

Formerly Buddhist Practices Offer Great Potential to the World of Western Psychology

Katlyn M. Troisi

Ripon College

**TABLE OF CONTENTS**

Abstract	3
Introduction	4
Overlap between Religion and Science	5
Belief about Mind	5
Belief about World	7
Buddhism and Psychotherapy	9
History of Meditation	13
Meditation and Psychology	16
History of Mindfulness	20
Mindfulness and Psychology	24
Conclusion	28
References	30

### Abstract

Over time science has grown in importance in the way in which people live today. This has caused conflict in the eyes of those who are religiously affiliated and have been instructed to ignore scientific findings. The true issue is the polarization of these two aspects of life. Rather religion and science should grow together. Buddhism has acknowledged the potential of incorporating science into their teachings and when new evidence comes to light they openly change how they see the world. Since Buddhism is open-minded to the benefits of science, there has been an opportunity to study many of the Buddhist practices which are now being used in the western field of psychology. There is an entire adapted field of Buddhist-derived Interventions which have impacted the world of psychotherapy greatly (Shonin, E., Van Gordon, W., & Griffiths, M. D., 2014). Specifically, this paper discusses the many benefits of meditation and mindfulness when added as a treatment method for therapy. This overlap presents immense opportunity for the relationship of religion and the social sciences to feed off of one another to form a greater understanding of each discipline.

### Formerly Buddhist Practices Offer Great Potential to the World of Western Psychology

As science continues to develop and become more vital to the lives of people, religion has fallen to the background. Those who are still very much religiously affiliated struggle with science holding such an important role in society today. The true issue is that science and religion have historically been seen as one or the other and have polarized people to the point that people are forced to choose between religion and science. People have not opened themselves up to the possibility of interacting with both aspects of society.

From the religious community, Buddhism has shown an ability to work with the scientific community and acknowledges that both religion and science could grow together instead of further apart. Due to Buddhist tradition and teachings, they are more open-minded to new findings supported by science and are more concerned with living in the present than maintaining a historical significance. This allows Buddhists to collaborate with the scientific community.

Since Buddhists have allowed science to co-exist with their tradition, there have been many advances in research. Psychologists have found many opportunities to incorporate originally religious practices into the world of western psychology. There is an entire adapted field of Buddhist-derived interventions which have made a great impact on the world of therapy (Shonin, E., Van Gordon, W., & Griffiths, M. D., 2014). Since many of the practices in Buddhism are intended to help one have greater understanding of the world and other beings, it is easy to see how this could translate into the field of therapy. Of the several Buddhist-derived interventions the two most commonly used practices are meditation and mindfulness.

This paper will take a deep look into the historical and social background of both meditation and mindfulness as seen in Buddhism. Also, an attempt to understand how each of these practices originated from Buddhism, but have opened their range of use today will be presented. After examining the historical and social roots of each practice a clear argument will be formed to illustrate how each of these formerly religious practices have been transformed into interventions used in the field of western psychology today. These interventions have bridged the gap between religion and science and are proof that each of these disciplines has a great deal to gain from working with one another instead of further polarizing.

### **Overlap between Religion and Science - Buddhism and Psychology**

#### **Belief about Mind**

First, it is important to review the basics of Buddhism and have a more comprehensive understanding of the purpose and mission of the religion. According to Gyatso (2008), the term Buddha means awakened one and it is characterized as a person who is able to see the world as it stands and to be free from all faults and mental obstructions (Gyatso, 2008). The concept of seeing the world as it stands is built on the Buddhist perspective of dependent origination. Dependent origination can be described as everything connecting and nothing standing alone. All of the events in the world are connected and threaded together as one. Thus, part of being awakened is having the ability to understand that all of the world is intertwined and that one cannot separate pieces of the world into different sections, but rather people need to accept and love all parts of the world.

Consequently, having a clear mind directly relates to psychology because a main focus in the practice of psychotherapy is the ability to understand one's own thoughts and motivations

and clear the “mental obstructions” (Gyatso, 2008). In therapy the counselor offers different pathways of thinking to the client and tries to teach them to utilize new patterns in order to resolve the issues they are presenting with at the first session. Additionally, there is a clear tie to the ability to have a clear mind in psychology and understanding dependent origination because if one can accept that everything is related there is potential for the client to also grasp that one’s thoughts and motivations are also tied together.

Similarly, when people “practice the Buddha’s teachings [they] protect [themselves] from suffering and problems (Gyatso, 2008). This extends the idea that religion or religious practices can be transformed into another way to heal the mind and from there heal the person as a whole entity. The Buddha was greatly invested in helping the mind and was often worried about mental imbalances and strived to achieve well-being and rid oneself of the suffering that occurs from having a “sick” mind. One could say that the Buddha had many of the personal elements and passions needed to become a therapist. He cared about healing the mind and protecting the sanity and security of the mind. He also focused on having a clear understanding of the mind and acknowledging the nature of one’s mind.

According to the Buddha, there are three levels of the mind: gross, subtle, and very subtle (Gyatso, 2008). The gross mind is described as awareness of the senses. It is easier to recognize when one’s mind is in a gross state. For example, the gross mind is one that focuses on what a person is smelling or what they are physically seeing. On the other hand, a subtle mind is harder to detect and the very subtle mind is the most difficult to notice. The very subtle mind is the part of the mind which continues to the next life in the Tibetan Buddhist tradition. The depth to which

the Buddha discussed the mind alludes to its importance and the overlap between Buddhist ideas and the potential to relate to modern science.

Thus, a clear thread between Buddhism and psychology is the idea of healing the mind and specifically directs toward the discipline of positive psychology. While the mental health field has only recently drifted toward the importance of positivity and well being, Buddhism has been promoting well being for all people since the beginning of the tradition. Buddhism helps individuals realize their fullest potential and keep their mind healthy and balanced (Wallace & Shapiro, 2006). The Dalai Lama once said that he believes

that the very purpose of our life is to seek happiness. Whether one believes in religion or not, whether one believes in this religion or that religion, we all are seeking something better in life. So, I think the very motion of our life is towards happiness (Dalai Lama & Cutler, 1998).

The Dalai Lama's quotation perfectly illustrates the prominence of well-being and mental happiness to the Buddhist religion. This is also an important statement because it is being relayed through a religious leader. Instead of promoting his religion or focusing on the people who follow his religion, he is elevating the significance of mental health and happiness. His statement also signifies that Buddhists feel all people should seek mental well-being regardless of their religion. This clearly depicts that well-being is not only important to positive psychology, but it equally stressed in Buddhism.

### **Belief about World**

Further there is more research which indicates that the main teaching of suffering in Buddhism directly relates to psychological research. Buddhists argue that suffering does not

come from acknowledging and enjoying pleasures which come from the senses, but rather it is the loss of these pleasures and the need to have them for which suffering is born. Western psychology is able to support this from the research concerning the difference between “maximizers” and “satisficers”. Maximizers are characterized as those who are in constant need to find the best and satisficers are those who are satisfied after their own internal value of acceptability has been reached. Research has found that in the process of trying to find the best of everything, the person actually causes themselves the most suffering (Wallace & Shapiro, 2006). Thus, while the maximizers may ultimately achieve more than the satisficers they are more likely to feel a sense of disappointment and unhappiness. This directly relates to a core hypothesis in Buddhism that yearning for desires such as wealth, fame, and power ultimately lead toward a path of “discontentment, anxiety, and frustration” (Wallace & Shapiro, 2006). Hence, the Buddhists teach that one should live in the present and not be focused on the future because many times this brings suffering.

Similar to the agreed upon idea that human suffering stems from the loss of a certain desired stimuli, Buddhists and psychologists also share the reasoning for happiness. Each discipline points toward the idea that happiness is a result of internal mental training. For example, there are many exercises and interventions used today which have been adapted from religious practices. Notably, research has found that mental training is more durable than “stimulus driven” pleasures (Brickman & Campbell, 1971; Ryan & Deci, 2001). Therefore, psychology illustrates the importance of understanding one’s own mind and that by doing so this has the potential to bring great happiness to the individual. Similarly, the Buddhist text the Dhammapada also states that “Health is the foremost possession, Contentment, the foremost



wealth, Trust, the foremost kinship, And Nirvana, the foremost happiness” (Fronsdal, 2005).

This quotation acknowledges that contentment, found in the mind, and health, both physical and psychological, are the most important elements which lead to happiness. Both contentment and health are found within oneself and this represents the similarity expressed by both Buddhism and psychology in relation to human happiness. Both psychology and Buddhism teach that if one can train themselves to perform practices which inspire happiness through the use of mental training there is a greater likelihood that those interventions will continue to provide happiness for a person than if they were to merely obtain their happiness through material desires.

While psychology has shown that material desires do not correlate as strongly with happiness as mental well-being, people are still overwhelmed with the false belief of what will truly make them happy. Research illustrates that people are poor predictors of their happiness in the future, otherwise known as affective forecasting (Kahneman, Diener, & Schwarz, 1999). Many people believe that once they surpass a certain threshold of money or property they will be happy and free from human suffering. In truth, the very materials one is seeking in pursuit of happiness most often leads to suffering. Psychological studies have a clear connection to the Buddhist teachings of suffering because each depict that material goods are not what makes a person happy. Rather, having a sense of fulfillment and mental balance are more strongly correlated with happiness.

### **Buddhism and Psychotherapy**

The different practices which originally belonged to Buddhism are all meant to “reduce and eventually to completely eradicate our delusions, and to replace them with peaceful, virtuous states of mind” (Gyatso, 2008). Thus, it is easy to understand how the practices used in

Buddhism could easily translate into practices used in therapy. Not only does psychological research support many of the Buddhist teachings and practices, but Buddhism has returned the favor and given many teachings to the field of clinical psychology. There is an entire subset of clinical psychology referred to as Buddhist-derived interventions (BDIs) (Shonin et al., 2014). Many originally Buddhist rituals and teachings have expanded beyond only being utilized within Buddhism and have entered the lives of many people in the United Kingdom and even America (Shonin et al., 2014). For example, one out of four British adults meditates and 50% stated they would be interested in learning to meditate if it would improve their mental health. Additionally, 75% United Kingdom general practitioners believe that meditation is helpful for mental health issues (Shonin et al., 2014). Sadly, America is behind the curve and only approximately 6.5% of Americans practice meditation. These statistics illustrate that the practice of meditation is growing around the world and not limited to the eastern culture. With this data in mind, it would be helpful to know the effects and possible benefits of developing these practices for laypeople.

Research has shown that BDIs have the potential to be utilized as a form of treatment for nearly all psychological disorders. Specifically, BDIs have been reported to have the ability to assist those with mood disorders, anxiety disorders, substance-use disorders, personality disorders, and schizophrenic-spectrum disorders. Thus, there is a clear need for psychologists and Buddhist leaders to communicate their shared knowledge and interests as there is room for great improvement in the scientific community by integrating common Buddhist practices.

Later in the paper there will be a clear focus toward two Buddhist practices, but for the purpose of noting the many ways in which Buddhist practices could be implemented in the

future, a few examples will represent the several options that the psychological field has explored thus far.

Excluding the commonly referenced practices of meditation and mindfulness, which will be discussed later, many other Buddhist practices have also made their way into the discipline of psychology and psychotherapy specifically. For example, compassion is a main practice in Buddhism and has been established as a part of a program known as Cognitively-based compassion therapy (CBCT). CBCT is a group-based therapy treatment which is conducted over a six week span and utilizes the Tibetan Buddhist mind training technique. There is a balance demonstrated between the well-known psychological technique of Cognitive-Based therapy (CBT) as well as incorporating the Buddhist practice of compassion. By adding the element of compassion the ability to understand oneself and those around them is strengthened in the patient. Research has demonstrated that CBCT reduces stress, depression levels, and increases the client's emotional regulation abilities.

Gilbert & Procter (2006) and Mayhew & Gilbert (2008) conducted similar research regarding compassion-focused therapy (CFT). The slight difference between CBCT and CFT is that CFT is a one-on-one session and not a group-based therapy session. Also, the session is elongated to 12 weeks. CFT has been found to reduce anxiety and depression in those patients with chronic mood disorder. Additionally, patients diagnosed with paranoid schizophrenia also reported reduced hostility and auditory hallucinations. The therapy experienced within CFT is nearly exact to the previously explained CBCT and hopes to have the same effect of increasing one's awareness and understanding by adding the element of compassion. Therapists work with the patient to increase the level of empathic concern the client currently has in order to not only

help them better understand others, but this also helps them gain a greater awareness of themselves.

Similarly, loving-kindness is a common Buddhist practice which has also entered the field of psychotherapy through meditation in recent years. Originally, loving-kindness was defined as “the wish that someone, either oneself or another, be happy” (Lopez, 2015). Further, the Buddha taught that

One man should not humiliate another; one should not despise anyone anywhere. One should not wish another misery because of anger or from the notion of repugnance. Just as a mother would protect with her life her own son, her only son, so one should cultivate an unbounded mind towards all beings, and loving-kindness towards all the world (Lopez, 2015).

Thus this beautiful teaching, similar to compassion, has been adapted into the world of therapy through the practice of meditation. Loving-kindness meditation (LK) instructs the client to direct LK toward themselves as the first step. After this is at an appropriate level, the client is instructed to direct those same feelings of love and kindness toward a neutral person next. For instance, the client might be asked to show and feel LK toward a bus driver. Again, after this step is mastered the client meets the challenge of directing LK toward a person of difficulty in their lives and then finally all beings. This therapy is group-based and meets weekly for one or two hours for six to eight weeks. Researchers have found the LK therapy causes improvements in asociality, self-motivation, interpersonal relationships, relaxation in patients with schizophrenia-spectrum disorder, self-acceptance, and satisfaction with life for those with schizophrenia (Shonin et al., 2014).

Therefore, the research denotes that not only are there similar beliefs held throughout Buddhist practices and positive psychology, but there are many implications for using Buddhist-derived interventions in the field of psychotherapy.

### **History of Meditation**

Meditation has assimilated into the common vocabulary of many today and as a result of this it is possible for the original meaning to be misinterpreted or misunderstood. According to Johnson (1986), meditation is described as a state that a person enters where they find a great sense of calmness which then often induces long concentration on a single object.

As meditation becomes more and more familiarized it is important to acknowledge its historical and social roots. Meditation is commonly known as originating from Buddhism, but other sources claim there might have been an earlier form of meditation predating Buddhism. Historical evidence shows that both the Shamanists and Greeks experienced meditation and were able to discover one's mind, at an early stage in human history, through deep thought or what has also been characterized as an altered state of consciousness.

While many cultures and people have experienced meditation, ultimately Buddhism has the strongest link to the practice that has now overlapped into modern society. Buddhism describes meditation as the source for making the human mind and body calm and peaceful. By establishing peace within the mind and body one will be "free from worries and mental discomfort, and so we will experience true happiness" (Gyatso, 2008). Gyatso further explains the common issue of having a difficult time controlling the mind due to emotions. He illustrates this struggle through a metaphor, he states

It seems as if our mind is like a balloon in the wind-blown here and there by external circumstances. If things go well, our mind is happy, but if they go badly, it immediately becomes unhappy (Gyatso, 2008).

This quotation perfectly states the mental imbalance that people feel due to differing emotions. As emotional states change, the mind and body is thrown into disarray. Meditation, then, is not necessarily used to make one feel more or less pleasant, but rather meditation is a way in which to gather one's emotions and to become balanced. This balance leads to happiness because the body has a sense of homeostasis. Additionally, as people continue to practice meditation the body adapts and is able to develop mental equilibrium. The mind is less attached to when negative or positive events occur. Without a sense of mental equilibrium emotions can range from very low to high in seconds. Gyatso (2008) uses the metaphor of a child and a sandcastle. Children are very happy when the sandcastle is finally completed, but they feel complete sadness in seconds when the waves come and inevitably crashes their masterpiece to the ground. However, with meditation the mind is able to work toward a sense of balance where it is not so easily swayed by emotions and can find a center and calmness more easily.

There are several types of meditation and each has their own distinct purpose. The first type of mediation has several names and can be referred to as analytical, vipassana, or wisdom meditation. This form of meditation has the person contemplate the Dharma, often as included in a particular passage of scripture, and is more religiously affiliated. The purpose of wisdom meditation is to allow the person to form a deep connection to the Dharma, which then promotes a deeper understanding of the text and allows the person to reason through the teachings. For

instance, an important text in Buddhist tradition is the Dhammapada. Thus, one might meditate on the topic of anger. The Dhammapada has a teaching about anger which states,

give up anger, give up conceit, pass beyond every fetter, There is no suffering for one who possesses nothing, Who doesn't cling to body-and-mind. The one who keeps anger in check as it arises (Fronsdal, 2005).

One might meditate about this teaching and try and reason through how this explanation of anger and defeating anger can be incorporated not only into their religious understanding but also how this can take form in one's everyday life.

In addition, the second form that mediation takes is known as samadhi, stabilizing, concentration, or placement meditation (Dalai Lama, 2002). It is commonly referred to as concentration meditation because the act involves focusing directly on a single object or idea and become deeply familiarized with their chosen subject during this type of meditation. Placement mediation depends on some of the same skills acquired during analytical meditation. For instance, it is common for a person to use a mandala in order to perform placement meditation. In order to meditate over this object for an extended amount of time one needs to have acquired the skill of deep thought and patience which one might have learned through meditating about the Dhammapada.

Additionally, the Dalai Lama explains that meditation can also be split between subjective and objective meditation (Dalai Lama, 2002). Subjective meditation is used to "cultivate the mind a new, or strengthened perspective, or attitude" (Dalai Lama, 2002). For example, one could meditate on faith subjectively because faith is not the object which one is meditating about. However, as one meditates the idea or attitude concerning faith one's mind

might be cultivated in a new or stronger fashion. In other words, one might imagine that the goal of subjective meditation is to change one's attitude and behavior. Secondly, in objective meditation the person would meditate on a topic. For instance, in Buddhism the topic of impermanence is a key teaching that one could focus their meditative thoughts toward. Thus, objective meditation is more concerned with one's understanding rather than one's behavior.

Therefore, meditation has grown from the time in which it was likely discovered by the Shamanists and Greeks to how many Buddhist followers have adapted it into their lives today. Whether Buddhists are meditating about the Dhammapada or focusing their thoughts on a mandala the practice has entered many homes and provided mental equilibrium for many. The ability for meditation to calm people and provide peace has translated into the world of western psychology.

### **Meditation and Psychology**

As Buddhism becomes more widely known throughout the world, science has established a relationship with the tradition and has noticed the great psychological potential there might be for those who do not practice Buddhism, but could benefit from adapting the practices used in Buddhism in their everyday lives.

Interestingly, Davidson, Kabat-Zinn, Sschumacher, Rosenkranz, Muller, & Santorelli (2003) conducted research concerning the benefits of novice meditators and they found a significant stimulation in the left prefrontal cortex after meditating. This section of the brain is where positive thought is stimulated. Therefore, meditating, even for novices promotes positive thoughts.



Perez-De-Albeniz (2000), makes the argument that there are many positives to adding meditation into one's regular lifestyle. From a psychological perspective, there have been studies which have found that 88% of people reported greater happiness and joy, positive thinking, increased self-confidence, effectiveness, and better problem-solving skills (Shapiro, 1992). Perez-De-Albeniz utilizes information such as this to make the case that adding meditation, a former Buddhist practice, into the lives of non-Buddhists could add significant improvements to their lifestyle as well.

Additionally, Atwood and Maltin (1991) describe how adding meditation into therapy might help the patient beyond their actual presenting issue. Atwood and Maltin found that adding meditation to therapy helps the patient to understand there are no quick solutions and that patience is important if they truly want to make progress in therapy. Meditation also promotes a non-judgmental attitude toward themselves as well as others around them. This is beneficial because meditators also become more aware of what is and are less worried about what might be or should be. Therefore, by taking away the judgement in the situation they can accept their current position in life and try and make efforts to improve. When the patient makes the commitment not to judge themselves they can effectively take the next step toward improving upon their current condition. Further, recognizing that they need to diligently work on themselves in order to reach their goals it promotes an understanding that others, too, are making progress toward improving themselves and they, too, should not be judged.

Atwood and Maltin (1991) explain that meditation has the ability to help people understand themselves and others, which is an important first step before truly beginning to solve the issue to patient is presenting with. The next step is trying to establish which form of

treatment is best for the patient. As previously mentioned there has been significant research concerning BDIs and how those have impacted the world of psychotherapy. Meditation is no exception, Van Gordon, Shonin, Sumich, Sundin, & Griffiths (2013) found that through an eight week program known as Meditation Awareness Training (MAT) meditation was able to significantly improve the lives of many struggling with common psychological disorders. Mindfulness is incorporated into the program, but is not the entirety of the training. There are three Buddhist principles which are stressed as part of the MAT (wisdom, meditation, and ethical awareness). Cultivating awareness, patience, generosity, and loving kindness compassion are the main goals of the program. There were 25 university students who presented with depression, stress, and anxiety and participated in MAT. Significant improvement in all psychological disorders was found after the students' involvement in MAT.

Similarly, an in-depth study was conducted which examined the benefits of meditation for breast cancer patients struggling with anxiety, depression, and fatigue (Kim, Kim, Ahn, Seo, & Kim, 2013). In this particular study each of the women were undergoing radiation therapy for their breast cancer. There were 102 female patients who were randomly assigned into meditation control groups. The test group would receive 12 meditation sessions throughout the period of their six weeks lasting for 60 minutes each time. In contrast, the control group only attended their conventional radiation therapy and received no extra interventions.

The experimental group implemented a Brain Wave Vibration meditation which combines simple movements in a rhythmic fashion as well as music. This form of meditation has a deep focus on the senses. Aspiring toward relaxing the mind and body, the meditation also promotes relieving negative thoughts and being at peace with oneself.

Kim et al., (2013) measured the effects meditation was having on the experimental group with the use of questionnaires and ratings. For example, patients were asked to complete the Hospital Anxiety and Depression scale (HADS) in order to measure the level at which the patients were exhibiting anxiety or depression. In order to measure fatigue the Revised Piper Fatigue scale was implemented.

Conclusively, the results illustrated many key differences between the experimental group, who had been meditating, and the control group, which only consisted of radiation therapy. First, the experimental group had reduced anxiety, whereas those in the control group had increased in anxiety. Similarly, the experimental group had lessened their fatigue and the control group's fatigue had increased. Further, the reduction that was experienced from the meditation group in their depression levels was not significant, but it is important to note it did decrease. Lastly, there was an overall scale measured for the patients' quality of life and those in the experimental group improved their quality of life significantly.

These results are incredibly significant and are the beginning steps of acknowledging the possibilities that meditation could have for many people struggling with psychological disorders. This particular study was correlational and cannot show causation, but it does depict that meditation has the ability to positively affect many people. Additionally, it is interesting that the quality of life could be improved for patients with cancer by implementing a meditation regimen into their lives. Realistically, if meditation could help those who are struggling not only psychologically, but also physiologically than there is little reason to believe that meditation could not help many people to better their quality of life as well.

Therefore, even in the beginning stages of research, there are several examples of meditation improving the psychological state of many people. This leads to the idea that there should only continue to be an effort exerted to establish all of the true benefits of meditation and which arenas are the best candidates for adding this Buddhist practice.

### **History of Mindfulness**

Before one can truly understand how to be mindful, recognize the impact of being mindful, or grasp its origination it is important to first understand the mind itself. Gyatso (2008) explains that the mind is often misinterpreted as the brain. This is incorrect the brain is physical and can be operated on or x-rayed. Thus, the brain is much easier to understand because it can be seen and monitored, while the mind is not visible in any capacity and is not physical, but rather the mind is more emotionally connected.

The Dalai Lama (2002) explains the different levels of the mind by deconstructing a statement made by the Buddha. The Buddha claimed that “in the mind, the mind is not to be found; the nature of the mind is clear light” (Dalai Lama, 2002). The Dalai Lama then goes on to explain the pieces of the profound statement in order to have a firmer grasp on the concept of the mind. He exclaims that it is important to understand that the mind is luminous and revolves around knowing nature. In addition, one must understand that while there are many thoughts at one time it is favorable to move from one thought to the next rather than try and pay attention to several thoughts at once. Thus, the mind can be defiled from thoughts of lust, anger, or ignorance, but that is not the true nature of the mind the true nature of the mind is a clear light or emptiness in Buddhist tradition.

Additionally, the Dhammapada is able to capture and describe the mind well both from the Buddhist perspective as well as for a layperson. The beginning of the section on the mind reads:

The restless, agitated mind, Hard to protect, hard to control,..Like a fish out of water,  
Thrown on dry ground, This mind thrashes about, Trying to escape Mara's command.  
The mind, hard to control, Flighty-alighting where it wishes-One does well to tame. The disciplined mind brings happiness (Fronsdal, 2005).

This quotation truly touches on mindfulness and the weakness of the mind as well as the possible strengths. The teaching illustrates that a mind that has not been disciplined to be self-aware and present is synonymous to a fish out of water, and this causes the person great strife because they are in constant conflict with their own mind, which is often described as mental illness.

On the other hand, the Buddhist practice of mindfulness offers a solution to the weak mind which is lost just as the fish is lost when it is removed from water. Mindfulness is described by the Buddha as “contemplating the body as a body internally”(Lopez, 2015). Thus, the mind is explored to the same depth as one might analyze the body. Additionally, by practicing mindfulness and developing the skills needed to understand one's mind there is a greater chance that one will be happy.

Mindfulness and meditation are practices used not only to form a greater understanding of one's mind, but also to escape the pain that results from a misunderstood mind.

This idea is further explained in the Dhammapada where it reads “Whatever an enemy may do to an enemy, or haters, one to another, far worse is the harm from one's own wrongly directed mind” (Fronsdal,2005). This quotation states that the worst kind of pain that one can endure is

through their own mind. Thus, people may still have defiled thoughts of anger or ignorance, but through the practice of mindfulness the awareness which follows aids the person in guiding themselves away from those defilements and improving their quality of mind.

Now that there is a clear understanding of the mind and mindfulness, the following step is to recognize the true historical roots of mindfulness. Similar to meditation, mindfulness has a long history dating back before the time of Buddhism, even though mindfulness is most commonly linked to the Buddhist tradition. Shamanists, most likely, were the first to experience mindfulness and to establish the mind. Since there was little science at this time, the mind and the brain were considered one. They had no true way of knowing that the brain was something physical within the body, while the mind was more of an emotional center of understanding. As the Shamanists began to contemplate their mind this is likely when they combined the aspects of mindfulness and meditation into what is known today as mindfulness meditation. In this moment, mindfulness meditation was born.

While it is important to acknowledge that mindfulness and mindfulness meditation preceded Buddhism, it is also noteworthy to realize Buddhism has made the practice more of a center feature of the tradition and a main way in which to cope with one's suffering. Buddhism has formalized it as a practice just as meditation has also taken on a larger presence today in many locations in the world which are not necessarily Buddhist.

The Dalai Lama (2002) states there are two specific types of meditation which are referred to as analytic and placement, but there is arguably a third in mindfulness. Analytic meditation focuses largely on understanding the Dharma, Placement is object centered, and mindfulness meditation is focused on being aware of oneself or focusing on the thoughts and

feelings of the person. Further, mindfulness meditation is a way in which to train oneself to understand and gather one's thoughts. By sitting in meditation and making efforts to become mindful one builds on those skills and the goal is then to be able to take that mindfulness which is used during moments of meditation and adapt it to the everyday world.

Similar to meditation being multi faceted and having different types, the Buddha taught that there are four foundations of mindfulness and that each is of equal importance when trying to live a good life and to understand oneself and others. Mindfulness of the body (*kayasati*), of feelings or sensations (*vedanasati*), of mind or mental processes (*cittasati*), and of mental objects or qualities (*dhammasati*) (Lopez, 2015).

First, *kayasati* or mindfulness of the body is characterized greatly by inhalation exercises as well as other movements which are meant to simulate what would occur during a typical day. For instance, *kayasati* may include sitting, standing, lying down, or walking, but is not restricted to a specific seated meditation. The purpose of *kayasati* is to form a deeper understanding that the body is constantly moving and that there is no permanence within one's body or its movements (Lopez, 2015).

Next, both *vedanasati* and *cittasati* focus on sensations and emotions. *Vedanasati* is practiced by evaluating when one feels pain, pleasure, or neutrality within the body and also where one is feeling that sensation. The last step is to acknowledge when the feeling leaves the body. Similarly, *cittasati* observes in the same way, but instead of focusing on physical sensations the concentration is placed on one's emotions. For instance, one is to realize when they have feelings of hate, lust, ignorance, and then monitor the process one goes through before

those feelings escape the mind. These types of mindfulness also teach impermanence and the ability to be mindful which in turn helps practice homeostasis in the different parts of the body.

Lastly, dhammasati is the practice of being mindful of the dharma. In this context, dharma means “phenomena” or the “constituents of the world” (Lopez, 2015). Thus, one is becoming mindful of different pieces of Buddhist philosophy. For instance, the practice may consist of the four noble truths or the five aggregates. The meditator is then meant to understand how these teachings are a piece of their life and how to maintain those practices in everyday life.

In summary, the mind is the funnel for which our thoughts and motivations ruminate through, but in the Buddhist tradition the truest piece of the mind is meant for light and clarity to shine from. Being mindful indicates that one has a sense of awareness and understanding about themselves, their thoughts, actions, and needs. Mindfulness is a Buddhist practice which is most commonly combined with meditation, but mindfulness can also be used as a practice by itself. Therefore, mindfulness is a state of being which transfers over into many different aspects of the Buddhist tradition including meditation.

Mindfulness has grown from when it was first discovered by the Shamanists and the Greeks and not only has it taken on a prominent facet in the Buddhist tradition, but today it is also being recognized in the field of western psychology. Since the goal of mindfulness is greatly centered on becoming at peace with oneself and understanding one’s mind, psychologists have studied the possibilities for implementing this practice into psychotherapy.

### **Mindfulness and Psychology**

Similar to the way in which psychology has embraced meditation, it has also found great potential in the ability to help clients by combining both practices to form mindfulness



meditation. Again, one does not need to be Buddhist in order to develop the practices originally used in Buddhism to better the mental health of non-Buddhists. Additionally, clinicians would have the capability to implement mindfulness into their treatment plans and extend the possibilities for helping their clients. There has been great scientific research collected establishing the validity of mindfulness in the western psychological arena.

As previously mentioned, one of the most helpful advances in research was conducted with a focus on Buddhist-derived interventions (Shonin et al., 2014). A discovery from that research was Buddhist Group Therapy (BGT) which often takes the form of a six week program with one weekly session of two hours in duration. This form of therapy consists of mindfulness practice, diary keeping, sharing personal stories, tutoring in Buddhist wisdom practices: suffering, impermanence, and selflessness. In one particular study, they found that patients with diabetes who also had a background in Buddhism, but were facing depression were able to reduce their levels of anxiety significantly after their involvement in the Buddhist Group Therapy. While it is important to acknowledge this is correlational research it does highlight the importance of Buddhist practices.

More explicitly, mindfulness meditation has been noted to result in significant positive results for those struggling with depression, anxiety, bipolar disorder, sleep disorders, substance-use disorders, HIV, coronary heart disease, chronic pain, fibromyalgia, and cancer. As BDIs are tested and found to be helpful for different disorders, researchers develop different interventions and paths for patients to implement these practices (Van Gordon et al., 2013). Meditation Awareness Training (MAT) is interesting because it has been shown to assist in the healing of people dealing with both mental and physical issues.

The typical Group-based interventions for mindfulness meditation consists of eight weeks of three-hour sessions in which patients are instructed through guided meditations, yoga, and guided mindfulness. There have been specific programs developed to help patients with eating disorders (Mindfulness-Based eating awareness training- MBEAT). MBEAT helps people with their eating disorders by requiring them to become more self-aware of their eating habits and when they have thoughts of food or self-harm related to food. Additionally, there are programs which are meant to help people struggling with substance-use disorders (Mindfulness-Based relapse prevention training- MBRPT). MBRPT is very similar to the practice used to help those with eating disorders. Instead of tracking one's thoughts in respect to food they manage their thoughts and feelings regarding substances. Lastly, there are even trainings which are focused on helping people to have successful childbirths (Mindfulness-Based childbirth training- MBCT).

As a result of mindfulness being adapted in so many ways, psychologists have been eager to learn other possibilities for using mindfulness in the psychotherapy setting. Williams et al., (2014) conducted research investigating the effectiveness of Mindfulness-Based Therapy for patients suffering from relapses in recurrent Depression. The participants in this study were assessed based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and all had a history of at least three episodes of major depression meeting the guidelines in the DSM-IV. There were 255 participants and they were randomly assigned to one of three different groups.

The Experimental group was allocated to Mindfulness-Based Cognitive Therapy (MBCT). This program was founded on previous research that people who struggle with

recurring depression have a tendency to ruminate negative thoughts when they are temporarily unhappy and this then leads to a more permanent sense of unhappiness (Williams et al., 2004). Thus, this program works to disengage the dysfunctional thoughts and reduce the risk of relapse in depression by following mindfulness meditation trainings. Focusing on placing greater emphasis on positive perspectives and less on negative thoughts. This program consisted of eight weekly 2 hour sessions.

Results concluded that MBCT was significantly helpful in preventing relapse in depression patients, specifically if they had a childhood trauma. It did not show any sign of being superior to Cognitive-Based Therapy which excludes mindfulness meditation. Thus, this study illustrates that mindfulness meditation may not prove a better option statistically in comparison to other treatments, but it is a valid treatment and option for patients. Looking toward the future this might be a good intervention to include as a part of traditional therapy or as something that a client could do at home when they are not in a session with the clinician.

Lastly, McManus, Surawy, & Muse (2012) performed a randomized clinical trial which studied the benefits of using Mindfulness-Based Cognitive Therapy (MBCT) for patients with Health Anxiety (Hypochondriasis) in conjunction to the traditional services that would be provided. There were 74 participants in this study and they were randomly assigned to only the typical treatment for Health Anxiety or the traditional treatment methods in addition to MBCT. In order to establish a baseline all of the participants were asked to complete a Beck Anxiety and Depression Inventory and a Five Facet Mindfulness Questionnaire pre- and post-treatment. The participants were assessed one year after the treatment and the results concluded that participants suffering from Health Anxiety experienced a significant reduction in their level of Anxiety after

the involvement in both the traditional treatment paired alongside MBCT (McManus, Surawy, & Muss, 2012).

These studies are just the beginning of the potential for mindfulness and mindfulness meditation in the realm of western psychology. The research points toward no negative side effects of implementing mindfulness for patients, but rather that it would be a rewarding asset for the treatment plans of clinicians and lives of clients. Therefore, this illustrates once again that many of the previously Buddhist practices not only have the ability to be adapted for clinical purposes, but also they have been proven to help patients suffering from several forms of anxiety or depression. This begs the question what other mental health issues could be placed at ease with the help of mindfulness or a different Buddhist practice.

### **Conclusion**

Historically, religion and science have been polarized and one who is of the scientific mind has strayed from religion, and similarly, those in the religious community often separate themselves from the scientific world. Buddhism, is different in this respect, there is a long history of the Buddhist tradition accepting science. As society today grows closer to having a more comprehensive understanding of both religion and science, it is important to understand what each discipline can offer the other.

After exploring two main practices in the Buddhist tradition, meditation and mindfulness, it is clear that the gap between religion and science is making progress toward becoming smaller. Research has illustrated the numerous benefits that western psychology, alone, has gained from originally Buddhist practices. Meditation and mindfulness have both shown they offer significant relief for people struggling with anxiety, depression, and many other mental and physical

disorders. Buddhism also has the ability to benefit from the field of psychology. Psychology offers a way to legitimize Buddhist tradition by establishing empirical evidence which shows the many benefits of their tradition. Thus, both disciplines strive to offer people comfort and peace within themselves and thus, it is no surprise that one could help the other.

Moving forward, there are many opportunities for research and exploration between the scientific community and religious tradition. For instance, this paper illustrated that not only meditation and mindfulness have improved the psychological condition of many, but there are also other Buddhist practices which have been adapted into treatments for therapy (BDIs). Psychologists could conduct more research to gain a deeper knowledge of the less practiced BDIs and then implement them more into therapy.

Further, it is important to acknowledge that Buddhism is not the only tradition which has the ability to work with science. Future research should consider examining the benefits that may lie within other religious traditions and psychology. If Buddhism has been able to help many patients with varying issues, most likely other religious practices could benefit patients too. Also, research could explore the possibilities for how science may help religion. For instance if there was more empirical evidence about practices in each religion the religious tradition may feel more validated and affirmed.

Therefore, this paper is one step toward reaching a greater topic that should be explored. Religion and science have a common mission to help people around the world and if both disciplines were able to work together the betterment of people would likely improve significantly.

## References

- Atwood, J. D., & Maltin, L. (1991). Putting eastern philosophies into western psychotherapies. *American Journal of Psychotherapy*, 45(3), 368-382.
- Brickman, P., & Campbell, D. T. (1971). Hedonic relativism and planning the good society. In M. H. Appley (Ed.), *Adaptation level theory: A symposium* (pp. 287–302). New York: Academic Press.
- Dalai Lama. (2002). *How to Practice: The Way to a Meaningful Life*. New York, NY: Atria.
- Dalai Lama, & Cutler, H.C. (1998). *The art of happiness: A handbook for living*. New York, NY: Riverhead Books.
- Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., et al. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, 65, 564–570.
- Fronsdal, G. (2005). *The Dhammapada: A New Translation of the Buddhist Classic with Annotations*. Boston, MA: Shambhala.
- Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, 13, 353–379.
- Gyatso, K. (2008). *Introduction to Buddhism: An explanation of the Buddhist way of life*. London: Tharpa.
- Johnson, W.L. (1986). *Riding the ox home: A history of meditation from Shamanism to Science*. Boston, MA: Beacon Press.

Kahneman, D., Diener, E., & Schwarz, N. (Eds.). (1999). Well-being: The foundations of hedonic psychology. New York: Russell Sage Foundation.

Kim, Yeon Hee et al. (2013). Effects of meditation on anxiety, depression, fatigue, and quality of life of women undergoing radiation therapy for breast cancer. *Complementary Therapies in Medicine*, 21(4), 379 – 387.

Lopez, D.S., Jr. (2015). *The Norton Anthology of World Religions: Buddhism* (J. Miles, Ed.). New York, NY: W.W. Norton & Company.

Mayhew, S. L., & Gilbert, P. (2008). Compassionate mind training with people who hear malevolent voices: A case series report. *Clinical Psychology & Psychotherapy*, 15, 113–138.

McManus, F., Surawy, C., Muse, K., Vazquez-Montes, M., & Williams, J. M. (2012). A randomized clinical trial of mindfulness-based cognitive therapy versus unrestricted services for health anxiety (hypochondriasis). *Journal of Consulting and Clinical Psychology*, 80(5), 817-828.

Perez-De-Albeniz, A., & Holmes, J. (2000). Meditation: concepts, effects and uses in therapy. *International Journal Of Psychotherapy*, 5(1), 49-58.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudemonic well-being. *Annual Review of Psychology*, 52, 141–166.

Shonin, E., Van Gordon, W., & Griffiths, M. D. (2014). The emerging role of Buddhism in clinical psychology: Toward effective integration. *Psychology of Religion and Spirituality*, 6(2), 123-137.

Wallace, B. A., & Shapiro, S. L. (2006). Mental balance and well-being: Building bridges between Buddhism and western psychology. *American Psychologist*, 61(7), 690-701.

Williams, J. M., Crane, C., Barnhofer, T., Brennan, K., Duggan, D. S., Fennell, M. J. V., . . . Russell, I. T. (2014). Mindfulness-based cognitive therapy for preventing relapse in recurrent depression: A randomized dismantling trial. *Journal of Consulting and Clinical Psychology, 82*(2), 275-286.

Van Gordon, W., Shonin, E., Sumich, A., Sundin, E., & Griffiths, M. D. (2013). Meditation awareness training (MAT) for psychological wellbeing in a sub-clinical sample of university students: A controlled pilot study. *Mindfulness*. Advance online publication.