

Mindfulness as Therapy From a Buddhist Perspective

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Mindfulness refers to remembering to bring attention to present moment experience in an open and nonjudgmental manner. Mindfulness is the heart of Buddhist meditation and these practices have been utilised in western cultures for generations (Kabat-Zinn, 2003). In the last 20 years mindfulness has become popular with psychotherapists using cognitive and behavioural therapies. Approaches where mindfulness is a key component include mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990), dialectical behaviour therapy (DBT; Linehan, 1993a), acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999), and mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002). With the exception of ACT, the source of the mindfulness practices used and taught in these approaches has been credited to Buddhist roots.

As a focused psychological strategy or skill, mindfulness is gaining clinical credence for many psychological disorders (Baer, 2003). There has been much discussion and debate about how mindfulness can be incorporated into psychology as a scientifically validated construct and there has been a tendency to separate mindfulness from Buddhism (e.g., Bishop et al., 2004; Brown & Ryan, 2004; Hayes & Shenk, in press). The separation has been helpful to enhance acceptance of this powerful therapeutic tool (Dimidjian & Linehan, 2003). However, as our contemporary psychotherapeutic community becomes more willing to accept ancient psychotherapeutic approaches, they may also be more willing to consider the theoretical systems from where they originated.

This chapter will describe the basics of Buddhist psychology and place mindfulness within the context of a therapeutic pathway. Firstly, it will provide some reasons why the Buddhist perspective of mindfulness may be helpful for psychologists. Then, for the most part, it will highlight

some of the psychotherapeutic systems found in Buddhism. Reference to clinical practice and some similarities to contemporary mindfulness-based approaches and Buddhism will also be mentioned. The comments about using mindfulness in clinical practice are based on the author's professional experience. The information on Buddhism is based on the author's personal experience with several teachers over three decades. Respectful acknowledgment and complete references are given in Huxter (2006a).

Rationale for Keeping Mindfulness and Buddhism Connected

Two ways mindfulness has been defined for psychotherapy include:

- awareness of present experience with acceptance (Germer, Siegel, & Fulton, 2005)
- 'Open or receptive attention to, and awareness of ongoing events and experience' (Brown & Ryan, 2004, p. 245).

In psychotherapy mindfulness is regarded as:

- a personal practice and therapeutic stance used by therapists
- a theoretical framework to support therapy
- a skill that can be taught to patients or clients (Germer, 2005).

For the most part, psychotherapists who use mindfulness have personal experience with this practice. Of these therapists, many base their theoretical orientation of mindfulness on Buddhist processes and principles (e.g., Germer et al., 2005; Kabat-Zinn, 2003; Marlatt, 2002. See also *Cognitive and Behavioral Practice*, Vol 9 No. 1, 2002, pp. 38–79). Buddhist psychology offers a comprehensive and in-depth conceptual framework from which to understand both the theoretical and practical aspects of mindfulness. Yet, when Baer (2003) wrote a comprehensive conceptual and empirical review of mindfulness training as a clinical intervention, Buddhist ideas were only given a token, yet respectful, mention.

It is understandable that many psychologists wish to distance themselves from Buddhism in order to make mindfulness scientifically acceptable, culturally relevant, and not confused with religion. However, separating mindfulness from its spiritual connection could be diluting its psychological effectiveness (Dimidjian & Linehan, 2003). In the 21st century, as mindfulness-based practices become more mainstream, our society and psychotherapeutic community may be more willing to accept that Buddhism could be a valid psychological approach to reducing human suffering. For those psychologists who already have a Buddhist orientation, the tendencies by other therapists and researchers to discard, not

acknowledge, and simply ignore the relevance of mindfulness from a Buddhist perspective is like throwing the baby out with the bath water.

According to Buddhist traditions, respectfully acknowledging the origins of practices helps to provide confidence and credibility in teaching these practices. Patients need not have heard about Buddhism to benefit from mindfulness. If, however, psychologists wish to teach Buddhist practices it is helpful to have an understanding of Buddhist principles. Such an understanding helps to clarify the similarities and differences between various approaches, manage problems when they arise, extend the teaching of skills beyond that which is in the teacher's personal experience as well as competently answer questions when they arise.

Buddhism

In my understanding, the word 'Buddha' comes from an ancient Indian language called Pali and the verb root *budh*, which means 'to awaken' or 'to understand'. The Buddha (or an awakened one) taught ways to understand or awaken to the truth and these teachings were called the Dharma. The truth, from a Buddhist perspective, refers to the way things are and conveys a sense of lawfulness about causes and effects, actions and consequences. Interdependence is, according to Buddhism, a key feature of reality.

Unlike linear ideas of causality where 'A' leads to 'B' leads to 'C', the Buddhist understanding of causality is interdependent. If there is no 'B' then 'C' does not arise. Alternatively, as 'C' is part of a system that cannot be separated from the whole, the arising or nature of 'A' is dependent upon the nature of 'C' or 'B'. In other words, as symbolised in Figure 1, the interdependent co-arising of phenomena are reciprocally modified by their interaction.

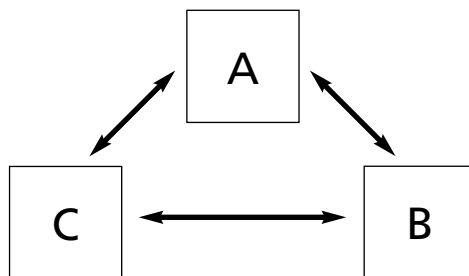


Figure 1
Interdependent co-arising.

The Dharma is not confined to Buddhism and is universal as the truth of the way things are. The Buddha had the foresight to organise the teachings so that they could be adapted to different cultures, regardless of time or place. He also taught in such a way that the beneficial results of Dharma practices, such as mindfulness, could be realised by individuals for themselves, by themselves and not depend upon an external authority.

Generally, Buddhism is seen as a religion. Often, however, those who call themselves ‘Buddhist’ prefer not to subscribe to beliefs, are not religious, and consider themselves more aligned with being agnostic (e.g., Batchelor, 1997).

The Four Truths

There are many different schools or traditions of Buddhism. Regardless of traditions, however, the primary aim of Buddhism is the realisation of the four noble truths. The four truths are, in essence, two cause and effect relationships. That is, anguish and its causes, freedom from anguish, and the causes of this freedom. Using medical model analogies the truths could be explained as (a) disorder, (b) aetiology, (c) health, and (d) treatment.

The four truths are:

- There is unsatisfactoriness, discontent, anguish or suffering.
- Discontent has origins or root causes.
- There is freedom from anguish.
- There are pathways to freedom.

The term *dukkha* (Pali) is used in reference to the first truth of suffering. The dimensions of *dukkha* are infinite and can be gross and/or subtle. *Dukkha* includes all the varied forms of mental/emotional distress found in psychological disorders.

According to Buddhism, the root causes of *dukkha* (the 2nd truth) are contextually dependent on mental, emotional and behavioural tendencies that incline towards:

- addiction to pleasant feelings, or craving and clinging
- rejection, avoidance, or struggle with unpleasant feelings, or aversion
- not knowing or ignoring and being psychologically unconscious (This can range from a lack of clarity to total confusion and gross delusions. From a Buddhist perspective, ignorance refers to being blind to the four noble truths, and the way things are.).

According to Buddhism, *dukkha* arises and continues because of an inter-dependent cyclic relationship between environmental conditions and tendencies based on greed, ignorance and aversion. Depending on one

condition, the next condition in the cycle will arise. Interestingly, cognitive-behavioural therapists will often describe mental disorders as having reactive and cyclic patterns. Panic cycles, for example, involve triggers, predisposing vulnerabilities, fight or flight responses, mental and physical symptoms, catastrophic interpretations and safety avoidant behaviours (Wells, 1997).

Nirvana (a Sanskrit term) is used in reference to the third truth. A metaphor used for *Nirvana* was the extinguishing of a fire. According to one translation, the word literally means Un (*nir*) + binding (*vana*) (Thanissaro, 1996). Thus, freedom is defined not in terms of what it is but in terms of what it is not. Here, freedom means that one is unbound by patterns and habits that lead to *dukkha*. *Nirvana* is the result of exiting unhelpful cycles of interdependent arising. At a very relative level, freedom with panic, for example, may occur when the panic cycle is short-circuited. Short-circuiting the panic cycle can occur at any point in the cycle. No longer believing catastrophic misinterpretations about physical experience, for example, is one way to exit panic cycles.

Being free from *dukkha* (the third truth) arises from practising the fourth truth. If ignorance and clinging are amongst the root causes for anguish then developing insight and simply letting go of reactive patterns are ways to be free from *dukkha*. The noble eight-fold path generally represents the fourth noble truth and the path of Dharma practice. The eight factors on this path are divided into three basic categories, which have an interdependent relationship (see Figure 2).

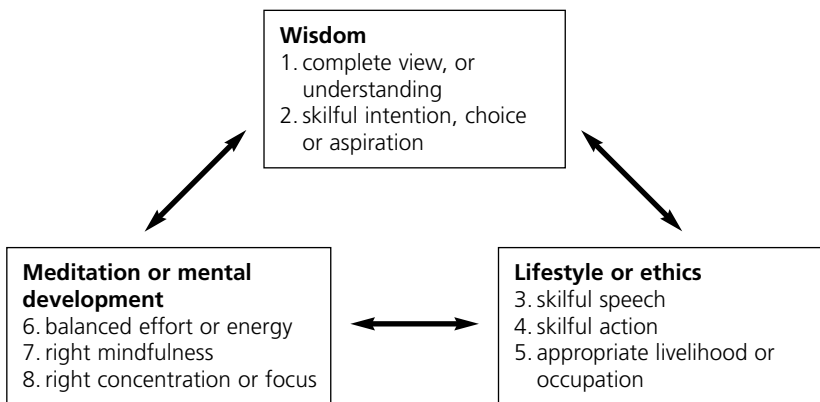


Figure 2
The eight-fold path.

According to some practitioners, the path has two levels — basic and refined or noble (Thanissaro, 1996). The refined level includes the realisation of Nirvana. The basic level involves the amelioration of *dukkha*. At the basic level, wise understanding leads to making decisions and commitments (skilful intentions). The choices we make are crucial in how things will unfold. With firm resolve it is possible to act in ways that reduce anguish and that are conducive to mental development. Mental development is not always easy and often involves courageous effort. However, when we bring focused non-judgmental attention to our self or our situation, wisdom may arise.

For a Buddhist, the path of Dharma is process and product, or the means of transport and place of deliverance. The path of Buddha Dharma could be compared to a high performance motor vehicle built to cope with all terrains. The basic vehicle design based on the movement of a wheel, is simple. However, driving the wheels are many refined mechanical and electronic components and systems working together as a whole. In Buddhism, mindfulness is one factor contextually embedded in several awakening systems.

There are numerous differences and similarities between contemporary mindfulness approaches and Buddhism. However, only a few similarities will be mentioned. ACT developed independently of Buddhism, yet despite the distance there are many theoretical similarities. The key features of the ACT hexagram, for example, bear close resemblance to the Buddhist basic eight-fold path. The hexagram involves acceptance, contact with the present moment, values, committed action, self as context and defusion (Hayes, 2004).

The basic conceptual and practical framework of MBSR is from Theravada Buddhism. Kabat-Zinn's (1990) seven attitudinal foundations of mindfulness practice are, for example, skilful adaptations of some of the Buddhist awakening systems. Additionally, MBSR often refers directly to the four noble truths (e.g., Roth & Calle-Mesa, 2006). Providing a context such as the four truths can enhance patients' understanding and motivation for mindfulness and related practices.

Mindfulness Meditation

Meditation is a flexible activity, which is not confined to formal sitting practices. According to Buddhism, meditation is a form of training that involves energy, mindfulness and concentration. The two categories of meditation in Theravada Buddhism are tranquillity meditation, and insight (*vipassana*) meditation. Important components in the awakening

systems, such as loving kindness and compassion are calm meditation practices, and ways of relating to self and others. Mindfulness meditation is considered as an insight practice and a way of being.

In the Theravada Buddhist traditions, mindfulness meditation is called *satipatthana vipassana*. According to Pali scholars *Sati* means awareness, keeping in mind, attention or memory. *Patthana* means keeping present and foundation or source (Kearney, 2002). Thus, *satipatthana* means the foundations of mindfulness and refers to remembering to deliberately place close attention to what is happening right now. Another way of describing mindfulness meditation is ‘presence’.

Vipassana translates as insight, where *vi* denotes separate, intense or distinct and *passana* means seeing. Therefore *vipassana* means seeing separately and seeing distinctly (Kearney, 2002). *Vipassana* results from practicing *satipatthana*. Insight can refer to ‘the clear perception of the object as it really is’ (Goleman, 1988, p. 123).

Insight

In Buddhism, insight directly counters ignorance and is a key factor to exit cycles of *dukkha*. Insight includes realising the four noble truths and knowing, at an experiential level, three characteristics of existence. The three marks or characteristics of life according to Buddhism are:

- impermanence or change
- unreliability, ambiguity or uncertainty
- interdependence, no-thing-ness, no self-ness, insubstantiality, contingency or emptiness.

As all things change they are also uncertain, unreliable and ambiguous. That is, we can never be certain about the future. In line with laws of interdependence, all situations, events, people and things are contingent on other things for their existence. In Buddhist terminology ‘emptiness’ and ‘not self’ mean that all things, including that which we call ‘self’ are empty of separate existence. Emptiness can also mean that things are empty of unrealistic assumptions and unhelpful opinions. Being empty of assumptions means that nothing is added or taken away. In Buddhism, the positive correlate of emptiness is ‘such-ness’ where things are just as they are (Batchelor, 1997).

Insight about the three characteristics of existence has a generalising effect with clinical implications. Seeing the impermanence of a falling autumn leaf can, for example, be generalised to knowing the fleeting change and emptiness of a distorted thinking pattern or knowing how a

painful emotion need not be taken personally. It is often a liberating relief to individuals suffering with tormenting emotions (such as those with borderline personality disorder) to realise that they need not identify with their emotions.

There are many connections, both theoretically and otherwise, between DBT and Buddhism (Linehan, 1993a). One connection to Buddhism is how DBT uses a dialectical view of reality and human behaviour to direct therapy. The three features of this view are (a) interdependence, (b) balance and transformation (yin yang), and (c) change — which bear similarities to the Buddhist characteristics of existence.

It seems that insight into the marks of existence is a therapeutic feature of ACT. One cause of suffering, according to ACT, is ‘cognitive fusion’ where we take what we think about ourselves literally (Hayes et al., 1999). ACT describes many innovative and creative defusion techniques. From a Buddhist perspective, these techniques can lead to having insight about the nature of thoughts and emotions and seeing clearly that they are not who or what we are.

MBCT is basically a reformulation of MBSR with the addition of contemporary cognitive–behavioural practices and empirically based theories. One strong similarity to Buddhism is the MBCT description of meta-cognitive insight. Meta-cognitive insight refers to ‘experiencing thoughts as thoughts (that is as events in the mind rather than direct read-outs on reality)’ (Teasdale et al., 2002, p. 286). Meta-cognitive insight involves shifting the focus to the relationship with thoughts rather than their content. Seeing the such-ness of thoughts means that they are just thoughts and not necessarily facts to be believed. In situations where patients are prone to depression, realising the such-ness and ambiguity of thought is liberating.

The Satipatthana Sutta

The Buddha taught for 45 years and gave hundreds of discourses that were recorded as Suttas (Pali). In the Satipatthana Sutta he described, in detail, the four foundations of mindfulness, each with numerous subdomains. The four foundations seem to encompass the full spectrum of body–mind experience, as well as processes that are appropriate for awakening and the reduction of *dukkha*. They can also be adapted to temperament and situation, thus they are relevant for psychotherapeutic situations. Some of the foundations and their sub-domains seem well established in contemporary mindfulness-based therapies, whilst others are not. The following is a very brief overview. For more details about the four foundations as

therapy see Huxter (2006a and 2006b). For a translation and comprehensive commentaries please refer to Analayo (2003).

The discourse says, practicing Satipatthana requires the establishment of four mental qualities:

- being ardent or applying diligence
- being alert or clearly knowing and comprehending
- mindfulness
- being able to put aside greed and distress with reference to the world or, detachment.

According to one translator, the Buddha also spoke about three stages in the development of mindfulness (Thanissaro, 1996). Roughly these stages are:

- focusing in the present moment
- noticing how the object changes and the factors related to the change
- bare attention to the object, without clinging or grasping and with equanimity.

Mindfulness of Body

Mindfulness of body involves contemplating the body in all possible ways and circumstances. The several sub-domains within this foundation include mindfulness of breath, postures, clear comprehension of actions, and physical sensations. Therapeutically, being grounded in the body can provide respite from battles with difficult thoughts and emotions. Mindfulness of body can provide a way to cultivate insight without depending on rational analysis. Mindfulness of breath and body scan (awareness of sensations) are two common mindfulness of body practices in modern psychology. However, they are not always suitable. With those prone to panic, both of these practices can, initially, easily shift to self-focused attention and precipitate an anxious reaction. Similarly, with those who have a history of sexual abuse, body scan can trigger abreactions. Shifting attention to external phenomena (such as sound), or mindfulness of postures (walking), or being mindful with action can be helpful in these circumstances. Sometimes patients are too restless to sit still, and being mindful in movement or with actions may be a suitable alternative. Being mindful of daily activities with clear comprehension of purpose and suitability can, for example, be helpful with disorders related to impulse control, such as bulimia or deliberate self-harm. By purposely bringing non-judgmental attention to activities, insight about cause–

effect relationships is developed and the likelihood of choices in line with insight is increased.

Mindfulness of Feelings

In Buddhism, feelings refer to the affective tone of an experience and not emotions as they are considered in our everyday language. The affective tones of experiences are pleasant, unpleasant or neutral. Feelings can arise in relation to physical experience or mental experience. Other dimensions of feelings include whether they give rise to unhelpful reactive patterns or not. In interdependent reactive cycles, feelings usually come before craving to either push away or pull in. We cannot control our feelings about experiences as they arise because of conditions. We can choose, however, how we respond. Being aware of feelings, as feelings, can short-circuit unnecessary overreactions to experiences that come our way. Despite having painful feelings arising from the body (as an example) our mind can be peaceful and mindfulness can be helpful for pain management. The term ‘urge surfing’ (Marlatt, 2002) aptly describes how mindfulness of feelings and cravings can help substance abusers interrupt cycles of their substance addictions.

Mindfulness of Mind

This domain of mindfulness includes helpful and unhelpful emotions and thought patterns, as well as subtle states of mind.

For the most part we identify with our mind. Practising this domain helps to provide some space from this identification as well as rein in the tendency for destructive emotions to run rampant. Mindfully tracking the changing nature of painful emotions helps to break reactive patterns often associated with these states. Being aware of worry as worry and not getting entangled with the thoughts related to the worry can short-circuit this tendency. Being able to mindfully label aggressive emotions, as another example, can help to provide choice with these states rather than feeling at their mercy. Linehan (1993b) accesses this domain of mindfulness when she teaches those with borderline personality disorder how to tolerate and regulate distressing emotions.

Mindfulness of Phenomena

This domain is also referred to as mindfulness of mind objects and includes a range of qualities and patterns. This frame of reference includes, for example, awareness of the ways tendencies interact. The five sub-domains in this foundation include mindfulness of five hindrances to practice and mindfulness of the seven factors of awakening. The five

hindrances are sense desire, aversion, restlessness/worry, lethargy and sceptical doubt. The seven factors of awakening is one of the many awakening systems within the eight-fold path. It includes mindfulness, investigation or enquiry, energy, joy, tranquillity, concentration and equanimity.

This foundation requires more active engagement and intelligent discrimination than the other three foundations. In particular, it emphasises maximising the skilful and minimising the unskilful. The fourth foundation is very relevant for therapy because it encompasses the essence of the Buddha's teaching. Working with the hindrances and cultivating the factors of awakening are, for example, much of the business of psychotherapy.

Final Comment

Mindfulness cannot be confined to any one psychological approach such as Buddhism. Nonetheless, many of the mindfulness practices used in contemporary psychology originate from this tradition. For psychologists grounded in Buddhist understanding, contemporary mindfulness-based approaches have added empirical evidence and innovative ways to apply Dharma with clinical populations. The basic Dharma wheel design, however, has not been superseded.

Just as stripping a multi-purpose vehicle of its functioning systems will eventually render it useless, attempts to distil and separate mindfulness from Buddhism run the risk of losing the skill, knowledge and conceptual framework that this tradition offers. Buddhist psychology is a sophisticated and comprehensive approach to realising freedom from a diverse range of mental and emotional disorders. Attempts to reinvent the wheel, without reference to earlier models are, perhaps, a retrograde step. With respect to interdependence, an approach that is inclusive of Buddhism rather than exclusive may be more progressive for integrating mindfulness in contemporary psychology.

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