

# The effectiveness in application of General Concept of Mindfulness (GCM) and the Buddhist Concept of Mindfulness (BCM) in Psychotherapeutic interventions

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**Abstract**— Mindfulness has advanced in research arena as an increasing trend in psychotherapeutic practice. Many attempts have been made to test how mindfulness can be effectively integrated in therapy. It is claimed that mindfulness has been adopted from Buddhism and has proved to be efficacious in contemporary practice. Some researchers have pointed out that the original meaning of mindfulness with certain vital notions of the ideology have missed or abandoned in the adaptation process resulting a perfunctory practice. Therefore, this study was intended to investigate how counsellors relate the true meaning of mindfulness as in contemporary Buddhist practice and its applications in counselling interventions. The study was steered under phenomenological approach in qualitative research framework. Data was gathered through open-ended face-to-face interviews from Buddhist counsellors (n=15), who integrate BCM along with GCM in their counselling activities. The study has emerged the concepts, which suggested the importance of comprehending 'Right View' as the initial footstep of understanding, and that it makes the pathway to master 'Right Mindfulness'. The evidences from texts which contain the original doctrine of the Buddhist philosophy confirm the aforementioned findings. Moreover, BCM is more effective and provides a more sustainable outcome. Further researches need to be done to provide evidence on the importance of achieving 'Right View' as a pre-requisite to achieve 'Right Mindfulness', and how it can be introduced as a novel strategy of mindfulness counselling to enhance wellbeing and quality of life.

**Keywords:** Right View, Right Mindfulness, General Concept of Mindfulness, Buddhist Concept of Mindfulness, Psychotherapy

## I. INTRODUCTION

### A. Mindfulness

"Mindfulness is inherently a state of consciousness", which includes roots in "Buddhist and other contemplative traditions", in which the "conscious attention" and

experiences." (Brown & Ryan, 2003). The widely accepted definition formed thus far by Prof. Kabat-Zinn (1994) describes mindfulness as "paying attention in a particular way; on purpose, in the present moment and non-judgmentally". Except for the above definition, there are some other explanations for mindfulness; such as "keeping one's consciousness alive to the present reality" (Hanh, 1976), "the clear and single-minded awareness of what actually happens to us and in us at the successive moments of perception" (Nyanaponika Thera (1972) (cited in Brown & Ryan, 2003). However, so far there is still no proper definition for "mindfulness" in the West (Phang & Oei, 2012).

### B. Mindfulness-based Interventions (MBIs)

Mindfulness has become a main focus of research and an increasing trend in contemporary practice of psychotherapy with aggregating number of research conducting worldwide to study how mindfulness can be effectively integrated in therapy (Brown & Ryan, 2003; Hyot, 2016). This rapid advancement in research has illustrated in the graphical presentation below.

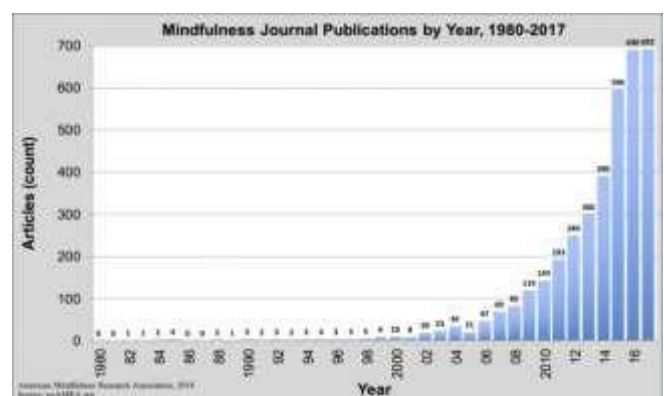


Figure 01: Mindfulness research publications by year 1980-2017

"awareness" are nurtured (Brown & Ryan, 2003). Mindfulness can also be defined as "...receptive attention to and awareness of present events and

*(American Mindfulness Research Association, 2018)*

Mindfulness can be used to treat a wide range of conditions including stress, anxiety, depression, personality disorders, eating disorders etc. (Kabat-Zinn et al., 1992; Teasdale et. al., 2000; Bear, 2003). With the initiative of Prof. Kabat-Zinn, a number of MBIs have

developed, such as Mindfulness-Based Stress Reduction (MBSR) (Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy (MBCT) (Teasdale et al. 2000), Mindfulness-Based Relapse Prevention (MBRP) (Brown et al., 2007), Mindfulness-Based Relationship Enhancement (MBRE) (Carson et al., 2004), MBCT for depression (Segal et al., 2002), Mindfulness-Based Eating Awareness Training (MB-EAT) for eating disorders (Kristeller & Wolever, 2011) etc.

However, even though the integration of mindfulness into contemporary therapeutic framework is accelerating, the concerns are rising whether the essence of the original concept might have “misapprehended” and “exploited in inappropriate and unwise ways.” in the process of extracting (Williams & Kabat-Zinn (2011).

#### **“Problems” in the concept “mindfulness” used in contemporary therapeutic practice**

In recent times, many attempts have been made to integrate the concept of mindfulness into therapeutic context (Williams & Kabat-Zinn, 2011) which have been successful to a certain degree. However, those attempts do not reflect the complexity of the concept of mindfulness as mentioned in the Buddhist philosophy (Phang & Oei, 2012). Such attempts of integration have “rather narrowed” down the original Buddhist concept and hindered the use of its full potentiality (Phang & Oei, 2012; & Cullen, 2011). The real concept of Buddhism has become subjected to major “rewriting” under the influences of the present time. Many of the vital aspects in the Buddhist philosophy have been “dismissed” or “ignored” in the process of adapting to the contemporary practice (Samuel, 2014).

Mindfulness, which is a “spiritually laden language” seems to have created a mismatch in the common representation and “conceptualizing” in MBIs, in which it is used in clinical settings (Shonin, 2013). Implementing mindfulness to contemporary practice is with many conceptual pitfalls (Nelson, 2012). Keng et al. (2011) suggest that the aforesaid differences in application occur due to the differences in conceptualization by the Western perspectives.

An increasing number of questions are raised about the “real meaning” of the methods used in contemporary practice, and the way the mindfulness concept has comprehended and converted into it, the traditional vital points might have missed (or collected) in the process (Samuel, 2014). Therefore, the usage, uniqueness and integrity of MBIs are increasingly becoming “questionable”

as they do not (otherwise which is not a must) follow the original concepts of Buddhist practice. Therefore, the need of a “unified operational approach” is emphasized (Rosch, 2007; Singh et al., 2008; Howells et al., 2010; McWilliams, 2011; Van Gordon et al. 2013, Cited in Shonin, 2013). The above ideas point out the incompleteness of the true meaning of the Mindfulness concept in the integration process in global usage extracted from the traditional Buddhist practice.

#### **C. The Buddhist Concept of Mindfulness (BCM)**

Originally in the Buddhist philosophy, the concept of mindfulness has named as “Right Mindfulness”, which has been originated with the ultimate objective to attain spiritual enlightenment. It is ‘the core’ of the Buddhist teachings (Hanh, 1999). Buddhist philosophy focuses on to investigate, understand and to eliminate the nature of suffering through a systematic training that leads to higher levels of understanding about the real nature of worldly things (Kabat-Zinn, 2003). Certainly, the Lord Buddha’s teaching is meant for all living beings. It is truly universal, and not exclusively for Buddhists (Kabat-Zinn, 2003; Creswell, 2016).

Further, The Noble Eight-Fold Path (or the ‘Middle Way’), which includes eight steps (Right View, Right Thought, Right Speech, Right Action, Right Livelihood, Right Effort, Right Mindfulness and Right Concentration), is a fundamental interconnected process in Buddhist teaching towards the cessation from all sufferings (Thera, 1962, p.15; Seelananda, 1990). The entrance to the Noble Eight-Fold Path is the “Right View” (as in *Pubbangama Sutta* – AN-6, p. 430).

#### **D. Right Mindfulness**

The *Pāli* term “*sati*” has been first translated to English as “mindfulness” in 1881, by Prof. Thomas William Rhys Davids (1843-1922), who was a British scholar of the *Pāli* language and a Professor of *Pāli* at the University of London (Hoyt, 2016). However, the explanation of the term “mindfulness” is much deeper. In the original Buddhist philosophy, mindfulness is referred as ‘Right Mindfulness’ that denotes the state of mind, which is being mindful about the realistic nature of the world (as in *Maha Salāyathanika Sutta* (MN-3, p. 594) & *Anicca Sutta* (SN- 4, p. 108).

Right Mindfulness denotes being mindful about the aforementioned true nature of existence acquired with the Right View. The practice of Right Mindfulness means that the individual put the new understanding into practice or

proceeding in the Noble Eight-Fold Path. Thus,

he would get much deeper understanding about the realistic nature of the existence. Extensive practice of this process would lead towards cessation from all sufferings, the ultimate blissful state of mind; *nibbāna*. Accordingly, without the Right View, Right Mindfulness cannot exist (as in *Mahā Chaththārisaka Sutta* - MN 3, p. 212).

## II. METHODOLOGY AND EXPERIMENTAL DESIGN

### *A. Study design*

The study was based on qualitative research framework, employing phenomenological approach. To explore the lived experiences of a group of people, phenomenological approach is the best (Creswell, 2007). Researchers suggest that the deductive research paradigm is rather “incomplete” as it does not offer a complete view of the phenomenon, and in the last three decades, the researchers have started to move towards inductive methods at a higher pace (Boyce & Neale, 2006, p.1).

### *B. Population and the sample*

The participants included the practicing counsellors within the Western province of Sri Lanka, representing a diverse of disciplines including private, state sector, and independent practitioners. The sample included fifteen (15) counsellors (male: female = 4:1), who integrate the BCM into counselling. 03 Buddhist priests also included. Non-Buddhist counsellors and non-practitioners were excluded.

### *C. Sampling method*

Purposive and snowball sampling methods were used to select the fifteen (15) participants. Twenty percent (20%) of the participants were identified through gatekeepers. The remaining participants were selected; forty percent (40%) through direct personal contacts and the balance forty percent (40%) through the snowball sampling.

### *D. Study procedures*

Open-ended face-to-face interviews of 60-90 minutes in length were conducted, audio recorded and notes were taken down with the help of a research assistant. The interviews were conducted in various settings according to the participants’ convenience and they were given the liberation to choose the medium of the interview. Gathered data was transcribed and the transcriptions were provided back to participants for scrutinizing to preserve the accuracy of data.

### *E. Data analysis*

The themes were identified through the process of

manual coding and categorizing, followed by thematic

analysis (Smith 2007, p. 64). The essence of participants lived experiences were studied and supported with empirical research and original Buddhist texts. Peer-triangulation was executed with six (06) peers to validate the research findings.

*F. Ethical considerations*

Ethical clearance was obtained from the Ethics Committee of Colombo Institute of Research and Psychology (CIRP). Proper written consent was obtained from the corresponding organizations and individuals after providing a comprehensive description about the study procedures.

III. RESULTS

Through analysis of data, it was emerged the concepts, which explained the relationship between “Right View” and “Right Mindfulness” and how those concepts could be incorporated in therapeutic interventions. The themes and the main ideas derived from the essence of lived experiences of counsellors in integrating BCM into counselling, have been summarized in the table below.

“Mindfulness” included three (03) main ideas as follows; 01) Right View 02) Right Mindfulness and 03) Right View is a pre-requisite to achieve Right Mindfulness.

Theme	Main ideas of the theme
1. Relationship between Right View & Right Mindfulness	-Right View (Cognitive Change) -Right Mindfulness (Buddhist mindfulness practice) -Right View is a pre-requisite to achieve Right Mindfulness
2. Effectiveness in application	-More consolidated therapeutic Outcomes

**Table 01:** The themes which were emerged from the study and their main ideas

Main two themes that were identified, 01) Relationship between Right View and Right Mindfulness and 02) Effectiveness in application. Each theme has been analysed and discussed below.

Theme 01: Relationship between Right View & Right Mindfulness

The theme “Relationship between Right View & Right

see the reality of this existence, it would tend to

The participants have shared rich information which has emerged the theme “the relationship between Right View and Right Mindfulness”.

P10: 230-233

‘We talk about ‘*sammā ditti*’ (Right View) and when we talk about *sammā ditti*, it is apparent that there is a ‘*miccā ditti*’ (wrong view) also exist. This wrong way is the point we are caught into... As long as we are with wrong view, the reality will not be visible and fall into suffering...’

P15: 260-262

‘.....’*Avidya*’ is the inability see the reality of the world.....’

These thoughts suggested that when the idea “Right View” has been discussed, that it implied a “wrong view” was also possible to exist. This wrong view which is also referred to as “*avidya*” (*Pali*) or ignorance; make the people to suffer endlessly. It is also highlighted that suffering is created due to *avidya* which veils the reality of this existence.

The nature of *avidya* and how it becomes the “root cause” of problems have been discussed below.

P15: 320-329

‘We recognize matter and people we associate as precious mainly because of “*avidya*”. We get hurt when our precious attachments are challenged... If we get to deal with things that we don’t like, we try to avoid those... This is also due to “*avidya*”. That is the root cause. There is no reason for us to get hurt, if we do not attach to them either positively or negatively... We fail to do so when we do not understand the reality of this existence.

P06: 289-295

‘... Normally, people are in a delusional view (*avidya*). That means the truth is covered. The situation was such that each person was holding on to the world according to the vision he had created...’

The participants’ ideas reveal that *avidya* or ignorance is the root cause of problems created by people. If one cannot

value, appreciate about things in his existence with either “attachment” or reject with “hatred”. This builds a wrong vision in the individual and consequently, the process becomes very pessimistic, resulting a huge unhappiness, discontentment and suffering (as in *Yadanicca Sutta* (SN 3, p. 38).

Fold Path. The Noble Eight Fold Path is a sequential,

#### Right View

Participants have quoted their thoughts on “Right View” as follows.

P08: 258-261

‘...The ignorance (attachment and hatred) needs to be removed by wisdom. This wisdom is the “*sammā ditti*” (Right View)...’

P06: 568-570

‘...*Sammā ditti* (Right View) means getting the idea of the true nature of this world or existence...’

Participants have shared their thoughts on how the Right View is connected to the Noble Eight-Fold Path. Some of the quotations of participants have mentioned below.

P15: 344-345

‘Right Vision is the beginning of the Noble Eight-Fold Path...’

P06: 235-241

‘... yes, if they are to solve their problem they have to definitely come along this Noble Eight-Fold Path... When the change was done in their thinking pattern (gain Right Vision), they enter The Noble Eight-Fold Path...’

P15: 345-355

‘Right Vision will be attained if he is realized *trilaksana* (*anicca, dukkha, anatta*) which demonstrates the true nature of existence... You need help to enter the Noble Eight Fold Path through a discussion with someone who has comprehended the Right View. It is the starting point...’

The core of the aforesaid quotations included the fact that Right View is the initial footstep to the Noble Eight



interconnected process towards enhancing wisdom and eliminating all kinds of sufferings.

Participants have made connections with the Right View and the “cognitive change” as follows.

P01: 75-112

‘After continuing to listen to the client and when he comes to a normal state, a small technique is used at the counselling level... Now he is asked about the existence of this world, out of the things that you have a right to, which belong to you... when even your own mind and your own body are not according to your wish... how can you maintain others according to your wish?... Consequently, he will be taken to a level where he can understand the reality of this existence’

This understanding about the realistic nature Of existence is the “cognitive change” mentioned in BCM, which is an irreversible change.

Through below extractions, the participants have shared views on the input of Right View to find root causes of the problems.

P06: 255-258

‘When applying BCM..., I do not say anything about what should or should not be done; instead I show him the reality of this world.’

P06: 337-343

‘In general methods... although we relieve a person from a problem at that time, we cannot guarantee that he will be relieved from a problem he may encounter in a few years. It will be necessary to help him again... If a person has followed BCM and is aware of the reality, and has used mindfulness techniques, he will not replicate such problems. This is the difference in the two methods and the uniqueness in BCM to be effective in treatment...’

#### Right Mindfulness

The participants discussed about Right Mindfulness, and the followings are some of model quotations of the thoughts they have shared.

P06: 289-295

‘Yes. To be aware of the true nature of the world is called mindfulness... when he (one) is liberated from this situation he faces reality and commences interacting with the world in the correct way. Starts acting in that way. The one who does this can be considered as a person who is being mindful in the Buddhist system.’

Right Mindfulness mentioned in BCM refers to the state of being mindful about the aforesaid realistic nature of existence.

Right View is a pre-requisite to achieve Right Mindfulness

Through analysis of data, it was emerged the concepts which suggested the importance of comprehending Right View as the initial footstep, and that it makes the pathway to master Right Mindfulness. It was also identified that “Right View” is a pre-requisite to achieve “Right Mindfulness” Accordingly, the first step; Right View is needed to be achieved to open up the door to have Right Mindfulness.

The evidences from texts which contains the original doctrine of the Buddhist philosophy confirm the aforementioned findings. Right View is the initial footstep to the Middle Way (as in *Pubbangama Sutta* – AN-6, p. 430). Accordingly, this suggests that “Right View” needs to be acquired as a pre-requisite to achieve “Right Mindfulness” (as in *Mahā Chaththārisaka Sutta* - MN 3, p. 212). Therefore, the “crucial relationship” of “Right View” and “Right Mindfulness” would result in more consolidated therapeutic outcomes as the clients are aware of the true nature of existence.

Participants have talked about the effectiveness in applying BCM in terms of the duration of the healing process and its efficacy.

P05-147-149

‘The change in BCM is irreversible. Then the change is permanent for his life time. If he needs to have more improvement, he can practice further. (...) The change does not reverse...’

P08: 214-215

‘BCM is deep, complex, long term. However,

it is permanent.'

Participants have highlighted that the cognitive change that would result in BCM is irreversible. When the Right View is comprehended, one would see the realistic nature of this existence.

Participants have made comments on the importance of practicing the BCM by the therapist themselves as follows.

P02: 202-205

‘...I personally believe that counsellors should practice what they use for their clients. Especially the Buddhist concept.’

The participants emphasized that in order to have better therapeutic outcomes, it is crucial for the counsellors to practice BCM thoroughly for themselves before administering with clients.

This proficiency will enable the counsellors to effectively use the techniques with their clients. Rothaupt & Morgan (2007) and Kabat-Zinn (2003) also confirmed the above idea that counsellors should practice mindfulness themselves before applying with others. P02 and P03 specially highlighted the very idea. It was also evident in the study, that the counsellors who have used the BCM with a deeper understanding of the concept had obtained more effective outcomes in therapy.

The essence of the study can be summarized to a diagram as illustrated below, which displays the application of the Right View and Right Mindfulness in BCM in therapeutic context.

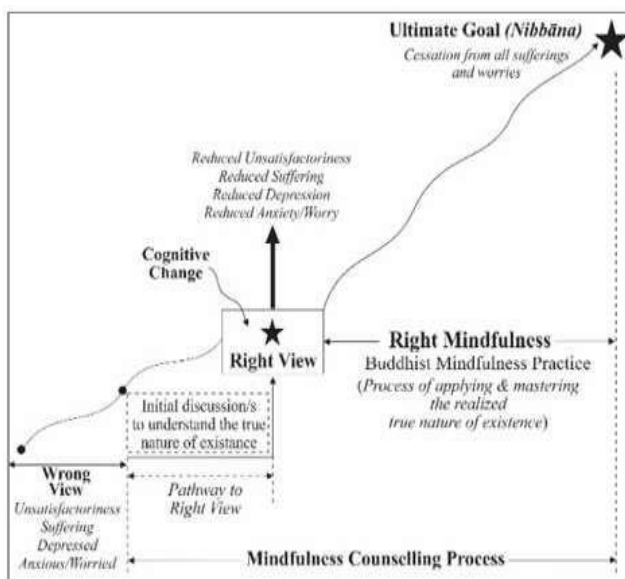


Figure 02: Right View, Right Mindfulness and their inter-relationship

Research participants have described that an individual would tend to experience unsatisfactoriness, endless suffering etc., as a consequence of having wrong view (not being able to understand the true nature of existence) The initial therapeutic discussion/s would bring the individual to the pathway of Right View, and the end result in this discussion would be to help the individual to realize the true nature of existence (Right View), which is the point he would achieve the virtual “cognitive change”. Right View entails the three omnipresent Characteristics of Existence; *anicca* (things do not happen as one’s desire, but according the absolute laws of the realistic nature), *dukkha* (suffering/unsatisfactoriness, which is created because not being able to understand the realistic nature of the existence) and *anatta* (worthlessness) (as in *Yadanicca Sutta* (SN 3, p. 38).

When an individual gets a thorough understanding about the aforesaid realities of the existence, he would learn to analyze his life events in a realistic manner. Therefore, when things do not happen according to his wish, he would comprehend the happenings as natural, according to the laws of the realistic nature that they are governed (i.e. theory of cause and effect, karmic force etc.). With this understanding, his suffering is reduced enabling him to see options and to deal with problems rather than worrying (as in *Dhamma Chakkappawaththana Sutta* – SN-V-2, p. 270). Subsequently, he is guided to be mindful about the realistic nature (Right Mindfulness), which can be applied in daily life events as well. This gradual practice of “Right Mindfulness” would lead to enhance self- actualization, which is a sequential process with enhanced wisdom at each step of understanding. If an individual continues to master “Right Mindfulness”, he would finally reach the ultimate goal; *nibbāna*, the supreme, unshaken state of wisdom, with cessation from all sufferings.

#### IV. DISCUSSION AND CONCLUSION

In this study, it was discussed that the concept “mindfulness” used in contemporary practice has been extracted from the Buddhist philosophy, in which it is called as “Right Mindfulness”. Originally in Buddhist concept, mindfulness is practiced with the ultimate objective to attain enlightenment. Researchers have suggested the extraction of mindfulness in an improper way, from a spiritually-bounded philosophy to contemporary practice has resulted in an incompleteness (Phang & Oei, 2012; Samuel, 2014; Hyot, 2016; Williams & Kabat-Zinn, 2011).

This research can be concluded with key ideas that “Right View” and “Right Mindfulness” are inter-connected phenomena, “Right View” is a pre-requisite for “Right Mindfulness” and this combination helps to have better therapeutic outcomes. Mindfulness practice is a gradual process to enlightenment and anyone who would follow the path would even reach to the ultimate cessation of all sufferings, *nibbāna* (as in *Paticca Samuppāda Sutta* – SN-2, p. 3; *Vibhanga Sutta* (SN-2, p. 5).

Further research need to be done to provide evidence on the importance of achieving “Right View” as a pre-requisite to achieve “Right Mindfulness”, and how it can be introduced as a model of mindfulness counselling to enhance wellbeing and quality of life of the individuals.

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