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Religious Studies

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Masters Degree in Religious Studies

Buddhism as Therapy:

**The instrumentalisation of mindfulness into Western Psychotherapy**

## **Declaration**

I declare that this dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references

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Signed

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Dated

## Abstract

This dissertation explores the integration of Buddhism and the practice of mindfulness into Western psychotherapy, starting with a sketch of the cultural and historical factors that shaped the beginnings of these institutions, and gives consideration to some of the major themes that have influenced the development of both psychotherapy and Buddhism which have given rise to the current proliferation of interest in Buddhism and mindfulness in the West.

A secondary objective is to give voice to the obstacles, criticisms and concerns that have challenged the integration of Buddhism in the West, particularly in the amplification of mindfulness practices, which in having been appropriated into Western culture, have met with consumerism, competition and a culture of narcissism, all of which have subjected the practice of mindfulness to commodification and commercialisation.

A revisiting of the original practices of Theravāda Vipassanā meditation to gain a deeper understanding of its original practices opens discussion around how Buddhism could then be selectively adapted, modified and reinterpreted to fit in with mainstream Western psychology, not as a religion, or as a philosophy, but rather as psychotherapy with a defined model and categorisation within a constructivist postmodernist epistemology.

A third objective is to critically explore a detailed application of mindfulness as it is currently being applied alongside existing Western psychotherapy to ascertain its true efficacy in a clinical therapeutic context.

Finally this dissertation highlights the need to move beyond the Eurocentrism in psychoanalysis by the automatic, unquestioning pathologising and marginalisation of religion and spirituality on the one hand; to the other of Orientocentrism as deification and idealisation of religion and the spiritual quest, on the other hand.

**Key Words:** Buddhism, Western Psychotherapy, Mindfulness, Relational Buddhism, constructivist epistemology, postmodernism, Eurocentrism, Orientocentrism.

## Contents

Colleen Shirley Trotter .....	i
Declaration .....	ii
Abstract.....	iii
Introduction.....	vi
Part 1: Historical and Cultural frameworks .....	1
1. Historical and Cultural roots of Psychotherapy and Buddhism .....	1
1.1 Religion as Commitment Therapy.....	4
1.1.2 The Therapeutic and a Culture of Narcissism .....	6
1.1.3 Relational Psychotherapy .....	7
1.1.4 Self Multiplicity .....	1
1.1.5 Constructivist Epistemology and the Postmodern Turn.....	3
1.1.6 Relational Buddhism as a Constructivist Epistemology.....	5
2. The Buddhist view of Nonself (Anattā) .....	8
3. The Western view of self in Psychotherapy .....	10
4. Convergences and Divergences: the crossroads of Spirituality and Secularisation.	11
Part Two: Buddhism in the West: Problems on the path of integration .....	19
1. The Three Characteristics of Western Buddhism .....	19
1.1 The Deracination, Instrumentalisation and Secularisation of Western Buddhism .....	20
1.2 Buddhism as the Science of Happiness .....	26
1.3 Meditation as a non-conceptual expression of true self.....	27
1.4 Buddhist Modernism and the rhetoric of mindfulness as ‘bare attention’ .....	28
2. Early Buddhist Meditation and the practice of Samadhi and Vipassanā .....	32
2.1. The Five Hindrances .....	33
2.2 The Four fine-material and the four immaterial Jhānas.....	33
2.3 Preparation for Jhāna.....	34
2.4 The First fine material Jhāna State.....	37
2.5 The Second fine material Jhāna State .....	38
2.6 The Third fine material Jhāna State .....	39
2.7 The Fourth fine material Jhāna State .....	40

2.8 The higher Immaterial Jhāna States.....	41
2.9 The Jhānas and Rebirth .....	43
3. The interpretation of Vipassanā in the West .....	46
3.1 Selective Adaption and Modification .....	49
3.2. Buddhism as Religion, Philosophy or Psychology .....	50
3.3 Buddhism as Therapy .....	51
3.4 Relational Buddhist Psychology as a model of Buddhist therapy.....	52
3.5 Relational Buddhist Psychotherapy as Karma Transformation .....	55
3.6 Core Themes and Terms in the Psychology of Relational Buddhism .....	57
4. Closing the Gaps .....	65
Part Three: the Application of mindfulness in a Western Therapeutic Context .....	68
4.1. Understanding Anxiety and Fear.....	69
4.2. Common Avoidance Strategies in dealing with Anxiety and Fear .....	71
4.3. Overcoming Anxiety and Fear with Mindfulness .....	75
4.4. Increasing the Ability to Tolerate Discomfort.....	79
4.5. The Root of Anxiety from a Psychodynamic Perspective .....	84
4.6. Using Mindfulness to deal with ruminating thoughts.....	89
4.7. Self-soothing using Loving Kindness and Compassion .....	91
4.8. Mindfulness Strategies in Specific Anxiety Disorders .....	96
4.9 Adapting Mindfulness for Trauma .....	100
4.10 Applying Relaxing and Calming Methods with Mindfulness .....	105
4.11 Using Future Goals to Ease Anxiety.....	109
4.12 Concluding Analysis.....	110
Conclusion .....	112
Works Cited .....	113

## **Introduction**

The academic study of the instrumentalisation and dissemination of Buddhist mindfulness practices into Western society has become a well-established field with a great depth of research now available. Randomised controlled clinical trials and meta-analysis of mindfulness techniques for a range of psychological disorders have been compiled and are pointing to the effectiveness of mindfulness as a therapy (Germer 2001:xii). In the last two decades, the growth of mindfulness has accelerated sufficiently enough to be considered a catalyst in mainstream psychotherapy (Loizzo 2017:1), and more research is being done in developing Buddhist psychology and mindfulness practice as a model of therapy in its own right, alongside psychodynamic theory, cognitive-behavioural, humanistic, system and relational approaches (Germer 2013:xii).

Relational Buddhism in particular is seen as a psychology that concurs with the Buddhist notion of emptiness of the “ultimate self” (Kwee 2010:296). It has a compatible and synergistic relationship with the broad framework of constructivist-orientated psychologies and provides a basis for elaborating on the role of constructivist, social constructionist and postmodern psychologies and in aiding the development of a comprehensive authentic Western Buddhist psychology that goes further than what has currently been accepted as methods for symptom relief, to embrace a broader goal of human liberation from suffering (McWilliams 2010:2).

This study is therefore situated within a broad framework of social constructivism and assumes a social constructivist epistemology. Social constructivism is a view of individual functioning that emerges from a relationship in which people construct understanding of experience

together, not alone, and thus interprets meaning through 'communities of understanding'. From this perspective, the provisional and conventional 'self' is seen as a human construction, rather than a fixed entity and 'the self' is seen as only being constructed in relationship with others and embedded in a cultural context (McWilliams 2010:8). Furthermore, multiple 'selves' are seen to be socially constructed in the context of varied and constantly changing relationships. Within a constructivist epistemology, the emphasis is on the fact that learning and understanding does not represent a final or absolute meaning, but rather a provisional and conventional human construction that is open to future interaction and conversation in an ever-evolving social construction. To act is to interact, and to "inter-be" (Kwee 2011:203).

In the spirit of co-creating meaning and creating a 'community of understanding', this study will then also highlight areas that are of concern to a number of Buddhist psychotherapists who argue that simply superimposing ancient spiritual practices like meditation onto Western psychotherapy has a number of problems that should not be overlooked. Buddhist philosophy and meditation practice may offer many tools for profound personal, spiritual and psychological development, but some still argue that these do not address all the psychological concerns for Westerners. Culturally appropriate interventions that are found in Western psychotherapy are still needed for meditators who continue to suffer with anxiety, depression, isolating narcissism or disengagement (Aronson 2004: xiii).

Of equal concern to some critics is the fact that when mindfulness becomes detached from the broader contexts of Buddhist psychology, it becomes misused by treating it as a singular meta-cognitive skill. In a psychotherapeutic context, the application of mindfulness often ignores the importance of the Buddhist concept of dependent arising and impermanence, along with the ethical foundations associated with right speech, right mind, right action, thereby undermining a fully integrated Buddhist psychology (Mc Williams 2010:8).

With this in mind, the aim of this research is to explore the following questions that arise when mindfulness is applied and appropriated in a Western context.

- Can Buddhism, and the practice of mindfulness, be successfully instrumentalised into Western psychotherapy to the extent that it could become 'Buddhism as therapy'?
- What are the criticisms and problems that arise when Buddhism becomes deracinated (cut off from its cultural roots) and instrumentalised (used as a technique or therapy) external to its tradition?
- Is there sufficient commonality for these two institutions to meaningfully engage one another?
- Can divergences be overcome in such a way that Buddhism can play a vital and relevant role in the future of psychotherapy?
- How does one practically integrate mindfulness into the practice of psychotherapy in a clinically acceptable manner?

In response to these questions, Part 1 addresses the historical and cultural frameworks of Buddhism, mindfulness meditation and psychotherapy, exploring the developments and main themes within each cultural institution that have led to an increase in Western interest to the ideas of Buddhism.

A careful look at the convergences and divergences between science and spirituality will highlight a change in mainstream science's approach to human practices that were formally dismissed as unscientific, and could support the view that the instrumentalisation of Buddhism into psychotherapy may yet have more advantages than disadvantages, particularly if it is interpreted through the lens of a constructivist postmodernist epistemology, and with further development of a structured framework of relational Buddhist psychology, working towards the integration of Buddhist and clinical perspectives .



Part Two of this thesis then wrestles with the knotty issues of how to take practices derived from Asian Buddhism and adapt them to Western contexts while remaining true to the roots on which they rely. Buddhism in the West has faced significant difficulties and controversy in its path to integration. Critics argue that mindfulness has become idealised as a cure all for some, and vilified as an insipid New Age form of entertainment by others (Rosenbaum 2017:9). Yet mindfulness has spread into society at large, and expanded way beyond its original training venues, religious practices and cultural context, and has entered the mainstream marketplace of the West. The challenge ahead is to develop a definitive model of Buddhist psychology with its own category within psychology, providing it with insight and direction and a community to identify with, separate from religion, and separate too from the trendy psycho-spiritual quick fixes that have been the criticisms of the mindfulness movement. This would be necessary for acceptance into mainstream psychology, and to gain professional interest, rather than to pay mere lip service to ideas of a Buddhist psychology.

The critics warn that the problems of secularising, deracinating, and instrumentalisation can reduce Buddhism to being nothing more than a goal-orientated, self-improvement course on mindfulness, and point out that Buddhist teachings have had to be adapted, simplified, and significantly altered to meet the audiences of the West to the extent that Buddhism is seen just as mindfulness, and mindfulness reduced to a meditation technique. Part Two discusses the resultant dynamics of deracination, secularisation and instrumentalisation which have become three key concerns that characterise modern Western Buddhism.

While it is important to take cognisance of the changes and adaptations to Buddhism and give due diligence the unintended consequences of these changes, one cannot afford to stop there, it must be acknowledged that we cannot insulate ourselves from the trends of society and of the secularisation of Buddhism, and in pressing forward, Jeffery Rubin (2003) highlights at least three questions that should be

central to the project of integrating cross-cultural psychology: What does each tradition uniquely illuminate, and what does each omit? How does psychoanalysis help spiritual seekers? And how might the contemplative disciplines, such as Buddhism, enrich psychotherapy? (Rubin 2003:391).

Part Three then turns attention to answering some of these questions and takes a detailed and close look at the application of mindfulness in a clinical setting, and examines how it is integrated into therapy in a practical and meaningful way. This discussion focuses on the main concerns of anxiety and fear, being the most common areas of psychological disturbances, and is discussed in the context of a cognitive behavioural framework in Western psychotherapy.

In closing, the development of a Buddhist psychology, with its own framework and categorisation is only now emerging and coming into dialogue and the idea of 'mindfulness' on its own, may already be a term that is fast becoming outgrown in favour of what is now being referred to more broadly as contemplative psychotherapy, of which Buddhist psychotherapy forms a part, and together are pointing towards a larger shift underway in modern culture (Loizzo 2017:1).

## **Part 1: Historical and Cultural frameworks**

### **1. Historical and Cultural roots of Psychotherapy and Buddhism**

Buddhist psychology and the practice of mindfulness arose in a pre-modern religious era, some 2500 years ago within the monastic setting of Buddhism, with the aim of alleviating human suffering. Western psychotherapy, by comparison, is a fairly new institution forged in the modern secular age of the twentieth century in a culture of individualism and rational scientific endeavour, which specifically sought to contrast the views of pre-modern religious thinking with modern empirical research (Loizzo 2017: 3).

The era of scientific and religious rationalism had produced several surges of new and creative theory that had significant influence on freedom of thought, producing a wider acceptance of scientific views. This placed an accumulation of pressure on traditional religious beliefs. Reason and revelation could not both qualify as sources of ultimate truth. It was during this period that German philosopher and anthropologist Ludwig Feuerbach (1841) offered a critical analysis of religion by applying the “myth theory” to the belief in the existence of God, holding that “man makes God in his own image”, and Charles Darwin’s *Origin of Species* (1859) challenged the authority of scripture due to clear inconsistency between the account of creation and the biological account of humans emergence. By 1883, Friedrich Nietzsche had finally dispensed with the belief or role of God in human affairs by declaring the ‘death of God’. The ‘death of God’ has become a phrase that summed up the effect and consequences that the age of enlightenment had, up to that point, held as a central position on the concept of God within Western European civilization. It was a way of saying that humans and Western civilization as a whole could no longer believe in a divinely ordained moral order. According to Nietzsche, the

death of God would lead not only to the rejection of a belief of a cosmic or physical order, but also to a rejection of absolute values themselves, and to the rejection of belief in an objective and universal moral law binding upon all individuals. Nietzsche's ideas that all truth is limited, approximate, and is constantly evolving was a prelude to postmodernism and led to a growing number of people in a postmodern and secular age finding a belief in the idea of God increasingly difficult (Blanshard 2016:4).

Professor of psychology and Buddhist scholar, Jeremy Safran (2003), believes that as a result of these social changes and the pressures placed on individuals in a secularised society, many Westerners have sought out Buddhist practices as an expression of their spiritual hunger and psychological well-being. One of the reasons Buddhism has become popular in a modern context, Safran believes, is because it is difficult for postmodern people with a secular worldview to return to the pre-modern times out of which our religious contexts emerge (Safran 2003:2).

The appeal of Buddhism to a secular psychotherapeutic culture is that it is not a religion in the sense that it relies on fideism, the unquestioning reliance on faith above reason, as in is the case of monotheistic religions. Stephen Batchelor (1997) argues that Buddhism is a religion without beliefs, that has more in common with "secularism than with the bastions of religion" (Batchelor 1997:17) and Alan Watts (1996) describes Buddhism as a religion of no-religion, and says there is no sign about a person who follows Buddhism that should indicate that he is self-consciously "religious" (Watts 1996: 37).

Buddhism and psychotherapy are, however, both complex changing and evolving cultural institutions that originally developed as expressions of the values and tensions within society. Buddhism and psychotherapy are fraught with different and sometimes contradictory schools of thought and are characterised by multiple adaptive narrative structures that have had to respond to the questions and tensions that

exist within their cultures (Safran 2003:2). Furthermore the fields of Sociology and Philosophy have added to our understanding of important developments and shifts that shape and enrich our views, and have been a catalyst in bringing us to the point of being able to engage in a meaningful conversation between psychoanalysis and Buddhism.

In tracing these developments, sociologist Phillip Rieff (1996), points out that the religious man of pre-modern times has been replaced by the psychological man of modern times, and that the analytic attitude of psychotherapy is an alternative to religious attitudes as a mechanism to establish self-control (Rieff 1996:31). History Professor, Christopher Lasch (1979) argues that we now live in a culture of narcissism in which the contemporary climate is not so much religious as it is therapeutic. People of today hunger not for personal salvation, or a restoration of an earlier golden age in which religion dictated much of the culture, but rather for the momentary illusion of personal well-being, health and psychic security, all of which he believes, have spawned much of the new therapy rife in the human potential movement of today that teach that individual will is powerful, and totally determines one's fate (Lasch 1979:9).

Safran argues that the attraction of Buddhism for many Westerners is that it may be an entry point as a new way of looking for 'salvation' for the "post-religious, postmodern person with a hunger for religion, but no stomach for religious belief" (Safran 2003:2).

Psychotherapy was developing during a time when traditional values and belief systems that held communities together were breaking down. Modernity was destroying rule-based religious cultures and replacing it with a therapeutic culture, based on relationships, individual fulfilment and the new found ability for Westerners to rely on their individual internal reason above the organisation of personality previously prescribed by the church (Rieff 1996:19). The Christian culture had survived up to this point because it acted as a supervisor and organiser of Western personality that produced corporate identities

which served a larger communal purpose and which were institutionalised through the church (Rieff 1996:17).

Religion protected inherited culture and provided a system of commonly held symbols and rituals that would help heal individuals in times of emotional turmoil and provided meaning to a person's suffering. It assisted in helping individuals who felt alienated from the community to experience a sense of reintegration.

## **1.1 Religion as Commitment Therapy**

By the beginning of the twentieth century when psychotherapy was becoming popularised and the traditional religious worldviews were no longer functioning in a cohesive way, the process of healing through religious institution became problematic because it involved acts of faith and commitment to religious institution and the values of that society. In the middle ages, the church had acted as society's tradition and people had to find personal meaning within the context of that culture – it was the community that healed and cured. Disagreement and ambiguities were restored by means of the authority figures within religion, and all efforts to reintegrate a person would be in relation to the communal symbols of the system. Rieff categorised this as a form of commitment therapy (Rieff 1996:59). Society offered some form of salvation to the individual through participant membership in which rituals became an extreme form of commitment therapy.

Rieff argues that Freudian analytic psychotherapy developed precisely in response to the need of the Western individual for a therapy that would not depend on a return to a faith-based community of commitment (Rieff 1996:63). Western society had moved from communalism towards individualism: from an external locus of control in which individuals believed that predetermined events (often attributed to God and beyond their control) were responsible for the outcome of their lives, to an internal locus of control whereby individuals felt they were

able to affect the outcome of their own lives by personal will and choice, for which they took personal responsibility. After the 'death of God', a secular worldview began to emerge in which man sought to be a man of 'knowing' (know thyself) rather than being a man believing.

Rieff saw psychotherapy as a different form of healing that liberated people from a type of commitment that required a traditional religion to fulfil the role of healing. The development of Freudian psychotherapy taught people how to manage the difficulties of life as individuals who could detach from a community. In Freud's conception, therapy was a mechanism for establishing self-control in a way that remained morally neutral (Rieff 1996:31), Freud argued that religion was repressive and added to psychological stress in that religion demanded people respond to societal expectations, which in turn lead to repression of their own instincts, and gave rise to neurosis.

In line with the era of enlightenment, Freud emphasised the use of our rational capacity to bring insight to psychological stressors, and believed in the individual's right to choose and act independently. As Rieff explains, the analyst spoke for the individual, unlike the priest who spoke for religion, and Freud never used psychoanalysis as a mode of religious consolation. His genius in creating a new psychotherapeutic culture lay in the fact that he remained analytic, and not prophetic (Rieff 1996:25). Freud saw a mature individual as a realist who did not need the comfort of religion as an illusion to protect themselves from the harsh realities of life.

Both Buddhism and psychotherapy have evolved and changed considerably from Freud's original theory and from the axial age of Buddhism to the contemporary Buddhism of today. Many contemporary analysts now argue that psychotherapy as an institution inevitably involves some degree of socialisation into the value system of the analyst and the analytic community, and therefore Rieff failed to realise that in certain respects, psychotherapy is a therapy of faith in another kind of system, that still requires work and a commitment to the

process. Safran points out that the analytic process is not free of suggestion or persuasion and that a certain degree of indoctrination into the analysts system is inevitable (Safran 2003:5).

### **1.1.2 The Therapeutic and a Culture of Narcissism**

Rieff noted that the rise of therapeutic culture is not to be seen as a cure of the 'soul' as a religious quest, but rather as the individuals search for meaning and identity (Rieff 1996:79) that arose in the face of the long-term social and economic changes from the end of the nineteenth century and the resultant breakdown of traditional cultural values alongside the fragmentation of societal structures, which traditionally provided a unifying web of meaning. Lasch argued that the rise of the therapeutic, with its focus on individualism and a detachment from community as well as the enrichment of the self, has paradoxically resulted in the development of a collective culture of narcissism and pathological individualism which has now become the dominant disposition of the Western psyche (Lasch 1979:6).

Contemporary culture is narcissistic from the point of view that the individual now has a grandiose and over inflated sense of self-importance and of his own uniqueness and abilities, which is ultimately seen as a defensive attempt to cope with the empty self that experiences a lack of tradition, community, and shared meaning (Safran 2003:7). Lasch argued that there is a growing despair in society that has formed the basis of the cult of expanded consciousness, health and personal growth. He argued that many Westerners feel there is no hope of improving their lives in any of the ways that matter, therefore people have convinced themselves that what matters is psychological self-improvement, getting in touch with feelings, eating healthily and immersing themselves in the wisdom of the East (Lasch 1979:4). The retreat from trust and belief in a political solution to the future, where politics no longer provides secularized salvation, combined with a rejection of past religious histories and their solutions, which have failed



to deliver a secure society and future, have resulted in the prevailing passion to 'live in the moment', to live for one's self, and not for our predecessors or for posterity. In this way, we have not only lost a sense of historical continuity but live with an internal hollowness, lack of personal conviction and worth, together with a chronic undifferentiated emotional hunger which has contributed to an underlying sense of fragility and isolation (Lasch1979:5). Psychoanalysis has become another method of learning how to endure the loneliness produced by culture (Rieff 1996:27).

Isolation increases because people are preoccupied with shoring up narcissistic defences and as a result intimacy becomes increasingly elusive as true intimacy involves letting go of rigid self-other boundaries that are necessary to maintain narcissistic defences. Furthermore, in an effort to shore up the empty self, contemporary culture has placed undue emphasis and expectation on the pursuit of happiness to the extent that it is at risk of becoming a narcissistic self-enhancing goal in itself (Safran 2003:7).

### **1.1.3 Relational Psychotherapy**

The rise of relational psychology is reflective of the intensification of the crisis of individualism and developed to fill a cultural void of isolation and individualism (Molino 2015:193). Relational psychotherapy depicts a shift in the traditional Freudian emphasis of drive and defence-based impulses, to one that reflects a deep and pervasive tendency within individuals to preserve continuity, connectedness and familiarity to one's personal interactional world (Mitchell 1988: 33).

Relational psychology is a movement that includes different theoretical and clinical schools and has become one of the most important developments in contemporary psychotherapy (Ben-Shahar 2010:41). It is founded on the concept of relationships with others being an essential aspect of emotional wellbeing in which man is no longer

seen as an isolated individual struggling for control of animalistic urges in order to find acceptance in society, but rather that the self emerges and exists out of interactions experienced with others. The emphasis in relational psychology is on a field of interaction that is saturated with relations with others rather than on the individual as a separate entity (Mitchell 2002:75). The individual is regarded as fundamentally interpersonal in nature, the mind is also regarded as a field of relational configurations, and the self is regarded as being constructed in a relational context (Molino 2015:193).

In the meeting of minds between psychotherapy and Buddhism, scholar of Buddhist Studies, Alan Wallace, notes that the theme of intersubjectivity lies at the core of the Indo-Tibetan Buddhist way of viewing the world and seeking spiritual awakening. According to this worldview, Wallace comments that each person *does* exist as an individual, however, the self, or personal identity, does not exist as an independent ego that is somehow in control of the body and mind (Wallace 2012:1). The Indo-Tibetan view of the individual is that the individual is understood as a matrix of dependently related events, all of which reside in a state of flux. Furthermore, there are three aspects of this dependence. Firstly, the self arises in dependence upon prior contributing causes and conditions, such as ones parents and all others who have contributed to one's survival in the way of providing a home, food, education etc. In this way, our existence is seen as entirely intersubjective. As individuals we exist in a causal nexus in which we are constantly influenced by, and exert influence upon the world around us. Secondly, the individual self does not exist independently of the body and mind, but rather in reliance upon innumerable physical and mental processes that are constantly interacting and changing, and thirdly, the self does not come into existence if it is not inherently present either in a single psycho-physiological process, or in a combination of all processes.

According to the Madhyamaka, or “middle way” of Indo-Tibetan Buddhism, which seeks to avoid extremes of substantialism and nihilism, the self is brought into existence by the power of conceptual imputation. For example, some aspect of the body may be noted as being tall, or some mental process is experienced as being in a state of contentment, The self is then erroneously conceptually linked to an incomplete condition or state with something which it is not. The whole of the self cannot be reduced to the height of the body or the thoughts of the mind in the way in which an individual conventionally sees themselves, or in the way others might see them. Furthermore, Buddhism maintains that conceptual frameworks are not private; they themselves are public and consensual. The ways in which we then conceive and perceive ourselves and others are related to the community of language users and thinkers, with whom we share these common conceptual frameworks. All of our views of ourselves, others and the world around us can only be experienced and perceived by way of shared ideas. Thus our very existence as individuals, living in community or in solitude, is intersubjective to the very core from an Indo-Tibetan worldview (Wallace, 2001:2).

These interpersonal perspectives also find some resonance with Buddhist notions of ‘interbeing’ as articulated by Zen Buddhist Monk Thích Nhất Hạnh. Interbeing is a natural outcome of impermanence and nonself and highlights the interconnectedness and interdependence of all phenomena, and are based upon the Huayan school of thought, which is said to be the philosophical foundations of Zen Buddhism and represent the principles of Anattā, (non self) *Pratītyasamutpāda* (*interdependence*) and Madhyamaka (middle path), and in this view nothing exists except in interrelationship with everything else (Segall 2003:174). All individuals, and in fact the entire universe, are nothing but a complete mutual cooperation of the entities which make it up. An individual can only be, and perform its function, in relation to another (Cook 1977: 13).

Its implications for psychotherapy are readily seen: the client does not exist as a separate entity to family or society, but rather form an integral part of these (Segall 2003:174). The client and the clinical phenomena exhibited are not separate from the client and therapist interaction in which transference and counter transference are two sides of the same coin. Phenomena do not exist on their own, but in a relational field in which the arrow of causality is multidirectional and has no locus of centrality.

### 1.1.4 Self Multiplicity

The relational model rests on the premise that the repetitive patterns within human experience rest on our tendency and need for continuity, connectivity and interactions with others. Humans have a powerful need to preserve a sense of self that is positioned in terms of others, and related to a matrix of others. The basic relational configuration has three dimensions: the self, the other and the space between the two. There is no self that exists in a psychologically meaningful sense in isolation or outside the matrix of relations with others (Mitchell 1988:33).

This view has fuelled the current psychotherapeutic fascination with the idea of self-multiplicity. Susan Fairfield (2002) argues that theories of selfhood do not accurately capture some underlying reality, but rather are shaped by various intrapsychic needs of both the analyst and patient. She critiques the monist idea of the belief that there is a stable, cohesive, singular self, and argues that the self is essentially fragmented. The theory of self-multiplicity explains that although we experience the self as continuous and unified, the fact of the matter is that the 'self' can have many different and often competing facets and states, all of which are created and exist in an inter-relational field of experience. The self could more accurately be explained as a pattern of behaviour through time, and the 'I' is synonymous with what is felt and thought across time.

Mitchell agrees that human consciousness operates in time, and can be seen as a stream of thoughts, feelings, sensations, and desires in continual flux, and that anything that is constantly changing is, at any moment, incomplete (Mitchell 1988: 30). This insight frees us to think about the self in a more progressive way, as opposed to attempting to characterise the self as a specific, fixed, and unchanging object.

Furthermore, our behaviour is seen largely as a function of our situation. If our situation changes, our behaviour changes; our self is therefore defined by roles that society has constructed, and is deeply shaped by the views of how others see us and how we see ourselves in relation to others. Thus, as also supported in relational psychology, we come to experience ourselves first via the eyes, and through relationships with others. In addition, our self-consciousness is shaped by the society in which we live and by the social constructs that are deemed acceptable within that context. In terms of a multiplicity of self-states, this means that our self-concept is deeply influenced by the 'audience' we give an account of ourselves to; furthermore, if we change the audience, we change the self, so the core self is organised by motives and emotions which fluctuate. As such, it might be more accurate then to consider ourselves as a collection of fragmented sub-selves that have different perceptual-motivational-emotional structures designed to solve problems (Hendriques 2014:1).

This perspective does not necessarily mean that experiencing a fragmented self, be seen as a negative, or experienced as an alienation or loss of a unitary sense of self but rather that a multiple, contradictory self has more potential for creative and meaningful interpretation (Fairfield 2002: 241).

The Buddhist notion of self is seen as essentially empty of any concrete essential self and may find some resonance with a relational self and self as multiplicity; the self in Buddhism is seen as a relative, moment by moment constantly changing self, not fixed or absolute. Furthermore the boundary between self and others is seen as an illusion which is socially constructed and the reality of self in Buddhism is that the self can only exist in relation to others.

These insights may help to create a climate of receptivity towards the Buddhist notion of the self, although Safran argues that it should be noted that the two conceptions of the self stem from different *functions* in the two traditions. Western psychotherapy's fascination with self-

multiplicity stems from a desire to change the rigid views on mental health and the conformist nature of psychotherapy, versus the Buddhist conception of nonself which is aimed at decreasing a sense of existential isolation by the constructed nature of the boundary between self and others and the interdependence of all living beings (Safran 2003: 23).

Mitchell adopts the view that the perspective of self as multiple frees us from a view of mental health that insists on conformity. He argues that the emphasis on ego integration in Western psychotherapy tends to value rational analysis and synthesis, and pathologises emotional intensity, rather than being open to a range of different states, which he argued enriched and revitalised the self through unpredictability and a passion for life. He states:

What the patient needs is not a rational reworking of unconscious infantile fantasies; what the patient needs is a revitalisation and expansion of his own capacity to generate experience that feels real, meaningful and valuable. If the goal of psychoanalysis in Freud's day was rational understanding and control (secondary process) over fantasy-driven conflictual impulses (primary processes), the goal of psychoanalysis in our day is most often thought about in terms of the establishment of a richer, more authentic sense of identity (Mitchell 1993: 24).

### **1.1.5 Constructivist Epistemology and the Postmodern Turn**

The growing desire on the part of postmodern psychotherapy to democratise the therapeutic relationship and focus rather on the mutuality of the analytic relationship and the co-construction of reality between patient and analyst is in line with Western individualism. Postmodernism brings with it a wariness of all forms of authority, along with an acknowledgement of the limits of the analyst's knowledge

(Molino 2015:204). Philosophically, the postmodern turn emphasises the constructed nature of human knowledge, that reality is intrinsically ambiguous and only through our interpretation is reality given meaning. The constructed nature of our reality limits our inherent understanding of reality and recognises that all knowledge is positional.

Philosopher Jacques Derrida argued that constructing meaning is an endless hermeneutic exercise, and the notion of truth is replaced by a ceaseless play of infinite meanings (Lawlor 2018). Michael Foucault challenged what he considered the illusion of self as an autonomous free agent by pointing out that all relationships within society are intricately decentred networks of power that are all constructed in a subjective framework of selfhood, and that by the eighteenth century the verbalisation of the self was no longer articulated through institutions of power but a new self could be imagined through the context of the social sciences (Foucault 1988:49).

Constructivism in psychotherapy means there is a growing emphasis on the importance of co-constructing healing narratives between the analysts and patient. One of the appeals of Buddhism to modern psychotherapy is its grounding in constructivist epistemology which resonates with the postmodern turn and the perspectives of self-multiplicity. Buddhist constructivism is an anti-foundational, process-orientated perspective that views ideas and concepts, including the concept of 'self' as a human construct rather than a fixed entity (Kwee 2010: 4). The 'self' is viewed as emerging from a sequence of dependent origination and as a relational construct from within non-foundational emptiness. 'Self' is therefore seen as an arbitrary construct superimposed on dependently arising psycho-physical elements, and as a coordination of various impermanent factors.

In Buddhist psychology, this understanding is expressed as phenomena that come together, then fall apart, then come together again, and fall apart again; healing comes from an acceptance and allowing room for the rising and falling of impermanent conditions such



as grief, relief, joy, misery, sorrow etc. Based on this understanding, the primary goal in Buddhist psychology would be to cultivate a radical sense of openness where the goal of healing is not to overcome 'a problem' that is seen as needing to be solved. Western psychology still has a bias towards wanting to understand the patient and help the patient understand themselves, and find ways to solve problems which remains important in an individualistic culture. Buddhism however tends to neglect the need to understand, the emphasis is rather on non-resistance and letting go as a way to develop a sense of acceptance, humility, patience and resilience in the face of the mystery of life (Safran 2003:22). Buddhist psychology is therefore not about constructing an adaptive narrative, but rather a radical deconstructing of all narratives and accepting things in their 'such-ness'. Holding fixed concepts are seen as enslaving us and the tendency towards reification then creates suffering. This aligns with modern psychotherapeutic thinking that stresses the importance of the analyst's openness to tolerance of ambiguity.

### **1.1.6 Relational Buddhism as a Constructivist Epistemology**

As we have seen from the above discussion, constructivist and Buddhist psychologies can supply an extremely compelling synergy and a suitable and effective meta-theoretical perspective. Relational Buddhism articulates the goal of developing a contemporary Buddhist psychology that is rooted within social constructivism rather than religion. Buddhism has traditionally been viewed as a religion, but if Buddhist psychology could be conceptualised and presented in psychological terms, it could move into becoming 'Buddhism as therapy' grounded in a social constructivist, postmodern psychology which requires the letting go of any grand narrative of transcendental truth or the imagery of an absolute superpower and invites a non-clinging openness to the many personal stories of 'truth' (McWilliams 2010:2).

Relational Buddhism appreciates the relational as preceding the singular, separate and bounded individual and views both *intrapersonal* (self talk) and *interpersonal* relationships as the centrepiece of its daily practice (Kwee 2011:204). In other words the experience of action, emotion and cognition is not prior to any relational life, but created, fashioned and sustained all within relationship. Any attempt to understand the self, without the context of society and the function of the second person (or for that matter the first person, or the third person, singular or plural) with whom we are in contact with, will only lead to a fragmented view of self, rather than a fully integrated view (Shotter 2012:181). All experience is seen as inseparable from others and the world and can only find meaning and interpretation in context to the social milieu in which it arises. John Shotter (2012), in his writings on *Social Accountability and Self Specifications* maintains that in our attempts to understand ourselves we have been rationally blinded through theories, models and accounts contained in scientific thinking that blind our everyday life to the fact that we are embedded in a current social order which we morally have to continually reproduce. This blindness is a necessity to account for our social order that is both individualistic and scientific (Shotter 2012: 177), leading however, to a distorted view of self in which we experience ourselves as bounded, individualised and independent selves.

From a Buddhist constructivist perspective, science and culture are of themselves viewed as conceptualisations which are socially constructed through dialogue in a rich web of connections which arise out of 'dependent origination'. Dependant origination states that no entities exist on their own independently, but all phenomena arise simultaneously as the appropriate conditions emerge, and therefore nothing exists singly or from a single cause (McWilliams 2010:5). The body/speech/mind modalities, which are spoken of as *Skandhas* in Buddhism, therefore also arise and subside in dependent origination – this is in line with the analytic building blocks of cognitive-behaviour psychology.

An important view in relational Buddhism is that all intention and action (karma) exists in a relational process as they emerge within relational life. We are born into ongoing processes of embedded relationships (Kwee 2011:204). The understanding that grows out of this is that karma itself is not an individual experience, but it too is embodied in dependent origination in which reason, emotion and motivation are born in a relationship that is preceded by the bounded self. The implication of this view to the application of psychology is pivotal in that it provides a wholesome alternative for conflict resolution and the co-construction of healing narratives (Gergen 2009:62). The transforming of karma is central to Buddhist psychology as it focuses on changing intentional action at the level of thoughts, cognition and performance that might otherwise prove unwholesome and irrational, into thoughts, cognition and performance that lead to more wholesome and rational outcomes, which bear no relation to 'good or bad deeds' as value judgments, but rather more skilful and helpful outcomes.

Relational Buddhism as a psychology of social construction therefore centres on the concept of 'interbeing', as also articulated in the Mahayana Gandavyuha Sūtra, which emphasises that in our quest for enlightenment, the need to consult and collaborated with wise advisors, or trusted spiritual guides, (*Kalyāṇa-mittatā*) is fundamental to achieving our goals in life. Relational interbeing, intermind, interself or in-between-selves is derived from the awareness that human beings are intertwined and that all action is intertwined and enshrined in socio-cultural networks (Kwee 2013:16). All that we know is embedded in communal cultures, and is not limited to the individual mind thus the individual mind is an intersection of interconnected multiple relationships of multi-being. Individual minds are seen as having been socialised through participation in the culture in which one lives. From the perspective of social constructivism, meaning does not just exist within an individual in a solipsistic sense as articulated by the idea of philosopher René Descartes, "I think therefore I am", and by which the mind is then the

only thing that can be known to exist, and that knowledge of anything outside the mind is considered unjustified.

From a social constructivist perspective, an individual can only experience meaning through a process of co-action, and reality is co-constructed through ongoing dialogues, negotiations, agreements and comparisons (Kwee 2010:40). What is considered to be separate even in the private mind (thought, feeling or affect) can only arise as a result of interrelationship and is meaningless outside the context of collaborative practice, and as Kwee points out, although carried out privately, even self-talk is intelligible for oneself only as socialised speech. He notes that even meditation in nature or in retreat remains a social performance, as would dreaming, dancing alone, painting etc. All solitary activities are still tied to relational meaning; thus the idea of solipsism could be discarded as a delusionary.

Although the ideas contained in relational Buddhism seems reasonably straightforward, its impact is far reaching as it requires re-thinking everything that has been taken for granted in psychology. If reality is socially constructed (including social construction itself), then nothing can be real in itself (Kwee 2010:206), and this, in effect, corresponds with the Buddhist practice of deconstruction during mindfulness meditation which leads to the insight of non-existence of an inherent self-nature of things (*Svabhāva*) and the Buddhist experience of emptiness.

## **2. The Buddhist view of Nonself (*Anattā*)**

As has been alluded to through this dissertation, Buddhist psychology views the self, and all phenomena, as an intersection of multiple relationships, and as interconnected and interdependent nodes in a web, rather than as fixed or independently existing entities (Kwee 2010: 7). The doctrine of dependent origination, which is foundational in Buddhism, applies to the idea of nonself (*Anattā*). From this

perspective, the self can be seen as having no fixed core or identity that defines a person. Rather a person is made up of five aggregates or modalities (body, sensations, perceptions, feelings and awareness). No one aggregate corresponds to an 'I/me/myself' and no entity exists independently of the modalities. It is only for practical purposes and through conventional language that the self is spoken of as possessing a reality over time and as a 'solid state' which creates an identity through coherent narratives.

The inherent reality is that the self is not to be taken as a substantive entity, but rather the self is seen to be in a constant state of flux and therefore cannot be seen as an immutable identity to things. In addition, all things occur according to the law of cause and effect, and there can be no state of actually existing objectively, and standing outside of the chain of cause and effect which direct the way things happen. In Buddhism there is no being standing outside of the flux of being, either as a god or as an external soul, and in this regard, Buddhism can be seen to be in accord with current understandings in neuropsychology and information processing which find observations, but no observer, thoughts but no thinker, actions but no actor (Segall 2003:173).

One of the marks of Theravāda Buddhism is one of egolessness or nonself, and the very purpose of the meditation practice of Vipassanā, which was originally practiced up to the 10<sup>th</sup> Century, and then reintroduced again in Burma from the 18<sup>th</sup> century onward, and translated from the Pāli word to mean "insight into the true nature of reality" (Wikipedia, 2019), is that it takes a mind trained in concentration and mindfulness and turns itself inward in pursuit of the 'self' to discover the truth of nonself (Miklulas 2010:285).

The benefit to the therapist in understanding the doctrine of Anattā is that it lessens the need of the therapist to cling tightly to an image of himself or herself as more informed, smarter or knowledgeable than the client, or more right than the client. With less of a fixed sense of self to

protect, the therapist is freer to hear the client and respond to the client and be open to the client (Segall, 2003:174). Self is always understood in opposition to the 'other', and therefore often serves to cut off intimacy with others, however when identification with the self loosens, a more natural connectedness occurs as the need to protect the sense of self, the 'I' the 'me' and the 'my' abates.

### **3. The Western view of self in Psychotherapy**

In spite of attempts in the West to move away from a culture of isolation, individualism and narcissism towards a view of the self as multiplicity, and of a self that exists in a relational field of interaction that influences and changes the self, we continually fall back into unbalanced and simplistic modes of thought that fail to take interbeing into consideration. Western psychology still predominantly holds the notion of a separate self as the backdrop to all Western psychotherapy in which healthy development means becoming well individuated, not being overly dependent on others, understanding one's own needs, being able to define and be respectful of boundaries, and hold a cohesive, clear, stable sense of identity and healthy self-esteem (Germer 2013: 46). The emphasis in the West therefore remains on the autonomy of the individual.

A major issue in integrating psychoanalysis and the teachings of Buddhism is then the issue on the nature of the 'self'. However, even across psychoanalytic theories there is no agreement on exactly what is defined as 'self' and few assume the self is a fixed entity, but rather a functional changing entity, which is in line with the observations of Vipassanā meditation.

In Western psychoanalysis, the self is sometimes understood as 'ego', and sometimes as true self, false self, authentic self, or as we have discussed above, a multiplicity of selves, but usually the 'self' is a central construct to psychoanalysis. Self work means making the self more effective, distinguishing the true from the false self, uncovering disowned or rejected or split off parts of the self, and integrating and restructuring the self.

This self versus nonself distinction appears to be a fundamental difference between psychoanalysis and Buddhism, but upon closer inspection the differences do seem to decrease.

#### **4. Convergences and Divergences: the crossroads of Spirituality and Secularisation**

This discussion has highlighted a growing appreciation for the relevance of many Buddhist core concepts to the practice of psychotherapy and points to the increasing interest in the interface between these two disciplines of transformation. In today's society, we live with an accumulation of mental health professionals who practice meditation, and meditators, including Buddhist teachers, who take advantage of the benefits therapy (Loizzo 2017: 61). In order to genuinely understand the value that each tradition can bring the other, without falling into the trap of idealising one and dismiss the other, genuine dialogue must be reached and this can only come about in conditions where there is an awareness of differences which are held with mutual respect for each culture and an appreciation of the genuine value that each culture can offer to the other (Loizzo 2017: 62). This perspective requires openness to listening to the other, as well as a willingness to become vulnerable to feedback in a way that will promote a genuine desire to learn from the other rather than a one-sided exchange in which neither side is changed or transformed by the encounter with the other.

Therefore in highlighting the differences, it would be important to understand the three basic distinctions between Buddhism and modern psychology that are often minimised or missed but which are important to note when facing cross-cultural dialogue. The first of these has already been pointed out, but may be worth reiterating in this context again; Buddhism and Western psychotherapy differ in their institutional base and their respective disciplines. While not all forms of Buddhist traditions practice meditation, or did so in a monastic setting, the mindfulness meditation derived from the Pali *Maha Satipatthana Sutta* to which we are referring in this context of early Theravadā Buddhism was based in a monastic setting, whereas psychotherapy is secular, and fits into the healthcare industry of psychology and neuroscience.

Secondly both differ in their theory of evolution. Buddhism assumes a Lamarckian model of evolution which teaches that learned habits of mind and action are transmitted inter-generationally by social imprinting and modelling. Psychotherapy is informed by a Darwinian model of evolution, which is driven by random mutation and natural selection which is carried through genetic inheritance and which would play an important role in understanding psychopathology. However, Joseph Loizzo (2017) points out that at the confluence of these two models is the shared theory of cause and effect which give rise to conditions. From this perspective, every mental activity is seen as causally effective and results in a determinate consequence, which in turn will shape ongoing development (Loizzo 2017:4) . Therefore in both Buddhism and psychology, (including the fields of neuroscience, positive psychology and epigenetics), the common view is taken that the mind can be seen as evolutionary, adaptive and malleable, and development is seen as interdependent and intergenerational and also informed by both nature and nurture.

Thirdly, both Buddhism and Western psychology differ in their healing methodology. In Western psychology, while interventions with patients are sometimes undertaken as group work, it is more commonly



undertaken as a one-on-one targeted strategy involving intensive behavioural modification techniques, which could be combined with cognitive behavioural learning for individuals. By comparison, Buddhist Vipassanā meditations are milder, relaxation-based modalities which are undertaken in an educational manner, either as a one-on-one, but generally in a group setting which focus on peer learning. Buddhist psychology relies on a progressive path of understanding and change, brought about through meditation practice, in which freedom from self-generating suffering does not happen at once; it occurs in stages or increments where entire groups of unwholesome mental factors known as *samyojanas*, are very slowly understood as sources of suffering as one begins to see mistaken beliefs, unwholesome affects and motivations, and a tendency towards narcissistic attachments of the self (Unno 2006: 20) .

The difficulties that have come to light in these cross cultural encounters, particularly with group work, has been when meditators are unable to conform to the more universal one-size-fits-all approach of Buddhist psychology – combined with the fact that many meditation teachers are not necessarily trained psychologists equipped to deal with emotional responses and needs that may arise whilst in meditation. According to Buddhist psychologist Barry Magid (2002), staying in the present moment, for example, may ease past associations in the present, but meditation alone will not heal the past associations themselves unless they are dealt with in a therapeutic context, and finding peace in meditation is not the same as finding peace in your life as a whole (Magid 2002:13).

Other cross-cultural difficulties that have been raised are that Buddhist psychology emphasises restraint and humility, and its teachers explicitly or implicitly encourage what seems to be a passivity and self-denial (Aronson 2004: xiv). Abandoning negative emotions like anger and developing positive emotions such as patience are encouraged, furthermore giving up attachment, and teaching an

absence of self are all common themes in Buddhism, but are very contrary to the individualistic self-assumed by a Westerner.

Confusion can then arise when Western psychotherapists encourage those who are emotionally shut down to experience their feelings of anger, and support self-assertion and individuality. It's not uncommon to find a treatment plan in Western psychology that will focus on the improvement of self-esteem, being clear about ones needs, and establishing a strong sense of self. The treatment goal in Buddhism would be more universal and seek complete psychological, emotional, moral and spiritual freedom, which once understood and practiced will lead to a state of overall enlightenment and freedom from suffering. The goal of Buddhism is not a technique to help restore the self as much as an insight into the 'nonself', but as we have seen, for most Westerners the notion of nonself is a very difficult concept to grasp given that our entire worldview is structured around the self. Developing a strong sense of self-worth, self-esteem and of self-actualisation is the goal of a well-integrated person in a Western environment, however understanding the gap between the Western sense of self, and the Buddhist idea of Nonself from a Western point of view is essentially an ontological understanding (Unno 2006:25).

In Western psychology, psychological emptiness focuses on *personal* suffering, i.e. our inner conflicts, deficits, complexes, projections, and identifications (Safran 2003:302), and how to counteract this emptiness by the development of an authentic, vital self that arises from understanding our unconscious tensions and conflicts, and the ability then to construct personal meaning from this (Safran 2003:6). Buddhist psychology, however, offers insight into the *universal* conditions and causes of suffering, i.e. our striving for security and stability and on our ignorance and denial of impermanence or change.

In Western psychology, dealing with personal suffering and the presence of symptoms such as anxiety or depression and patterns of dysfunctional behaviour, phobic avoidance and compulsions are seen

as a reflection of deeper underlying disorders which would require diagnosis and treatment including, if necessary, psychotropic medication. Buddhist psychology, as previously mentioned, being primarily unconcerned with personal conditioning, focuses rather on understanding how *all* experience is conditioned from one moment to the next and from a Buddhist perspective, healing then arises as one learns that symptoms are simply suffering that is inescapable to all who exist, and is not a symptom of an underlying personality disorder, but as a result of the nature of our relationship to the existential realities of life (Germer 2013: 38).

Traditionally, meditation teachers and practitioners were sceptical about psychotropic medication due to Buddhist ethics regarding the use of intoxicants that cloud the mind, and also being used as a method of avoidance. However from a Western point of view, in certain circumstances when pain is too great, growth is not seen as possible without the stabilising assistance of psychotropic drugs and the judicious use of medications can actually help support a patient's meditation practice. Psychologist and meditation teacher, Sylvia Boorstein (2012) notes that, "when the pain of depression or anxiety is confusing to the point of overwhelm, appropriate medicine can rescue the mind from painful self-preoccupation" (Boorstein 2012:19). Alan Wallace (2012), a Buddhist scholar and former monk who generally criticises the over prescription of medication in the West agrees that in cases of severe depression, antidepressants restore sufficient emotional balance to the point where the patient can take charge of their own recovery enough to be able to benefit from meditation (Wallace 2012:29).

From this discussion, it becomes clear that the goals of psychotherapy and Buddhism do still differ significantly in approach and methodology and highlights that there is still ample reason to be careful and to respect the distinctions between these two traditions in the light of broader cultural contexts. Increasingly, however, therapists and

meditation practitioners are now beginning to use and blend insights and practices from both cultures that lead to mutual enrichment (Aronson, 2004; Epstein, 2007; Germer, et al., 2013; Loizzo, et al., 2017; Magid, 2002; Safran, 2003; Unno, 2006) which opens up the space between the two institutions in which therapy and meditation can also be seen to compensate for one another's blind-spots in that they can provide a deeper and richer understanding of both the *personal* and *universal* aspects of our human experiences that add a dimension greater than either discipline can offer on its own.

Up to now, the focus has been on the distinctions and difficulties arising between these two traditions, but what then are the commonalities that narrow the gap? From the outset we have discussed that both Western psychology and Buddhism strive to find accurate insight into the causes and consequences of our neurosis and human suffering. Both institutions include thoughts, feelings, perceptions, intentions and behaviour, and both institutions identify symptoms, describe their etiology, suggest a prognosis and prescribe a treatment plan (Germer 2013:37). Both Western psychology and Buddhist psychology see the etiology of psychological disorders as having biological, psychological and sociological factors, and much of human suffering is caused by distortions in thoughts, feelings and behaviour, but there is a difference in view on the *cause* of distortions. Psychodynamic theory for example, assumes that distortions in thought and feeling arise from early childhood wounding which create psychological scarring and warp our responses and reactions to present circumstances. As a result defence mechanisms are developed to avoid painful experiences and prevent us seeing current reality clearly, this then restricts our emotional behaviour and responses.

In Western psychotherapy, clinicians consider thoughts feelings and images as important causal links in the chain that lead to dysfunctional behaviour. Buddhism shares the observation that distortions are the underlying cause of suffering but takes it further by

taking the view that grasping or clinging to any fixed ideas, regardless of how realistic they appear, are the cause of distress (Germer: 2013:40). (Germer, et al., 2013, p. 40) (Germer, et al., 2013, p. 40) Buddhist psychology assumes that the way we construct our personal realities are all distortions and delusional. We unconsciously elaborate on current events based on past experience and hoped for outcomes in current circumstances which leads to delusion and distortions, and in turn lead to suffering.

Mindfulness meditation provides the tools and a path which allows clear insight into our conditioning, and a way to see through our conceptualisations. Once thoughts and concepts and beliefs are seen as delusory, we are able to hold these constructs lightly – this then alleviates inner anxiety and depression. Psychological difficulties are not seen as rigid or stable phenomena in Buddhist psychology. From a Buddhist perspective, what creates the suffering is a tendency to resist change, and an inability to acceptance current circumstances. Suffering can be measured then by the gap between our expectations and our reality, which indicate our level of experiential avoidance (Germer 2013: 40).

Western psychotherapy and Buddhist mindfulness practice all agree on the idea of human conditioning. However psychodynamic psychology considers how each individual's unique conditioning from childhood informs the present through a series of related adaptive strategies which assist that individual to make sense of their current environment. Cognitive behavioural psychology on the other hand, is not as concerned with the way in which individual constructs arose from the past, but prefers to focus on how learned behaviour and thoughts shape our current realities (Germer 2013: 40), and it seeks to challenge erroneous thought patterns and behavioural responses in order to achieve better responses in the current circumstances. Conversely, Buddhist psychology discourages working with thoughts of the past and the future and what is referred to as 'mental content' – the need to deal

with emotional and relational issues seems to be more the rule for Westerners (Unno 2006: 24).

From a constructivist epistemology of relational Buddhist psychology, all thought and experience is seen as conditioned, and a result of cause and effect, therefore, it is not about exploring the unconscious psyche to understand the forbidden urges and instincts of the self, but rather the understanding that the unconscious represents the potential for enlightened consciousness. Buddhism makes a distinction between conventional (provisional) and ultimate (inherent) reality. Buddhist psychology then proposes using empty conventions without clinging to them and challenges thinking at its source by making a distinction between mental content and mental behaviour and processes. Buddhist psychology emphasises how the mind selects content and constructs interpretation and how the mind gives rise to and sustains beliefs. The healing process of Buddhist psychology is one that helps eliminate attachments to view points, obsessions, constructions and self-centred cravings through the practice of meditation (Kwee 2010:7). Meditation is aimed at helping the meditator gain a greater appreciation of the impermanent and ever changing nature of all phenomena, including the self, and especially brings insight into the role of the mind in constructing reality (Safran 2003:13).

Both Buddhism and Western psychology agree that suffering is neither random, nor some sort of divine retribution for sin, nor a result of moral weakness, but as a result of conditions (Germer 2013:40). The relief that this view offers to suffering is that suffering has a specific cause, which can be understood and modified, and is part of the natural order of things

## **Part Two: Buddhism in the West: Problems on the path of integration**

### **1. The Three Characteristics of Western Buddhism**

Up to this point, I have argued that the decline of traditional forms of religion has resulted in many postmodern individuals seeking psychological solutions over religious ones, and to some extent, religion has been replaced by the psychological human of modern times, and that the analytic attitude of psychotherapy is an alternative to a religious attitude as a mechanism of psychological well-being, personal control and self-actualisation.

I have also noted that the unintended consequence of modernity which has resulted in the decline of many traditional religion institutions, along with the disintegration of their ethical and spiritual systems, has resulted in a culture of narcissism and the subsequent rise of the 'empty self' as a result of the breakdown of tradition, community, and shared meaning, all of which now seeks fulfilment through the cult of the health and consciousness movement we currently experience. I have discussed how the appeal of Buddhism in the West is that it is seen as having more in common with secularism than with religion; yet this also comes at a price, and this section will provide a contrasting opinion that highlights the concern of the effects of deracination, instrumentalisation and secularisation of Buddhism as a religious tradition when it is introduced into a Western context, and will seek an answer to the dilemma between the decline of religious tradition on the one hand, and the criticisms of materialistic-for-gain Buddhism, sold as mindfulness in the marketplace, on the other hand.

## **1.1 The Deracination, Instrumentalisation and Secularisation of Western Buddhism**

In their book, *What's Wrong With Mindfulness (And What Isn't)* (2016), Rosenbaum and Magid provide compelling argument and concern that when Buddhist practices such as mindfulness and meditation are removed from their religious contexts to fit in with Western culture, Buddhism as it was taught and experienced in the East has had to be adapted, simplified and altered in its teachings to meet the audiences of the West and as a result the dynamics of deracination, secularisation and instrumentalisation have become three key concerns that now characterise Western Buddhism.

Deracination literally means “cutting off from the roots” (Magid 2016:42) and in this context, refers to the removal of meditation practices from their monastic settings and the lineages, temples and monasteries that traditionally embodied the transmission and transformation of its practices. In opening its teachings and practices up to a lay population in the West (laicisation), Buddhism has become secularised (separated from religious or spiritual concerns), and instrumentalised (used as a tool to accomplish a purpose as a means to an end).

These characteristics are evident in the application of meditation when it is transformed into a technique that is used as a tool of relief for specific symptomatic problems such as depression and anxiety within the health care industry and within the fields of psychology, or as part of individuals' personal programs of self-improvement or self-actualisation (Magid 2016:44). In its original form, mindfulness was never intended to just be a doorway to a set of techniques or tools designed to remove a specific source of pain, or to serve the narcissistic self-absorption of the egoic self. The criticism that is increasingly being levelled at mindfulness and meditation is that it is being marketed and institutionalised as a form of therapy or as a way for personal



transformation often through weekend workshops which are run by laity. Attendees are invited to gain relief from some particular form of suffering, or to adopt meditation as a way to acquire happiness or health.

Magid argues that the result of this trend is that many feel that mindfulness has now acquired the reputation of 'McMindfulness'; offering quick, effortless and inexpensive ways to find happiness and peace (Magid, 2016:44). It is understandable, though not necessarily desirable however, that if mindfulness is to be appropriated in a Western context, to a greater or lesser extent it will inevitably become uncoupled from its original religious setting, and does run a great risk of losing the ethical base on which it was built. Buddhist scholars Ron Purser and David Loy in *Beyond Mc Mindfulness* (2013) agree that in the rush to secularise and commodify mindfulness, it has become denatured from its original forms and its ancient practices. They concur that in applying mindfulness as a means to awaken individuals and organisations from the unwholesome roots of greed, ill will and delusion, it is being refashioned into a, "banal therapeutic, self-help technique that actually reinforces those roots" (Purser & Loy, 2013).

Mindfulness, as we shall note later when taking a closer look at original Vipassanā meditation, has a *distinct quality of attention* that is dependent upon many factors; firstly by noticing the *nature* of our thoughts, speech and action, our ways of making a living, our efforts at avoiding unwholesome and unskillful behaviours all the while developing wise action, social harmony and compassion, this is a far-reaching contrast to mindfulness practices that are adopted as a means to find relief from current unwanted situations or states of mind, but which make no demand on changes for unwholesome lifestyle choices.

There is a distinction in Buddhist thought between right mindfulness (*samma sati*) and wrong mindfulness (*miccha sattī*), which is not to be understood in a moralistic sense, but rather whether the quality of awareness is characterised by wholesome *intentions* and

positive mental qualities that lead to realising one's full human potential – this is done for the sake of yourself, and of others. If this distinction were not present, Dr Ricard Matthieu, a French Buddhist monk, philosopher and psychologist notes that there is then a risk that mindfulness can be taken too literally, as to just 'be mindful', in which case he argues one could be a 'mindful sniper' or a 'mindful psychopath'. A sniper, he observes, needs to use all of the qualities practiced in mindfulness: "to be very focussed, never distracted, very calm, always bringing his attention back to the present moment, and to do it non-judgmentally by just killing the person, making no judgment" (Whitaker, 2017).

Right mindfulness however is guided by intentions and motivations based on self-restraint, wholesome mental states and ethical behaviours. These kinds of goals, Purser remarks, supersede the goals of stress reduction, or improvements in concentration (Purser & Loy, 2013).

The weekend workshop approach to mindfulness has also been criticised for merely paying lip service to the sources of the traditions from which they draw, often offering a conglomeration of chants, texts and practices that "present an aura of the exotic or a deracinated mysticism without actually engaging in a single coherent traditional form in any depth" (Magid 2016:50), very much like the New Age approach to spirituality that has been offered for the past generation.

Magid contends that something vital is lost in this process, and that the practice of meditation by laypeople is no longer even considered a watered down or a popularised version of "the real thing" (Magid 2016:52). As postulated above, mindfulness as it was originally practiced in monasteries was an inseparable part of all of life and required a long-term commitment to practice as a way of life, and this has nothing to do with quick fix solutions, or short-term fixes or gains, and neither is it a formula to maintain a sense of mastery over our environments, or a sense of personal control and autonomy (Magid

2016:44). Furthermore, in the ensuing argument, it will be shown how the original intention of the Buddha's teachings on meditation was not so much to achieve personal calmness and relaxation, as it was to do with reducing the negative effects of karmic debt and achieving ultimate liberation from suffering, which is a very different motivation from the context in which it is being applied in Western practice.

Aside from personal mindfulness practice, when mindfulness is then applied in a corporate context, critics argue that it becomes compartmentalised as a personal tool of empowerment and the awareness of our interconnectedness is lost, and a dissociation forms between one's own personal transformation and social and organisational transformation. This does not take suffering in the broader environment into account (Purser & Loy, 2013). Those defending the incorporation of mindfulness practices in corporate contexts, however, argue that mindfulness *is* relevant as a tool to reduce stress and that transformational change must start with oneself: if one's mind is focussed and the individual experience's inner calm, then social and organisational transformation follow. The concern with this argument, as we clearly see in our own society, is that the greed, ill will and delusion which Buddhist mindfulness seeks to uncover, are no longer confined to individual minds, but have become institutionalised in political, governmental and social institutions beyond personal control.

I would then concur with Purser's observation that if mindfulness continues to be orientated to the needs of the individual and the marketplace, it runs the risk of losing critical reflection on the causes of social suffering (*dukkha*). Purser interestingly observes that modern business institutions have failed to ask the serious question of why stress is so pervasive in modern business institutions, and he contends that corporations have jumped onto the 'mindfulness bandwagon' because it is convenient for corporations to shift the burden back onto the employee (Purser & Loy, 2013). Addressing the needs of employees through the use of mindfulness practice to help with toxic

work environments, or overly long working hours and strenuous workloads, Purser contends, cloaks the application of mindfulness in an aura of care and humanity, where mindfulness becomes, “refashioned into a safety valve, as a way of letting off steam, and a technique to cope and adapt to the stresses and strains brought on by corporate life” (Purser & Loy, 2013).

Along the same lines, German Philosopher Karl Marx (1843) had famously noted that religion was the opium of the masses (Marx 1843:71), and today Jeremy Carrette and Richard King, in their book, *Selling Spirituality: The Silent Takeover of Religion* (2005) add to this by describing modern spirituality as an ‘accommodationalist’ orientation and argue that mindfulness training, having become a very trendy method for subduing employee unrest, is promoting a tacit acceptance of the status quo, and could be seen as an instrumentalised tool for keeping attention focussed on institutional goals (Carrette & King 2005:5). Purser and Loy endorse this argument and further quote outspoken Buddhist monk Bhikkhu Bodhi saying that, “in the absence of sharp social critique Buddhist practices could easily be used to justify and stabilize status quo and become a reinforcement of consumer capitalism” (Purser & Loy, 2013). They conclude that in order for the mindfulness movement to become a genuine force for positive personal and social transformation it must reclaim an ethical framework that takes into account the well-being of all living beings.

Magid is of the same mind that ‘materialistic-for-gain’ Buddhism which has become inherent in mindfulness, has also unavoidably become translated into the deep-rooted individualist, materialist and secular structures in Western culture (Magid 2016:44), including, he points out, the culture and ‘linguaging’ of science, which is itself a technique for achieving control in order to better satisfy needs. He then questions whether it’s possible, or even desirable for a practice that was originally an expression of a way of life to be translated into a practical

method for achieving a particular goal, no matter how noble the intent (Magid, 2016:45).

While due cognisance to Magid's observations should be weighed seriously, it might be worth the caution that we should not lose valuable ideas and insights gained through Buddhist thought in our attempt to get rid of what is not wanted, and to this end I would concur with the observations of Buddhist psychologist Mark Epstein (2007) when he reminds us of the difficulty a Westerner faces when approaching meditation from a Western mind-set. The Western mind-set seeks to analyse, explore and understand the causes of depression, conflict and anxiety, and he states that this is the hidden agenda in the Western mind: that of establishing a certainty about the self (Epstein, 2007:4). This however precisely underscores Magid's argument that the very purpose of Buddhist meditation is not about identifying these causes, but in his view, it is a process of seeing *through* them, rather than trying to understand them or to eliminate them (Magid 2016:44). From a Buddhist perspective then, the purpose of meditation is not so much about solving a person's particular problems, as much as it is about solving the person altogether, and a sincere practice rooted in Buddhist teachings will reveal an appreciation of the ways in which one contributes to one's own suffering. It is only after much practice of "showing up, slowing down, stepping back, and settling in" (Magid 2016:53) as a religious practice, which is grounded in appreciation and reverence for life as it is and in a compassionate response to the suffering of life, that one can begin to experience and understand the self as not fixed, impermanent and interconnected, and begin to find acceptance in acknowledging life just as it is (Magid 2016:45). The by-products of gratitude, patience, virtuous living, clarity of mind, concentration, wisdom, and loving kindness become fruits of a sustained practice which occur only after a gradual deconstruction of the long-term erosion of self-centred goals, which are inherent in the training and discipline of a Buddhist way of life. For the beginner then, the fantasy that meditation practice will somehow make one

invulnerable to suffering, and free from dependence on others, or immune from the uncertainty of change in our inner and outer worlds, is in direct contrast to the most fundamental Buddhist principles of interdependence and impermanence (Magid 2016:45). From this perspective Magid argues that mindfulness and meditation should not be treated as techniques, but rather been seen as a religious and spiritual practice. Taking ancient techniques and focussing them on self-improvement or therapeutic advancement tends to impede and often defeat the fundamental aim of the path to enlightenment and freedom from suffering (Magid 2016:45).

In my view Magid correctly argues that practicing mindfulness-as--gain operates within the framework of a separate self, of power, and control in which the 'I' seeks to 'fix' something whether externally or internally that is perceived as unsatisfactory, or to gain something that is currently missing in order to gain happiness and peace. In Buddhist practice, this would be seen as unskillful and counterproductive (Magid 2016:46).

## **1.2 Buddhism as the Science of Happiness**

Robert Sharf points out that the early Buddhist Sutra's and the Theravāda teachings of Buddhism specifically do *not* point towards Buddhism as a science of happiness, but rather that it is to be expected that 1) to live is to suffer, 2) the only remedy to suffering is the escape from the phenomenal world, 3) to escape requires, amongst other things, abandoning hope that constant and lasting happiness in this world is possible (Sharf 2017:133).

The fifth-century, monk Buddhaghosa in his *Path of Purification*, speaks of the eighth insight of meditation leading to the knowledge and acceptance of death, terror and danger. In the Theravāda tradition it is *necessary* to experience despair and depression, and to confront the unmitigated horror of sentient existence in order to acquire the strength

and resolve needed to give up our attachment to this world. Depression is not something to be avoided or uprooted, but is seen as a very valid and even gallant part of the Buddhist path to insight (Sharf 2017:134). Sharf argues that today Buddhism is touted as the very antithesis of suffering and is sold as a 'science of happiness', and a way of easing the pain of existence.

By reducing Buddhist practice to just meditation, and meditation to just mindfulness, it has become touted as a cure-all for anxiety, post-traumatic stress, for alcoholism and drug dependency, for attention deficit disorder and antisocial and criminal behaviour, and for the commonplace debilitating stress of modern urban living.

### **1.3 Meditation as a non-conceptual expression of true self**

Magid is emphatic about the importance of practicing Buddhist meditation as a regular and ongoing endeavour as it becomes an articulation of the non-conceptual expression of the true self as it is revealed by the innumerable experiences of everyday life (Magid 2016:47), and the religious framework in which it is practiced is an important part of the context of what distinguishes a deep-rooted Buddhist practice from a secular meditation group. A temple is a locus of reverence, ritual, and the highest expression of Buddha nature in each moment of practice – it is not simply a place in which one engages in spiritual exercises to cultivate this or that state of consciousness. Meditative practice should be undertaken from a non-instrumentalist stance in which we observe the ordinary flow of thought, as it comes and goes. This practice is not the suppression of thoughts, but the recognition of the emptiness or the insubstantial nature of thought. It is a practice that teaches the meditator how to trust in the completeness of life and of our minds, just as they are, and the recognition of the fact

that in trying to control our habitual strivings and aversions, we are attempting to control the uncontrollable, and in doing so this perpetuates the very suffering we mean to hold at bay.

The psychological markers of the boundaries of our willingness to accept the moment just as it is, is shown up in our moments of anger, anxiety, greed and in refusing to be with what is; yet all of these occur everywhere in our ordinary lives, as well as in the practice of meditation and the Buddhist practice is not to escape these moments, but to rather facilitate a thoroughgoing and ongoing exploration of one's own resistances, attractions and behaviours (Magid 2016:48). When delusion is seen as empty and transient, one realises that they need not be eliminated, controlled or avoided, but are simply experienced as they naturally pass through our lives.

This understanding of the nature of meditation in context with its greater framework of teachings is not to be confused with a form of therapy, but rather as a way of seeing the absolute in every moment.

#### **1.4 Buddhist Modernism and the rhetoric of mindfulness as 'bare attention'.**

Today, mindfulness is a common topic amongst Western Buddhists and Buddhist sympathisers, most of who are not ordained monks or nuns and in our egalitarian consumer-based culture of privatised religious practice, this would not appear noteworthy for the average Westerner, but historically speaking this is an extreme departure from the norm (Wilson 2014:29). Prior to the 20 century, very few Buddhists would have heard of mindfulness practice, much less read the texts or even engaged in the practice of mindful meditation themselves. Mindfulness meditation was practiced primarily by ordained monks and nuns and as part of a much wider system of teachings and practices that mutually supported their beliefs and it was associated with being a direct path of purification. Meditation was a way to disengage from clinging to the



everyday world of suffering and was considered a rigorous discipline which resulted in a breakage of the cycle of rebirth, and called for a renunciation of worldly pursuits. Mindfulness was therefore presented as a strenuous and lifelong task that occurred within a framework of renunciation and detachment (Wilson 2014:32), and implied caution, heedfulness and an ambivalence toward the world in general. The purpose is to put distance between oneself and one's experiences so that one is no longer troubled by them.

By the beginning of the 20<sup>th</sup> century, the term mindfulness had still played little or no role in the emergence of Buddhism in the West. Early conversation was primarily dominated by conversation around the interest in the Buddhist belief systems, ethics, and the personality of the historic Buddha rather than the practice, or adapting the practice to local culture. Mindfulness took decades to emerge as the preferred word to describe the Pali term *sati* (or the Sanskrit word *smṛti*), which implies awareness, bare attention, or alertness or remembrance (Wilson 2014:25).

Mindfulness is an important concept in the Buddhist context as it is the seventh step (*samma-sati*, right/correct mindfulness) on the Eightfold path of the Four Noble truths; these truths form the basis of Buddhism and appear in virtually all discussions of Buddhism, regardless of sect or cultural affiliations, however the approach to mindfulness as 'bare attention', and 'living in the here and now' has now emerged as one of the foundations of Buddhist modernism, that evolved over the last 150 years of cross-cultural dialogue between Asia and the West, and that cuts across geographical, cultural, sectarian and social boundaries (Sharf 2017:135). Buddhist modernism is now seen as a rational, empirical and therapeutically orientated tradition which is compatible with modern science, and in today's society, the meaning of the term mindfulness is presumed as self-evident with little need to explore the intellectual history of the concept within Buddhism (Sharf 2017:136).

A fundamentally important understanding of mindfulness in its original interpretation of the Pali word *Sati* involves the remembrance and awareness of things *in relation* to things, and hence an awareness of their relative value (Sharf 2017:137). The meditator is called upon to 'remember' that any feeling experienced exists in relation to a whole variety or world of feelings that may be skilful or unskillful, and as such Sharf argues that there is very little in the term mindfulness as 'bare' attention that is 'bare'. It entails a proper discrimination of the moral disposition of all phenomena as they arise.

Thus the philosophical objections to the popular constructing of sati as bare attention, is the presumption that it is possible to disaggregate pre-reflective sensations (the raw feelings) from perceptual experience at large. If this were so, mindfulness practice is then just a means to quiet the mind of its ongoing chatter and to keep to the 'bare registering' of facts observed without linking them to greater causality.

Sharf argues that superficially, this notion of mindfulness is tied to the view of the mind as "*tabula rasa*" (Sharf 2017:138), or a clear mirror, that passively registers raw sensations prior to recognition, judgment or response.

The notion of a conscious state, devoid of conceptualisation or discrimination is known in later Buddhist philosophy, (*pramāṇ* which is logic, and *yogācārā* which are mental constructions) and are associated with 'non-conceptual cognition' (*nirvikalpajñāna*) that operates by means of 'direct perception' (*pratyaksajñāna*), and the use of the imagery of a mirror to illustrate pure mind from defiled object does exist. However, while the notion of non-conceptual cognition became important in some *yogācāra* systems, it has remained at odds with the Theravāda analysis of mind perception. In Theravāda *abhidharma*, consciousness emerges co-dependently and is phenomenologically inextricable. In other words, objects do not appear on a pre-existent

*tabula rasa*, but rather in a cognitive matrix that includes affective and discursive dispositions caused by past activity (*karma*).

Arguing along similar lines, Paul Griffiths suggests that the closest state of unconstructed or pure experience in classical Indian Buddhist literature is *nirodhasamāpatti* – a condition in which both objects and conscious experience cease altogether (Griffiths 1990:71). Even taken from this framework, it seems misleading to construe any mode of attention or perception as ‘bare’. It has been established then that the modern psychological model behind the understanding of sati as ‘bare attention’ seems to be more the internalist and empirical epistemologies of the German born monk Nyanaponika Thera (Siegmond Feniger, 1901-1994) than those of early Buddhist or Theravāda traditions (Sharf 2017:139).

Nonetheless, if we consider the advantage of this new style of practice for modern society, it is that it gathers great lay audiences who have little interest in monastic renunciations and very little background in Buddhist doctrine. These practices aim at a direct approach that circumvents the need for traditional attainments, or for any mastery over scripture or doctrine or monastic rituals and it suits those who have not the time nor the inclination for monastic practice but who are interested in immediate results and are opposed to small incremental advancements over countless lifetimes, yet as we have ascertained, the criticism of these methods lie in the argument that these practices are seen as dumbing down tradition, devaluing ethical training, misconstruing the role of wisdom, and promoting a crass instrumentalist approach to practice.

So while there may be good argument for the ongoing need for Buddhist religious lineage and its institutions, it is also evident that we cannot insulate ourselves from the fundamental trends of society and of the secularisation of modern Buddhism, and that the return to the classical Asian models of practicing Buddhism do not seem a viable alternative for the majority of Western practitioners.

Additionally there are definite constraints imposed within secular settings that require nondenominational and non-proselytising of a particular religious faith, especially within a corporate or educational setting. This is what has led to the secular market-based pitch that says that mindfulness is a technique that can be separated from long-term commitments, lifestyle changes or ethical concerns.

Magid concludes, from a Buddhist perspective, the risk one runs of resorting to mindfulness-based weekend workshops or mindfulness as a relaxation therapy, is one of staying in a state of a perpetual beginner's experience while trying to deal with self-centred versions of attachment and suffering (Magid 2016:54).

## **2. Early Buddhist Meditation and the practice of Samadhi and Vipassanā**

In the light of the criticisms discussed above, it would be remiss then, and tantamount to deracination if this study does not develop a deep and thorough understanding of the traditional meaning, doctrinal contexts and attainments required by Buddhist Samadhi and Vipassanā meditation as it was specifically taught, preserved and practiced in its Asian context in order to properly understand the differences in its original practices and purpose, and be able to contrast these against the manner in which meditation and Buddhism is being applied in a Western context.

In the Theravāda Buddhist tradition, the Pali Majjhima Nikaya's texts, which make up the middle length discourses of the Buddha, refer to the concept of Jhāna as a cultivated state of mind, which when practiced correctly, lead to the development of serenity or Samadhi (*samathabhavana*) and insight or Vipassanā (*Vipassanābhavana*). These two pivotal and interconnected states of mind are commonly referred to as meditation. The Pali word Jhāna is traced to the verb *jhayati* meaning to think or to meditate, and to the verbal source *jhapeti*

suggesting a 'burning up of opposite states' or the destruction of the mental defilements that would otherwise prevent the development of serenity and insight achieved through Samadhi and Vipassanā.

## 2.1. The Five Hindrances

In his book, *The Jhānas in Theravāda Buddhism*, Buddhist scholar and monk, the Venerable Henepola Gunaratana, states that the teachings on the Jhānas in Theravāda Buddhist meditation start with an admonition that the beginning of the path to liberation is identifying and deactivating all mental hindrances that prevent a potential meditator from successfully beginning meditation practice. (Gunaratana 2013:2) This first stage of attainment is one in which the meditator begins by eliminating unwholesome mental states prior to meditation practice.

These mental states are generally grouped together and are referred to as *the Five Hindrances (pañcanivarana)* which are: sensual desire or covetousness, ill will, sloth and torpor, restlessness and worry, and doubt. They are seen as the gross aspects of our negative mental functioning and are removed through five opposing mental states which are: applied thought, sustained thought, rapture, happiness and one-pointedness and are referred to as of the *Jhāna factors (jhānangani)* because they lift the mind away from the level of worry concern and various attachments to the level of the first jhāna and remain there as a defining component of that jhāna level (Gunaratana 2013:4).

## 2.2 The Four fine-material and the four immaterial Jhānas

The Jhānic states are reached through deep meditation, and the ardent meditator can go on and reach higher jhānas through eliminating the coarser factors in each jhānic level. Once the initial four jhānas, known as *the four fine-material jhānas (rūpajhāna)* are attained there are another four higher meditative states which further deepen the

experience of serenity. These deeper attainments (*aruppa*) are based on boundless space, boundless consciousness, nothingness, and neither-perception-nor-non-perception; they lie beyond the boundary of the ordinary conceptual mind, and beyond the enslavement of emotions, and at its deepest level, beyond sensory perception (Gunaratana 2009:25). In the Pali commentaries, these are referred to as *the four immaterial jhānas (arūpajhāna)*. Together these two sets are often referred to in the Pali texts as the eight attainments (*atthasamapattivo*).

The eight attainments appear to the meditator initially as mundane states of deep serenity, and are considered a preliminary stage on the Buddhist path. They provide a base of concentration upon which wisdom can develop, and reappear in a later stage of development which is associated with liberating wisdom, by which time they are referred to as the *supramundane (lokuttara) jhānas* reappearing at an advanced stage of the supramundane paths (*magga*) and produce the four fruits (*phala*) of full liberation (Gunaratana 2013:5). Even after full liberation has been achieved, the mundane jhānas can still remain as attainments available to the fully liberated person as part of their ongoing contemplative experience.

### **2.3 Preparation for Jhāna**

The Jhānas do not rise out of a void, but in dependence on the right conditions, and arise only when all the conditions for their development are present. Therefore the need to do preparatory groundwork is a vital part of practice. Initially, a meditator needs to purify his moral virtue. Moral purity is needed for several psychological reasons. Firstly, it safeguards against remorse and guilt that arise if the basic principles of morality are violated (Gunaratana 2013:6). This protects the meditator from the disruption to inner calmness and allows for feelings of joy and happiness as well as inner peace to arise. Secondly, it then allows a practitioner freedom to concentrate.

Concentration in the Buddhist practice is the basis for wisdom, therefore cleansing and dispelling mental contaminants and refining coarser verbal and bodily expressions will prevent obstacles to practice, and allow for better concentration.

Moral deviation then becomes important to avoid because it is invariably motivated by the three defilements of greed, hatred and delusion, therefore violating this moral code reinforces the mental factors that meditation seeks to eliminate. Such incompatible choices will nullify attempts at mental purification (Gunaratana 2013:5). Only when the meditator establishes control over the outer expressions of his practice can he turn to deal with the inner mental obsessions that appear in the process of meditation.

The Buddha's guidance for lay people included the five precepts of abstinence from taking life, from stealing, from sexual misconduct, from false speech and from intoxicating drugs and drinks (Bhikkhu 2016: Ang 4.61). These are the binding minimal ethical obligations for all practitioners of the Buddhist path, and will benefit meditation progress greatly. Early Buddhism is also unambiguous in its emphasis that reaching the higher levels of the *jhānas* would mean encouraging a life of renunciation as practiced by the monks as household life brings with it many responsibilities and commitments that would be a distraction from pursuing the path. Cutting off any outer impediments (*palibodha*), such as a home, is deemed necessary as home can become a distraction by needing maintenance and upkeep, what's more, a family or relatives or any supporters with whom the aspirant may become emotionally involved with in ways that would obstruct progress. A class of students who require attention and careful teaching, building work that requires time and attention, travel, study, involvement with supernormal powers and illness are all considered to be impediments to insight (Gunaratana 2013:8).

Thus, the Buddha said that a disciple who is fully intent upon making rapid progress toward Nibbana, will, when outer conditions allow for it, “shave off his hair and beard and put on a yellow robe, and go forth from the home life into homelessness” (M.i, 179). In addition, a disciple should then place himself under the guidance of a qualified teacher, who will assess his personality and guide him to relevant meditation subjects and the methods of developing his meditation. As a monk, he should then learn to live in the Sangha or monastic order harmlessly, with contentment and in simplicity. He is required to restrain his senses by watching over his mind, avoiding the desire for pleasurable objects and an aversion to repulsive objects, choosing to live by a purified livelihood, and consume only enough for maintaining his health and comfort, but not for luxury or enjoyment.

The work of overcoming the five hindrances is a gradual training (*anupubbasiccā*) which the Buddha laid down as a step-by-step process designed to lead the meditator gradually towards liberation. The elimination of the five hindrances requires an honest appraisal of the mind. When sensuality, ill will and the other hindrances appear, the meditator should recognise that they are present and deeply investigate the conditions that lead to this arising which should then be scrupulously avoided in future. The Buddha said that the five hindrances arise through unwise consideration (*ayoniso manasikāra*), and can be eliminated through wise considerations (*yoniso manasikāra*).

As mentioned earlier, each hindrance has a specific antidote. Thus meditation on the repulsive feature of things is the antidote for sensual desire, loving-kindness counteracts ill will, effort exertion and striving to do better opposes sloth and torpor, and tranquillity of mind removes restlessness and worry (Gunaratana 2013:14). Wise consideration to the real qualities of things finally eliminates doubt. Once the meditator has consistently worked at removing the five hindrances and is free of ill will, restlessness, worry, doubt and covetousness or sensual desire, joy



arises in him. The body is stilled and feelings of happiness arise and the mind is able to find concentration. From this base, he is now free to enter the first jhāna which is accompanied by applied and sustained thought.

## 2.4 The First fine material Jhāna State

The first jhāna possesses five components: applied thought, sustained thought, rapture, happiness and one-pointedness of mind. These qualities lead the mind away from ordinary consciousness and into a jhānic level as the meditator directs his efforts to concentrate upon a single prescribed object. As the meditator fixes his attention on a preliminary object, a point is reached where he can perceive the object as clearly with his eyes closed as with them open. This visualised object is called the learning sign (*uggahanimitta*). With continued practice, the learning signs become more purified and luminous, less dull – this is the counterpart sign (*patibhagananimitta*). This manifestation is a mark that the five hindrances have been suppressed and the arising of the counterpart marks the attainment of access concentration (*upacarasamadhi*) (Gunaratana 2013:19). The suppression of hindrances, the arising of the counterpart sign and the attainment of access concentration take place at the same moment, without interval, and they are both accessed and both subside together. After attaining the first jhāna a few more times, the meditator is not advised to rush into seeking for the second jhāna but to take time to refine and strengthen the first jhānic state, as to rush would be foolish and amount to spiritual ambition. The Buddha compared such a meditator to a “foolish cow”, while still unfamiliar with her own pasture, sets out for new pastures and gets lost in the mountains: she fails to find food and drink and is unable to find her way home. (Aviv 418-19).

To perfect the first jhāna the meditator must extend the size of the counterpart sign, the object of the jhāna. Beginning with a small area, the meditator gradually learns to broaden the sign until the mental

image can be made to cover the world-sphere and even beyond (Vism. 152-53; PP158-59).

Following on from this, the meditator can gain mastery over the jhāna by deliberately adverting it when the appearance of the jhāna arises, or continue to practice attaining it, or seeking to resolve it, or allow it to emerge and review it again. Mastery in attaining this stage is the ability to re-enter a jhānic state quickly, and remaining in the jhāna for exactly the predetermined length of time chosen, and once having achieved these five steps, then he is ready to strive for the second jhānic state.

## **2.5 The Second fine material Jhāna State**

The Jhānas link together in a graded sequence of development in which the lower states serve as a basis for the higher states. The higher states intensify and purify the lower states of meditation (Gunaratana 2013:20).

The Buddha spoke about the attainment of the second jhāna as follows: With the subsiding of applied thought and sustained thought he enters and dwells in the second jhāna, which has internal confidence and unification of mind, is without applied thought and sustained thought, and is filled with rapture and happiness born of concentration (Mi,181; Vbh.245).

The second jhāna, like the first, is attained by eliminating the factors that need to be abandoned, and retaining the factors that have been developed. However in the second Jhāna, applied and sustained thought are dropped and just rapture, happiness and one-pointedness remain. Applied and sustained thought at this level of meditation now appear as gross, and as an impediment needing to be eliminated to maintain a more peaceful and subtle state. The meditator moves even further away from the five hindrances, from which the first jhāna only provided a mild safeguard. The meditator now ends attachment to the

first jhāna and engages in a renewed effort to reach a higher stage by focussing on a *kasina* or the breath, and resolves to continue to drop applied and sustained thought. Internal confidence (*ajjhattsampasadana*) arises and is experienced as faith and tranquillity. In the first Jhāna, the meditator may have lacked faith by becoming disturbed or troubled by the process, lacking clarity and serenity due to the disturbances of applied and sustained thought, “like water ruffled by ripples and wavelets” (Vism.157;PP.163). As a peaceful mind grows, the meditator's faith gains a fuller confidence. The second Jhānic state then also gives rise to the unification of mind (*cetaso ekodibhavam*), which is understood as concentration – in the first Jhāna concentration was imperfect due to disturbances of applied and sustained thought. In the second Jhānic state, concentration is thought to be worthy of being called ‘concentration’ (*samadhijam*) because of its complete confidence and extreme immobility due to the abstinence of disturbances by applied and sustained thought (Vism.158;PP164).

## 2.6 The Third fine material Jhāna State

The third Jhāna uses the same methods as the first and second, and as before, the meditator needs to master the second jhānic state before proceeding to the next level. In the case of entering the third jhānic level, one must first have been able to enter and emerge from the second level, and reflect upon its defects and limitations. In the second jhānic state, one is still close to applied and sustained thought which threaten to disrupt serenity. The rapture of the second stage is the inherent defect in this state and is now experienced as a grosser factor that is discarded. The meditator now develops an indifference towards it and aspires instead towards peace and sublimity in the third Jhāna. The sutta describes it in this way:

With the fading away of rapture, he dwells in equanimity, mindful and discerning, and he experiences in his own person that happiness of which the noble ones say: ‘Happily lives he who is

equanimous and mindful'- thus he has entered the third jhāna (M.i.182; Vhb 245).

The third jhāna now contains three additional components not included in the lower jhānas: equanimity, mindfulness and discernment. Generally, equanimity (*upekkha*) refers to the feeling of being neutral, neither painful nor pleasant, but in this specific instance, it refers to the mental quality of inner balance called 'specific neutrality' (*tatramajjhata*). This type of equanimity arises with specific mental formations (*sankharakkhandha*) and co-exists with happiness or rapture, and should not be confused with the equanimity as a neutral feeling. In this case, the equanimity co-exists with the pleasant feeling of happiness.

In the third jhānic state, the meditator is also said to be mindful and discerning. Mindfulness (*sati*) in this context refers to the remembrance of the meditation object, the constant bearing of the object in mind without allowing it to float away. Discernment (*sampajañña*) refers to an aspect of wisdom or understanding which is free from delusion. These two factors are needed to avoid a return to rapture. To prevent the loss of the third jhāna is the task of mindfulness and discernment.

## **2.7 The Fourth fine material Jhāna State**

As before, the attainment of the fourth jhāna starts with the same procedures. The meditator is able to see that the third jhāna is threatened by the proximity of rapture which is ready to swell again in the presence of happiness. Happiness is now experienced as fuel for clinging. The meditator then moves to the state of equanimity associated with one-pointedness and which can subsist together. The fourth jhāna is far more peaceful and secure than anything he has experienced before, and therefore far more desirable. He therefore abandons the attachment to happiness and as his practice matures he

can enter the absorption of the fourth jhāna: “With the abandoning of pleasure and pain, and with the previous disappearance of joy and grief, he enters and dwells in the fourth jhāna, which has neither-pain-nor-pleasure and has a purity of mindfulness due to equanimity” (M.i.182:Vbh.245). The formula for the fourth jhāna introduces the feeling of neither-pain-nor-pleasure (*adukkhamasukha*) for the first time. This remains after all other feelings have subsided and is often referred to as an equanimous or neutral feeling, and replaces feeling of happiness. Thus this jhāna has two particular factors: neutral feeling and a one-pointedness of mind. In the move from the third to the fourth jhāna, a substitution takes place: that of happiness with equanimity, rather than a progressive elimination of coarser jhāna factors from one level to the next.

In addition, in the fourth jhāna the Buddha speaks of a new term ‘purity of mindfulness due to equanimity’ (*upekkhasatiparisuddhi*). The Vibhanga explains: “This mindfulness is cleared, purified, and clarified by equanimity” (Vbh.261), and Buddhaghosa adds, “for the mindfulness in this jhāna is quite purified, and its purification is effected by equanimity, not by anything else” (Vism.167:PP174). Gunaratana further clarifies that the equanimity that purifies this mindfulness is not the neutral feeling, but a specific kind of neutrality which is “the sublime impartiality free from attachment and aversion” (Gunaratana 2013:22). In the lower jhānas, the equanimity present was not purified itself, but still overshadowed by opposing states.

## **2.8 The higher Immaterial Jhāna States**

Beyond the four jhānas lie the four higher levels of concentration referred to in the suttas as the “peaceful immaterial liberations transcending material form” (*santa vimokkha atikammarupe aruppa*) (M.i,33). They are designated by the names of their objective spheres: the base of boundless space, the base of boundless consciousness, the base of nothingness, and the base of neither-perception-nor-non-

perception. These 'formless' (*arūpa*) are named in this way because they are only achieved by surmounting all perceptions of material form, including the subtle form of counterpart sign of the previous jhānas.

Just as the fine-material jhānas follow a particular sequence, and must be attained in the specific order in which they are presented, Gunaratana explains that it similarly follows in the immaterial jhānas that the meditator must begin with the base of boundless space, and then proceed step by step up to the base of neither-perception-nor-non-perception (Gunaratana 2013:18). There is however an important difference in the progress of the two processes. In the fine-material jhānas, the meditator had to surmount each jhāna factor, as discussed above, and he would need to eliminate applied and sustained thought to move from the first to the second jhāna, and to rise from the second to the third jhāna he must overcome rapture, and finally from third to the fourth jhāna he must replace pleasant with neutral feelings. This is a process of reduction and refinement of jhāna factors from the initial five hindrances, to the culmination of one-pointedness and neutral feeling.

Once the fourth jhāna is reached, the jhāna factors are able to remain constant, and there is no further need to eliminate any jhānic factors. The formless jhānas are therefore classified in the Abhidhamma as modes of the fourth jhāna. They are all two-factored jhānas, marked by one-pointedness and equanimous feeling, but now drops any objects or *kasinas*, or the in and out breath, and the meditator then fixes his consciousness on the base of 'boundless space'. Once this has been established, he moves his consciousness onto 'boundless consciousness' or just consciousness as the second object (Vism.331-32;PP360-61), and once this is firmly established, he moves his consciousness to the 'base of nothingness', and finally onto 'neither-perception-nor-non-perception' as the fourth object.

To attain the formless state of nothingness, the meditator is to focus upon the present absence or non-existence of the consciousness

that belongs to base of boundless space, averting to it as: “there is not, there is not”, or “void, void” (Gunaratana 2013:24); in this state, where previously boundless space related as a positive form, it moves to nothingness as boundless space in its negative form by excluding consciousness from awareness, making non-existence the object of consciousness.

Finally, in the fourth immaterial jhāna, the base of ‘neither-perception-nor-non-perception’ the meditator reflects upon the unsatisfactoriness of perception, thinking “Perception is a disease, perception is a boil, perception is a dart...this is peaceful, this is sublime, this is neither-perception-nor-non-perception” (M.ii, 231). The meditator thus ends his attachment to the base of nothingness, its feelings, perception, mental formations and consciousness, and in dropping these hindrances has entered the state of neither-perception-nor-non-perception. This jhāna lacks gross perception with its function of clearly discerning objects and thus can no longer be said to have perception. Because all the mental functions here are reduced to fine and subtle levels, this jhāna is seen as the attainment of no residual formations, and the mind has reached its highest possible development in the direction of serenity (Gunaratana 2013:24). Although the mind has reached an intense state of concentration and refinement at this stage, yet even in this attainment the Buddha still referred to it as a mundane state which must finally give way to insight that leads to true liberation.

## **2.9 The Jhānas and Rebirth**

In Buddhism, the purpose of attempting to attain these high levels of jhānic states in meditation has more to do with the role rebirth than merely adopting meditation as a way to acquire happiness and peace in this present existence. Emotional states, as we have discussed are ultimately still hindrances to reaching the state of nothingness and

neither-perception-and-non-perception (which lie beyond the realm of sensual feelings) and ultimately, the path to complete liberation.

From this study of the Jhānas, it shows that to meditate for short-term gain to achieve feelings of peace, happiness and bliss may be helpful in managing life in the here and now, but would overlook the long-term view over many lifetimes, incorporated in the doctrine of rebirth, which is a doctrine that is inextricably woven in all the Buddhist teachings.

If then meditation was directed at obtaining a better rebirth, it raises an important question regarding the role and use of meditation in the practice of Western psychotherapy because for many Westerners, the concept of rebirth is particularly foreign and a difficult concept to accept, and contrary to the rest of Buddhism, has to be accepted on faith (Thanissaro 2013:3). This leaves many Westerners who have profited from the Buddha's psychological insights and meditational tools raising the question of whether it is possible to strip the Buddha's teachings of any mention of rebirth, and still get the full psychological benefits of what he had to teach. Furthermore how would a model of Western Buddhist psychology address this issue, and does it see it as a necessary feature of psychology?

Before these questions are answered, it should be noted that the requirements to achieve complete emancipation from the cycles of rebirth do not lie in meditation alone, but in the discipline of morality (*sila*), of concentration (*samadhi*) and wisdom (*pañña*). Taken by itself, meditation cannot entirely eradicate the roots of suffering. The cause of suffering that lies behind all the cycles of rebirth is the defilements of greed, hatred and delusion (Gunaratana 2013:26). Meditation, no matter how high a level is obtained, will suppress the defilements, but will not destroy their latent seeds.

The most basic defilement is ignorance (*avijja*), and the key to freedom from ignorance would then lie in its opposite – wisdom (*panna*) – and whether from a Western mind-set the doctrine of rebirth is then



accepted, bracketed, or rejected as simply a cultural presupposition of the Buddha's time, whichever argument one would wager on, the acceptance of rebirth or not, it could be argued that the benefits of ridding oneself of deeply held ignorance, delusions, greed and hatred that are exposed in meditation, and by gaining the necessary wisdom provided by the introspective work in a therapeutic context, are the two aspects that would in any event be playing a role in the path towards liberation, whether or not the doctrine of rebirth were considered a central theme to Buddhist psychology or not.

The interpretation of rebirth (Samsara) in the West, has furthermore become organised more around Western worldviews and values. This is highlighted in the teachings of leading Western Vipassanā teachers, like Joseph Goldstein, who is quoted as saying: “the essential teachings of the Buddha [are concerned with] the nature of suffering and the realization of freedom” (Fronsdal 1998:4). To Western teachers of Vipassanā, freedom is discussed in context with one's current life, yet the traditional Theravāda teachings focus is on freedom from the endless rounds of rebirth, or a birth to a lower realm of existence.

When Asian teachers speak of freedom, it is in context to what one is free from; that is, one gains freedom from greed, hate, grasping, attachment, wrong view, self and most significantly from rebirth. By contrast, the Western teachers stress freedom as meaning living in a happy, compassionate and wise manner which will not result in drastic changes to lifestyle. The Asian call to freedom and the practice of liberation means to earnestly seek the path and endure being content and satisfied with little: eating little, sleeping little, speaking little and living in moderation, putting an end to worldliness. Western teachers make virtually no reference to Buddhist doctrines that would be foreign and possibly unacceptable to the Western mind, including teachings on the realms of existence, merit making, the four stages of enlightenment, rebirth, and monastic renunciation which are virtually absent from all

teaching (Fronsdal 1998:4). Fronsdal argues that without the traditional doctrinal framework of Theravāda Buddhism, a Western meditation practitioner is given only pragmatic and experiential goals, offered as a form of therapy for their current life.

### **3. The interpretation of Vipassanā in the West**

Fronsdal notes that many of the original teachings of Vipassanā and Samadhi are noticeably different in their teachings in the West when compared to those of Asia:

Mainstream Vipassanā in the West has not yet formulated a coherent movement with an established and collectively agreed upon teaching of Vipassanā, and numerous variations to the original doctrinal teachings and practical instructions for meditation practice have emerged but have tended to organize themselves according to Western values and institutional preferences, which incorporate values such as democracy, equality, feminism and individualism (Fronsdal 1998:8).

Vipassanā meditation itself has come to be given a place of central importance in Buddhism in the West and mindfulness and meditation are presented as 'the essence of Buddhism' and that, 'the heart of the Buddhist path is that of meditation'. In addition to this, only four spiritual practices have become central to the idea of Western Vipassanā: mindfulness (sati), loving-kindness (metta), ethics (sila) and generosity (dana) (Fronsdal 1998:4).

Many Westerners coming to the practice of Vipassanā were originally part of the counter-culture youth movements of the sixties and seventies, and had distanced themselves from mainstream religious values and institutions, and preferred to describe themselves as spiritual rather than religious, and were more interested in personal transformation and individual meditative experience than building a cohesive religious community, and many practitioners had more in

common with Western psychotherapy, the human potential movement and transpersonal psychology than with religious culture and institutions. As such titles such as 'unworthiness', 'guilt', 'jealousy', 'emotional bondage', 'emotional freedom', 'psychotherapy and meditation', and 'birth of the ego' became common subject titles associated with Vipassanā and many students and teachers have found it both necessary and useful to employ psychotherapy as an integral part of a spiritual journey.

The Western concern with psychotherapy and emotions however, contrasts strongly with the lack of such discussions in traditional Theravāda meditation practices in Southeast Asia.

Organisationally, the Vipassanā movement in the West has been practiced more like a therapy session rather than a religious practice, and the only requirement is payment for the retreats or classes attended (Fronsdal 1998:4). There is no commitment required to a specific teacher, or to the Buddhist teachings, and even the most active Vipassanā student can retain their pre-existing lifestyles, religious affiliations, political, philosophical and cultural points of view without conflict.

Unlike Asian teachers who teach the development of mindfulness or Samadhi and Vipassanā as inter-related systems of meditation, mindfulness in the West is generally taught independently of any other practices and involves only the development of undistracted attentiveness, or single-pointed concentration. Western teachers do not always distinguish between these two areas of cultivation (Fronsdal 1998:6). Samadhi (serenity/concentration) results in blissful tranquillity, but is temporary, and Vipassanā (insight) meditation has the goal of seeing Nibbana through the truth of impermanence, unsatisfactoriness and selflessness of phenomena.

In Asian practice, both Samadhi and Vipassanā are codified systems of training the mind through a specific set of mental exercises

and jhānic stages in which one is dedicated to becoming more aware of one's own experiences through attentive listening, mindful seeing and careful testing, and are inseparable from one another as part of the practice of a whole lifestyle that leads to liberation from the endless cycles of rebirth. In the West, one of the most salient features of Vipassanā meditation is its ecumenical interaction with other meditative traditions, and its pragmatic approach is loosely bound, if bound at all, to the Theravāda definitions, and can include traditions such as Tibetan, Zen, as well as non-Buddhist traditions such as Hindu Advaita-vedanta, Sufi, Taoist and Dzogchen traditions. Certainly many of the Vipassanā practices in the West are therefore losing the traditional teachings of Theravāda Buddhism and its institutional underpinnings, and the remaining Buddhist focus is on the Four Noble Truths, The Eightfold Path, straightforward mindfulness, concentration, loving-kindness and compassion.

Fronsdal argues that the eclectic, non-sectarian and noncommittal tendencies that are found, particularly in the American Vipassanā movement are expressions of its focus on freedom: freedom from religious formalism, dogmatic teachers and teachings, religious identifications, fundamentalisms and narrow-mindedness. Many teachers even discourage identifying themselves as Buddhist, but rather as a meditator or a spiritual person. The purpose of the practice is to meditate, not to create a new spiritual identity; it is a practice of letting go of all identities, rather than attaching to a spiritual affiliation. This letting go is paralleled then by a lack of organisational affiliation and without the conservative force of an established religious tradition, the lay-based Vipassanā movement in the West is free to experiment with new religious expressions and teachings.

An interesting development of the Western Vipassanā movement is its development of a more pan-Buddhist view, borrowing freely between various Buddhist traditions, and the subsequent loss of much of the traditional Theravāda identity.

If the Vipassanā movement in the West shares minimal doctrinal, ritual and institutional underpinnings for it to remain as an identifiable movement, could it then be argued, along with Kwee, that it is time to redefine its principles in a more contemporary and psychological framework?

### **3.1 Selective Adaption and Modification**

Professor Maurits Kwee is foundational in recent developments of a model of relational Buddhist psychology and argues that on the surface of things, the outward form of Buddhist expression may appear to be totally different from culture to culture, but he argues that so long as the core concepts of emptiness and interconnectedness (dependant origination) have not been altered, in principle, the unadulterated message of the Buddha's teachings can survive because of the very nature of its multidimensional, and multidisciplinary qualities which are able to be flexibly adapted and adjusted in an interdisciplinary fashion between religion, philosophy and science to meet the need of various peoples, cultures and environments. Buddhism, he argues, is an open, living, relational system that is ever learning and changing through its feedback/feed-forward processes (Kwee 2013:14), and argues that from a Buddhist perspective, transforming the Dharma into a contemporary psychology/psychotherapy is possible, if the principle of *upayakaushalya*, (the skilful means by which the Dharma can be adjusted to changing mentalities across time and culture) is applied.

Irrespective of what one's position is on the current state of mindfulness in modern society, the intersection of secularisation, laicisation and instrumentalisation has already irrevocably transformed modern Buddhism and the changes that are taking place are in effect a continuation of the pre-modern practices of selective adaption and modification that have in fact always provided Buddhism with relevance in adapting to non-Buddhist societies, just as when Buddhism spread to China and Japan and needed to adapt to those cultures (Wilson

2014:13). Kwee and Wilson argue that the advantages of adapting and modifying to local concerns are that Buddhism has been able to find a niche for itself in modern society.

### **3.2. Buddhism as Religion, Philosophy or Psychology**

If one were to follow the adjustments and changing mentalities across time and culture, one would observe that the Dharma was originally disseminated in the West as a religion by the Belgian scholar of Buddhist Studies, Louis de Vallée Poussin (1869-1939), and then as a philosophy by Fyodor Stcherbatsky (1866-1942). Both scholars specialised in the Mahayana Sutras which would have led to the view that Buddhism was either a religion or a philosophy. However Caroline Foley Rhys Davis (1857-1942) specialised in the Theravāda Suttas and was the first scholar who recognised its psychological content, and the first author who placed the Dharma under the rubric of psychology. Furthermore, Dahlke (1865-1928) pioneered the view that karma, understood as *mental action*, is a this-worldly view, and not a metaphysical phenomenon. Having interpreted many sutras from their original Pali texts, he placed the Skandhas as psychological modalities, and the dharmas as the smallest human experiential units. From this perspective, Buddhism and contemporary psychology could have much in common.

Kwee argues that if the Dharma were to be restructured, in a quest to uncover the underlying psychology embedded in Theravāda Buddhism, as a Buddhist psychology, it can be described as a multiphase approach, in line with the four ennobling realities, and the eightfold balancing practice, which is designed to lift the emotional hurdles of life towards a wholesome way of living, leading eventually to the cessation of negative karmic activity (mental action) and towards awakening (Kwee 2013:16). Kwee argues that the quest of such a

psychology is to rid oneself of emotional suffering and existential misfortune Kwee suggests that the language games of religion, science and metaphysics may all lack a fitting relevance in the present era, and that traditional Asian practices of Buddhism may be outliving their usefulness. He argues that if the most important purpose, the *raison d'être*, of the Dharma is the ceasing of existential emotional suffering (*duhkha*), through the process of awakening and gaining insight into the processes of how they come about and can be extinguished, then he argues that the time is ripe for the Dharma to become “the very grist for the psychotherapists mill” (Kwee 2013: 11).

The importance of developing a model of contemporary Buddhist psychology could provide an answer to the dilemma between the declines of religious tradition on the one hand, and the criticisms of materialistic-for-gain Buddhism sold as mindfulness in the marketplace, on the other hand.

### 3.3 Buddhism as Therapy

In developing a model of Buddhist psychology, one has to ask what would such a model look like, and can we authentically speak of a Buddhist psychology? In his book *Psychotherapy by Karma Transformation* (2013), Maurits Kwee answers this question as both ‘yes’ and ‘no’.

Kwee answers ‘no’, because in original Theravāda Buddhism there is no Buddhist equivalent *term* for the modern Western notion of psychotherapy or for its methodological basis: psychology. The words and practice of psychotherapy and psychology did not exist in the day of the Buddha. However there are many terms which are crucial in Buddhism which are connected to mind (*nāma*), cognition (*citta*), hypermentation (*papañca*), and mental action (*karma*), which all provide a foundation for psychology. Therefore one could say yes, there is a

basis in Buddhism upon which one can build a Buddhist psychology (Kwee 2013:34).

### **3.4 Relational Buddhist Psychology as a model of Buddhist therapy**

Maurits Kwee argues for the development of a relational Buddhist psychology that offers a model of Buddhist therapy based firstly on the view that our individuality and all that we consider as being true, real and rational all arise out of the relationships of dependent origination (*pratīyasamutpāda*) in which the mind is *not* seen as self-contained but operates in the space between people. He concurs with Gergen that to be is to inter-be and to act is to interact, and that “I am linked, therefore I am” (Gergen 2009:400). Because of this understanding, a Buddhist psychology would focus on cultivating strong social bonds, on strengthening the fabric of society, and on cultivating the social meditations of loving kindness, compassion and joy.

The aim in all of Buddhist living and practice in fostering mental health is to continually strive to extinguish the relational poisons of greed, hatred and ignorance. Healthy relationships arise out of the deeply held attitudes of collaboration and careful dialogue that are considered essential in relationships. Kwee notes that unless we are able to develop a culture and way of relating that is skilful and reflects wholesome emotional ways of relating with intelligent and wise ways of responding to one another, there will be no end to fear, anger, sadness, depression and even premature death through acts of hatred, war and violence, this makes a Buddhist psychology both relevant and essential in this present age.

Dependent origination necessitates a communal view of human life. The self is simply not self-contained, but is an aggregate of multiple relationships from cradle to grave (Kwee 2013:18). Through meditation, the relational is seen everywhere. Eventually even the ‘inner self’ can



be encountered as a social construction, and when further dissected will be found to be 'empty'.

When one realises that all recognizable things must have been learned before, we then understand that all meaning is socially constructed. Kwee reminds us that the other person, and the self that we talk and think about, are all provisional linguistic creations. These "dialogical-conversational-narrative constructions", which can also be deconstructed and changed at any time and reconstructed to be seen in a different way, are done so by continuous interaction with multiple relationships.

Kenneth Gergen noted that the I/me/myself of selfhood is always a potential of many possible selves, which are embedded within and constructed through conversation. Identity and continuity and what I *think* I am, arise out of maintaining a coherent and continuous story that I tell myself about myself. Gergen reminds us that this self-narration does not represent a single voice, but is a multi-authored polyphonic self, a "multibeing" (Gergen 2009:338). Since the I/me/myself does not exist outside of language and discourse, an inner-core and a fixed tangible self are illusory.

From a relational Buddhist perspective then Kwee argues that building relational rapport requires:

1. A healthy scepticism. Kwee reminds us that the Buddha was a non-theistic, sceptical free thinker, who ran against institutionalised belief systems. Nothing was taken for granted. He questioned ingrained traditions, transcendental knowledge and universal truths. He did not buy into the assumptions and pre-understandings of social criteria or theories. The more skilful path was to examine for oneself what is wholesome or unwholesome, remain open and humble to new understandings, and challenge one's own understandings in a changing world. One must remain

open then to the uniqueness of each situation, and to be open to change through dialogue.

2. Particularism-relativism. From a relational perspective, over generalisation should be avoided. The Upaya-Kaushalya Sutra allows for reinvention and fresh dissemination of the Dharma to be in tune with the particular people, local culture, specific language, and personal circumstances. This allows for the development of a relational Buddhist psychology that would translate into being able to engaging in dialogue, listening and responding openly as one encounters other descriptions, meanings and understandings of lived experiences. Local community knowledge and perspective is important for acquiring relational expertise which is pragmatic, relevant and sustainable.
3. Interactionism. Understanding and insight can only happen in a relational process, and existential suffering comes out of a lack of psychological insight which results in illusions and delusions. The construction of a view of Buddhist realities is an interactive process of interpretation where community constantly creates, sustains and changes form and content. Meaning remains fluid and flexible, neither definitive nor final. The Dharma occurs in the transformational space between people.
4. Connectivism. We are interconnected through verbal and non-verbal speech, and self- talk. Language is the product of social interaction, and is a complex process through which we communicate with ourselves and others. It is the medium through which we create knowledge, insight and understanding, in the psychotherapeutic context, clients and therapist engage in the co-creation of meaning and when the therapist is able to become the catalyst in a mutual transformation in the semantic space of interbeing (Kwee 2013:19).

Relational psychology is centred on the concept of interbeing (Gandavyuha Sutra). Interbeing, intermind, inter-self or in-between-selves is derived from the awareness that human beings are intertwined and contained in sociocultural networks. From a social constructivist perspective, all that we know is not limited to our singular minds but is held in a communal culture, an intersection of interconnected multiple relationships of multi-being. Individual minds are socialised by the participation of the culture one lives in.

Seen in this context, Kwee argues that relational psychology is then a meta-psychological framework which transcends traditional views of self. The self is a common intersection of multiple relationships (interbeing) which is located in-between people.

### **3.5 Relational Buddhist Psychotherapy as Karma Transformation**

In addition to the concept of dependent origination which is foundational in a model of relational Buddhist psychology is the concept of karma. Karma is understood as mental action, and highlights three kinds of mental states, experienced as feelings: pleasant, unpleasant and neutral. All three have their roots in the perceptions of mind and body. Feelings arise and pass away like any other mental or material phenomena, and by learning to stay present with the current emotion, and explore its nature, whether it is pleasant, unpleasant, or neutral, and by investigating the emotion and illuminating the true source of that feeling, gradually one can experience feelings as impermanent, as they arise, peak and fall away (Kwee 2013:60). Through this process of observing the mind, one learns not to be disturbed by the fluctuations of the mind, or to fall into the trap of 'becoming the emotion' and one can simply observe the arising and passing away of thoughts and emotions.

When it is understood that almost all painful feelings have their source in an incorrect way of looking at reality, and when this erroneous

view is uprooted, suffering ceases. An erroneous view will cause people to think that the impermanent is permanent, but it is this ignorance that is the source of suffering. The degree to which suffering will cease is the degree to which insight is gained. Awareness is then the way to overcome ignorance. One has to take action by continuously looking deeply into the nature of feelings to illuminate their true source, and through this action karma can be transformed; Kwee argues that karma and suffering cannot be removed through the prayers and offerings practiced in Buddhism as religion, only through the active process of observing one's mind and making conscious choices for wholesome action is one able to transform daily emotional karma (Kwee 2013:17). Wholesome karma is free from ignorant craving, greedy grasping, and hateful clinging. Unwholesome karma is noticeable by emotional craving, grasping at thoughts and clinging behaviours, all of which become shackling. Wholesomeness is attained whenever ignorance is replaced by wisdom and savvy, and when generosity resolves greed and when forgiveness dissolves hatred.

In Buddhist psychology, intention is the seed of all future action and deeds (Kwee 2013:16). Therefore the need to be mindfully attentive and vigilant of the mind will assist in the creation of wholesome karma and prevent the reoccurrence of unwanted karma – the crux is in choosing not to become attached to hatred or greedy feelings, thoughts, or actions.

As we have discussed before, from the perspective of relational Buddhism and a postmodern social constructivist view, meaning is not a given, but is rather a communal engagement of co-creation through discourse and negotiation and in each moment we are engaged in meaning-making relationships through conversation and dialogue. Therefore, part of maintaining healthy relationships, and reducing mental suffering in Buddhist psychology would be the need to maintain collaborative action with others and be conscious of impulsive and uncontrolled reactions, and to respond with conscious deliberation in

relationships with others. Being constantly aware of the relational origin and impact of our activity is an act of karma transformation.

In summary of the above discussion, and based on the following core concepts, terms and themes, derived from the Dharma, Kwee has laid out a model for a psychology of relational Buddhism which is expanded on in the following section.

### 3.6 Core Themes and Terms in the Psychology of Relational Buddhism

**TABLE 2.1: Pan Buddhist Core Themes and Terms in the Psychology of Relational Buddhism. (Kwee 2013:24 -28)**

1. The Four Noble Truths: called here the Four Ennobling Realities (as social constructions)
2. The Eightfold Path: called here the 8 Fold Balancing Practice (as social collaboration)
3. The Three Empirical Marks of Existence: Suffering, Impermanence and not-self (emptiness)
4. The Ultimate Not-Self of the Buddha's, and the "provisional self" of the householder.
5. The Five Skandhas: psychological modalities of mind and self: (feeling-thought-action)
6. The notion of Karma: Intentional/meaningful thought/feeling and concomitant.
7. The Three poisons: Karmic greed, hatred and ignorance of self illusions and god delusions.
8. The Four Immeasurables: Social meditations augmenting kindness, compassion and joy.
9. The Twelve meditations of mindfulness (neutral watching and observing)
10. The Four foundations of mindfulness: Fluctuations of body/feelings and mind/thoughts.
11. The dharmas: the smallest units of experience (perceivable and thinkable).

12. The mind's eye: Perceiving the dharmas during mindful awareness.
13. The Experience of Nirvana: A state/trait of extinguished unwholesome thought-effect
14. The Dependent Origination (of Skandhas and Interbeing): a pivotal causality hypothesis
15. The 24 Paṭṭhānas: functional conditions and relations linking the Skandhas' modalities
16. The non-foundational (empty) morality of pro-social collaborative practice.

This list is by no means exhaustive, but includes the most salient principles of Buddhism which can be rephrased and reinterpreted as follows, to apply to a modern psychology of Buddhism:

1. The 'four noble truths' are rephrased as the 'four ennobling realities', (Kwee prefers to avoid the term 'truth' which alludes to transcendentalism or blind faith). The four ennobling realities as a psychology refers to the experiential practice of living that is centred around these four theses: A) All of existence is subject to dis-ease through the mental suffering of birth, illness, aging, death, separation from loved ones, union with unloved ones, and (social) failure. This suffering is referred to as dukkha, and is the central theme in Buddhism. Suffering (and often the resultant depression) are therefore seen as inevitable experiences as they intrinsic to living. This marks the initial assessment from a psychological point of view. B) As a way of analysis, there are causes for this kind of suffering, as well as ways to alleviate it. C) The treatment, or prophylaxis for this suffering lies in the directives of the eightfold balancing practice. D) The cure for the mental agony and anguish of existential living lies in the Eightfold Balancing practices that can better attune ones views, intention, speech, action, effort, awareness and attention.
- 2) The Eightfold Balancing Practice refers to skilful and wholesome practices of living speaking, thinking and doing that lead to the end of mental suffering, and is not to be seen as 'right' or 'wrong', but

rather is seen in the light of a continual practice of trying to bring about an accurate and better balance of views and understandings; intentions and thoughts; speech and communication; action and behaviours; habitual living patterns; effort and commitment; awareness and introspection; attention and concentration. (Dhammacakkappavattana Sutta). The idea of a balancing practice is reflective of the Buddha's attitude of travelling the middle path, and is relativistic in spirit, uniting the opposites of right versus wrong, and seeks to avoid dogmatic stances.

- 3) The three empirical marks of existence (Anattalakkhana Sutta) explain the characteristics of self as: suffering, impermanence and 'not-self'/emptiness. As a result of our cravings, graspings and clinging onto perfection and permanence we suffer because the true nature of existence is impermanence (*anicca*) and imperfection. Our bodies, mind, consciousness, feelings, sensations and thoughts are all impermanent, and the modalities of 'I' or 'me' are abstract notions that lack inherent existence or substance and are therefore 'empty of self'. Suffering results because of self-attachment, and mental anguish is a consequence of this emotional craving, cognitive grasping, and behavioural clinging to permanence. We suffer because we fail to grasp and accept that everything changes and nothing remains the same; things lack inherent existence and can be seen as empty; this includes the self (*atman*).
- 4) The ultimate self is attained and experienced when 'emptiness' is understood and one can become liberated from the 'provisional self'. Kwee explains that the liberation of the ultimate self is relative, as the 'provisional self' of the householder is necessary for the practicalities of living and communication and participating in a civil life. The experience of emptiness is gained when the individual is not attached to the 'I-me-mine' conceptualisations of

self, but is still able to maintain the practical functions and living in a 'this-worldly' life. The provisional self should be understood as a socially constructed dialogical-narrative self, which is linguistically constructed and therefore empty as such.

- 5) The psychological modalities of the mind are known as the Five Skhandas. They are identified as behaviour (*rūpa* – bodily), affect (*samskara* – motivational), sensation (*vedanā* – perceptual), imagery/cognition (*saṃjñā* – conceptual), all of which are a function of neurogenic drives and consciousness (*viññāṇa* – mindful awareness). As I have previously explained, these modalities move interpersonally and concurrently in a flux of dependent origination, and make up the 'provisional' I/me/myself which is subject to attachment, and the daily rebirth of emotional states.
- 6) Karma is understood as meaningful, intentional, mental action. It works simultaneously with imagery, cognition and affect/emotion. Kwee points out that this is not to be confused with the Brahmanism idea of karma which is an account of good and bad deeds and the idea of reward and punishment (Kwee 2013:26). This down-to-earth understanding of karma as mental action in the here and now that can be practiced in a more skilful and wholesome way at any moment can then be a liberating approach to life.
- 7) The Ādittapariyāya Sutta explains the 'three poisons' of greed, hatred and ignorance and on self-illusions and on god delusions. Unless these senses are able to be transformed through generosity, loving-kindness and wisdom, a person will continue to burn with the fire from these poisons. Ignorance is at a functional level of the mind which results in the irrationalities of greed (which include fear of loss and sadness of loss), and hatred which included anger (blame of others) and depression (blame of self).



These are all equivalent to the prime targets found in psychotherapy.

In Buddhism, the gods or 'demons' such as Mara and the 'six realms of existence' are not to be understood as literal exegesis, but allegorical and represent mental projections of inner states and relational stances in the here and now. Mara, for example, represents overcoming the inner foes of fear of death, the illusions of self/soul, the delusions of god and celestial beings. The realms represent metaphors for bliss-pride (gods), envy-struggle (demi-gods), greed-ignorance (animals), hate-anger (hell), craving-grasping (hungry ghosts) and doubting-clinging versus awakening-nirvana (humans).

Buddhist practice aims at extinguishing greed and its underlying emotional states of fear and sadness, and hatred and its variations of depression and anger, by balancing these mental states against joy and serenity.

- 8) The 'four immeasurables' refer to the social meditations that encourage the development of equanimity, loving-kindness, empathetic compassion and shared joy. They assist in understanding the process of social deconstruction in order to experience 'emptiness', and then begin a process of reconstructing the more pro-social qualities of compassion, loving-kindness and joy.
- 9) The twelve meditations using mindfulness (neutral watching/observing) are aimed at increasing serenity (*Samatha*) and observing natural flow (*Śamādi*) by focusing on a) abdominal breathing with the air passing over the nostrils; b) behaviours of sitting, walking, standing, lying; c) repulsiveness, seeing the body as a bag of foods/liquids enveloped by the skin; d) elements of earth, fire and wind to disassociate from body; e) decomposing as a way of visualising one's own body from flesh to dust; f)

experiencing feelings from skin-felt to heartfelt, pleasant, painful, or neutral; g) the hindrances of pleasures, ill will, laziness and stagnation, agitation, doubt and worry; h) the modality of body/speech/mind, sensing thinking, emoting and acting; i) sense base: connecting with the six senses<sup>1</sup> with their focused objects; j) the qualities of awakening, analysis, forbearance, enthusiasm, serenity, focus, equanimity and awareness; k) Suffering, its causes, way out and practice; and l) the practice of right view-intention-speech-action-living-effort-awareness-attention.

- 10) The foundation of mindfulness (Satipatṭhāna Sutta) as a focus on the fluctuations of body/feelings and mind/thoughts. Mindfulness can be practiced in its narrow meaning, to be single-pointed and attentive, concentrative and alert and as in the Appamāda Sutta as a combination of simultaneous attention on (Sati) awareness (Sampajañña) concentration (Jhāna) and vigilance (Appamāda). The aim of the mindfulness-based approach is to practice a non-judgmental attitude and maintain equanimity towards life with an awareness of karma and its ramifications.

Kwee concurs with the concerns raised previously in this study that non Buddhist practices of mindfulness deprive the meditator of the most important insight of dependent origination, which is at the heart of the Dharma, and which is the key understanding the nature of suffering and the remedy for suffering and the experience of emptiness.

- 11) The dharmas (with a small 'd' are differentiated from the word Dharma with a capital 'D'), denote the smallest possible unit of experience – so small, that they are difficult to translate into anything that is perceivable or thinkable. These would be made up by mental images, memories, dreams, illusions and delusions. They are seen in this context as social constructions that are

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<sup>1</sup> The mind's eye

constantly changeable and arise and fall away continuously, lacking inherent existence and are therefore 'empty of self' (Svabhāva). Nagarjuna describes them as 'non-selves' or as subject/object non-dualities (*Vasubandhu*).

- 12) The Buddha taught a sixth sense, which Kwee refers to as the 'mind's eye', which visualises or apperceives<sup>2</sup> dharmas during mindfulness. This could be thought of as the plastic neuronal circuits of the mind's wiring which is capable of integrating incoming stimuli from the five sense organs on its own. Kwee suggests that the Buddha's view on the mind's eye expands the meaning of the empirical (Kwee, 2013:28). Kwee argues that the normal thought processes of observing and reflecting on our experiences in the mind, destroys unconditioned 'pure experience', and immediately leads back to a binary subject-object duality, whereas skilful meditation, offers an opportunity to watch experiencing in 'choiceless awareness'. This sixth sense provides a wider view of observed experience that opens space to ride out and transcend experiences and to see-things-as-they-really-are.
- 13) Nirvana, meaning unbinding (*nir* [un] and *vana* [binding]), is not understood as a paradise in the beyond, but is a state of 'mental coolness' in the here and now, which breaks the cycle of mental suffering. It is the condition of non-arousal that is the outcome of eradicating hot unwholesome emotions, and reaching a state of 'smiling contentment' and silent 'emptiness' which arise when the three poisons of ignorance hatred and greed are resolved. Under these conditions, happiness can be achieved even in the midst of adversity. Seeing nirvana then as a paradise in the afterlife is erroneous.

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<sup>2</sup> Apperception is a pre-conceptual perception which arises prior to preconditioned ideas.

- 14) As we have described in this dissertation, dependent origination refers to the concurrent arising, peaking, subsiding and cessation (*pratītyasamutpāda*) of the all the sensations of body, mind and speech of a person. Dependent origination is the pivotal causality hypothesis of which all other understandings should be based upon and placed in context with.
- 15) The 24 Paṭṭhānas are an extensive body of writings which make up part of the deep reflections that cover the functional relationship and activation of the conditions that interact with dependent origination and with the dharmas. For example, the Paṭṭhānas discuss ignorance as the antecedent of unwholesomeness and how thoughts, when they proliferate in loops perpetuate suffering.
- 16) Relational Buddhism concurs with a non-foundational morality of collaborative practice (Kwee 2013:28), meaning that morality and ethics are understood within a social constructionist view, in which there is no morality outside of relationship. The focus is on a relational process of negotiation and transformative dialogue. Rather than speaking of 'right' or 'wrong' as a set of absolute rules of do's and don'ts, Buddhist ethics and morality focusses on avoiding non-virtues of body (killing, stealing, misconduct), speech (lying, divisive or harsh talk, or idle talk) and mind (envy, harmful intent, erroneous views) and rather embraces relational performances such as generosity, virtue, insight, effort, forbearance, honesty, kindness, and equanimity. Meaning about what one cares about in life is generated together in relationships and thereby provides the value, even within community where there are multiple voices and various relationships that can generate different moralities; the Buddhist moral standing is pragmatic and practical and not based on a transcendental truth that claims absolute and rigid right and wrong.

Because Buddhism does not reflect any transcendental truth as absolute, Kwee reiterates that the Dharma should no longer be

understood as an “ism”, which reflects the religious or philosophical placing of Buddhism in a Eurocentric manner of categorisation. From the above perspective, it does not reflect a religion, and does not allude to the supernatural, nor should it be interpreted as a philosophy, or be understood in any metaphysical sense or as an absolute ontology. For these reasons, Kwee argues that it should be read as an epistemology and a psychology. By the Buddha discarding transcendental truth, being non-foundational and declaring that reality is a social construction, Buddhism and social constructionism form the basis of a model of relational Buddhist psychology (Kwee, 2013:56).

#### **4. Closing the Gaps**

In closing this chapter, I have presented arguments from Rosenbaum, Magid, Sharf and others who have strongly argued that removing Buddhism from its historical roots through the process of secularisation, laicisation and instrumentalisation has subjected Buddhism to a dumbing down of its tradition, a devaluation of its ethical systems, and misconstruing the role of wisdom in its tradition whilst promoting a crass ‘instrumentalist’ approach to practice that undermines and simplifies the fullness and richness of this religious tradition selling Buddhism cheaply in the marketplace as a mere practice of mindfulness. This situation necessitated a careful study of the original Pali texts in order to gain an understanding of the original objectives and practices of early Buddhist Vipassanā as was taught by the Buddha, with the intention of understanding the differences between the original practice of Vipassanā and the Western Vipassanā practices. It was established that Vipassanā in the West has not yet formulated a coherent movement with an entrenched and collectively agreed upon teaching, and numerous variations to the original doctrinal teachings for meditation practice have emerged that are not necessarily part of the Buddhist Vipassanā movement. Moreover, Western teachers of Vipassanā make virtually no reference to Buddhist doctrines that would

be foreign and possibly unacceptable to the Western mind, particularly that of rebirth which is one of the primary objectives for the practice of Vipassanā. The conclusion was reached that a Western meditation practitioner gives only pragmatic and experiential goals, offered as a form of therapy for participants' current life, rather than embracing the whole of Buddhism as a spiritual quest, and that the West has adapted and modified Asian Vipassanā practices around Western worldviews and values. Kwee counter-argues by stating that the traditional Asian practices of Buddhism may have outlived their usefulness, and that in order for Buddhism to adapt to this present age, the Dharma should be restructured and presented not in religious, or scientific terms, but in the language of psychology which is fitting in this present era. As a result, he has developed a model of relational psychology that uncovers the underlying psychology that lies at the heart of Theravāda Buddhism.

From this study I would argue that the dialogue between the Western psychotherapeutic and Eastern meditative traditions are still showing a tendency to idealise one and dismiss the other, and although I support and concur with Kwee on the need for a definitive model of Buddhist psychology to be developed as its own category within psychology, providing it with insight and direction and a community to identify with, separate from religion, and separate too from the trendy psycho-spiritual quick fixes (as this would be necessary for mainstream psychology to show professional interest and not to pay mere lip service to ideas of a Buddhist psychology), I would however, also support the cautionary remarks of Jeffrey Rubin (2003) who states that Freud and many of his colleagues have pathologised and marginalised religion and spiritual experiences, tending to view religion and spirituality through the Eurocentric and intellectually imperialistic lens of a Western psychology that reduced religious belief, practices, and the spiritual quest to infantile meanings and functions (Rubin 2003:388).

Rather than idealising one system over the other, it is the recognition that both psychoanalysis and Buddhism have something

individual, rare, vital and unique to contribute to society and to offer to each other, and to the challenges we face as human beings. Psychoanalysis has been deeply illuminating when it offers insights into the uncritical deification of religion, and while one cannot overlook the persecutions, intolerance and violence in the history of religion, conversely one cannot overlook the value of the story of compassion and wisdom that religion provides (Rubin 2003:389). It should also be noted that up to this point, psychoanalysis does not address the issues of spiritual seekers, and essentially the message it conveys then is that life without tension is as good as one can hope to achieve out of life.

In reaction to this Eurocentric perspective of Western psychotherapy being perceived as being against anything religious, a polar opposite tendency in favour of Orientocentrism has arisen (Rubin 2003:389), in which the idealisation of Eastern contemplative disciplines are often treated as the centre of the psychological and spiritual universe, and for this reason I concur with Rubin that the gap between idealising one system while dismissing another has not been fully closed. What has become evident is that each tradition has the opportunity to uniquely illuminate what the other omits.

## **Part Three: the Application of mindfulness in a Western Therapeutic Context**

In an effort to explore what is being done in the applied and practical fields of psychology to close the gap between psychotherapy and spirituality, this section of the study will explore practically how each tradition has harnessed the unique opportunities to learn from the other and apply new theory in the daily lives and realities of individuals who suffer with what is considered to be the most common difficulties experienced in clinical psychology – that of anxiety and fear – and to do this through the lens of a combination of cognitive behavioural psychology and the application of the Buddhist practices of mindfulness as an introspective and contemplative therapy.

Over the last centuries, human civilization has made enormous strides in the field of modern science and technology that have brought advances in the standards of health, financial well-being and provided new opportunity to whole populations previously not exposed to the benefits of modern science, and after millennia of living as an isolated groups and societies, humans are now more than ever able to gain a sense of being part of a global community and the sharing of new ideas. Yet in spite of these advancements, and in an age of fast moving growth, all the outer progress mankind has made is set against the stark background of constant change that has given rise to an alarming increase in the rate of stress-related illnesses, addiction, trauma, religious violence and inequality along with increasing environmental pressures (Loizzo 2017:xviv). As a result, our natural self-protective stress instincts set a real limit to our inner capacity to heal, thrive, communicate and collaborate no matter how much the outer conditions of our lives have improved, and it is with this in mind that working towards new ways of integrating psychotherapy with the insights of the contemplative traditions of mindfulness and meditation is put forward.



## 4.1. Understanding Anxiety and Fear

As I noted above, the most common problems in clinical psychology are related to fear and anxiety and dealing with daily trauma but before a discussion on how mindfulness-based interventions may help patients in a therapeutic context commences, it would be helpful to understand what anxiety and fear are, how they feel, and what strategies have been commonly used in Western psychotherapeutic settings to avoid such feelings.

Clinicians and researchers generally agree that there is a distinction between fear and anxiety (Robinson, 2013). Typically, fear is described as a fight, flight, or freeze response that comes up in response to an immediate threat, and is therefore very present-orientated; fear is associated with a surge of panic and a desire to take swift evasive action for survival. We have this response to both physical and social threats (Perkins 2007:258). Anxiety, however, is seen as a far more long ranging type of fear. It is more future-orientated, and often it can seem nondescript and unclear: we feel anxious but are uncertain what the root of the anxiety is about. Anxiety is associated less with immediate panic or an immediate response and more with a kind of chronic tension and chronic arousal (Siegel, 2016), and although anxiety is a natural adaptive reaction in that it is essentially about a sense of preparedness to cope with situations that may appear to be threatening, it can also develop into a more pathological condition, interfering with the ability to cope successfully with various challenges and stressful events, even to the extent of altering body conditions, for example by the formation of gastric ulcers (Steimer 2002:231). In more extreme circumstances, anxiety can result in panic attacks as well, but often both fear and anxiety tend to blend into one another (Perkins 2007:258).

In a fearful or anxious situation, important information is sent to the amygdala, and the hypothalamus and whole body then reacts to this

important signal. A signal like this usually means there is some real danger that calls for some kind of emergency response, for example stepping into the road and finding a bus bearing down on you would cause you to jump back in response to that fear signal. On the contrary, however, waking up to a strange sound at night is not necessarily a signal of immediate danger, but a noise that leaves the person working through a list of appropriate actions. This example highlights the fact that stimuli can often be ambiguous (Siegel, 2016) and need to be interpreted, and what also remains important understand is that it is not events, but our interpretation of events, that determines whether or not we need become aroused. How we interpret these stimuli is also coloured by our past experience, particularly if we have had past trauma that has not been resolved. One of the most formative and consistent findings to emerge in the field of anxiety disorders, is that the experience of anxiety or fear itself (i.e. the sensations of panic, the worrisome thoughts, or catastrophic images) do not in and of themselves cause an anxiety disorder. An anxiety disorder comes about as a reaction to these symptoms, or in other words, *as a reaction to our reactions*. The response to anxiety itself is what exacerbates the intensity and duration of fearful and anxious feelings, and interferes with our quality of life.

People who are highly sensitive to anxiety are therefore more likely to develop panic attacks and panic disorders (Roemer 2013:172). Anxiety also tends to lead toward a *narrowed focus* of attention, both internally and externally towards a potential threat (Cisler 2010:203), and tends to elicit added negative self-judgment and criticism ('I'm so weak, why do I worry so much?'), which in turn increase anxiety. All of these reactions lead people to become entangled with, or hooked on to their experiences of anxiety, so that anxiety becomes self-defining and seems all encompassing (Germer 2013:172). Instead of seeing anxiety as a result of a response in reaction to a particular context, we may then erroneously define ourselves as anxious and fuse our identity with experiences. From a mindfulness perspective, this makes it harder to

see the ways in which thoughts, feelings and sensations naturally arise, change and pass over time (Roemer 2013:170).

When anxious sensations and thoughts seem frightening, defining and unrelenting, they naturally lead people to want to avoid or escape them.

## **4.2. Common Avoidance Strategies in dealing with Anxiety and Fear**

The central mechanism in virtually all anxiety disorders is avoidance, and attempts to avoid the feelings associated with the anxiety (Siegel, 2016), and there are both adaptive and maladaptive ways of coping with anxiety (Robinson, 2013). Adaptive methods improve functioning while maladaptive methods do not improve functioning in the long run, but are highly effective in the short-term; unfortunately maladaptive methods result in an increase in dysfunction by strengthening and maintaining the disorder (Jacofsky, 2013). For example, *sensitisation* is a coping strategy that seeks to learn about, rehearse or anticipate fearful events. Sensitisation can serve as a protective effort in preventing these events from occurring in the first place, but the downside of using this method results in a hyper-vigilance and obsessive worrying.

A better and more mindfulness-based approach is to help the patient to face the fear, to do things that bring up the anxiety and to be able to feel the anxious feelings. This does not come naturally, and most people would resist wanting to do this, therefore the first strategy that is needed is to develop a motivation to be interested in pursuing such a project (Siegel, 2016). The first step is to review with the patient what they have tried up to this point and how successful it has been. It is important to bear in mind that if one continues doing what one has always done, unsuccessfully, then one can assume that nothing will change if that strategy is continually employed. Developing a motivation

for change is important to highlight to a patient as many patients are not necessarily conscious of the strategies they are using.

Mind control is another strategy that is commonly used and involves suppressing thoughts and feelings that are associated with anxiety. Persistent intrusive thoughts and images are a key source of distress and dysfunction across many forms of psychopathology, and attempts to keep distressing thoughts and images out of mind, are as difficult to control as the thoughts themselves. Unwanted and intrusive thoughts very often arise in a non-volitional manner. There is however, a growing body of evidence that has suggested that 'thought suppression' can unintentionally heighten the recurrence and intensity of intrusive thoughts (Clark 2001:11).

Self-distraction is another strategy that is used to avoid anxiety and reduce fear; however although it reduces unwanted thoughts, studies have consistently shown that there is no correlation to suggest that distraction techniques successfully reduces the intensity of anxiety because areas of the brain that are activated during the process of self distraction, the left prefrontal cortex of the brain, do not affect the right anterolateral region of the brain, which is active during the process of appraisal of anxiety (Kalisch, 2006). Activities like watching television, shopping, surfing the internet, talking on smart phones etc., are some of the many endless activities that can be used to bring our attention out of the mind and body and towards some form of external entertainment (Siegel, 2016), but these measures work only in the short-term. Self-distraction is then only particularly helpful when bringing a person away from an immediate source of distress, but very much like the method of thought suppression, does not deal with long-term anxiety, and nor do these methods get rid of underlying causes. The long-term risk in trying to bury ones deep-seated emotions through thought suppression or distraction, is that they tend to be buried alive, and can result in deeper problems in the long run.

A further technique that has been used is to replace bad thoughts with good thoughts, and the idea behind this strategy is: 'I will just replace the unpleasant thoughts with pleasant ones', this is an unfortunate technique since thought-stopping results in thought rebounding, and trying to stop a thought leads to the thoughts persisting later, and can result in deeper depression and anxiety (Becker 1989:51). Closely related to these attempts is the attempt to talk ourselves out of fear, making up all the reasons why we logically should not be afraid, and telling ourselves to be strong, or reciting positive phrases to replace feelings of anxiety. In cognitive behavioural therapy (CBT), the aim in thought replacement is to modify worrying thought content directly with positive thoughts, but studies have shown that replacing negative thoughts by using positive thoughts is not an effective method; using positive thoughts does reduce the presence of negative thoughts simply by increasing the availability of competing thoughts, and the only achievement then is that the frequency of worry related thoughts are reduced, but they are not eliminated altogether by positive thinking. It therefore eases the immediate moment to think positively, but does not replace or heal negative thoughts or prevent them from reoccurring (Eagleson 2016:18).

Another common avoidance strategy which is a symptom of people with anxiety disorders is experiential avoidance, for example going into any new or strange place, or preferring not to confront strangers but rather sticking closely to people and friends with whom they may feel safe. When people stick closely to people they know, it is a way of asking for assurance (Siegel, 2010:40). Experiential avoidance is a way of trying to reduce or alleviate fear and pain, but if unattended can ensnare a person and trap them in every manner of psychological and physiological difficulty.

Other methods of relief from anxiety would be the use of sacred objects, lucky charms and the performance of various rituals, religious or not, which serve a similar purpose of calming and bringing comfort.

Some people attempt to reduce their anxiety by talking a lot about the feelings of anxiety because the act of talking about it is a relief strategy (Brooks, 2016:72).

Medicines, both legal like benzodiazepines, and illegal like opiates, that are taken for their anxiolytic properties, as well as alcohol, cigarette or cannabis smoking, and comfort eating all form part of negative and addictive avoidance strategies. Some anxiety reduction strategies are positive and beneficial to our health like using exercise as a way to try and reduce levels of anxiety, having goals and tasks that are purposeful also help reduction of stress.

As we have briefly discussed above, it can be seen that treating common avoidance strategies with traditional cognitive behaviour therapy, or CBT, can be problematic as most of the anxiety management suggests that in order to live a full and vibrant life, you have to first learn how to control or manage anxiety. Techniques include positive reframing, noticing the irrationality of catastrophic thinking, relaxation exercises, all of which are designed to get rid of the anxiety and are based on principles of reappraisal. However, reappraisal is often very difficult to implement, especially for high magnitude emotions. Cognitive behavioural therapy is therefore most effective, not for reducing high arousal emotions, but for reframing emotions with a negative valence as emotions with a positive valence (Brooks 2016:73).

The proposal to reduce anxiety using a mindfulness-based approach to dealing with fear and anxiety is slightly different. It is a process that leans in *toward* fear and anxiety. When the avoidance strategies are avoided, it results in less anxiety in the long run, and continuing to take the route of avoidance strategies, uses up a tremendous amount of energy attempting to get rid of the avoidance.

### 4.3. Overcoming Anxiety and Fear with Mindfulness

The advantage of a mindfulness-orientated approach is that it helps to find ways to increase capacity to be with, and experience anxiety as a passing phenomenon. Using the approach of the meta-cognitive observer in mindfulness means adopting a deliberative, reflective, responsive (versus reactive) observing position on one's mind. It is a process of learning how to step out of the thought stream, not by blocking, suppressing or stopping thoughts (Henriques, 2018), but rather by way of training our attention to be in the present moment with acceptance, and staying with the moment-to-moment kaleidoscope of sensations, images, thoughts, and emotions that are arising and passing in consciousness continually (Siegel, 2016).

There are two parts of mindfulness practice that are particularly important when working with anxiety. The first as mentioned above, is the importance of being able to step out of the stream of thought, by regularly redirecting our attention to bodily sensations, or to the sensations of the sights and sounds of the natural world around us, secondly, it is to *notice* the changing emotional landscape inside and to our attractions to certain experiences, or our aversions from experiences, and to notice the rising and passing of these impulses. These interoceptive and sensory attunements that occur during mindfulness practice are the tools that are helpful in the working out of anxiety disorders, as anxiety disorders have to do with thinking.

Traditionally, CBT intervened at the level of emotional expression, as well as at the conceptual level, helping people to reframe and understand the narratives that become associated with the negative emotions; conversely mindfulness aims to teach access to the 'being' mode of mind, i.e. to attend to the unfolding of experience moment by moment with openness and non-judgment. This enables people to see more clearly the tendency of the mind to create elaborate narratives which are taken to be reality, but which in fact, are seldom reality

(Surawy 2015:383), and have more to do with worrying about the future or to avoid having to feel painful feelings.

The purpose of mindfulness is then to be able to train the mind not to identify so much with the thought, but rather to be present with the myriad of sensory experiences. As a result, a patient is less likely to become trapped in the anxiety disorder (Siegel, 2016). Initially when patients are taught to come to mindfulness practice, particularly if they take up a form of practice that requires a lot of interior focus, such as sitting and following the breath, it can become quite alarming as they begin to attune to what is happening and become even more aware of the tension in the body, and of the busyness of the mind (Surawy 2015:385). Observing this amount of agitation, and seeing this amount of unrest in the mind can be extremely hard for individuals, particularly if their previous relationship to anxiety was one of avoidance. Mindfulness will initially make the symptoms appear 'worse' and some prefer to opt out of this form of therapy at this point, however studies have shown that it is likely that even those who experience 'more' symptoms will be less distressed in the long run following the practice of mindfulness (Russell 2016:334). It is therefore important to help the individual understand that they *are* likely to experience even more vividly just how scattered and agitated the mind is, and rather than experiencing feelings of calm at the beginning, they may experience a period of greater agitation. It becomes important to explain that the aim is to turn towards the source of suffering and pain, and intrinsic to this process is to hold an attitude of self-acceptance and self-compassion (Germer 2013:156). The purpose is to allow a willingness to see and feel what needs to be seen and felt. If a patient can be trained to bring their attention out of the thought stream and into the present moment long enough to start feeling the calming effects, they begin to experience the natural benzodiazepine flood the brain, and allow a feeling of peace and calm to surface in place of agitation and conflictual thoughts. This is not an exercise in getting hooked on a feeling of calm and peace but rather



about the reduction of stress. It is a practice that increases the capacity to be with anxiety, rather than becoming trapped in an anxiety disorder.

When people are particularly anxious they often resort to pacing as an anxiolytic reaction. This is a form of discharge of tension in the gross muscles of the body (Siegel, 2016). One possibility then for introducing mindfulness practice with somebody who is very anxious and struggling to stay still is to do an informal walking meditation that would assist in grounding and calming a patient too agitated to sit still for any length of time.

There are a number of forms of informal mindfulness practice that are very useful in reducing levels of anxiety; informal mindfulness means that it can be undertaken during the course of daily life (Mace 2007:148), for example an eating meditation, in which the meal is eaten in silence and attention is brought to the taste, and textures of the meal, to the action of chewing and swallowing and to eat slowly enough to actually taste the food. This is also a good starting point for a patient suffering with anxiety. Alternatively, there is the listening meditation: to simply sit quietly, without a lot of activity, and attune to the sounds around. The benefit of a listening practice is that it is not an 'active' process as for example in walking. Listening is a more passive exercise. Even breathing may become more of an active exercise as one observes the in and out breath and may even have to control the breath if particularly anxious. A listening meditation by contrast helps to cultivate an attitude of receptivity (Siegel, 2016).

The chances that an anxious person is going to start feeling anxious before long, no matter what form of mindfulness practice they are undertaking is high, and it can become helpful at this point to use certain phrases that create a sense of containment can hold the experience. Research has shown that reciting repetitive phrases, mantras or prayers stabilise respiratory rates and dramatically reduce the effects of stress on the body (Bernardi 2001:1447) – these need not be religious phrases or mantras but might be simple phrases which

acknowledge the current emotion, for example, 'this is fear' or 'fear feels' like this, or 'fear is not permanent'. The point of using these phrases is not to stop the anxiety but to contextualise it, and find a way of being with the anxiety (Siegel, 2016). Psychiatrist D.W. Winnicott spoke about having a holding environment with the purpose of staying with, and allowing increasing exposure to a stressful experience in the context of a supportive environment (Winnicott 1987:54); a concrete example of a holding environment in a mindfulness-based intervention would be a visualisation meditation would operate as follows. Firstly, instruct the patient to adopt an alert but dignified posture, and with eyes closed, sitting on a chair or cushion, upright and alert, just start by spending a few moments just noticing the breath. There is no need to control the breath in any way, just notice the in breath, and the out breath. Initially the breath is used as a sensory experience to bring the person into the here and now of the present moment. Once this has been done for just a few minutes (with a person who suffers with anxiety this should not be extended more than a few minutes), suggest to them that they visualise themselves sitting near a stream on an autumn day, and as often happens in autumn leaves are beginning to drift down. These leaves come in many different forms: they come in different shapes and sizes, some red, some yellow, and some brown. Then suggest that as you sit there following the leaves, imagine that a thought or a feeling that arises and that you are able to take this thought or feeling and simply place it on a leaf and watch it float away. Wait until you see the leaf recede into the distance, and then as another thought of feeling arises place it on to the next leaf, and allow that to float into the distance. Allow the person to do this for possibly 10 to 15 minutes, to allow the idea that, "What I am going to do is allow inner processes to unfold at will. I'm not going to try and control this, I'm not going to try and stop this. I'm letting it go and beginning to get the experience of stepping-out-of-the-thought-stream, by simply being an observer of the thought stream rather than identifying with it or participating with it". After doing this for a while, the person can gently open their eyes with

the intention of accepting whatever arose for them during the practice (Mace 2007:151). The therapist would then follow up by discussing anything of significance that might have arisen during the process.

#### **4.4. Increasing the Ability to Tolerate Discomfort.**

The capacity to embrace fear, and to increase affect tolerance is a skill that can be enhanced through the practice of mindfulness, and an understanding of the nature of our emotions and what makes up our emotions is the first step in being able to manage them better.

Emotions essentially have three components to them: firstly they exist on a somatic level – they are experienced and felt somewhere in the body, for example in the stomach, head, throat or chest etc. Secondly, emotions are usually accompanied by a thought, and thirdly by some image or imagining of the memory or situation (Siegel, 2016). The Buddha spoke about these different kinds of pain in the Sallatha Sutra, when he distinguished between the two arrows:

When touched with a feeling of pain, the uninstructed run-of-the-mill person sorrows, grieves, & laments, beats his breast, becomes distraught. So he feels two pains, physical & mental. Just as if they were to shoot a man with an arrow and, right afterward, were to shoot him with another one, so that he would feel the pains of two arrows; in the same way, when touched with a feeling of pain, the uninstructed run-of-the-mill person sorrows, grieves, & laments, beats his breast, becomes distraught. So he feels two pains, physical & mental.

As he is touched by that painful feeling, he is resistant. Any resistance-obsession with regard to that painful feeling obsesses him. Touched by that painful feeling, he delights in sensual pleasure. Why is that? Because the uninstructed run-of-the-mill person does not discern any escape from painful feeling aside from sensual pleasure. As he is delighting in sensual pleasure, any passion-obsession with regard to that feeling of pleasure obsesses him. He does not discern, as it actually is present, the origination, passing away, allure, drawback, or escape from that feeling. As he does not discern the origination, passing away, allure,

drawback, or escape from that feeling, then any ignorance-obsession with regard to that feeling of neither-pleasure-nor-pain obsesses him.

Sensing a feeling of pleasure, he senses it as though joined with it. Sensing a feeling of pain, he senses it as though joined with it. Sensing a feeling of neither-pleasure-nor-pain, he senses it as though joined with it. This is called an uninstructed run-of-the-mill person joined with birth, aging, & death; with sorrows, lamentations, pains, distresses, & despairs. He is joined, I tell you, with suffering & stress.

Now, the well-instructed disciple of the noble ones, when touched with a feeling of pain, does not sorrow, grieve, or lament, does not beat his breast or become distraught. So he feels one pain: physical, but not mental. Just as if they were to shoot a man with an arrow and, right afterward, did not shoot him with another one, so that he would feel the pain of only one arrow. In the same way, when touched with a feeling of pain, the well-instructed disciple of the noble ones does not sorrow, grieve, or lament, does not beat his breast or become distraught. He feels one pain: physical, but not mental.

As he is touched by that painful feeling, he is not resistant. No resistance-obsession with regard to that painful feeling obsesses him. Touched by that painful feeling, he does not delight in sensual pleasure. Why is that? Because the well-instructed disciple of the noble ones discerns an escape from painful feeling, aside from sensual pleasure. As he is not delighting in sensual pleasure, no passion-obsession with regard to that feeling of pleasure obsesses him. He discerns, as it actually is present, the origination, passing away, allure, drawback, and escape from that feeling. As he discerns the origination, passing away, allure, drawback, and escape from that feeling, no ignorance-obsession with regard to that feeling of neither-pleasure-nor-pain obsesses him.

Sensing a feeling of pleasure, he senses it disjoined from it. Sensing a feeling of pain, he senses it disjoined from it. Sensing a feeling of neither-pleasure-nor-pain, he senses it disjoined from it. This is called a well-instructed disciple of the noble ones disjoined from birth, aging, & death; from sorrows, lamentations, pains, distresses, & despairs. He is disjoined, I tell you, from suffering & stress.

This is the difference, this distinction, this the distinguishing factor between the well-instructed disciple of the noble ones and the uninstructed run-of-the-mill person.

The discerning person, learned, doesn't sense a (mental) feeling of pleasure or pain: This is the difference in skilfulness between the sage & the run-of-the-mill person.

For a learned person who has fathomed the Dharma, clearly seeing this world & the next, desirable things don't charm the mind, undesirable ones bring no resistance.

His acceptance and rejection are scattered, gone to their end, do not exist.

Knowing the dustless, sorrowless state, he discerns rightly, has gone, beyond becoming, to the Further Shore. SN 36.6 (Bhikkhu, 2013).

This teaching of the Buddha, applied in mindfulness provides an important practice in becoming conscious of the two separate aspects of pain and suffering: the physical aspect of the pain first, (where it is felt in the body) and the secondary arrow of the emotional pain.

Understanding the distinction between physical and emotional pain is especially helpful in dealing with the pain of anxiety. The first arrow in this context is seen as the moment-to-moment sensations of anxiety in the body: the racing heart, the tension, perhaps a feeling in the pit of the stomach. The second arrow is the aversion response to it: the sorrow, the grieving, the lamenting, and the thoughts of 'I hate this; I want this to stop, and how long will this last? I will never be free of this; I will never be able to sleep' etc. Very often we can't do much about the first arrow; it simply arises when it arises, and the body is going to experience the pain. The second arrow of the mind, the aversion and fighting with, and resisting the pain is the point at which mindfulness is helpful. The physical pain associated with anxiety is fairly moderate, but the mental anguish and aversion is a much deeper suffering. Once the distinction between the physical and emotional aspects of pain is understood it can be very freeing because rather than feeling compelled to avoid it or

alleviate pain, by bringing mindful attention to present moment of suffering, anticipatory anxiety can be reduced (Germer 2013:194).

In mindfulness practice, the patient would be asked close their eyes and to simply bring attention to the moment-to-moment sensations of pain as it arises; including the pain associated with emotions. If a patient can be taught to non-judgmentally notice and stay present with the pain, it will dramatically increase affect tolerance; it is a practice that grows the capacity to bear discomfort and to possibly even become open to what might be the worst possible fear.

The mechanism in mindfulness which is used here is done by separating the two arrows. The patient would be encouraged to start by simply sitting with physical bodily discomfort that arises when in mindfulness practice, which may arise in the back, legs, buttock or neck, or any other part of the body and turn the attention onto the pain as the object of awareness. Eventually the observation is that pain fluctuates, sometimes getting worse, sometimes better, and the awareness of the two separate arrows then arises; you get to see the pain and the reaction to pain as a separate event, and also begin to notice that pain is transient and changes over time. Sometimes pain rises like a crescendo, or the rising and falling away of a wave, sometimes it's a burning sensation, sometimes itching, sometimes throbbing (Siegel, 2016). The longer a patient can stay with the pain, the more they begin to see its variations, and can also more clearly see how we create ways to avert the pain.

Averting pain presents as a tension in the body, which is a complex defensive stance in which the body is trying to fight, resist or push back against pain as if trying to get rid of it in this way (Bie 2011: 26), and when confronted with pain, both physical and emotional it is a common human response to avoid and withdraw from the environment, to numb distract or suppress awareness of the pain. However, cognitive, behavioural and emotional avoidance responses become the hallmarks which are associated with the development of Post-traumatic stress

disorder (Briere, 2013:208). In mindfulness practice, the exercise is to become aware of the physical resistance, and instead of avoiding or resisting, to rather open up and soften towards the pain, allowing it space and to hold an attitude of acceptance of the pain, knowing it will change and it is not permanent. The aim is to change the relationship to symptoms, and to become more curious, in a compassionate way, about mental habits (Russell 2016:334), and to bring the patient to the point that they can learn how to emotionally distance themselves from pain, not through avoidance but by realising it is not personal – it is pain. The purpose is also to reach the realisation that we have the propensity to add additional mental narrative to the pain which passes through the mind saying, 'It hurts. When will this stop? I want to get rid of this'. The final realisation is to then see through the narrative 'Oh no, this pain will never go away' or 'I cannot bear this pain any longer' (Siegel, 2016). With training, the patient will notice during mindfulness practice that these are thoughts of the future, whereas only the present moment really exists, and that the present moment is constantly changing, therefore pain too is not permanent, but constantly changing even if in very small increments. With ongoing guidance in this process, these profound insights arise, and the ability to stay present with the moment as it is, without wanting to resist or push it away slowly increases.

The cautionary note at this point is that that mindfulness is not to be seen as a 'simple technique', as this belies the complexity and skill needed to deliver mindfulness training in such a way that it has real therapeutic and transformative power (Russell 2016:333).

The facilitator's own experience of mindfulness is a central factor in working through unusual and unexpected effects arising from mindfulness practice. A facilitator who is inexperienced and unskilled in the practice of mindfulness themselves and who may be working on the edge of awareness of their own deeply embedded habits and emotional reactivity may not yet have developed the skills of steadfastness, non-

reactivity and non-judgment that are needed when working with their patients. The ability to hold a curious, open and accepting stance when things are not as expected, or as the facilitator would wish them to be, are the qualities required by a mindfulness practitioner and these qualities only develop over time and practice (Russell 2016:334). An experienced facilitator will be able to hold a strong negative emotion or experience without getting drawn into it or by wishing it to be different or to push it away as soon as possible, this will also teach the client trust that they too can maintain an observer position at such times. Conversely, there are times when it is appropriate to stop practicing mindfulness if there are dramatic changes in internal mental conditions or external life contexts that would make the exercise uncompassionate, forced or with a sense of too much expectation and that a time for pause and to reconsider intentions might be more appropriate.

Practicing personal mindfulness is essential for those who wish to deliver mindfulness in a clinical setting, and doing group work requires further skills and training. How mindfulness is taught is as important as what is being taught and the embodiment of mindfulness in the therapist or facilitator's own experience will have a critical impact on the therapeutic effects for the group (Horst 2014:370). Applying mindfulness exercises should therefore be practiced skilfully and judiciously to make sure that the patient does not become overwhelmed, and that any exercises that are undertaken must be done only if there is a good therapeutic alliance between therapist and patient, and a good understanding by the therapist of the amount of discomfort a patient can tolerate must be assessed, particularly if the patient is in an unstable and vulnerable time that would not be conducive to adding further pressures at all.

#### **4.5. The Root of Anxiety from a Psychodynamic Perspective**



From a Freudian psychodynamic perspective, 'signal anxiety' is seen as a trigger that brings about anxiety but is not so much a real threat 'out there', but more often than not is something that we fear internally. The fight, flight or freeze system is designed to respond to threats to the external world, and is activated by internal triggers. These triggers, or antecedents, are sometimes thoughts or images, and also emotions (Siegel, 2016). In the case of anxiety, one would find that anxiety is mixed with other feelings, for example sadness or anger, or perhaps some other emotions. Anxiety is therefore a multi-componential response that consists of coordinated changes in subjective feeling, motor expression, and physiology (Kreibig 2017:62). Anxiety is activated as a fear response against experiencing emotions in their more pure form. Pure emotion of sadness would leave a person feeling a lot more vulnerable, and anger could be a lot more problematic than when it is mixed with feeling of obsessive anxiety. Many patients are afraid of affects (emotions) because they are afraid that they won't be able to bear them, and that once they have entered into those waters they will be so intense they will be overwhelmed by the emotion (Siegel, 2016). At other times, emotions are avoided because of learned rules and behaviours which have been acculturated by society and our family of origin; as such emotions emerge when people make meaning out of sensory input from the body, and from the world around them using knowledge from prior experiences and conceptualisations (Lindquist 2012:124). A patient may then believe that it is wrong or bad to feel a certain way. For example, we are often taught, 'you shouldn't be angry, that's selfish', or men shouldn't cry. The result is that many people are uncomfortable in the presence of emotion and of feeling the emotions, and have great difficulty in tolerating uncomfortable feelings, and instead of allowing the feelings to arise, a sense of anxiety arises in its place.

Psychotherapist and Buddhist mindfulness teacher Tara Brach has taught extensively about the capacity to recognise and hold strong emotions and has created the acronym RAIN to help patients through a

process of facing and dealing with their emotions (Brach, 2017). She explains 'r' as the need to *recognise* what's going on, simply by noticing the emotion is there, for example, self-judgment, the inner critic, or justifying ourselves. 'A' refers to our ability to *allow* what is to be just as it is. We need not try to fix it and we don't have to make adjustments, the idea is to simply bring and allow attention to whatever difficult affect is happening in the present moment. 'I' denotes *investigation* with interest and care, but not in the sense of an analytical investigation such as 'where this comes from does, or what caused this?', but rather to give the emotion more interested or nuanced attention to the sensation (Brach 2017:152). If it is sadness for example, investigation means to notice, and to feel exactly how it feels in the body, what associations, what images, what thoughts surround it. Finally 'n' stands for *nourish* with compassion, and to be able to offer oneself encouraging words such as, 'it's ok, or I'm sorry, or I care about my suffering'. By recognising feelings of vulnerability and offering self-compassion, we are opened to a sense of who we are with more self-acceptance, and can rest in a sense of natural spaciousness, wakefulness and tenderness (Brach 2017:152). The RAIN structure is helpful when we sense that there is a deeper emotion underlying anxiety that needs to be explored more fully.

Many people who suffer from anxiety are not aware that there are other underlying emotions beneath the anxiety and perhaps do not see the value or point in exploring them more deeply. However the purpose and value of emotions is that they communicate to us information about our beliefs, values and perceptions about what is happening in the current situations in our lives. Emotions deepen the experience of life, and connect us to others: emotions are primarily a language of connection, and it is through emotions that we get to feel empathy and compassion, and connection with fellow human beings, which will provide support during difficult times (Siegel, 2016).

An exercise that is helpful in training patients to be able to recognise emotions is by running them through a list of emotions (Plutchik 1980:3), and when the patient recognises an emotion that highlights their feelings, for example, shame, disgust, rage, longing, sadness etc., to stop, close their eyes and feel exactly how that emotion feels in the body. Any powerful emotion presented to a person who tends to be disconnected from their emotions is very helpful in assisting the person firstly to notice the physical sensations, secondly to be able to stay with it, and thirdly to notice the thoughts and behavioural impulses that come up in response to the emotion (Siegel, 2016). Once these exercises are done a number of times during sessions, a person can begin to develop the vocabulary and feel progressively more comfortable working with and identifying emotions and can then begin self-monitoring.

The Mindfulness of Emotions Chart developed by the Mindfulness Awareness Stabilization Training at St Michaels Hospital in the United Kingdom (M.A.S.T.stmichaelshospital.com, 2018), can be used to assist individuals at home. The chart has different columns to it. The columns are to monitor the emotions that arise during the week in response to different events. The first column would describe the experience; the second is the quality of the emotion (is it neutral, pleasant or unpleasant); the third column is the strength of the emotion; and finally the fourth column is what bodily sensation is associated with the emotion.

As a clinician, an important task is to note what emotions are missing. If a patient goes the whole week and never feels anger, sadness or worry for example, there may be a possibility that the emotions are there, but for some reason are being suppressed, repressed or denied (Siegel, 2016). Extra time might need to be spent looking to see what life events might be associated with those emotions and what difficulty the person might be having fully acknowledging them.

Finally in understanding the root of anxiety, it's important to discuss 'muddy emotions'. Muddy emotions are emotions that come up that tend to overwhelm and confuse us. They are derived from a clean emotion that is intensely felt, but usually fleeting in nature. A clean emotion delivers a message and then dissipates. Muddy emotions on the other hand, can feel sticky and overwhelming, and arise by adding-on to the clean emotion, for example self-judgment becomes muddy, when you tell yourself there is something wrong with you for feeling a certain way, or you feel self-criticism for feelings of anxiety. You then have the clean emotion as well as the muddy emotion to contend with. Muddy emotions increase anxiety and add to confusion (Wilson, 2016), and they are often difficult to clearly label and identify. Muddy emotions lead to deep distress and upset and alongside the confusion are often feelings of familiarity that, 'you have been here before'. Muddy emotions tend to perpetuate for a long time; they don't metabolise or get processed as easily as pure or clean emotions do. They often arise as a result of unprocessed trauma, (like post-traumatic anxiety) and are emotions that come up when a person is conflicted in some way and is unable to acknowledge or accept their emotions, so they are often a reaction to a reaction (Siegel, 2016)

The best course of action in this situation and in applying mindfulness would be to notice this present moment. The second step would be to become curious about the details of the experiences, the thoughts and the feelings, and if necessary to track them in writing. Encourage the person to get curious about the emotions, categorising the clean parts, and the muddy parts and just by bringing attention to the present moment and practicing acceptance of the clean emotion, if necessary welcoming it in when it is noticed. Once a person allows a feeling to be there, they tend to pass on their own, and then try to catch the moment when clean emotion turns to muddy emotion, noticing that, but then bringing attention back to the present moment again rather than continuing to feed the muddy emotions (Wilson, 2016). By using

this investigative, introspective approach, it will allow the person to become comfortable with the full range of emotional experiences, and they will develop fewer internal targets to be afraid of, living a fuller and less anxious life.

#### **4.6. Using Mindfulness to deal with ruminating thoughts**

It is thought that all mammals experience fear and many basic emotions, (Bekoff 2000:869) but in addition, humans are capable of experiencing anxiety because humans are capable of thinking of the future in a detailed and analytical way. Anxiety is associated with thoughts which lead to underlying feelings that occupy or attention (Mathews 1986:159). The benefit of mindfulness is that it is able to help in disentangling from our thoughts by realising that thoughts are just thoughts. One of the symptoms of anxiety is the presence of ruminating thoughts, or thought patterns that persist in circular thinking patterns, thinking over and over again about the same theme – very often, it has to do with the negative aspects of interactions with others (Magee 2012:190). The response to ruminating thoughts is generally to try thought suppression: ‘I will just try and think about something else’. In fact there are behavioural modification techniques within psychotherapy such as putting a rubber band around your wrist and snapping it whenever you have one of these thoughts as a form of thought-stopping, but much of the research on thought suppression has shown that thought suppression is not a very effective tool (Najmi 2010:1). The more thoughts are suppressed, the more they tend to exhibit in other associated ways, and tend to occupy the mind even more, even at a subconscious or unconscious level. A technique that works much better is to allow thoughts to come and go, and this is a specific tool that is practiced during mindfulness.

In the Buddhist Vipassanā tradition, monks had found a technique that assisted in highlighting ruminating thoughts, which is very similar to

what is practiced in cognitive behavioural therapy (CBT), which is known as labelling (Deatherage 1975:136). Thought labelling means sitting with an object of awareness – it could be a walking meditation and concentrating on the sensation of the feet as each foot touches the earth and lifts, or it could be traditional focussing on the in and out breath. As we have discussed, focusing on breath can be very difficult for a person suffering extreme anxiety, and therefore a listening meditation in nature might work better.

Whatever form of meditation is being practiced, the idea is to bring attention to one of the sensory objects of the body, and it is likely that thoughts begin to arise in the mind in spite of the focus of the mind on a sensory object. The usual instruction would be to allow the thoughts to come, and then simply let go of the thought, notice it but let go, observe the thoughts much like a cloud passing in the sky. However, in this exercise of labelling, the objective is to pick a few terms or categories that you can attach to each thought to label it, for example as thoughts arise of what you still need to do that day, label it 'planning/fear/anger', and recognise it for what it is, and then let go. The idea is to become the watcher-self and to objectify the thought, rather than to identify with its contents as a reality (Deatherage 1975:136). Other categories may be: remembering, judging, worrying etc. Noticing the thought gives perspective on the thought. This strategy can also be combined with traditional CBT which helps you to make sense of your thought patterns by breaking them down and by challenging negative and unhelpful thoughts that are not necessarily realistic, and identifying maladaptive thought patterns through labelling them as; 'catastrophising', or 'unrealistic' and 'distorted', 'overgeneralising', 'personalising' or seeing a thought as 'regret' (Siegel, 2016). By doing this we are not getting rid of, or suppressing the thoughts but we are able to let the thoughts loosen their grip, and are able to notice them as passing phenomena rather than as solid reality.

## **4.7. Self-soothing using Loving Kindness and Compassion**

As we have seen from the above study, when we avoid anxiety, it tends to lock us into a disorder, and have considered ways that mindfulness practice helps increase our capacity to bear discomfort and to provide tools to uncover the specific emotions that lie unexamined beneath the cover of anxiety. We have also seen that the underlying emotions that are suppressed and repressed, and which lead to signal anxiety, induce fear that facing the emotions may result in becoming overwhelmed and being unable to control the flood of emotion that may be awakened, and another dimension that predisposes a person to fear and anxiety is their ability, or inability, to self-sooth.

Self-soothing is an ability that is learned through early attachment relationships. A distressed child that is comforted, hugged, reassured, and held as a child is able to take that in and use that for calming and self-soothing in adulthood (Benoit 2004:545). As mentioned before, Winnicott referred to a 'holding environment' as one in which space is given for self-regulation, and when we are able to self-sooth, we can see the world as a safer place. Many patients suffering with anxiety may not have had the kind of childhoods in which comforting and soothing was offered in a time of trouble, and therefore do not have secure or organised attachment relationships. When they experience arousal, it becomes a signal that the world is a dangerous place (Benoit, 2004:546). Such people often then tend to get stuck in self-critical thought patterns as soon as a wave of anxiety is experienced, as anxiety is often seen as a sign of weakness. As a result, feelings of anger and disappointment are often experienced amongst patients who suffer with anxiety. Patients who do not have a secure attachment pattern often experience themselves as fundamentally flawed, unlovable, or broken in some way (Siegel, 2016).

In circumstances where life events may seem to have gone wrong, mindfulness and self-compassion researcher, Kirsten Neff, highlights three particular emotions that tend to arise: self-criticism (“what is wrong with me? Why did I behave in such a stupid way?”) and self-pity, which comes from feelings of shame about the losses one has experienced (many people tend to pull away and withdraw from other people during this time, become isolated and therefore lose the social support they need), and finally self-absorption, where one tends to become stuck in thinking about themselves a great deal (Neff 2012:5). Neff examined if there is a way under such circumstances that mindfulness practices could help create a secure sense of attachment and she argues that within the Buddhist practices of mindfulness, the practice of loving-kindness and compassion does provide an antidote to anxiety and can develop and cultivate an environment of self soothing towards yourself, and towards your situation (Germer 2013:858). Neff has extensively researched the role of compassion in psychological well-being and has developed of a scale for the measurement of self compassion (Neff 2003:248).

In the clinical arena, the role of self compassion has been amplified by many psychologists and psychiatrists and in particular, the work of Chris Germer who has studied and written about the role self-compassion in relation to various kinds of disorders (Germer 2013:856).

Germer highlighted five areas that can be positively affected by the practice of self compassion and self-soothing and directs the process in the following way:

1. Beginning with Breath and Kindness Find a comfortable position, close your eyes, and take three relaxing breaths. Place your hand on your heart for a few moments to remind yourself that you are in the room, and to bring kindness to yourself.
2. Labelling the Emotion Let yourself recall a mild-moderately difficult situation that you are in right now, perhaps a health problem, stress in a relationship, or a loved one in pain. Do not choose a very difficult



problem, or a trivial problem – choose a problem that can generate a little stress in your body when you think of it. Now clearly visualize the situation. Who was there? What was said? What happened? Now see if you can name the strongest emotion – a difficult emotion – associated with that situation: anger? sadness? grief? confusion? fear? longing? despair? Repeat the name of the emotion to yourself in a gentle, understanding voice, as if you were validating for a friend what he/she is feeling: “That’s longing.” “That’s grief.”

3. Bringing Mindfulness of Emotion into the Body Expand your awareness to your body as a whole. Recall the difficult situation again and scan your body for where you feel it the most. In your mind’s eye, sweep your body from head to toe, stopping where you can sense a little tension or discomfort. Now choose a single location in your body where the feeling expresses itself most strongly, perhaps as a point of muscle tension or an achy feeling, like a headache. In your mind, incline gently toward that spot.

4. Soften, Soothe, and Allow Soften into that location in your body. Let the muscles be soft without a requirement that they become soft, like simply applying heat to sore muscles. You can say, “soft...soft...soft...” quietly to yourself, to enhance the process. Remember that you are not trying to make the sensation go away – you are just being with it with loving awareness. You can let yourself just soften around the edges, like around the edges of a pancake. No need to go all the way in. Soothe yourself for struggling in this way. Put your hand over your heart and feel your body breathe. Perhaps kind words arise in our mind, such as, “Oh my dear, this is such a painful experience. I’m so sorry it’s so hard for you right now”. If you wish, you can also direct kindness to the part of your body that is under stress by placing your hand in that place. It may help to think of your body as if it were the body of a beloved child. You can say kind words to yourself, or just repeat, “soothe...soothe...soothe.” Allow the discomfort to be there. Abandon the wish for the feeling to disappear. Let the discomfort come and go as it pleases, like a guest in your own home. You can repeat, “allow...allow...allow.” “Soften, soothe and allow.” “Soften, soothe and allow.” You can use these three words like a mantra, reminding

yourself to incline with tenderness toward your suffering. If you experience too much discomfort with an emotion, stay with your breath until you feel better.

5. Easing back out... When you're ready, slowly open your eyes, letting your attention move out into the world around you (Neff & Germer, 2017).

Germer also refers to the extra dimension of feeling spiritually connected as a way of connecting to something larger than ourselves. This element of Germer's assessment is particularly interesting as spirituality is not yet generally accepted in psychology due to the contentious nature of religion, yet there is nonetheless the need amongst many patients to address spirituality in a broad sense.

In addressing spirituality in a clinical context, the questions that might be helpful in asking are: 'what helps you identify with something larger than yourself?' and 'what helps you feel like you are part of and connected to a bigger picture?' This may not mean religion as such, but a connection to nature, to friends, to family, to a specific community, or it may be to a spiritual teacher, or even to a religious figure or image that may come from a religious tradition and even though psychology may have excluded religion, for many patients this can be a deeply important part of their healing and has helped people throughout the ages identify with something larger than themselves (Siegel, 2016). Given the prognosis of mankind of illness, aging and death, which are all anxiety provoking conditions, the ability for many people to connect to something larger than themselves is an important aspect of developing self-compassion, and to the ability to hold space in a difficult emotion and in developing emotional regulation.

Another tool in self compassion which has been developed by Neff is the 'Self Compassion Letter'; in this letter a patient describes something that makes them feel particularly bad about themselves, or a situation in which they might feel particularly anxious or disempowered. Then they are asked to think of a loving, accepting, imaginary friend

who they have spoken to about their anxiety, and then the patient is asked to write a letter to themselves, but from the friend's perspective. Usually the outcome is that the friends' perspective is far more accepting of human frailty, far more forgiving, and far more tolerant than the patient might feel towards themselves and their own perceived shortcomings. This is helpful when trying to move a patient through the litany of self-hatred that comes from the ways in which anxiety begins to control and limit our lives (Neff, 2012).

Amongst the many tools for self-compassion offered by Christopher Germer through his Centre of Mindful Self Compassion is the use of what he refers to as a 'Self Compassion Break', in which a person can repeat to themselves the phrase: "This is a moment of suffering. Suffering is part of life. May I be kind to myself in this moment. May I give myself what I need" (Germer, 2012). These three aspects of self-compassion can be evoked simply and easily at any time and help a person acknowledge their suffering, to recognise how suffering is common to all mankind, and to be self-supporting in that moment.

A practice that is closely related to generating self-compassion is the Buddhist practice of generating loving-kindness that helps to target anxiety and which can be done as a meditation or as a practice in which you silently repeat the phrase: 'May I be happy. May I be peaceful. May I be free from suffering'.

Alternatively the phrases may be changed slightly to suit the circumstances by saying, 'May I be safe. May I be healthy. May I live at ease'. This practice can then be extended to a loved one, or perhaps a family or small group, the wider community, to someone with whom you may be in conflict, and finally to all sentient beings. Siegel suggests that these phrases can be personalised and modified to circumstances, for example, "May I be at peace with my fear and anxiety, may I let my fear be, may I allow the anxiety to wash over me and pass through me, may I allow all of my feelings to come and go". These phrases help to create

a greater and greater sense of holding and allow a different spectrum of experience to arise and pass at will (Siegel 2010:85).

From a clinical perspective, these phrases do not make anxiety go away, but that is not what is trying to be achieved here, rather the goal is a cultivation of the capacity to cope and be with a full range of experiences.

#### **4.8. Mindfulness Strategies in Specific Anxiety Disorders**

Anxiety disorders come in different forms, and therefore when using mindfulness interventions, it is important to look at which particular practice, and what particular approach will be most helpful.

For example, Obsessive-compulsive disorder (OCD) is essentially a disorder of doubt. The patient is desperately seeking certainty and a way to regain a sense of control. It is a frequent and severe disease, and can potentially induce major impairment for the patient and present a burden for their family. Recent research in psychiatry and neuroscience has led to better understandings of the mechanisms of the disease which have now helped to improve its treatment, however a large many patients show refractory symptoms to traditional cognitive and behavioural therapy (Gasnier 2017:594). One of the ways in which mindfulness practice can then help a patient suffering with OCD and the uncertainty of life is to start to shift their relationship to the world around them, and to note that even our thoughts are relatively unreliable. This is a difficult realisation for a sufferer of OCD, and the move needs to be gradual. A mindfulness-based approach relies on the specific correction of cognitive deficits in attention, emotion regulation and executive functions which are shared by OCD, Generalised anxiety disorder (GAD) and depression. For OCD, mindfulness-based interventions aim then at reducing the cognitive bias specifically existing in this pathology,

such as dysfunctional beliefs, and therefore improve the symptoms (Gasnier 2017:594). .

The mechanism of mindfulness practice in this case helps this process by allowing the patient to observe their obsessions and observe their compulsions. Obsessions are recurrent, persistent thoughts or images that bring on anxiety, for example the thought that perhaps the stove was not turned off when leaving the house, even though it was checked a number of times, but the repetitive fear that the house might burn down in your absence constantly arises while being away. A compulsion is a repeated ritualistic behaviour, such as repetitive hand washing, or mental acts like counting or praying or reviewing events over and over in a circular loop in an attempt to temporarily reduce anxiety (Siegel, 2016). The key in working with obsessions and compulsions is to help people notice that in both actions, the symptoms are actually designed to try and help avoid the feeling of anxiety.

With obsessive thoughts, there is the illusion that thinking about the problem repeatedly is somehow going to keep a person safe, and in the case of compulsions some level of comfort is found in carrying out the compulsion for the momentary release and feeling that it's going to be okay. In mindfulness, the use of labelling is particularly helpful. Letting thoughts arise, labelling them and simply watching them come and go as if they were like clouds passing through the sky, or over the backdrop of whatever sensory object has been chosen as a focal point like observing the breath, or a walking meditation, or eating meditation is particularly helpful. In the case of a compulsion, the patient is asked to interrupt the compulsion, for example not to go back and wash the hands again, but to use mindfulness practice for 'urge surfing (Marlatt, 2018)'. Urge surfing involves being with the feeling that, 'I have to do something, I have to do something', and rather to notice how that urgency feels in the body, the tightening of the throat and chest, perhaps the hunching of the shoulders and perhaps even to deeply

observe the motor impulse to do the compulsion that would normally seem helpful (Siegel, 2016). The same techniques can be applied in the clinical setting with patients who suffer from various phobias – the fear of crossing a bridge, or flying in an aeroplane, or fear of spiders, snakes or certain animals etc. If the goal is to live life without these restrictions, then the use of mindfulness practice is to ride the wave of discomfort and the waves of fear as they come about. The same would also apply to fear: fear of being alone, fear of the dark, fear of choking, of being out in nature, or fear of blood and needles etc. The same approach would be used to urge the patient to press through and just do it, while using mindfulness to note the feelings as they arise, and to teach the patient to notice the transient nature of feelings as they come and go.

Generalized anxiety disorder is characterised by long-term, intense and excessive worry. It is a chronic and relatively common disorder with high rates of comorbidity. The diagnosis is associated with considerable distress and impairment in social and occupational functioning. CBT has been found to be effective to a point. The typical CBT approach to GAD involves training clients to detect internal and external cues and then to employ a strategy to manage the psychological and somatic symptoms. Nonetheless GAD has remained the least successfully treated of the anxiety disorders with a high persistence of residual symptoms (Evans 2008:717). GAD leaves a person feeling generally stressed all the time, whether it's about a to-do-list, or a sense of arousal and fear in whatever they are doing. In mindfulness therapy, the exposure treatment is done for everything, and the same principle applies: allowing the patient to be present with whatever emotions arise. What is particularly effective with GAD sufferers is helping them to identify and connect with the underlying emotion – a technique that has been discussed earlier between pure emotion and muddy emotions.

Hypochondriasis or health anxiety, which presents as worry over the health of the body and the mortality of the body can become frightening and it is very problematic, especially when patients start to avoid certain

activities in fear of injury or something that may be perceived as worsening their 'condition'. Once again it would be a case of helping the patient to get in touch with the underlying emotion, including the worst-case fear and allowing the patient to play out the fantasy, and the fantasy of disability, and then to begin to work with the anxiety that arises (Siegel, 2016). Attention is also given to participants' broader lives. Reducing stress generally may have a positive impact on participants' health worries. For example, a patient will be asked to pay attention to how they are spending their time and what impact this has on them. They are continually encouraged to note nourishing (pleasant or fulfilling) experiences, and depleting (draining or stressful) activities, and to reflect on the balance of activities in their life (Surawy 2015:384). Becoming aware of the patterns of the mind and the impact that this has over daily activities and outlook can give patients other options for action that are different to the usual reactions, for example in the case of hypochondriasis, constantly trawling the internet looking for signs of disease whenever anxiety arises. Mindfulness will help show a patient how they become pulled into an imagined and gripping future scenario in their mind (Surawy 2015:390).

Panic disorders are interesting from the perspective that they are deeply rooted in avoiding another attack due to the very unpleasant nature of panic attacks, and are essentially about an intolerance of uncertainty. The patient may focus continually on a set of negative beliefs about uncertainty and its implications, and then show tendencies to react negatively on an emotional, cognitive and behavioural level to uncertain situations (Min 2016:197). For such a patient, it means going through the day always scanning for what might be the beginning of another panic attack. During a mindfulness practice for panic disorder, patients again learn to be aware of their thoughts as an object to observe, and during this process of psycho-education, can identify repetitive thinking patterns, such as catastrophising. They will also learn to become attuned to the mind-body link of the physical sensations of their body, with their thinking patterns. For example,

when there is an increase in breathing, touching, or moving, they can then identify when the bodily sensations are pointing to an increase in catastrophic thinking patterns. With mindfulness training, patients can become more aware of their reactions in the face of uncertain bodily sensations like heart palpitations, or uncertain external situations like having to use public transport, and can be better equipped to handle their catastrophic thinking patterns. Eventually, they can tolerate those uncertainties more effectively (Min 2016:200). In the treatment of panic attacks, patients may even be encouraged during a mindfulness-based intervention to lean into a panic attack, and instead of resisting it, to allow it, almost with the attitude of 'bring it on'. Once a patient realises that it is actually hard to bring on and maintain a panic attack when deliberately trying to do so, it helps to shift their relationship to the disorder (Siegel, 2016). This applies then to the broad category of social anxiety: fear of public speaking, fear of crowds, fear of walking into a room full of people etc. By playing out the worst-case scenario and allowing the patient to actually imagine, and to be with, and to sit with the feelings can be very helpful in deactivating the fear. Whilst it will not help in preventing the possibility of these events from actually occurring, it is possible to help overcome the feelings associated with the event.

#### **4.9 Adapting Mindfulness for Trauma**

There are times that anxiety results from trauma. Trauma is a result of an extremely intense experience of threat which we feel is greater than our capacity to cope with. Trauma need not be a big incident; some relatively small incidence may also be experienced as trauma. For example, a sensitive child who is subject to bullying in the school environment could become traumatised by these events. Car accidents, social violence, sexual abuse, combat experience, or being displaced through war and social upheaval and sudden and unexpected death of a partner, may all result in trauma (Siegel, 2016). Trauma and



Post-traumatic stress disorder are associated with a myriad of symptoms, including intrusion of unwanted memories and flashbacks, avoidance of trauma reminders, negative changes in mood and thinking, and changes in arousal, for example hyper-vigilance. In addition, patients may experience feelings of dissociation, depersonalisation (feeling outside your own body) and derealisation, i.e. feeling like things around you are not real (Boyd 2018:7). During a traumatic moment, the individual experiences a strong activation of the fight/flight/freeze response in which one of two things happen: either the individual will get highly activated with a lot of adrenaline, or may go into a freeze state with a numbing or shutting down. Regardless of the reaction during trauma, when a patient encounters situations later in life that may remind him/her of that incident, memories are triggered and often the patient will encounter some kind of post-traumatic response to that trigger. Very often that response may present as anxiety, and sometimes as signal anxiety that serves as an early warning system for the ego. Signal anxiety allows the individual to anticipate potential danger and react to it by deploying an emergency defence mechanism. If this signal is ignored because the person is afraid of the trigger, or in the case of a traumatic memory that has been suppressed or repressed and remains outside of awareness, anxiety could then progress into a panic attack as the available defence mechanisms fail and the psyche becomes overloaded.

Similarly, if a person has experienced a great deal of trauma and their basic trust in life is low, they will tend to go through life with a great deal of fear and anxiety. For such individuals, a modification of mindfulness techniques is used (Siegel, 2016). While the capacity to bear feelings, and to watch thoughts come and go, and to be able to identify emotions remains relevant, bringing too much attention to inner experience too quickly to a person suffering with trauma is not advised.

Mindfulness fulfils two things simultaneously; firstly by helping to attune to our inner experiences and note our emotions and thoughts,

and secondly by giving access to memories and images. Over time this increases capacity to bear experiences, including painful experiences, however a problem arises in that these two experiences do not necessarily happen at the same rate. In mindfulness practice, painful experiences may arise before the capacity to bear them has been developed if the individual does not have strong bedrock for that particular experience. In such circumstances, the risk of being overwhelmed is significant, and clinical judgment needs to be applied in deciding which exercises should be applied (Siegel, 2016). There are mindfulness practices that enhance a sense of safety, as well as practices that help to uncover painful memories and emotions, and other practices that help to increase capacity to bear painful experiences, and choosing which practice should be applied is where clinical judgment comes into play. Mindfulness-based approaches have been shown to effectively target several core features of PTSD, including avoidance, hyper-arousal, emotional numbing, negative emotions, such as shame and guilt, and dissociation (Boyd 2018:8).

Trauma involves a stage-based technique. In Phase 1, the therapeutic relationship is most important in the development of emotional and social skills through the expression of support, validation, and encouragement, with the first course of action being individual therapy. Meditation and mindfulness interventions are strong secondary interventions, meaning that they are important and useful interventions but not necessarily sufficient depending on the severity of the trauma and the patient involved (Cloitre 2012:8). When applying mindfulness practices, the best starting place would be practices that help to create safety first, before promoting uncovering or reintegration. People who have blocked out trauma have done this for good reason, and rushing towards integration and experiencing the full range of feelings is useful in the long run, but not advised in these circumstances where people can become more destabilised than before (Siegel, 2016). The blocking out of traumatic memories is because the emotions were too intense to bear at the time they occurred. Therefore the need to re-establish safety

is the first step (Cloitre 2012:8), and only then can the therapist approach the uncovering work, and finally building capacity to be with difficult feelings.

In his work with mindfulness interventions, Siegel recommends that the approach to enhance safety begins with an outer or distal focus, and from a clinical perspective is described as a 'distance from the midline of the body'. The practices that have been discussed above such as getting in touch with feelings, for example sadness, and encouraging the patient to 'stay connected with the sadness' and 'where in the body do you feel the sadness?' are feelings that are generally felt in the midline of the body. People report feeling these emotions in the gut or heart (never at the extremities of the body) as they are feelings deep in towards the centre, or midline of the body.

A walking meditation is recommended as a way of bringing attention to the soles of your feet and bringing the conscious mind to touching the earth and moving through space; this meditation is less likely to bring up difficult emotions.

A listening meditation, preferably calm nature sounds is helpful, however avoid any sounds that would evoke memories that would trigger flashes of the past trauma, like crying, screaming, gunshots, loud banging etc. A nature meditation is impersonal, non-judgmental and is more likely to induce safety. Often traumatic experiences are created in an interpersonal realm, and nature is not interpersonal.

An eating meditation, so long as there are no issues around food, can be a comforting experience as even though it is in the core or midline of the body, it still feels like an external object.

Open eyes practices are better at enhancing safety, and are considered to be grounding activities in the trauma field (Siegel, 2016).

Only once a person is at the point in their treatment to do more integrative work, can meditations like equanimity that involve imagery

that establish a sense of stabilisation become helpful, and gradually a progression onto meditations nearer the midline for example a particular meditation that Siegel refers to as 'stepping into fear' can be utilised (Siegel, 2016).

In the therapeutic setting, Phase 2 focuses directly on the review and reappraisal of trauma memories, by re-experiencing and talking about the experience in a safe environment. The therapist's presence, encouragement, guidance and feedback support the patient in maintaining a sense of safety and a reappraisal of the meaning of the traumatic experiences can be conducted. Its purpose is to facilitate the reorganisation and integration of the traumas into autobiographical memory in a way that yields a more positive, compassionate, coherent and continuous sense of self and relatedness to others (Cloitre 2012:9).

In mindfulness practices, the integrating activities should focus on the here and now, and should always be grounded in the body, and the therapist should check in frequently, asking for a status report: 'let me know what you are experiencing, and where are those emotions felt in the body'. If a patient becomes flooded or overwhelmed and feelings become too strong, then it is best to bring attention more outwardly again and modify the experience, for example by taking a break, looking out the window, taking a short walk, or a few breaths of fresh air, returning to the external world. Only then can the therapist return to the iterative process until a level of comfort is reached and the patient can eventually begin to get a sense of the experience of internal bodily arousal, versus the balancing factor of the external sensory present (Siegel, 2010). Phase 3 marks the transition out of therapy to greater engagement in community life. Towards the end of the treatment, therapist and patient consolidate the gains in emotional, social and relational competencies (Cloitre 2012:10). The therapist supports and guides the individual in applying skills to strengthen safe and supportive social networks and to build and enhance intimate and family relationships. From a mindfulness perspective, once a sufficient amount

of mindfulness work has been achieved, the objective is to begin to notice the insubstantiality of the self, and feelings of disintegration that may have been felt as frightening during moments of high anxiety, can now be more easily integrated and normalised.

The object in working with trauma is to be able to titrate between safety and doing the work of integration.

#### **4.10 Applying Relaxing and Calming Methods with Mindfulness**

Mindfulness practices are not the same as relaxation training, and neither do they get *rid* of fear and anxiety, but they are designed to help in being fully present with the experience of fear and anxiety, and a full range of human emotions, to help reduce and to manage their effects (Siegel, 2010). The intent of relaxation exercises is to replace a less desirable mental and physical state such as stress, anxiety, fear, or pain with a more desirable state such as calm, peace, or relaxation, however in mindfulness practices, the goal is to be present with whatever our experience is at the moment (Christopher 2006:497). For patients who may be extremely overwhelmed and debilitated by their anxiety, it is helpful to use calming techniques beforehand in order for them to open up to fear more broadly, as long as using these treatments do not become subject to 'escape avoidance' learning.

If escape avoidance learning is persistently used as an escape measure, it could lead a patient with anxiety to progress to agoraphobia. For example, a patient suffering with anxiety may go into a supermarket and become increasingly anxious in that environment and begin to feel panic sensations; in reaction to this they may run back to the carpark where it feels safer, less crowded and less overwhelming. The next time the patient goes to the supermarket and the feeling of fear begins to rise they return more quickly to the car park than before, and after a while may avoid supermarkets altogether, and

then the post office, or bank and eventually everything else in life. (Siegel, 2016). The problem with relaxation training, or the use of benzodiazepines, or using alcohol as a way to help cope with anxiety is that it becomes a form of negative reinforcement. Negative reinforcement patterns perpetuate the avoidance behaviour which in turn leads to a very restricted life. However when a patient is extremely overwhelmed, it is still useful to give them tools to work with that can be used to lower the risk of anxiety, and reduce it to a level that they can then work with.

Antidepressants (selective serotonin reuptake inhibitors [SSRI] or serotonin and norepinephrine reuptake inhibitors [SNRI]) are commonly prescribed and are useful because they help reduce the psychophysiological arousal which reduces adrenaline in the veins and therefore enhances calmness. Benzodiazepines, used in many anti-anxiety medications work far more quickly, their effects can be within minutes rather than weeks, and are useful for acute periods of stress and anxiety on a short-term basis, but preferably should not to be used for more than a two week period as in the long-term they increase the risk of depression, and become highly addictive (Poyares 2004:327). Therefore the use of relaxation training, cognitive behavioural therapy and mindfulness techniques are advised as part of a long-term management strategy for anxiety, as long it is understood that these tools are a method of increasing tolerance to fear and anxiety and managing them, rather than getting rid of them, and that the mindfulness practices themselves do not become an avoidance measure in dealing with the underlying causes of the anxiety.

The most basic relaxation and calming technique used in mindfulness is the meditation of going back to the breath, but in this context is done with deeper and slower breaths to combine deliberate diaphragmatic breathing with the mindfulness practice of allowing thoughts to arise and pass and just observing the mind. This is helpful in being able to reach the midpoint again where you can open more

fully to the experience (Siegel, 2016). Our instinctual wiring, if we are in an arousal state, is associated with a rapid in breath, and relaxation is associated with a slower exhalation. Allowing a breath-focused mindfulness practice then enables the patient to hear and regulate their breath, which gives a sense of calm and prevents becoming overwhelmed by anxiety.

Edmund Jacobson (1987) developed progressive muscle relaxation therapy in the 1920s which was one of the first 'body therapies' that was introduced to Western medicine, but instead of just noticing the different parts of the body, the patient is asked to progressively scrunch up the toes, hold them for a moment, then release, then continue up to the calves and repeat the same method of scrunching, holding then releasing, progressively moving through the body to the limbs, neck, face and different musculature, tensing and releasing (Jacobson 1987:522). This relaxation method can be combined with mindfulness by bringing full attention to what is happening in the present moment, and allowing thoughts to come and go, and if anxiety arises, to allow the feeling of anxiety. This method can be difficult as it delivers different messages that seem to run in counter directions: one is calming, the other is about acceptance of what is occurring in the present moment and therefore is best applied to patients who have developed enough cognitive understanding of how anxiety is perpetuated by avoidance.

A third approach in mindfulness practice would be the ancient Buddhist practice of equanimity. In Buddhist practice, equanimity can be defined as an even-minded mental state or dispositional tendency toward all experiences or objects, regardless of their origin or their affective valence, whether that is experienced as pleasant, unpleasant, or neutral (Desbordes2014:1), and captures potentially the most important psychological element in the improvement of well-being. It is therefore an important tool in the practice of mindfulness. Equanimity practice is not strictly a relaxation practice; it involves a level of

impartiality in which one can experience unpleasant thoughts and emotions without repressing, denying, judging or having an aversion to them. In the same way, one can experience pleasant or rewarding experiences without becoming over excited (hypomania), trying to prolong the experience, or become addicted to it. It is a practice of being able to approach pleasant, unpleasant and neutral experiences with equal interest. This is erroneously often confused as indifference, implying the absence of emotional reactivity, or the absence of emotions themselves, but instead it refers to the elimination of craving or clinging to the objects, thoughts or emotions. Equanimity includes a sense of care and attentiveness rather than cold indifference, and reflects as a state of mental imperturbability (Desbordes 2014:4). When applied to mindfulness as a calming technique, the equanimity comes from the sense of being held whilst being free to open up to all emotion, in a non-judgmental and accepting environment. The practice is contained in a meditation called the 'Mountain Meditation'. In this meditation, the person imagines themselves as a mountain, and gradually sees themselves going through seasonal changes. In each season, day and night alternate with one another. Sometimes the weather is stormy, sometimes, rainy, sometimes cold and snowy, sometimes hot, but the mountain remains steady and unmoving through all these changes. When people do the mountain meditation, they get a sense of something being continuous in spite of all the different emotional storms. It helps to develop concepts such as acceptance, non-judgment, non-striving and non-reactivity as well as a sense of calm that identifies with awareness itself (Desbordes 2014:6). Equanimity practice leads in a direction. It brings calming in the context of allowing all changes to occur whilst still being able to remain steady and tolerating changing conditions.

The practice of equanimity carries implicit concepts that relate with the psychoanalytical approach; in psychoanalysis, it is important for emotions to be seen by the patient with an even-minded attitude,



without condemning them, and in which the therapist would welcome a patient's free association, acknowledging and accepting all emotion.

#### **4.11 Using Future Goals to Ease Anxiety**

In the beginning of this discussion, avoidance was discussed as the central mechanism in virtually all anxiety disorders, along with attempts to avoid the feelings associated with the anxiety; this highlights the need to motivate patients to look at how they are habitually reacting to their anxiety, and what patterns have not worked in getting rid of anxiety, and assisting them to develop new patterns of awareness that are more skilful and helpful.

In closing this discussion, a final way to help patients to motivate themselves positively is to optimistically look to the future – this would involve looking at values and setting future goals.

Acceptance and Commitment Therapy (ACT) which has been developed by Steve Hayes (Hayes, 2013) adds an important aspect to mindfulness that involves conscious acceptance of present experiences and circumstances, and challenges the idea that we can go through life avoiding pain and anxiety, as pain is an intrinsic part of living. The question should not be so much, 'how do I get rid of this pain and anxiety?', as much as 'How do I live a full and meaningful life in spite of pain and anxiety being present?' In order to live a full and meaningful life it is important to identify values and goals. Values become a beacon in the anxiety storm; they are something that people move toward in spite of feelings of anxiety (Siegel, 2016). Values involve action, not just experience, and are played out in various aspects of life. For example, in a working career, we have goals that matter to us that we strive for. In our intimate relationships we have aspirations as a parent or as a partner, in education we carry aspirations for learning or personal growth, in the realm of our social lives we value friends and in the realm

of health and physicality we do things that enhance and preserve our longevity and well-being, and for many there may be the value of spiritual growth and development, community service, time in nature, or developing new skills of some sort. It therefore becomes important to discuss with patients what their values are and what really matters to them. The question that must be addressed is, 'has anxiety got in the way of what really matters?' If it has done so, using the equanimity practice to help regain a sense of bearings can help a patient in moving forward to what is meaningful and useful in their lives, as ultimately we strive to move forward in a direction in life which is most meaningful to us.

#### **4.12 Concluding Analysis**

Mindfulness-based therapy has, at its heart, a similar model for understanding health and anxiety as that of CBT, and builds on the strength and success of the insights and practices in CBT, but offers the possibility of change in a different way which might be more acceptable and workable to some sufferers (Surawy 2015:382). Mindfulness was originally designed to provide accessible relapse prevention for recurrent depression, by addressing the cognitive processes that expose the vulnerability to relapse, such as rumination and high cognitive reactivity. Research has shown that it has made a significant contribution in addressing these processes, and in reducing the risk of relapse and depression (Teasdale 1995:25). In recent years, mindfulness-based interventions have gained momentum in the treatment of a much broader range of mental health problems including anxiety (Hofmann 2010:169). Mindfulness training has moved beyond traditional CBT by teaching access to the 'being mode' of mind, and the unfolding of experiences moment by moment with openness and non-judgment. This has enabled people to see more clearly the mind's tendency to elaborate and create narratives, which are taken to be

reality, but which are actually *reactionary* responses to cognitive and emotional states, and in this way mindfulness has been helpful in developing a new and more accepting way of being with experience (Surawy 2015:383).

In this research, I have argued that rather than necessarily being superior, mindfulness interventions can be successfully indicated as an alternative offering to complement CBT and antidepressant treatment options, and may be particularly useful for patients with chronic presentation, whose early childhood experiences may not have included the necessary tools to develop healthy emotional awareness and management.

## Conclusion

In concluding this dissertation I hope not to have called exclusively for Buddhism, relational Buddhism or mindfulness as a therapy over psychoanalysis, but rather to increase a curiosity of both traditions, and highlight the growing impact of mindfulness on the future of psychotherapy so that we may more fully understand the synthesis of these two institutions and how effective these approaches are in creating a more integrated view of human potential, moving towards a true psycho-spiritual awakening.

I hope to have found sufficient resemblances between the two institutions as to provide plausible reasons why they are able to engage in ongoing dialogue, and demonstrate practically the transformative power of integrating mindfulness and psychotherapy into the future of modern culture, in such a way that Buddhism could also be seen as therapy.

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