

Buddhist Community Care Bulletin

佛教社區關懷計劃

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佛學應用與精神科

擴闊治療模式 – “接納與承諾治療”

關於“接納與承諾治療”(Acceptance & Commitment Therapy), 以下簡稱 ACT, 李文代表本刊于去年九月訪問過這方面的專家, 包括馮溥倫醫生 (Dr. Kenneth Fung) 及徐松安醫生 (Dr. Teresa Tsui)。以下是訪問內容簡譯:

受訪者簡介:

馮溥倫醫生 (Dr. Kenneth Fung) 是多倫多西區醫院 (Toronto Western Hospital) 亞裔人士精神健康計劃的主診精神科醫生及臨床主任; 亦是多倫多大學精神科學部的副教授。

徐松安醫生 (Dr. Teresa Tsui) 是自然療法醫生, 在多倫多大學主理研究工作; 亦在加拿大自然療法醫學院 (Canadian College of Naturopathic Medicine) 任臨床督導主任及學術講師。

訪問內容:

馮醫生認為近年很多西方醫學界的精神科醫生, 心理學家及心理治療師對佛教思想及實踐越來越感興趣, 其原因是受著多種不同的因素所影響。過去已有先例嘗試把一些佛學理論與西方傳統的精神動力式心理治療 (psychodynamic psychotherapy) 融合。佛學思想正影響著不同的心理學派, 例如: Gestalt Therapy. 近年更有很多運用佛教禪修的專注觀察 (mindfulness), 在治療上得到顯著的效果。Jon Kabat-Zinn 便是以「專注觀察為基礎的減壓法」(Mindfulness Based Stress Reduction) 使那些難以治癒的長期痛症患者得到效益。自此, 很多新一派的心理治療師便更多採納專注觀察來幫助有精神健康問題的人。這些新學派包括: 「專注觀察為基礎的認知治療」(Mindfulness Based Cognitive Therapy), 辯證行為

治療 (Dialectical Behavioural Therapy) 及 ACT等。而馮醫生本人便是特別對 ACT 有興趣。

馮醫生解釋, ACT 是屬行為治療學派發展的第三波。這種治療是為提高六種不同核心技巧, 使能達到提昇心理靈活性的目的。六種核心技巧包括: 1. 接納 (Acceptance) – 無論喜歡與否, 都會接受自己的思想及感受而不會逃避; 2. 認知分離 (Defusion) – 視我們的思想只是思想而已, 而不會深信不移; 3. 關注當下 (Contact with the Present moment) – 經常處於「此時此地」的狀態, 不會被過去困繞著或被想像中的未來所障礙; 4. 觀察的自我 (Self-as-context) – 能超越自我, 不會

多倫多大學于去年11月17日舉行釋悟德漢傳佛學教授席感謝聚餐 Recognition Luncheon for the Shi Wu De Professorship in Chinese Buddhist Studies hosted by Emmanuel College at the U of T, Nov. 17, 2015.



局限於不變的自我觀念中；5. 價值觀 (Values) – 知道甚麼對我們是至為重要，例如：關心家人，而不會盲目附從規條或逃避恐懼；6. 承諾行動 (Committed Action) – 採取循序漸進的步驟去實踐自己的價值取向。

最初，馮醫生希望尋找一種心理治療是可以從亞洲文化角度去補足典型西方治療之不足。馮醫生發現ACT 所強調的接納、專注觀察等原則及價值觀與他相信一位治療師應有的特質十分相應，故便開始對 ACT 產生興趣。當馮醫生進一步認識及研究 ACT時，他發現佛教的專注觀察，四聖諦及八正道等，都跟ACT有很多共通點。作為一位治療師，馮醫生經常與他的病人討論或運用 ACT的原則。雖然他不是佛教徒，但他亦曾與一些法師合作舉辦一些治療小組。

而在自然療法方面做研究工作的徐醫生，她閱讀有關佛學的資料及作專注觀察靜修已超過十年。當馮醫生向她介紹 ACT這種治療方法時，徐醫生對這一門治療感到好奇，且對 ACT跟佛學的共通處很感興趣。在過去十年的臨床經驗中，徐醫生盡力做到每次與病人的互動都是全面投入當下，使自己能用心聆聽病人的故事，對待每一位病人都持開放及殷切關注的心態。

馮醫生作為一位關注族裔文化的精神科醫生，他認為每一族裔文化都可以有其卓越智慧的貢獻。博大精深的佛法一向是為舒緩人類的痛苦及勘破無明。馮醫生認為，支持更多研究去探討西方醫學如何能在佛法思想及實踐上得到更深啟發，這無疑會進一步改善西方的心理治療方法。這樣，不單亞裔佛教徒或非佛教徒能受益，其他族裔及不同宗教的信徒亦會得益。

徐醫生認為支持這類研究會有利於把佛法融入實踐當中，及可擴闊治療模式。若加拿大佛教教育基金會（以下簡稱基金會）與精神科醫生及自然療法醫生合作研究ACT，這是一項湛新的跨領域合作意念。希望這些研究能進一步改善病人的健康、創造新的護理模式及製造更

多教育機會給新的醫護人員。馮醫生認為，如能成功籌款建立研究獎學金，會吸引修讀精神科的學生去研究如何把佛學應用於精神健康問題上。現今社會仍對精神問題有很多歧視，同時，社會的壓力越來越大，很多人難以應付，尤其是移民在加拿大要面對很多挑戰。雖然西方的治療模式有很多好處，但亦有其盲點及局限。馮醫生相信，這是一個很需要的大好機會把古代佛法的智慧重新注入現代的醫療領域，為減輕人類的疾苦及締造慈和的社會作貢獻。

最後，李文代表基金會多謝兩位醫生接受訪問及向本刊讀者介紹了ACT，李文更代表基金會十分感激可以有機會支持馮醫生所提出的佛學應用研究獎學金。基金會現正資助多倫多大學Emmanuel College新辦的佛學應用課程，現時該課程正在物色佛學教職人才。基金會很高興有機會能進一步擴大佛學應用於研究跨越族裔文化的精神治療方面。基金會一向支持把佛法用於現今社會，使現代人也能明白到佛陀的教導對當今生活的適切性，資助這類研究獎學金正是與本基金會的資助路向吻合。✚

基金會弘法隊完成2015年楓葉銀行慈善百萬行，於終點拍照留念。 Scotiabank Toronto Waterfront Marathon Charity Challenge 2015: the Buddha Dharma Team happily completed our 5K walk to fundraise for Buddhist studies.



加拿大佛教教育基金會
2015年感恩素宴紀念
基金會榮譽會長已故
釋悟德老和尚。
The Buddhist
Education
Foundation of
Canada 2015
Thanksgiving
Fundraising
Vegetarian Gala -
tribute to our
Honorary President
the late
Ven. Shi Wu De.

APPLIED BUDDHISM & PSYCHIATRY - Part II of Interview

Acceptance and Commitment Therapy Research and Buddhism

Alice: What are the similarities and differences between Acceptance and Commitment Therapy and Buddhism?

Dr. Fung: There are a lot of similarities between ACT and Buddhism. Both promote personal growth in wisdom through experience and reflection, and both promote the cultivation of acceptance and mindfulness. If we review the ACT processes, they both promote: (i) non-judgmental attention to the present moment; (ii) letting go of any attached thoughts and identities that have become barriers to life; and (iii) diligent committed actions that are in the service of important values. There are differences as well. ACT is formulated as a form of psychological intervention which incorporates Western cultural perspectives and assumptions, such as individual values. Buddhism reflects a rich philosophical and religious tradition which embodies many different Asian thought and cultural values through many years of evolution. Thus, while they both aim to decrease suffering, Buddhism seeks to end suffering beyond this lifetime.

Dr. Tsui: From my understanding of ACT as a relatively new learner, several aspects of ACT are aligned with Buddhist thought. First, it's being present with oneself to observe one's own feelings and experience them (*present moment* and *acceptance*). Next, recognizing that one's reality is a construct of seeing the world through one's own lens, rather than an absolute reality (*defusion*). One can be in contact with being the observer of feelings, including feelings of suffering, which change with time and circumstances (*self as context*). By recognizing the factors that contribute to suffering, one can commit to alleviating suffering guided by what matters the most (*commitment* and *values*).

Alice: In what ways can research in ACT and other Buddhist inspired therapies lead to deeper understanding of Buddhism and broader recognition of the contributions of Buddhism in Psychotherapy and Psychiatry?

Dr. Fung: I think that research into ACT and other Buddhist inspired therapies will lead to a deeper understanding of Buddhism by researchers and practitioners, which will enhance how we help people. In many ways, we are only scratching the surface in terms of the untapped potential for healing from the wisdom of Buddhism and other Asian cultural traditions. Further, more explicit and open research into the intersection between Buddhism and psychotherapy will ensure a more contextualized approach when

incorporating Buddhism into practice, in addition to giving the due recognition and acknowledgement to the origins of the accumulated knowledge and collective wisdom.

Dr. Tsui: I see patients with mental health conditions as a family practice naturopathic doctor. Mental health conditions can be very difficult to treat and as Dr. Fung has mentioned is linked with significant stigma. People who are of Chinese and other Asian heritage gravitate towards Asian thought, including Buddhism. Applying ACT in practice would be culturally congruent to Chinese and other Asians. As the Buddha has taught, in order to understand something, it's best to examine it yourself. Certain things will remain true no matter which angle we take to examine them (e.g., $1+1 = 2$). Many other things will change (e.g., How am I feeling now?). I think doing research on ACT – the therapy that teaches us and our patients to apply some very useful Buddhist thoughts in daily life certainly has the potential to broaden the application of this rich cultural wisdom in the healthcare system and help more people.

Alice: What are your goals of conducting research on ACT?

Dr. Fung: As ACT is such a refreshing mode of intervention, I think more research into ACT is greatly needed. We can gain more experience about what kind of problems can benefit from ACT, how to do ACT better, and even potentially how ACT can be enhanced by integrating more wisdom from Buddhism.

Dr. Tsui: In doing research on ACT, we are contributing to a growing body of scientific evidence that has found that ACT is beneficial for a number of health conditions. The scientific method is useful to help us rigorously examine well-established Buddhist traditions using a scientific lens. Our goals would include determining if ACT is helpful at treating people with depression, to explore how ACT works at improving psychological flexibility, and also measure markers of health status such as heart rate.

Alice: What kinds of commitments, financial and otherwise, will be needed to bring about high quality research in ACT?

Dr. Fung: Research, especially done well and thoughtfully, is a long-term investment and commitment. Further, we would need to create a community of researchers, as scientific progress is not dependent on any one single individual. This is why funding is critical if we are serious

in wanting to make any kind of difference in complex and important issues. There are no shortcuts. Funding is needed for the operations of research studies, from research staff to the necessary equipment; funding is also needed for the training and on-going support of researchers. Together, we can make a difference.

Dr. Tsui: If we are able to raise funds for ACT research, our funds will be allocated to hiring staff, purchasing equipment, providing a small honorarium to research participants, licensing fees for patient outcome measures, and in publishing and disseminating our results more widely at a later stage.

Alice: What is your vision of creating a Fellowship in Psychiatry related to ACT?

Dr. Fung: Funding for a Fellowship in Psychiatry can be a first step towards planting the seeds of research into the relationship between Buddhism and Psychiatry. Psychiatry is the professional discipline that deals with the most wide range of mental illness, from common depressive and anxiety disorders to more serious mental illnesses like schizophrenia. At the same time, there has been a relative lack of attention within the field to look beyond biomedical or psychological approaches. Cultural and spiritual knowledge and wisdom have much to offer, and this fellowship can create the spark of excitement among psychiatry fellows, young psychiatrist researchers, to look into the relationship between Buddhism and mental illness in a scholarly way. This will ensure the continued development of more innovative forms of treatment like ACT; enhanced access and scope of such interventions to benefit more people in need of help; and increased recognition, understanding, and substantive impact of Buddhism to this community and beyond – ultimately,



Psychiatrist Dr. Kenneth Fung gave a presentation on ACT and Mental Health at the Buddhist Education Foundation of Canada 2015 Thanksgiving Gala. 馮溥倫醫生于基金會2015年感恩素宴講解接受與承諾治療及精神健康。

decreasing human suffering from mental problems and challenges.

Let me take this opportunity to express my sincere thanks to your Foundation for supporting the first Fellowship in Buddhism and Psychiatry at the University of Toronto. We will advertise this fellowship in January 2016 and expect to award it to a young psychiatrist researcher in May for a one year term from July 2016 to June 2017. This fellow will be co-supervised by myself and the Shi Wu De Professor at Emmanuel College. In addition to conducting clinical research in the application of Buddhist teachings in psychiatry, he or she will also offer public education events to the Emmanuel community and the wider Buddhist community. ♪ Please see *Buddhist Community Care Bulletin Issue #2, P. 3 & 4 for Part I of this interview.*

<http://buddhistedufoundation.com/wp-content/uploads/2015/06/web-bulletin2-pdf.pdf>

APPLYING MINDFULNESS & BUDDHISM IN PROVIDING CARE

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朋友支持2015年籌款活動,得以順利完成捐款在
多倫多大學醫學系成立佛教及精神科臨床
研究獎學金計劃。

The Buddhist Education Foundation of Canada thanks everyone who has worked on and donated toward our fundraising efforts of 2015. Because of your generosity, we will be able to award a "Fellowship in Buddhism & Psychiatry" in the Department of Psychiatry in the Faculty of Medicine, University of Toronto - the first such inter-disciplinary fellowship in Canada.