



# A Qualitative Comparison of Secular and Buddhist-Informed Mental Health Practitioners' Perceptions of Non-Attachment

Samantha Sys<sup>1</sup> · William Van Gordon<sup>1</sup> · Paul Gilbert<sup>2,3</sup>

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## Abstract

**Objectives** Buddhist non-attachment has been shown to be effective for improving mental health and wellbeing. Non-attachment refers to the ability to engage with phenomena without psychologically clinging to experiences or rejecting them. The present qualitative investigation sought to compare secular and Buddhist-informed counselors' and psychotherapists' perceptions of the non-attachment construct, including their views on its relevance for client-therapist practice.

**Method** Two data sets were collected. In Sample 1, semi-structured interviews were administered to nine qualified counselors and psychotherapists with limited prior knowledge of non-attachment or related Buddhist principles. In Sample 2, five Buddhist-informed counselors and psychotherapists completed an open questionnaire. Both data sets were analysed using Reflexive Thematic Analysis.

**Results** Analysis of the first sample generated four themes concerning participants' understanding of non-attachment: (1) misunderstanding non-attachment, (2) who non-attachment might be useful for, (3) potential impact on the therapeutic relationship and (4) the importance of experiential understanding on the part of the therapist. The analysis of Sample 2 generated two themes: (1) considerations for assimilating non-attachment, and (2) positive experiences of applying the construct in client-therapist contexts.

**Conclusions** The secular mental health practitioners in Sample 1 recognised the potential utility of non-attachment but harboured some misunderstandings as to its meaning as well as reservations regarding its suitability for all client groups. This was in contrast to Sample 2 participants, who felt that with appropriate therapeutic skill and discernment, non-attachment can be beneficial for a broad range of mental health conditions. Raising awareness of non-attachment amongst secular mental health practitioners is crucial to improving comprehension of the concept and its integration into client-therapist settings.

**Preregistration** This study was not preregistered.

**Keywords** Non-attachment · Mindfulness · Buddhism · Psychotherapists · Counselors · Reflexive thematic analysis · Mental health practitioners

A key aim of Western psychotherapy is to improve mental wellbeing and pro-social behavior. Whilst these are

also aims of Buddhism, in this case, the aim is much more existential with a focus on helping people gain insight into the nature of suffering and the reality of the mind as rooted in consciousness itself. This existential perspective can be contrasted with biological and evolutionary approaches to the mind (Gilbert & Van Gordon, 2023). Consequently, as Buddhist principles and practices are increasingly being employed in Western mental healthcare settings, it is important to establish areas where Western psychotherapeutic approaches already integrate principles that align with Buddhist thought, as well as areas where the two systems deviate in their approach (Gilbert & Van Gordon, 2023).

One key area that requires greater empirical understanding in this respect relates to the idea of non-attachment,

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✉ William Van Gordon  
w.vangordon@derby.ac.uk

<sup>1</sup> School of Psychology, University of Derby, Kedleston Road, Derby, Derbyshire DE22 1GB, UK

<sup>2</sup> Centre for Compassion Research and Training, College of Health, Psychology and Social Care, University of Derby, Derby, UK

<sup>3</sup> The Compassionate Mind Foundation, Derby, UK

which is a fundamental principle of Buddhism relating to the benefits of not fixating on concepts, desires, objects or situations as well as the ability to “let go” (Shonin et al., 2016). To a certain degree, although different terminology is employed, non-attachment principles already exist within Western psychotherapy in the way it seeks to help people become more open, accepting, flexible, explorative and prosocial. However, the extent that Western psychotherapists are aware of this is currently unclear as is their understanding and perceptions of non-attachment and the principles to which it pertains. Greater insight in this respect would facilitate the mutual sharing and application of Western and Eastern wisdoms for psychotherapists and service users alike.

In recent years, there has been growing interest in exploring the concept of attachment and non-attachment as used in Western and Eastern approaches. However, some confusion has arisen because this term is used in different ways in these different traditions. For example, in the West during the 1950s and 1960s, developmental psychologists and psychotherapists began detailed scientific studies into how early relationships affected subsequent child development, which became known as attachment theory (Ainsworth, 1978). Since then, attachment theory and attachment science have contributed enormously to our understanding of how interpersonal relationships co-regulate development, buffer or accentuate our vulnerability to mental health problems (Cassidy & Shaver, 2018) and even impact epigenetics. This approach recommends secure attachments rooted in strong emotional bonds of caring, giving, loyalty, commitment and support for “the other”.

Hence, in the context of Western psychotherapy, attachment is used to denote types of relational security (Cassidy & Shaver, 2018), and invariably has positive associations (Sahdra et al., 2010). Secure attachments enable individuals to feel safe and comforted in the presence of their attachment figure, and are associated with increased wellbeing and greater ability to regulate emotions and manage stress (Cassidy & Shaver, 2018). However, even in Western therapeutic contexts, attachment can have different meanings (particularly when related to material objects) and not all attachments are regarded as helpful, such as attachment to harmful values or within cults. To what and how one attaches is therefore important.

The concept of attachment in Buddhist writings however has a very different origin, meaning and focus, where it invariably has negative connotations. Non-attachment can easily be misunderstood as a disengagement or a weakening of emotional bonds, commitment or care for others. Indeed, one of the problems in integrating concepts from one tradition to another is the use of words because translations often fail to convey subtle differences in meaning to the same word. More specifically, “*upadana*” is the Sanskrit and Pali word for attachment but it can also mean “clinging” or “grasping”. Hence, in the contemplative traditions, attachment was not used to denote security but rather a form

of entrapment, sort of being “stuck to”. Within the Buddhist teachings, attachment is regarded as a mental affliction that impairs an individual’s perception and wellbeing (Dalai Lama, 2001). Shonin et al. (2014a) define attachment as “the over-allocation of cognitive and emotional resources towards a particular object, construct or idea to the extent that the object is assigned an attractive quality that is unrealistic and exceeds its intrinsic worth” (p.10). Here we again see the notion of grasping within the concept of attachment, indicating that attachment involves psychological clinging to objects and concepts (such as money, material possessions and beliefs about what is right or wrong), as well as relationships, and is asserted to limit adaptive psychosocial functioning (Wallace, 2005).

This definition helps to explain why the contemplative traditions guided people towards insights regarding the distorting way attachments interfere with clear insight into the nature of reality, partly because attachments fill one’s mind with clutter; our minds are constantly thinking about needing this or needing that, such that if one is attached to money, one is constantly worried about how to make more and how not to lose what one has. However, the Buddhist view is that you cannot grasp the nature of reality and consciousness if your head is full of such clutter; moreover, you are more prone to anti-social behavior if other people obstruct your efforts. Therefore, to enable the mind to clear and settle so that one can grasp the nature of reality and the illusions that our minds create for us, we need to interact with what is happening in our worlds without being attached (i.e. or whilst being “non-attached”) (Van Gordon et al., 2019).

The movement to non-attachment to enable the mind to free itself from distractions therefore became a natural part of Buddhist teachings. Non-attachment is asserted to involve a balanced and flexible engagement with phenomena, free of any fixation upon attaining a specific outcome (Whitehead et al., 2018, 2019). Additionally, it is understood that non-attachment helps to foster insight into the composite and impermanent nature of mental representations, as well as phenomena more generally (Sahdra et al., 2010). As such, non-attachment enables an individual’s internal models of self, other and the world to alter from reified perceptions of independently and inherently existing entities, to that of more fluid conceptual—and in some cases non-conceptual—processing, whilst their increasing awareness of transient mental representations allows for greater psychological flexibility (Barrows et al., 2022a; Sahdra et al., 2010; Shonin et al., 2014a). In this way, thoughts, emotions and other psychological and physical stimuli can be experienced without clinging to those perceived as positive, or rejecting those perceived as negative (Chio et al., 2017; Whitehead et al., 2018).

Ideally, individuals practicing non-attachment seek to relate to both positive and negative phenomena with openness, rather than perceiving them as things to be grasped

or rejected (Arch et al., 2016). This approach increases empathic feelings towards others as well as improving interpersonal relatedness (Sahdra et al., 2010). This is consistent with studies showing that non-attachment is associated with greater kindness towards the self and others (Pidgeon et al., 2014; Yang et al., 2020), greater levels of compassion (Roca et al., 2020) and pro-nature conservation behavior (Barrows et al., 2022b). Using self-report scales, non-attachment has also been shown to be negatively correlated with dissociation and alexithymia, and positively correlated with mindfulness, acceptance, non-reactivity, autonomy and psychological wellbeing (Sahdra et al., 2010). Furthermore, negative correlations have been observed between non-attachment and levels of depression, anger, anxiety, somatic symptoms, suicidal ideation and identity issues (Weiss et al., 2014).

In Western psychotherapy, some of the concepts employed by Buddhists are referred to differently and for different reasons. For example, rather than attachment, Western psychotherapists might talk about dependency which has within it concepts of grasping and craving. This could be in the context of becoming dependent on alcohol, relationships or certain beliefs, whereby changing or moving away from them can cause anxiety. Rational emotive behavior therapy (Ellis, 2010) is a form of Western psychotherapy which highlights how people get into trouble when they focus on overidentification such that they feel they *have to* succeed, *must be* loved and *cannot bear or cope* with being rejected. Here the therapist seeks to turn grasping and “musting” into preferences rather than necessities. In this approach, “musting” and demanding are regarded as addictions and traps, doomed to failure and unhappiness. This is partly for the same reasons as identified in Buddhism—that all things are in flux, unpredictable and impermanent (Shonin et al., 2014a).

Hence, there are clear overlaps here with the Buddhist concepts of grasping and non-attachment but with different language in Western psychotherapy where dependency and striving are regarded as the key issues. Strictly speaking then, the Buddhist concept of non-attachment should arguably be compared to the concept of non-dependency, whilst recognising that we are of course highly dependent on certain phenomena such as breathing and eating. However, where the West and contemplative traditions differ is that in the West, helping people reduce dependency and striving is to support mental health whereas in the contemplative traditions, it is to support a complete change of insight and experiencing the nature of mind (Yaden et al., 2017).

To date, the active teaching of non-attachment within counseling and psychotherapy has occurred primarily as a component of Second-Generation Mindfulness-Based Interventions (SG-MBIs) (Van Gordon & Shonin, 2020). SG-MBIs, such as the 8-week Mindfulness Awareness Training (MAT) intervention, are typically overtly spiritual in nature and, in addition to mindfulness and non-attachment, they

integrate Buddhist principles such as compassion, loving-kindness, impermanence, non-self, interconnectedness and emptiness (Shonin et al., 2014a; Van Gordon et al., 2015a). However, whilst SG-MBIs such as MAT have been shown to increase levels of non-attachment in (for example) patients with chronic pain conditions (Van Gordon et al., 2017), it may be that non-attachment is implicit within the teaching of mindfulness. This is because studies of First-Generation Mindfulness-Based Interventions, in which mindfulness tends to be employed more exclusively (i.e. versus the aforementioned additional contemplative principles employed in SG-MBIs), have reported corresponding improvements in non-attachment (Joss et al., 2020; Karing & Beelmann, 2021). Indeed, it is important to note that mindfulness was introduced in medical settings to help people with chronic pain (Kabat-Zinn et al., 1985). In this context, people were taught not to fight with pain, rage against it or push it away but to allow themselves to be with the pain in a more open and accepting way.

Another way to think about the overlap between Western psychotherapy and Buddhist concepts of non-attachment is with the use of evolutionary models of emotion (Gilbert, 2015, 2022). Stated briefly, all animals are confronted by three life challenges: (1) how to detect and avoid threats and harms—associated with focused attention on threat and the emotions of anxiety, anger and disgust, (2) how to detect, seek and strive to secure resources necessary for survival and reproduction—associated with focused attention, achieving and with drive emotions of excitement, anticipatory pleasure and urgency, and (3) how to detect and enable the body to rest and digest. Threat and drive motives and emotions are associated with high physiological and psychological activity. They are linked in the sense that individuals can be in the state of drive to acquire resources such as food to avoid the threat of starvation. In other words, we can be driven not only to gain resources but also to stop losing them. In contrast, rest and digest states are associated with low threat and sense of sufficiency, which in turn are associated with reduced physical and focused psychological activity and an open and (relatively) unfocused attention. Looked at this way, the practice of non-attachment and some psychotherapies are helping people tone down the activation of the threat system and the drive system. This enables the brain and mind to be organised by a completely different emotion regulation system. It is this system that may well be important during deeper meditative states (Christodoulou et al., 2020; Gilbert & Choden, 2013).

Notwithstanding growing empirical interest into non-attachment, due to the largely correlational or indirect nature of non-attachment studies to date (Ho et al., 2022), it remains unclear as to why higher levels of non-attachment precipitate enhanced mental health. It is also unclear whether non-attachment is likely to be an acceptable tool

in mental health treatment contexts. Therefore, there is a need for qualitative research to be conducted that specifically seeks to elicit insight into these research gaps. Whilst a small number of qualitative studies have made reference to non-attachment, these have tended to consider much broader aspects of Buddhist philosophy (such as The Four Noble Truths) without focusing on non-attachment as a standalone concept (e.g. Nobuki, 2008; Srichannil & Prior, 2013; Whitehead et al., 2019).

More specifically, given the indications that non-attachment can play an important role in reducing psychological suffering (Whitehead et al., 2019), it is important to elicit the views and experiences of mental health practitioners, including those with and without experience of employing the construct in client practice. This includes views relating to (a) how best to incorporate non-attachment into psychotherapeutic practice, (b) how mental health practitioners perceive the safety and efficacy of non-attachment and (c) which client groups such practitioners feel non-attachment is likely to be most suited to.

Therefore, the aim of the current research was to qualitatively explore counselors' and psychotherapists' perceptions of the Buddhist concept of non-attachment in relation to psychotherapeutic practice. The specific objective was to explore how mental health practitioners with and without experience of Buddhist principles perceive non-attachment and what role, if any, they feel it can have in client-therapist settings.

## Method

### Participants

To ensure a comprehensive understanding, we collected two distinct data sets: the first from mental health practitioners without prior experience in applying non-attachment principles and techniques, and the second from those who have used these methods in their professional practice. This selection was made through purposive sampling, targeting specific practitioner profiles for each group. All participants were recruited via the research team's professional network of psychotherapists and counselors, including using targeted advertisements placed on social media. In qualitative research, purposive sampling is typically used to produce insight and a deeper understanding of a particular subject, with participants being selected because of their ability to produce rich data (Patton, 2002).

In Sample 1, nine psychotherapists and counselors with limited awareness of non-attachment and related Buddhist principles were recruited, with eight being female and one being male. Eight participants were Caucasian and one participant was from a Black, Asian and Minority Ethnic

(BAME) background. All participants in Sample 1 were educated professionals. Eight participants were based in the UK and one participant was based in Canada.

In Sample 2, five Buddhist-informed practitioners were recruited. All participants were UK-based. Three participants were Caucasian, whilst two were from BAME backgrounds. All participants in Sample 2 were educated professionals with a minimum of 3 years' experience of using non-attachment in their client-therapist work.

In terms of inclusion and exclusion criteria for both participant samples, all practicing qualified counselors and psychotherapists were eligible for enrolment, irrespective of therapeutic modality. Participants had to be over 18 years and able to speak English fluently. Individuals without formal psychotherapeutic training or qualifications were excluded, as were counselors and psychotherapists still in training.

### Procedure

Two qualitative data sets were collected that both employed reflexive thematic analysis (RTA) using an inductive approach (Braun & Clarke, 2021). Thematic analysis (TA) identifies and analyses patterns within a data set (Braun & Clarke, 2006), and is advocated for exploring the experiences of stakeholders involved in psychotherapy and counseling research (Braun & Clarke, 2018; Carew, 2009; Hunt, 2013; McLeod, 2011). RTA goes further and employs qualitative techniques within a qualitative paradigm (so-called Big Q qualitative—see Kidder & Fine, 1987), emphasising researcher subjectivity and reflexivity (Braun & Clarke, 2021). The present research is thus underpinned by relativist contextualist epistemological assumptions. This position states that knowledge depends on perspective. It does not assume any single reality to be true because knowledge arises from the context of the research and from the researchers themselves (Henwood & Pidgeon, 1994). During the analysis of both data sets, the principal investigator (SS) was aware of their own prior knowledge, experiences and perspectives, and how these influenced the themes that were extracted from the data. More specifically, the principal investigator was aware that there was not one single "correct" reality, and that participants' responses were true *for them*, and dependent on their individual perspectives.

All interviews in Sample 1 were conducted online. Data generated from interviews were recorded using a Dictaphone as well as via the Skype recording function. Two recording methods were used as a precaution in the event of one malfunctioning. After completing the interviews, Otter transcription software was used to transcribe the data from the audio files into written text. The audio files were then listened to and compared with the written text to ensure the transcripts were accurate. Participants in Sample 2

provided written responses to the questions and then sent their responses to the researchers.

## Measures

Data collection in Sample 1 utilised a short piece of text describing Buddhist non-attachment that was sent to participants to read before their interview (see Supplementary Materials S1), along with an interview schedule comprising 11 questions related to non-attachment (see Supplementary Materials S2). The interview schedule was sent prior to the interview to give participants the opportunity to consider the questions in depth, with a view to richer data generation. For Sample 2, participants were sent four questions related to non-attachment (see Supplementary Materials S2) and were asked to respond to these in writing.

Following guidance from Braun and Clarke (2013), the interview questions in Sample 1 were devised with several criteria in mind. Firstly, only open-ended questions were included to avoid narrow responses and allow participants to open up regarding their thoughts and opinions (e.g. “How do you feel about Buddhist non-attachment in clinical settings?”). Secondly, establishing a good rapport with participants is crucial (Reinharz, 1993) and so questions were organised using a funnelling technique. This involved posing more general and less penetrating questions first (e.g. “What is your understanding of the Buddhist concept of non-attachment?”), before progressing to more specific questions about the utility of non-attachment in clinical settings and its perceived effect on therapeutic alliance (e.g. “Do you anticipate any benefits of utilising the concept in clinical settings?”). To reduce researcher bias, questions were phrased in such a way as to not be leading (e.g. “How do you think non-attachment would affect the therapeutic relationship?”).

## Data Analyses

In line with the guidance for TA provided by Braun and Clarke (2006), transcripts (Sample 1) and written responses (Sample 2) were read several times to foster familiarisation with the data. The next phase involved generating codes from the data by hand and identifying interesting semantic and latent features for Samples 1 and 2. After code generation, codes were combined to form similar groups, which were then reviewed and refined to produce coherent and meaningful themes. Following this, themes were defined in terms of their precise composition, and were then named accordingly.

The datasets for Samples 1 and 2 were analysed separately. The principal investigator (SS) conducted all of the semi-structured interviews, coded the data and completed the analysis for Sample 1. SS also coded the data and

analysed the responses to the questionnaires in Sample 2. To maximise methodological rigor, a second member of the research team (WVG) provided feedback on the analysis process for both data sets, focussing on the suitability of themes and the raw data used to construct them.

Throughout the data analysis for both samples, the stance of RTA was borne in mind—that of researcher subjectivity as a resource, and the importance of reflexively considering the data and its interpretation (Braun & Clarke, 2021). In line with recommendations by Braun and Clarke (2013), the principal investigator (SS) kept a diary which included their thoughts, feelings and perceptions throughout data collection and analysis. Within this, they were cognisant of the relational dynamics within the interviews, regularly reflecting on how they may have affected data collection.

## Results

As shown in Table 1, analysis of the participants’ transcripts from Sample 1 generated four master themes, with varying numbers of subordinate themes. The master themes correspond to (i) the ways non-attachment might be misconstrued, (ii) who the concept might (and might not) be beneficial for, (iii) its potential impact on the therapeutic relationship and (iv) the need for therapeutic practitioners to have experiential knowledge of non-attachment.

### Sample 1 Master Theme 1: Misunderstanding and Uncertainty Relating to Non-attachment

This master theme relates to uncertainty around what Buddhist non-attachment is and fundamental misunderstandings of its meaning. The theme is further divided into three subordinate themes relating to the uncertainty and misunderstanding of participants, the misunderstanding of others and finally the role that language and semantics plays in these misconceptions.

#### Sample 1 Sub-theme 1.1: Participant Uncertainty and Misunderstanding

Some participants from Sample 1 misunderstood the meaning of non-attachment. For example, Gloria remarked that non-attachment was about “giving and receiving love and, yeah, the ultimate aim is to reduce negative emotions”, whilst Julia felt the concept “relates to self-care and letting go of negativity”. Other participants demonstrated a more general level of uncertainty regarding what non-attachment is and what it entails:

**Table 1** Summary of themes and example participant excerpts from Sample 1

Master theme	Subordinate themes	Example participant quote excerpt
Misunderstandings and uncertainty relating non-attachment	Participant misunderstanding and uncertainty	“I’ve never heard of it before”
	Others’ misunderstandings of non-attachment	‘When talking about non-attachment...people get confused’
	Issues of language and semantics	‘A lot of it seems to come down to semantics’
Utility of non-attachment in therapy	For whom non-attachment might be beneficial	‘It can be useful for anybody who wants to live a fulfilling life’
	For whom non-attachment might be unsuitable	‘I don’t see how it would be used for...a mild psychosis, or in a psychosis’
Influence on the therapeutic relationship	N/A	‘You would develop a more real intimacy with the client’
The need to practice what you preach	N/A	‘And they have to...express that in their own lives as well’

And am I right in saying that non-attachment is this here? A new concept here ... I’m not getting this (Hayley).

So I think it is those ... about...about not becoming attached to those bigger ideas of, you know – and I’ve mentioned greed and lust. But I’m, yeah, and – but I guess I’m not sure. I’m not sure of the other things (Steve).

These misconceptions and uncertainties may be understood through the lens of unfamiliarity. Some participants were very open in stating they were completely unfamiliar with Buddhist concepts in general, and non-attachment specifically:

I wouldn’t say that I understand Buddhism ... yeah, that well (Karen).

I’ve never heard if it [non-attachment] before. So it’s completely ... completely new to me (Julia).

Although mindfulness (which is derived from Buddhism) is becoming a familiar concept within Western culture, other Buddhist principles are less well known. This should perhaps not be surprising as the West has become an increasingly secular society, whereby Buddhism may appear to be an unnecessary religious philosophy (Franck & Lannaccone, 2013). It is therefore understandable that participants in Sample 1 might lack knowledge of Buddhist tenets and of non-attachment specifically. Additionally, considering there has been a degree of confusion in the academic literature regarding the meaning of certain Buddhist terms (Rosch, 2007), it is unsurprising that this extends to mental health professionals.

### Sample 1 Sub-theme 1.2: Others’ Misunderstandings of Non-attachment

This sub-theme relates to participants’ views regarding how and why other individuals and groups might

misconstrue non-attachment. For example, participants in Sample 1 felt that one of the greatest challenges of introducing non-attachment in an applied setting would be that clients, psychotherapeutic practitioners and other potential stakeholders would likely not sufficiently grasp the concept, therefore reducing its impact and utility:

When talking about non-attachment, in the Buddhist sense, in the West, people get confused because they’re like ‘What? Well, you can’t have – can’t not be attached because then you’re just like some psychopath with no emotions ... like, what are you?’ (Edith).

This is a very philosophical concept. And a lot of people don’t study philosophy. So even if you try, a lot of people are like ‘Ha – don’t get it’ and they just go ‘Okay, whatever, let me get on with life’ (Edith).

These excerpts appear to suggest that participants believed people may misunderstand the meaning of non-attachment, largely due to conflating both the Buddhist definition of the term and the more familiar English meaning of the word “attachment”. They also illustrate the strength of negative reactions participants felt might be elicited by introducing non-attachment into Western society. Judy commented on this as follows:

But I think if we hear non-attachment and if you’re ... if you don’t have much understanding of the Eastern concepts, you could hear that and think ‘Well actually that non-attachment is a bad thing. So if you’re not attached to the people that you’re in a relationship with, or ... if you’re not attached to your job then you’re naturally detached, which is unhealthy and means you’re really quite sort of ambivalent about things or just not invested at all ... That sounds quite scary.

Participants in Sample 1 supposed that misconstruing non-attachment could potentially lead to defensive and hostile reactions from others. They felt that such defensive responses would likely relate to individuals' established suppositions and norms surrounding attachment being challenged. Consequently, participants believed a concerted effort would be needed to circumvent any apparent confusion, fear and hostility surrounding non-attachment. They felt this would be a necessary step to dispel incorrect assumptions and increase therapeutic utility:

I think the understanding of the concept is, like, one of the most central parts in terms of going forward. (Edith)

### Sample 1 Sub-theme 1.3: Issues of Language and Semantics

Participants in Sample 1 felt that issues with semantics and the language used around non-attachment contributed to its misinterpretation:

In terms of language and certain concepts ... some things are not easily translatable. And even if they are...the meaning, it's almost so slippery the meaning kind of changes ... so it's, you know, even how we understand things is, yeah, it's kind of like, it's really fluid (Karen).

In her comment, Karen appeared to be making the point that the apparent meaning of words and concepts can alter depending on an individual's perception of them. This is a key issue we discussed in the introduction and is consistent with the fact that considerations such as culture, religion and linguistic background impact the way we interpret and give meaning to constructs and the words surrounding them (Samovar et al., 2013). Other participants were more specific regarding semantics, referring explicitly to the issues relating to the word "attachment":

I think it has a lot to do with the semantics that we use – the same word 'attachment' for something so different. So a lot of semantics there (Betty).  
A lot of it seems to come down to semantics I guess. Our understanding of that word 'attachment' (Judy).

Consistent with participants' references to the difficulties of translating Buddhist terms into English, the original Pali and Sanskrit term "upadana" does not have an equivalent English word that captures all of its subtleties (Artson, n.d). Sahdra et al. (2010) also point out that Buddhist non-attachment goes further than Western attachment theory by discussing non-conceptual processing. This is where practitioners develop awareness that mental processes (or indeed all phenomena) do not exist inherently or independently. This

particular nuanced aspect of "upadana" is likely to contribute to the translation difficulties.

### Sample 1 Master Theme 2: Utility of Non-attachment in Therapy

This master theme encapsulates participants' opinions of which groups might benefit from non-attachment and which might not.

#### Sample 1 Sub-theme 2.1: For Whom Non-attachment Might be Beneficial

Participants in Sample 1 felt that non-attachment would be beneficial for improving individuals' general wellbeing and for realising their full potential, subject to them having adequate capacity for contemplation:

It can be useful for anybody who wants to live a fulfilling life. A happy life and, you know, reduce their general angst (Edith).  
[for individuals who] have that ability to engage in self-reflection a little bit more (Mavis).  
I think low to moderate risk such as like depression, anxiety (Gloria).

#### Sample 1 Sub-theme 2.2: For Whom Non-attachment Might be Unsuitable

However, participants felt that non-attachment would not be helpful for all people, and may indeed be inadvisable for some:

I think especially with something like PTSD ... we need to address, like, the body-based components first (Mavis).  
I would say in those imminent risks...when people have that level of disturbance, I think it would be very difficult to get through to somebody and be talking to them...ideas about non-attachment in a situation where they're thinking of taking their life (Steve).  
I do wonder for people whose lives are just really chaotic. There's just the constant changing on constant unpleasant change, and things are just really uncertain for them. Again, it could be seen as quite a difficult concept to grasp ... (Judy).  
I don't see how it would be used for...if someone is going into, like, a mild psychosis, or in a psychosis (Hayley).

These ideas illustrate participants' reservations that non-attachment would not be helpful or even safe for individuals with complex mental health difficulties or those with high distress levels. The conditions consistently referred to by

participants in this respect were post-traumatic stress disorder (PTSD), psychosis, acute suicidality and people with very chaotic lives. In particular, participants in Sample 1 felt that non-attachment would have reduced utility for individuals with reality dissociation issues, or who have impaired executive functioning. In other words, it appears that participants felt a certain amount of “headspace”, along a degree of physical and psychological equilibrium would be necessary before an individual could implement non-attachment effectively. However, this particular participant view is discordant with research suggesting that non-attachment can be an effective treatment for individuals with complex and enduring mental health difficulties (Shonin et al., 2014b; Yang et al., 2020).

### Sample 1 Master Theme 3: Influence on the Therapeutic Relationship

This master theme, which did not comprise any sub-themes, relates to participants’ beliefs as to how non-attachment might affect the relationship between therapist and client.

Participants in Sample 1 believed non-attachment would positively impact therapeutic alliance, which is convergent with previous research reporting that non-attachment enhances relatedness (Sahdra et al., 2010). Betty summed up this belief when she stated the relationship would be “definitely therapeutically stronger” and that practitioners “would develop a more real intimacy with the client”. Examples of how other participants expanded on this are as follows:

It would enable a more, kind of...a more present aware kind of relationship with the client ... and therefore you would be inviting the client to also practice that awareness ... and have that experience of relating with someone in that way. Yeah ... without all the kind of the turmoil that can be going on and you can get really attached to (Betty).

You don’t have the same level of pre-conceptions and judgements. And, you know, I can kind of go and subconsciously push you in one direction. You meet every session and every person as they are in that moment ... without it kind of being tainted by attached attachment (Edith).

You would develop a more real intimacy with the client...you would be avoiding transference and countertransference. And you would be able to, you know, you would be able to respond to the client but without being affected by your own things. Your own baggage and things like that (Betty).

These excerpts appear to highlight participants’ beliefs that an improved therapeutic relationship would materialise because the absence of attachment would enable greater awareness and professional intimacy. Additionally,

participants speculated that both therapist and client would be free from their own attachments and psychological baggage, fostering increased psychological flexibility. This is consistent with existing literature, where non-attachment is linked to reduced fixation on needing particular outcomes (Arch et al., 2016; Sahdra et al., 2010), and where attachment has resulted in inflexible expectations being placed on others, including in relationship contexts (Whitehead et al., 2019).

### Sample 1 Master Theme 4: The Need to Practice What You Preach

This master theme addresses the prevailing feeling amongst participants in Sample 1 that non-attachment is not simply a therapeutic technique that can be arbitrarily applied to a person, but a practice and outlook that mental health practitioners would need to embrace:

And they have to some extent...express that in their own lives as well. Not only ‘I know this concept. Let me try and get my client to be non-attached’. When you’re attached yourself. I think you have to practice what you preach. And in that sense...like you have to redo a lot of personal work (Edith)

And I think, yeah, the practitioner would need to practice themselves about the Buddhist non-attachment (Julia).

I don’t see it as just something that you can just pull out of a box and use. Yeah, I’d see it that it really also does depend on your attitude ... I feel it merits that level of, yeah, that level of exploration ... self-exploration and so forth (Karen).

... somehow this one feels a little bit important that you have actually experienced it yourself (Betty).

Participants overwhelmingly believed that practitioners would need to possess an embodied understanding of non-attachment. Embodied understanding arises when an individual does not simply grasp a concept intellectually, but also has a firm experiential comprehension (Johnson, 2015). Participants believed possessing such an embodied understanding of non-attachment would necessitate a considerable amount of personal work and exploration and that, without this, the concept would have limited therapeutic value.

However, some participants in Sample 1 indicated that they had already experienced aspects of non-attachment, whether directly or indirectly:

When I was going through my clinical training, and you had a handful of people in the cohort who had done a lot of that self-reflection already and I guess, you know, were practicing elements of non-attachment anyway. So there was an understanding that, you know,



we are constantly changing. And you know, yes at this point in your training you kind of had quite a good understanding of yourself already (Judy).

Participants' aforementioned excerpts emphasising the importance of embodying non-attachment indicate that an experiential teaching and learning component would likely be important for the effective training of counselors and psychotherapists. This focus on experiential knowledge is convergent with Whitehead et al. (2019), who found that a combination of cognitive (where the focus is on acceptance and resolution of distressing experiences) and experiential routes was the most effective way to develop non-attachment.

As shown in Table 2, the data from participant Sample 2 generated two master themes, both with several subordinate themes. The master themes were (i) client's assimilation of non-attachment, and (ii) positive experiences of utilising non-attachment.

### Sample 2 Master Theme 1: Client's Assimilation of Non-attachment

This master theme relates to considerations for assimilating non-attachment, and is divided into subordinate themes of the need for discernment and the issue of individuality.

#### Sample 2 Sub-theme 1.1: Need for Discernment

Participants in Sample 2 felt mental health practitioners should exercise discernment when applying non-attachment to particular groups. This was particularly true for those with "...diverse forms of psychosis, Major Depressive Disorder (MDD), certain forms of anxiety disorder..." and should be "taught with a great deal of caution as well as experiential skill" (Mark). The meaning expressed by the term "experiential skill" appeared to be shared by all participants who advocated the need for sensitivity, personal experience and understanding on the part of the therapist. Furthermore, participants supposed that, although non-attachment could be

advantageous to all clients, there were some forms of mental illness where people have "particular difficulty in assimilating and practicing non-attachment" and so "caution on the part of the therapist is paramount" (Kaley). This is consistent with existing literature on the psychotherapeutic applications of contemplative approaches that suggests treatment of individuals with significant mental illness should be approached conservatively (Shonin et al., 2014b).

#### Sample 2 Sub-theme 1.2: The Issue of Individuality

In discussing non-attachment's psychotherapeutic utility, participants in Sample 2 remarked that the extent to which the construct benefits clients and how it is introduced to them is highly individual:

It will change from individual to individual...some individuals will find it easier than others to understand and apply (Chris).

Much depends on the client and the personal problems of the client (Sally).

...much depends on the repeatability of the client base (Kaley).

Thus, participants were of the view that how non-attachment was taught and its effectiveness would depend on individual factors, including the client's presenting issue and their receptivity to the concept. This is consistent with studies of mindfulness demonstrating that individual factors, including trait conscientiousness and extraversion, can assert an influence over intervention outcomes such as cognitive empathy (Winning & Boag, 2015).

### Sample 2 Master Theme 2: Positive Experiences of Utilising Non-attachment

This master theme highlights participants' positive experiences in bringing non-attachment into their clinical work.

**Table 2** Summary of themes and example participant excerpts from Sample 2

Master theme	Subordinate themes	Example participant quote excerpt
Client's assimilation of non-attachment	Need for discernment	"...extra caution is required when dealing with issues such as...psychosis, Major Depressive Disorder...forms of anxiety disorder..."
	The issue of individuality	'Much depends on the individual.'
Positive experiences of utilising non-attachment	Lack of disadvantages	'I do not foresee any disadvantages.'
	Positive for client and therapist	'Having realized the importance for myself...I then introduced this to my various client groups.'

### Sample 2 Sub-theme 2.1: Lack of Disadvantages

Participants in Sample 2 overwhelmingly believed that non-attachment “is beneficial for all client groups” (Kaley), and that it can be useful for anyone, regardless of their presenting issue:

My personal experience tells me that non-attachment...could be beneficial for most client groups (Sally).

Participants also commented that they had not experienced any disadvantages of using non-attachment with clients:

Effectively there are no disadvantages if this conceptual construct is transmitted correctly (Mark).

I have no experience of disadvantages (Kaley).

On the surface, these excerpts appear to contrast with those of Master Theme 1 within Sample 2, where participants recommended discernment on the part of the therapist and highlighted user groups for whom they felt non-attachment might be contraindicated. However, participants felt that the fact they had not experienced any disadvantages of bringing non-attachment into psychotherapy was due to them applying the appropriate level of discernment as well as the construct being introduced, explained and practiced correctly. This appears to be consistent with the wider approach to teaching Buddhist wisdom practices (e.g. impermanence, interconnectedness, non-self, non-duality, emptiness) within second-generation mindfulness-based interventions, where the general view is that these practices are appropriate for participants from diverse backgrounds and with a broad range of presenting conditions, so long as therapeutic discernment and skill is appropriately applied (Van Gordon et al., 2015a).

### Sample 2 Sub-theme 2.2: Positive for Client and Therapist

Participants in Sample 2 made reference to both clients' and their own positive experiences of non-attachment, stating they were “myriad, depending on the individual client base”. For example, Mark asserted that his “experience of using non-attachment has been optimal in all cases”, whilst Kaley commented the construct “has been extremely useful”. Robert also felt it was “an extremely important part of the counseling process”.

Participants also reported that a particular advantage to employing non-attachment was a feeling of being set free, both for themselves and for their clients:

Having realized the importance for myself and how liberating the experience was, I then introduced this to my various client groups (Kaley).

...they tend to feel liberated or as one of my clients put it – ‘unchained’ (Robert).

These excerpts illustrate how participants in Sample 2 felt the application of non-attachment in their lives, and in their clinical work had precipitated a sense of psychological freedom. This allowed both them and their clients to “relax, enjoy change and actually flow with the changes”, which naturally contributed to therapeutic alliance (Sally). These experiences are consistent with cross-sectional studies in which non-attachment has been shown to be positively correlated with wellbeing outcomes and indicators such as kindness towards self and others, compassion, mindfulness, acceptance and psychological wellbeing (Pidgeon et al., 2014; Roca et al., 2020; Sahdra et al., 2010; Yang et al., 2020).

## Discussion

Two data sets were collected to qualitatively explore how secular (Sample 1) and Buddhist-informed (Sample 2) counselors and psychotherapists perceive Buddhist non-attachment. Specifically, the research was set out to investigate how participants understand the concept of non-attachment and believed non-attachment would impact their work and affect the therapeutic relationship.

A key finding in Sample 1 was that in general, participants did not fully comprehend the Buddhist meaning of non-attachment. Several participants had never heard of the construct and were unfamiliar with Buddhist concepts. This is unsurprising as in-depth Buddhist knowledge is uncommon in secular Western society (Clarke, 1997; Garfield, 2015). For many participants, the confusion surrounding non-attachment appeared to be due to semantics and the fact that the translation of “upadana” into English fails to capture the full meaning of the word. As a result of this ambiguity, participants supposed that some clients and therapists would be unreceptive to non-attachment as it appears to be contrary to Western cultural norms surrounding relationships.

This is important because within the cognitive behavior therapies helping people let go of their demands, insistences and “musts” is central to some aspects of the psychotherapy (Ellis, 2010). In fact, the central issue of rational emotive behavior therapy is that it is our “musts”, demands and insistences (which have some similarities to the Buddhist concepts of grasping) that set us up for mental health problems and anti-social problems. This reinforces the assertion that participants' lack of awareness of the overlap of this aspect of psychotherapy to the Buddhist concept of non-attachment is likely due to semantics. Participants in Sample 2 touched upon how they dealt with this issue by advising that both caution and skill should be used in teaching the

concept, as each client is highly individual. Given that ambiguity and lack of receptivity towards Buddhist principles has been highlighted elsewhere (Michalon, 2001), education and raising awareness is likely to be essential if non-attachment is to have greater utility and impact in Western therapeutic contexts.

However, Sample 1 found that participants believed non-attachment could be beneficial for people seeking a happier, more contented and fulfilled life, as well as for those experiencing mild to moderate stress, anxiety or depression symptoms. Participants felt that such individuals could benefit from non-attachment because they are more likely to possess the requisite ability to be self-aware and self-reflective. Conversely, Sample 1 participants considered non-attachment to be unsuitable for vulnerable individuals, such as those with complex mental health difficulties, high distress levels or for whom basic conditions for physical and psychological safety have not been met. Participants in Sample 2, however, felt that, although particular discernment should be applied when working with those with complex and enduring mental health issues, their experience told them that it could be successfully utilised with such populations. Previous research aligns with Sample 2 and indicates that non-attachment can be beneficial for individuals with psychological distress, including those with bipolar disorder and schizophrenia (Ciarrochi et al., 2020; Shonin et al., 2014c; Whitehead et al., 2021; Yang et al., 2020).

A further key finding in Sample 1 was that participants believed non-attachment could benefit the intimacy of the therapeutic relationship, on the basis that increased relational awareness would help both parties interact with less psychological baggage. Participants in Sample 2 also alluded to this by sharing their view that non-attachment can be liberating for both the client and therapist, which contributes to therapeutic alliance. This finding from both samples is in line with previous research which found that high quality personal engagement, as well as being fully present, is essential for a strong therapeutic relationship (Greenhalgh & Heath, 2010), and that therapists who effectively manage their countertransference have better client relationships (Ligiéro & Gelso, 2002).

In Sample 1, participants also felt that mental health practitioners should have an embodied understanding of non-attachment and should have experienced it themselves for effective implementation. Sample 2 participants talked to this issue less directly but made reference to the need for experiential skill on the part of the therapist. Indeed, consistent with recommendations for the authentic teaching of contemplative practices (Van Gordon et al., 2015b), Sample 1 participants asserted that non-attachment is more of a state of being that cannot be applied to clients in a disembodied sense. This finding is consistent with that of Whitehead et al. (2019), who found that both experiential and cognitive

learning played an important role in developing a firm grasp of non-attachment.

Compared to those of Sample 1, participants in Sample 2 were more convinced that non-attachment can be beneficial for all client groups, regardless of their presenting issue. However, they nevertheless emphasised the need for therapeutic skill and discernment, advising caution when using non-attachment in relation to clients with clinical depression, anxiety disorders, psychosis and personality disorders, whom they felt could find it difficult to accept and assimilate the construct. These groups were also highlighted in Sample 1, where the secular practitioners anticipated that acutely mentally unwell individuals would likely find it difficult to relate to the construct in an adaptive manner. However, Sample 2 participants were more open minded in this respect and felt that receptivity to non-attachment needs to be assessed on a case-by-case basis, regardless of presenting symptoms.

Indeed, although they advocated a need for discernment, participants in Sample 2 asserted that their (and their clients') experience of using non-attachment has been positive, that they do not foresee any disadvantages regarding the concept and that their clients felt non-attachment had been liberating. This contrasts with Sample 1, where participants' uncertainty as to the potential benefits of non-attachment may have stemmed from their lack of familiarity of employing the construct in client-therapist contexts, or perhaps because they were aware of legitimate potential downsides of the construct.

## Limitations and Future Directions

Findings from both data sets are limited by several factors. The demographic characteristics of participants in Sample 1 are largely consistent with those of the wider psychotherapeutic profession in the West, where 16% of practitioners are male and 10% are from BAME backgrounds (Brown, 2017; Riemersma, 2010). However, it would be interesting to explore how particular demographic groups of psychotherapists and counselors relate to non-attachment. For example, future researcher could investigate how BAME or male therapists view non-attachment. This would present the opportunity to investigate to what extent gender and cultural factors play a part in the perception and conceptualisation of the construct.

Similarly, given that the present research did not focus on particular therapeutic modalities, it would be helpful to explore how therapists' views of non-attachment might differ across therapeutic approaches. Furthermore, apart from being an adult aged over 18 years, no specific information regarding participant age was collected, yet given non-attachment typically increases with age (Whitehead et al., 2020), future research could investigate whether older therapists had a greater understanding of non-attachment versus

younger ones. Another limitation is that Sample 2 produced less rich data, which is likely to be because the data collection method was based on email correspondence with five participants as opposed to one-to-one interviews with nine participants in Sample 1.

The fact that the primary researcher and interviewer (SS) is a mental health practitioner with some previous knowledge of Buddhism and its principles could be viewed as a potential limitation. Garton and Copland (2010) found that, although interviewers strive towards a non-biased approach to data collection and analysis, this is rarely achieved due to the history they have with their interviewees. Indeed, qualitative research does not exist in a vacuum and it is essential for reflexive researchers to consider any issues that may arise when interviewing specific participants and any factors that could affect interaction between the two parties, as well as the impact the researcher has on data analysis (Braun & Clarke, 2013; Hunt, 2013). However, reflexive thematic analysis is based on the premise that researcher background, individuality and bias are not things to attempt to avoid or control for. Instead, this subjectivity is viewed as a valuable resource that contributes to richer data analysis (Braun & Clarke, 2013). Thus, the principal investigator was able to bring her cognitive and experiential knowledge of non-attachment into the interviews and data analysis, and could recognise whether participants understood the construct.

In conclusion, the present study points towards issues of misunderstanding non-attachment amongst secular psychotherapists and counselors, possibly linked to language and translation complications and a lack of exposure to the construct. However, participants of both samples, regardless of their degree of prior exposure to Buddhist principles, believed that non-attachment can build therapeutic alliance and have therapeutic utility, particularly for clients without major psychopathology who are able to reflect on their experiences. This is on the premise that therapeutic practitioners practice non-attachment themselves, and impart this embodied understanding to their clients with appropriate discernment. Based on the accounts of psychotherapists and counselors involved in both samples, awareness raising, education and training programmes that are sensitive to the semantics of non-attachment are recommended if the construct is to have greater application in Western therapeutic contexts.

**Author Contribution** Samantha Sys: conceptualisation, methodology, data collection, data analysis, writing, editing

William Van Gordon: data collection, writing, reviewing, editing

Paul Gilbert: writing, reviewing, editing

All authors were involved in the conception and writing of the paper. Furthermore, we confirm that all authors are responsible for all contents of the article and had authority over manuscript preparation and the decision to submit the manuscript for publication.

**Data Availability** The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to their containing information that could compromise the privacy of research participants.

## Declarations

**Ethical Standards** The study was approved by the College of Health, Psychology and Social Care Research Ethics Committee of the University of Derby and was conducted in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments. All participants gave their informed consent prior to their inclusion in the study.

**Conflict of Interest** The authors declare no competing interests.

**AI Statement** AI was not used in the preparation or editing of this manuscript.

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