org/10.1521/ijct.2010.3.2.97>

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