

2008

## Integrating eastern philosophy into western psychology: a primer for students of applied psychology

Erica Hurley  
*Oklahoma State University*

Jennifer L. Callahan  
*University of North Texas*

Follow this and additional works at: <https://scholar.utc.edu/mps>



Part of the [Psychology Commons](#)

---

### Recommended Citation

Hurley, Erica and Callahan, Jennifer L. (2008) "Integrating eastern philosophy into western psychology: a primer for students of applied psychology," *Modern Psychological Studies*: Vol. 13 : No. 2 , Article 5.  
Available at: <https://scholar.utc.edu/mps/vol13/iss2/5>

This articles is brought to you for free and open access by the Journals, Magazines, and Newsletters at UTC Scholar. It has been accepted for inclusion in Modern Psychological Studies by an authorized editor of UTC Scholar. For more information, please contact [scholar@utc.edu](mailto:scholar@utc.edu).

Erica Hurley  
Oklahoma State University  
Jennifer L. Callahan  
University of North Texas

## **Integrating Eastern Philosophy into Western Psychology: A Primer for Students of Applied Psychology**

A review of undergraduate texts marketed as providing an introduction to clinical psychology located no chapters devoted to the emerging practice of integrating Eastern philosophy with Western psychological practices. Thus, this paper provides students with a primer of this important emerging area by reviewing cultural differences that challenge the successful integration of Eastern philosophy with Western psychology, before focusing specifically on Taoist philosophy and its implications for Western psychotherapy. The congruence of Taoism with the “common” factors of Western psychotherapy (i.e., those mechanisms of change thought to transcend theoretical psychotherapy orientation) will be discussed, as will congruence with “specific” cognitive behavioral therapy factors (i.e., those mechanisms of therapeutic change that are thought to be specific to particular therapeutic orientations). The ties between new third wave cognitive behavioral therapies, primarily Acceptance and Commitment Therapy, and Taoism will also be discussed.

**KEY WORDS:** Taoism, philosophy, cognitive behavioral therapy, clinical training

In an ever-increasingly interconnected world, people experience other cultures with greater frequency. This phenomenon of globalization has resulted in societies mingling in almost all facets of living. Technology, politics, literature, film, fashions, and foods are continually and consistently exchanged among cultures. Some might fear that globalization is synonymous with Westernization, but the increasing presence of Eastern practices in the United States suggests that reciprocity exists between cultures. Since its introduction, through the counterculture movement of the beatniks in the 1960's, Asian practices are becoming increasingly

prevalent. Acupuncture, holistic medicine, Tai Chi, yoga, and meditation are just a few of the Eastern practices gaining popularity in Western culture.

It is imperative that the field of psychology stay apace in a world marked by such exponential changes. Although some have concluded that the field of psychology is no more than a cultural product of the Western world (Rozin, 2003), others encourage integration of these bodies of knowledge and observe that Western psychology and Eastern philosophies have a mutual concern with liberating human beings from self-contradiction in thinking, feeling, experiencing, and acting (Page & Berkow,

1991). Many studies have been conducted regarding the importance of providing culturally sensitive services (for review, see Zane, Hall, Sue, Young, & Nunez, 2004), but only recently has the need for cross-cultural approaches within Western populations been highlighted (e.g., Meyers, 2007). In fact, in reviewing undergraduate texts marketed as providing an introduction to clinical psychology, we did not find any chapters devoted to this topic. Thus, the purpose of this paper is to provide students with a primer of this important emerging area.

Although many similarities exist between a range of Eastern philosophies such as Buddhism, Confucianism, and Taoism, this paper focuses specifically on Taoist thought and practice to avoid overgeneralization of prominent Eastern philosophies or confusion as to the implications of the different philosophies for Western psychology. Moreover, because Taoism is often practiced as a philosophy (rather than Buddhism, for example, which is more typically considered a religion) it is an easily amenable option for integrating Eastern influences into the treatment of clients rooted in the predominantly Christian foundations of Western culture. Similarly, while many different theoretical orientations are possible within clinical psychology, cognitive behavioral therapy will serve as a focal point, given its widespread empirical support for a range of psychological disorders (Chambless et al., 1996).

To explore the use of Eastern perspectives and techniques for applications in Western psychology settings, this primer will begin with an overview of primary cultural differences posing challenges to the successful integration of Eastern philosophy with Western psychology. Next, Taoism will be briefly overviewed prior to discussing its implications for Western applied psychology. Taoism will be discussed first in terms of its congruence with the "common" factors of Western psychotherapy (i.e., those mechanisms of change thought to transcend theoretical psychotherapy orientation). Next, a "specific" factors focus (i.e., those mechanisms of therapeutic change that are thought to be specific to particular therapeutic orientations) will be taken centering on the inherent cognitive and behavioral

aspects of Taoism. The focus of the primer will then turn to Western psychology and outline the basics of cognitive behavioral therapy, including the new third wave cognitive behavioral therapies, before focusing specifically on the ties between Acceptance and Commitment Therapy and Taoism.

### **Fundamental Cultural Differences**

Eastern and Western cultures both recognize the importance of independence and interdependence, but the two cultures emphasize these needs quite differently (Lu et al., 2001). Indeed, these emphases may seem so contrary to one another that cultural differences are often discussed in artificially dichotomous terms (Hermans & Kempen, 1998). Although no Eastern or Western individual will likely conform completely to such oversimplified stereotypes, the prototypical lifestyle representative of these distinct cultures provides a basis for beginning to appreciate the challenges of integrating Eastern philosophy into Western psychology.

According to Chen (2004) Eastern cultures are group-oriented whereas Western values emphasize the individual in relationships. As an expression of these orientations, Eastern culture promotes cooperation, conformity, and valuing of compliance to authority. In contrast, the Western emphasis of the individual is expressed by the high value placed on competition, the right to challenge authority, and the display of uniqueness. Similarly, Chen (2004) has further noted important differences in how the self is viewed. Eastern society values socialized external expectations, considering self-sacrifice to be a virtue, whereas Western society values internal feelings and desires as fostering personal destiny. In the context of family, Easterners are obedient to parents, value filial piety, seek elderly advice, and maintain specific gender roles, valuing duties and obligations to family. In contrast, young adults in Western families value independent rights, seek public information in decision-making, value gender equality and shared family duties. Finally, with respect to nature, Easterners view themselves as an integral part of the cosmos, but Westerners seek mastery over nature. Although only a basic overview, clearly many dramatic differences exist between Eastern and Western cultures. As Becker

(1986) has demonstrated, differences in culture can result in fundamentally different opinions towards communication styles, models, and ideals at the individual level. Taking into consideration such salient differences, can one successfully incorporate the values from both cultures?

The emerging literature suggests that it is possible. For example, the dynamic constructivist approach conceptualizes culture as a loose network of cognitive structures including theories and beliefs, and finds that individuals may internalize more than one cultural meaning system, even if the two contain conflicting theory, without necessarily blending them or replacing one with the other (Hong, Morris, Chiu, & Benet-Martinez, 2000; Hong & Mallorie, 2004). Though the application to culture is more recent, the idea that integration across illusory dichotomies can promote psychological well-being is certainly not novel and a quite robust finding (e.g., Bem, 1975; Block, 1973; Broverman, Clarkson, Rosencrantz, & Voger, 1970; Furby, 1983). In explaining such findings, Furby (1983) has written, "Contradiction is seen as a motivator for development since the individual seeks new formulations which permit 'integration' of previously conflicting aspects of development" (p. 287). Adopting different cultural perspectives can thus be viewed as a way to promote self-growth without negating any contributing culture.

### **An Overview of Taoism**

Taoism refers to a loosely organized movement that began thousands of years ago as a philosophy (Kohn, 2000). Greater organization of the philosophical tenets is generally traced to approximately 300 B.C.E., with the publication of the *Tao Te Ching*, a text outlining how one may achieve harmony with nature and society. Lao Tzu, a contemporary of Confucius, is typically credited with the written reinterpretation of this tradition, although some debate the historical accuracy of such a figure.

Despite its lengthy history, the core tenets of Taoism remain loosely defined and Taoism is a flexible philosophical orientation. This versatility has resulted in a continual presence that has impacted Chinese culture for over two millennia. Taoism is understood and practiced in many ways, each

reflecting the historical, social, and personal variables of one's experience with a few core texts including the *Tao Te Ching*, *Chuang-tzu*, the *I-Ching*, and *The Art of War* (Robinet & Brooks, 1997).

Although an official census has not been conducted, most estimate that there are approximately 394 million followers of Taoism in China (Barrett, Kurian, & Johnson, 2001), while North America is home to about 40,000 Taoists (Kosmin, Mayer, & Keysar, 2001). However, these numbers are thought to considerably underestimate the prevalence of the practice of Taoism as a philosophy because these data are derived from census reports of religious orientation. In both Asia and North America people from a variety of different religious orientations may embrace Taoism as a life philosophy, irrespective of their religious orientation, and such individuals are not captured by census surveys supporting these prevalence rates.

### **Taoism and the Common Factors of Psychotherapy**

Although Eastern and Western cultures may encourage different developmental paths at the level of the individual, a comparison between the common factors of Western psychology's psychotherapy approaches and the Taoist philosophy suggests that similar goals may be promoted. Chang and Page (1991) have described the similarities that exist between Taoism and the goals of Western psychotherapy approaches, and note that in Western psychotherapy a common goal is for the person's self-concept to be congruent with actual experiences. Such a person is characterized by having an accurate perception of reality, being creative, having few defenses, a high level of integration, personal autonomy, unconventional ethics, a need for human kinship, compassion, humility, deep and harmonious relationships with a respect for others, a desire to establish new forms of communication and intimacy, and an ongoing concern for personal growth. Similarly, the Taoist is open to life, tranquil, simple, reserved, and genuine. He or she lacks arrogance, has few wants, does not discriminate between opposites, is compassionate, indifferent to worldly affairs and yet still involved.

Such a person complies with nature, is receptive, content, and possesses intellectual honesty, an unassuming attitude, a sense of responsibility, natural perspicacity, and determination. The Taoist sage experiences and maintains harmony with the natural pattern of life, appreciating nature and people. To overcome problems, the Taoist sage returns to the original state of nature, which is emptiness and tranquility. For the Taoist, "an effective solution to a problem is achieved by patiently waiting for nature to present a solution, because nothing is accomplished by creating nonexistent difficulties or responding with overly elaborate measures" (Chang & Page, 1991, p. 3).

In Western psychotherapy, personal freedom results when one's actions are not solely dependent on the environment. Thoughts and feelings are not avoided and a person experiences a high level of freedom. More accurate and realistic perceptions result because the individual comes to truly know himself. This knowledge allows one to cope and accept without the need to distort reality through anxiety and defenses and embody resilience, flexibility, and confidence with the ability to trust their perceptions as a guide for action.

Chang and Page (1991) have explained that in Taoism, personal freedom is the result of the attitude "nothing to gain, nothing to lose." Possessions are meaningless for the Taoist. The human potential can only develop when one regains an original, genuine state of mind. In Taoism, intuition of the principles of universal structure is of the utmost importance. The Taoist has an acceptance of reality because he believes the world is initiated by the interactions of opposites. The apparent and the potential are complementary, and constant change is expected. The Taoist, too, possesses the ability to cope. His tolerance and inner strength allows him to see all possibilities for action without taking any of them to an unnatural extreme. Clearly, there exist many common goals between Taoism and Western psychotherapy, but at a more specific level Taoism contains both cognitive and behavioral factors that are also relevant to Western psychotherapy, particularly cognitive behavioral therapy.

## Cognition in Taoism

Because there is no definitive formulation of Tao and no specific outlines guiding behavior, the actual practice of Taoism is largely unstructured. Even Taoist texts are highly ambiguous, prompting many interpretations. This ambiguity, however, is integral to embracing Taoism and understanding how it deals with cognition. It is written in the *Tao Te Ching* that if the way is made clear, then it is not the way (Lau, 1964). Because the concept of Tao is beyond logic and comprehension, it is impossible to explain the Tao literally. Words are insufficient representations of its true meaning; Tao is not fully describable, knowable, or translatable.

Nevertheless, some Taoists have attempted to explain Tao while also acknowledging the fact that they can never adequately convey the concept of Tao through words. Simpkins & Simpkins (1999) have explained that the Tao, literally meaning "the way," describes the governance of the heavens and earth. It is a state of being above that of material existence; it lies beyond the ordinary range of perception and is simultaneously the source of being, non-being, and change. The Chinese character representing the Tao character depicts a head in motion, referring simultaneously to movement, method, and thought (Sorajjakool, 2000).

The goal of the Taoist is to be in unity with the Tao. This cannot be achieved through purposeful actions, however. Experiencing Tao is not about striving for what is not, but about acknowledging all that is present. We are already one with the Tao, but this is only evident after one practices naturalness, spontaneity, and the quality of being through non-action. One cannot attain unity with the Tao by using actions to force the unity.

For this reason, non-action, known as *wu-wei*, plays an integral role in the practice of Taoism. It is the way to realize naturalness in social life. *Wu* translates into "not" or "no" and *wei* translates into "to do" or "to act" (Sorajjakool, 2000), thereby meaning "to do by not doing." This non-action is not to be mistaken for passivity, but can be described more accurately as moving along in the stream of life or at ease in your own life. The *Chuang Tzu* tells the story of an elderly man who falls into a torrential waterfall. When asked how he survived, the man

says, "I go down with the swirls and up with the eddies, following along the way the water goes and never thinking about myself" (Watson, 1996, p. 126). In this illustration the man is representative of one practicing *wu-wei* and the waters provide a representation of the nature of the Tao.

According to Taoism, life in the world is in a constant, cyclical state of change (Lau, 1964), with all things continuously coming into being and non-being. This occurs through the delicate interplay of two separate, yet intertwined forces: *yin* and *yang*. *Yin* represents dark, cold, femininity, quietness, passivity, and earth. *Yang* represents light, warmth, masculinity, activity, aggression, and heaven (Sorajjakool, 2000). These seemingly opposing forces in nature are not mutually exclusive, for one cannot occur without the other. Without passivity, aggression would cease to exist. Darkness is followed by light, and light by darkness. Together *yin* and *yang* are responsible for the essential nature and conduct of all creatures (Sorajjakool, 2000).

With respect to mental health, Sorajjakool (2000) has discussed depression from a Taoist perspective. Depressed individuals often seek some way to counter the sadness they feel by finding something to hold on to. They try to capture truth, reality, or life in an effort to experience comfort and security. But it is in this search for fulfillment that one eventually realizes that nothing is permanent, everything is changing, and nothing is ever secure enough. This results in a sense of hopelessness, which has been cited as the strongest predictor of suicide (Kuo, Gallo, & Eaton, 2004; Wetzel, 1976; Beck, Steer, Beck, & Newman, 1993; Beck, Kovacs, & Weissman, 1975).

In that moment a person simultaneously experiences the anxiety of being and the possibility of nonbeing, perhaps allowing the transient nature of *yin* and *yang* to become more apparent. Instead of accepting the nature of *yin* and *yang*, depressed individuals often polarize the two, favoring one and disliking the other. This process is equivalent to Albert Ellis' "all or nothing" thinking error. Experiences are either good or bad, and one tries to remove all that which does not fit into the concept of an ideal life. But through such a process of discrimination one is removed from *Tao*. Whenever

we try to get where we think we should be, or avoid what we think we ought to, we move away from our true selves. By cognitively removing all the negatively perceived aspects, one is denied of an authentic reality (Sorajjakool, 2000).

### **Behavioral Aspects of Taoism**

Taoism encompasses not only cognitive aspects, but behavioral practices as well. Although no specific practices are required of Taoists, there are some activities which are considered Taoist because of their underlying philosophy. Health and vitality are key concepts in Taoism and many behaviors are directed at balancing one's energy (Davis, 2004; Taylor-Piliae & Froelicher, 2004). Tai Chi Chuan, also known simply as Tai Chi, is a common Taoist behavioral practice, (though it also involves cognitive aspects) that involves low impact moving meditation, comparable to moderate-intensity exercise. It occurs with slow gentle movements, shifting body weight between the right and left legs with knees slightly bent, keeping the body straight and upright, rotation from the hips, and moving the arms and legs simultaneously (Taylor-Piliae & Froelicher, 2004).

Research regarding the physical and mental health benefits of Tai Chi not only for Eastern populations, but among Western populations as well, have confirmed that Tai Chi improves physical health as measured by cardio respiratory function, balance, muscle strength and endurance, and flexibility, and mental health as reflected by increased relaxation and mood state, with reduced tension, depression, anger, fatigue, confusion, and mood disturbance (see for review Taylor-Piliae & Froelicher, 2004). A host of studies have been conducted demonstrating positive effects of Tai Chi on Western patients with multiple sclerosis, arthritis, suicidal tendencies, heart disease, osteoarthritis, shingles, breast cancer survivors, or immune suppression (Fransen, Nairn, Winstanley, Lam, & Edmonds, 2007; Irwin, Pike, Cole, & Oxman, 2003; Mustian et al., 2004; Zarrow & Gutfeld, 1990; O'Callaghan, 2003). In fact, Tai Chi is rapidly gaining acceptance in Western cultures as a form of exercise, relaxation, and meditation (Lumsden, Baccala, & Martire, 1998).

## **Overview of Western Psychology's Cognitive Behavioral Therapy**

Cognitive behavioral therapy (CBT), a major orientation of psychotherapy, is derived from cognitive and behavioral therapies and has demonstrated efficacy across individual, family, and group modalities (Chambless et al., 1996). Research evidence supports its use across cultures, races, genders, and sexual orientations. It has been used to treat psychosis, schizophrenia, bipolar disorder, anger control, pain adjustment in relation to physical health problems, insomnia, depression, eating disorders, and emotional problems associated with early dementia (for review, see Hollon & Beck, 2004). The goal of CBT is to identify and understand problems in relationship to thoughts, feelings, and behavior. The focus is not on past problems, but present issues. Strategies and goals are identified and the client is empowered to harness his or her own strengths to effectively deal with problems. Research suggests that CBT is at least as effective as other forms of psychotherapy, and many times even more effective (Shapiro et al., 1994).

Ciarrochi, Robb, & Godsell (2005) have provided a brief overview of traditional CBT. Traditional CBT reflects a mechanistic view of the world. That is, the world is made up of causes and effects. Thoughts, feelings, and relationships influence behavior. In order to change behavior one must first change beliefs related to those behaviors. Rational beliefs will thus result in functional behavior. Based on this premise, the first goal of CBT is to alter thinking patterns or correct thinking errors (Ciarrochi et al., 2005). Cognitive interventions use questioning as a way to encourage clients to find alternative viewpoints (e.g., Ellis, 2001). In order to elicit more positive emotions, irrational thoughts must be replaced with rational ones. Negative thoughts need to be replaced by more positive ones. Since habitual ways of thinking about situations have been learned, they can consequently be unlearned. The second goal is to take actions that will have desirable results. Behavioral experiments are conducted to determine what is most effective. Behavioral techniques range considerably but might include desensitization, relaxation, breathing, challenging irrational beliefs, thought stopping,

bibliotherapy, social skills training, assertiveness training, or even meditation (Ciarrochi et al., 2005).

Traditional CBT differs from Taoist theory in at least two distinct ways. The first deals with the nature of thoughts and feelings. Cognitive behavioral therapists place more importance on internal experiences whereas Taoists view intellect as an arbitrary means of interpreting direct experience. The second difference is in regards to the content of thoughts. Taoists do not believe any thought to be inherently wrong or problematic. Cognitive behavioral therapists, however, attempt to rid a person of what are perceived as negative thought patterns. The question then becomes, is there any way to successfully integrate these two seemingly contradictory approaches?

## **Third Wave CBT**

Recently new forms of CBT have been introduced in what has been called the third wave of cognitive behavioral therapy. Third wave CBT includes therapies such as Acceptance and Commitment Therapy (ACT), Mindfulness-based Cognitive Therapy for Depression, Mindfulness-based Stress Management, and Dialectic Behavior Therapy (Ciarrochi et al., 2005). The theoretical and philosophical structure of this new type of CBT differs from traditional CBT, although they both ultimately strive for acceptance of self, others and life. The development of third wave CBT integrates traditional Eastern perspectives into a traditionally Western form of psychology. Unlike other forms of CBT, third wave CBT does not challenge the form or frequency of seemingly dysfunctional thoughts (Ciarrochi, et al., 2005). Although each of these third wave CBT orientations could be compared with and contrasted to Taoism, space constraints necessitate a detailed focus on only one: Acceptance and Commitment Therapy, the most extensively researched of the third wave CBT orientations.

## **Acceptance and Commitment Therapy**

Hayes (2002), the founder of Acceptance and Commitment Therapy, has discussed the similarities between ACT and Eastern philosophies, implying many similarities between Taoism and ACT. For example, ACT considers psychopathology an

unhelpful domination of thoughts over experiences, and a lack of ability to align values and behavior with ambiguous goals. This overemphasis on thinking inevitably leads to an unhealthy effort to control thoughts, feelings, and behaviors. The Taoist perspective on thoughts parallels ACT. In Taoism, intellect is not the source of knowledge but simply a way to interpret experiences. Direct experience must be obtained through direct insight, which occurs through observation rather than thinking (Atwood & Maltin, 1991). The similarities between ACT and Taoism are evident: Encouragement of direct experience so that one can be at ease in life (Hayes, 2002).

According to ACT, thoughts cannot be directly manipulated, nor are they the direct source of influence in situations. Thoughts are neither inherently rational nor irrational. Our thoughts simply take us places depending on the context in which the thought occurs. This is known as functional contextualism (FC). FC is one of the theoretical principles underlying ACT and focuses on the prediction and control of behavior (Ciarrochi et al., 2005). Ciarrochi et al. (2005) uses walking as an illustrative metaphor of this point and notes that in walking, the footsteps themselves are merely the means by which one moves from one place to another. Internal dialogues function similarly by providing a means to a destination without being specifically meaningful themselves.

The distinction is made between having a thought and believing a thought, and actions are only affected if one believes the thought. In ACT thoughts are discriminated from reality. Unfortunately, people may be unable to make this distinction and allow thoughts to become substitutions for reality. If verbal constructs are inconsistent with experience, then the verbal constructs will dominate (Hayes, Brownstein, Haas, & Greenway, 1986). This reliance on verbal constructs has the potential to begin the unhealthy cycle of thinking more and experiencing less. An over-reliance on verbal constructs is thought to result in an elaborate set of derived relations and overgeneralization. Any attempt to directly challenge these beliefs leads to more elaborate derivations and even less direct experience.

This is most clearly illustrated by the FEAR

model of ACT (Hayes, 2002). The FEAR acronym stands for the *fusion* of symbols and reality, the *evaluation* of these symbols, *avoidance* of those which we do not like, and *reason giving* for our behaviors. Because of our linguistic nature, symbols of the world become equivalent to actual events. Instead of being open to experiencing actual events, people predefine them in terms of a past experience or thought. We have already fused specific situations with certain symbols. As behavior becomes more verbally regulated, it becomes more insensitive to direct personal experience. From our symbolic representations come evaluations of these symbols. Everything is labeled as either good or bad. In our thoughts we discriminate between reality and our utopian visions of reality and suffering results since the two are usually incongruent. Once we have evaluated the symbolic representations that we consider to be reality, avoidance of that which we do not like occurs. In order to justify this avoidance of experience, people engage in reason giving or rule creation. People believe reasons and stories even if they are harmful when followed.

The FEAR model explains how derivations are made, but the Relational Frame Theory (RFT) explains why they are made. Hayes (2002) has written that although derived stimulations allow verbal behavior to be useful, they also increase our contact with painful events. For example, verbal reports of past trauma can bring back the pain of experienced trauma. Although one may successfully avoid the external stimulus associated with this pain, there is still the possibility to experience the pain through describing the situation. Language makes bi-directionality possible. Through language, one can re-experience past situations. Ciarrochi et al. (2005) explains, "Bi-directionality means that language has the power not only to describe monsters, but to make them present" (p. 85). This is the point at which experiential avoidance occurs. Experiential avoidance occurs when one tries to avoid painful private experiences such as bodily sensations, thoughts or feelings, by attempting to alter the form, frequency, or sensitivity of these events (Hayes, 2002). These attempts, however, are often unsuccessful and are counterproductive to their exact purpose. The goal of ACT is to experience



non-defensive attitudes towards those experiences which historically produced undesirable private experiences. In order to deal effectively with the situation, one must “undermine reason giving, block experiential avoidance, and to disconnect language from its normal, literal functions” (Hayes, 2002, p. 60).

### Conclusion

This review of literature has shown that although Eastern culture and Western culture have traditionally taken divergent paths to self-actualization or enlightenment, ultimately both experience success in the same ways. For this reason, people of a global society can explore concepts from various cultures as a way of promoting self-growth. The field of psychology can benefit from this knowledge.

Research suggests that incorporation of Taoist approaches, (including, for example, Tai Chi) can improve physical and mental well-being. While traditional CBT focuses upon avoiding negatively perceived thoughts and experiences, by integrating Taoist perspectives into CBT psychologists have the opportunity to explore a type of therapy that will embrace the dualistic nature of human experience. Third wave CBT's, such as ACT, show promise for this synergy of Eastern and Western thought. Like Taoism, ACT focuses upon a healthy resolution of the dichotomies of life, acceptance of a situation, and the acknowledgment that language is not the ultimate truth.

Problems may arise when putting Eastern philosophies in a Western context and vice versa. Due to language barriers and cultural differences, misunderstandings and misinterpretations will inevitably result. Psychologists must be careful not to rework Eastern philosophies into a one-dimensional Western therapy. To overcome such obstacles, greater international collaboration among psychologists must occur.

### References

- Atwood, J.D., & Maltin, L. (1991). Putting Eastern philosophies into Western psychotherapies. *American Journal of Psychotherapy, 45*(3), 368-383.
- Barrett, D., Kurian, G., & Johnson, T. (2001). *World Christian Encyclopedia*. New York: Oxford Press.
- Beck, A.T., Kovacs, M., & Weissman, A. (1975). Hopelessness and suicidal behavior: An overview. *American Journal of Psychiatry, 234*(11), 1146-1149.
- Beck, A.T., Steer, R.A., Beck, J.S., & Newman, C.F. (1993). Hopelessness, depression, suicidal ideation, and clinical diagnosis of depression. *Suicide and Life-Threatening Behavior, 23*(2), 139-145.
- Becker, C.B. (1986). Reasons for the lack of argumentation and debate in the Far East. *International Journal of Intercultural Relations, 10*(1), 75-92.
- Bem, S.L. (1975). Sex-role adaptability: One consequence of social androgyny. *Journal of Personality and Social Psychology, 3*, 634-643.
- Block, J.H. (1973). Conceptions of sex-role: Some cross-cultural and longitudinal perspectives. *American Psychologist, 28*, 512-526.
- Broverman, D., Clarkson, F., Rosencrantz, P.S., & Voger, S.R. (1970). Sex role stereotypes and clinical judgments of mental health. *Journal of Consulting and Clinical Psychology, 34*, 1-7.
- Chambless, D.L., Sanderson, W.C., Shoham, V., Bennett Johnson, S., Pope, K.S., Crits-Christoph, P., et al. (1996). An update on empirically validated therapies. *The Clinical Psychologist, 49*, 5-18.
- Chang, R., & Page, R.C. (1991). Characteristics of the self-actualized person: Visions from the east and west. *Counseling and Values, 36*(1), 2-11.
- Chen, S-c. (2004). *Eastern and Western cultural values: Implications for training Asian counselors*. Unpublished doctoral dissertation. University of Cincinnati.

- Ciarrochi, J., Robb, H., & Godsell, C. (2005). Letting a little nonverbal air into the room: Insights from acceptance and commitment therapy. Part 1: Philosophical and theoretical underpinnings. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 23(2), 79-106.
- Davis, D.D. (2004). The tao of leadership in virtual terms. *Organizational Dynamics*, 33(1), 47-62.
- Ellis, A. (2001). Overcoming destructive beliefs, feelings, and behaviors: New directions for rational emotive behavior therapy. Amherst: Prometheus Books.
- Fransen, M., Nairn, L., Winstanley, J., Lam., P., & Edmonds, J. (2007). Physical activity for osteoarthritis management: A randomized controlled clinical trial evaluating hydrotherapy or tai chi classes. *Arthritis and Rheumatism*, 57(3), 407-414.
- Furby, L. (1983). "Consistency" and "contradiction" in the development of gender role characteristics. *New Ideas in Psychology*, 1(3), 285-297.
- Hayes, S.C. (2002). Buddhism and acceptance and commitment therapy. *Cognitive and Behavioral Practice*, 9(1), 58-66.
- Hayes, S.C., Brownstein, A.J., Haas, J.R., & Greenway, D.E. (1986). Instructions, multiple schedules, and extinction: Distinguishing rule-governed from scheduled-controlled behavior. *Journal of the Experimental Analysis of Behavior*, 46(2), 137-147.
- Hermans, H.J., & Kempen, H.J. (1998). Moving cultures: The perilous problem of cultural dichotomies in a globalized society. *American Psychologist*, 53(10), 1111-1120.
- Hollon, S.D., & Beck, A.T. (2004). Cognitive and cognitive behavioral therapies. In: Lambert, M.J. (5th ed.). *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (pp. 428-466). New York: John Wiley & Sons.
- Hong, Y.-Y., & Mallorie, L.M. (2004). A dynamic constructivist approach to culture: Lessons learned from personality psychology. *Journal of Research in Personality*, 38(1), 59-67.
- Hong, Y.-Y., Morris, M.W., Chiu, C., & Benet-Martinez, V. (2000). Multicultural minds: A dynamic constructivist approach to culture and cognition. *American Psychologist*, 55, 709-720.
- Irwin, M.R., Pike J.L., Cole, J.C. & Oxman, M.N. (2003). Effects of a behavioral intervention, tai chi chih, on varicella-zoster virus specific immunity and health functioning in older adults. *Psychosomatic Medicine*, 65, 824-830.
- Kohn, L. (2000). *Daoism Handbook*. Leiden: Brill.
- Kosmin, B.A., Mayer, E., Keysar, A. (2001). American religious identification survey. Retrieved March 16, 2006 from [http://www.gc.cuny.edu/faculty/research\\_briefs/aris.pdf](http://www.gc.cuny.edu/faculty/research_briefs/aris.pdf)
- Kuo, W., Gallo, J.J., & Eaton, W.W. (2004). Hopelessness, depression, substance disorder, and suicidality. *Social Psychiatry and Psychiatric Epidemiology*, 39(6), 497-510.
- Lau, D.C. Trans. (1964). *Tao-Te-Ching*. Harmondsworth: Penguin Books.
- Lu, L., Gilmour, R., Kao, S.-F., Weng, T.-H., Hu, C.-H., Chern, J.-G., Huang, S.-W., Shih, J.-B. (2001). Two ways to achieve happiness: When the East meets the West. *Personality and Individual Differences*, 30(7), 1161-1174.
- Lumsden, D.B., Baccala, A., & Martire, J. (1998). T'ai chi for osteoarthritis: An introduction for primary care physicians. *Geriatrics*, 53(2), 84-87.
- Meyers, L. (2007). Serenity now. *Monitor on Psychology*, 38(11), 32-34.
- Mustian, K.M., Katula, J.A., Gill, D.L., Roscoe, J.A., Lang, D., & Murphy, K. (2004). Tai chi chuan, health-related quality of life and self-esteem: A randomized trial with breast cancer survivors. *Supportive Care in Cancer*, 12(12), 871-876.
- O'Callaghan, S. (2003). Adaptive tai chi. *Inside MS*, 21(3), 66-70.
- Page, R.C., & Berkow, D.N. (1991). Concepts of the self: Western and eastern perspectives. *Journal of Multicultural Counseling and Development*, 19, 83-93.
- Robinet, I., & Brooks, P. (1997). *Taoism: Growth of a Religion*. Stanford: Stanford University Press.
- Rozin, P. (2003). Five potential principles for understanding cultural differences in relation to individual differences. *Journal of Research in Personality*, 37, 273-283.

- Shapiro, D.A., Barkham, M., Rees, A., Hardy G. E., Reynolds, S., & Startup, M. (1994). Effects of treatment duration and severity of depression on the effectiveness of cognitive-behavioral and psychodynamic-interpersonal psychotherapy. *Journal of Consulting and Clinical Psychology*, 62, 522-534.
- Simpkins, C.A., & Simpkins, A.M. (1999). *Simple Taoism: A Guide to Living in the Balance*. North Clarendon: Tuttle Publishing.
- Sorajjakool, S. (2000). Wu-wei and the negativity of depression. *Journal of Religion and Health*, 39(2), 159-166.
- Taylor-Piliae, R.E., & Froelicher, E.S. (2004). Measurement properties of tai chi exercise self-efficacy among ethnic Chinese with coronary heart disease risk factors: A pilot study. *European Journal of Cardiovascular Nursing*, 3(4), 287-294.
- Watson, B. Trans. (1996). *Chuang Tzu: Basic Writings*. New York: Columbia University Press.
- Wetzel, R.D. (1976). Hopelessness, depression, and suicide intent. *American Journal of Psychiatry*, 33(9), 1069-1073.
- Zane, N., Hall, G.C.N., Sue, S., Young, K., & Nunez, J. (2004). Research on psychotherapy with culturally diverse populations. In M.J.Lambert (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (5th ed.) (pp. 783-820). New York: John Wiley & Sons.
- Zarrow, S., & Gutfeld, G. (1990). T'ai chi for t-cells. *Prevention*, 42(5), 14.