

## **A Review on the Mindfulness Meditation and its use in Psychotherapy**

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### **Abstract**

Researches on Mindfulness Based Interventions are a significant trend today in numerous fields including psychotherapy, education, health care and industrial institutes. Even though the main goal of practicing mindfulness is to purify mind and to attain *Nibbāna*, it is today seemed to be going far away from that goal. Now, there are discussions on the application of Mindfulness in the areas such as sexual behaviors and gambling industry. Therefore, the objectives of this study is to identify the nature of mindfulness therapies in clinical and other settings in comparison to the nature of mindfulness practice prescribed in Buddhist literature. This study was conducted under qualitative research methods collecting data from *Tipiṭaka* sources and findings of modern researches. Data was analyzed and discussed using Content Analysis method and Thematic Analysis method. According to the Buddhist sources, the basic roots of practicing mindfulness can be identified in the *Mahā Satipaṭṭhāna sutta* in *Dīghanikāya* (DN) and it gives a clear guidance on the systematic way of cultivating mind and the expectable worldly and spiritual benefits. Further, the Buddhist teaching emphasizes the development of right mindfulness instead of wrong mindfulness. A significant raise of researches on MBIs can be identified since 1970s with the contribution of Mindfulness Based Stress Reduction (MBSR) Jon Kabat-Zinn (1979) even though such interventions can be found from the beginning of the 20<sup>th</sup> century. Scholars show certain issues with the MBIs such as using mindfulness in clinical settings having forgotten the major goal of purifying mind and attain *Nibbāna*, and the duration which the positive outcomes of MBIs would remain as limited long-term follow-up in several studies. In conclusion, it is suggested that, researches should be done in developing more psychotherapeutic interventions integrating both mindfulness and counselling based on Buddhist teaching instead of using mindfulness alone, and conducting true experiments to prove the effectiveness of such therapeutic interventions in future. Further, individuals should be inspired towards the main goal of mindfulness meditation which the Buddha expected.

**Keywords: Buddhist teaching, Psychotherapeutic interventions, Mindfulness Meditation, Issues in mindfulness based psychotherapies**

**සාරාංශය**

සතිය පදනම් කරගත් මැදිහත්වීම් වර්තමානයේ මනෝචිකිත්සාව, අධ්‍යාපනය, සෞඛ්‍යය, කර්මාන්ත ආයතන ආදී විවිධ ක්ෂේත්‍රයන්හි සුවිශේෂී නැඹුරුවකි. සතිය පුහුණු කිරීමේ ප්‍රධාන අරමුණ වන්නේ පාරිශුද්ධිය හා ඒ තුළින් සාක්ෂාත් කරන නිවන වුවද වර්තමානයේ එය එම අරමුණින් බැහැරව සංවර්ධනය වන බවක් දැකිය හැකි ය. ඒ අනුව ලිංගික වර්යාවන් සහ සුදුව වැනි ක්ෂේත්‍ර තුළද සතියේ භාවිතය පිළිබඳ සාකච්ඡාවන් පවතී. එහෙයින් මෙම අධ්‍යයනයේ අරමුණ වන්නේ බෞද්ධ සාහිත්‍යාගත කරුණු අනුව සතිපට්ඨාන පුහුණුවෙහි ස්වභාවය හඳුනාගැනීමත් ඊට සාපේක්ෂව සායනික ආදී ක්ෂේත්‍රයන්හි සතිය පදනම් කරගත් චිකිත්සන ක්‍රමයන්හි ස්වභාවය හඳුනාගැනීමත් වේ. මෙම පර්යේෂණය ගුණාත්මක පර්යේෂණ ක්‍රමවේද යටතේ සිදු කරන ලද අතර දත්ත රැස් කිරීම සඳහා ත්‍රිපිටක මූලාශ්‍රය සහ නූතන පර්යේෂණ සොයාගැනීම් භාවිත කරන ලදී. සන්ධාර විශ්ලේෂණ ක්‍රමය හා තේමා විශ්ලේෂණ ක්‍රමය අනුව දත්ත විශ්ලේෂණය කරන ලදී. බෞද්ධ මූලාශ්‍රයන්ට අනුව සතිය වැඩීමේ ක්‍රමවේද පිළිබඳ මූලික ඉගැන්වීම් දීඝනිකායේ මහා සතිපට්ඨාන සූත්‍රයෙහි ඇතුළත් වන අතර එහිදී සතිය වැඩීමෙන් ලෝකික හා ලෝකෝත්තර වශයෙන් ලැබිය හැකි ප්‍රතිඵල ද පිළිබඳ පැහැදිලි මගපෙන්වීම් ඇතුළත් වේ. තවද, මිථ්‍යා සතිය වෙනුවට සම්මා සතිය දියුණු කළ යුතු බව බුදුදහම අවධාරණය කරයි. සතිය පදනම් කරගත් මනෝචිකිත්සාවන් සංවර්ධනය හා පර්යේෂණ කිරීම විසි වන සියවසේ ආරම්භයේ සිට ම දැකගත හැකි වන නමුත් කැපී පෙනෙන සංවර්ධනයක් හඳුනාගත හැක්කේ 1979 ජෝන් කබාත් සින් විසින් ගොඩනගන ලද සතිය පදනම් කරගත් ආතති සමනය ක්‍රමවේදයේ සිටයි. කෙසේ නමුත් නූතන විද්වතුන් සතිය පදනම් කරගත් මනෝචිකිත්සනයන්ගේ යම් යම් ගැටලු ද පෙන්වා දේ. ඒ අතර සතිය එහි මූලික අරමුණ වන සිත පිරිසිදු කිරීම හා ඒ ඔස්සේ ලබන නිවන අමතක කොට ඇති බවක් සතිය පදනම් කරගත් මනෝචිකිත්සනයන්ගේ ඵලදායී බව කෙතෙක් කල් රඳා පවතින්නේ ද යන්න පිළිබඳ ගැටලුවක් ඉස්මතු කෙරේ. එවැනි චිකිත්සන ක්‍රමයන්හිදී සතිපට්ඨාන පුහුණුව පමණක් භාවිත නොකොට බෞද්ධ සංකල්ප පදනම් කරගත් උපදේශන මැදිහත්වීමක වැදගත්කම යෝජනා කෙරෙන අතර එවැනි මනෝචිකිත්සන ක්‍රම සංවර්ධනය කොට ඒවායේ ඵලදායී බව පරීක්ෂා කිරීම සඳහා සත්‍ය සම්පරීක්ෂණ සිදු කිරීම අත්‍යවශ්‍ය බව ද නිගමනය කරන ලදී. තවද, බුදුරජාණන් වහන්සේ අපේක්ෂා කළ පරිදි සතිය වැඩීමේ ප්‍රධාන අරමුණ වෙත පුද්ගලයන් සමීප කරවීමද මෙවැනි චිකිත්සාවන් ආශ්‍රයෙන් සිදු කිරීම වැදගත් බව නිගමනය කරන ලදී.

**ප්‍රමුඛ පද: බෞද්ධ ඉගැන්වීම්, මනෝචිකිත්සන මැදිහත්වීම්, සතිපට්ඨාන භාවනාව, සතිය පදනම් කරගත් මනෝචිකිත්සන ක්‍රමයන්හි ගැටලු**

## Introduction

The term ‘Mindfulness’ is widely used in modern researches in various fields including psychology, psychotherapy, psychiatry, meditation, religious and spirituality, and neuroscience. It is identified as the Heart of Buddhist Meditation (Nyanaponika Thera, 1962) since it is the foremost practice for the highest achievement in the *Sansāric* life of beings. Despite of its main goal of *Nibbāna* (*Nirvana* in Sanskrit), it has become very popular in clinical settings during the recent history of around hundred years; from the beginning of the 20<sup>th</sup> century. Number of **Mindfulness Based Interventions (MBIs)** have been developed and introduced in to the field of psychotherapy and hundreds of researches are being conducted on the particular topic.

Even though the main goal of practicing mindfulness is to cultivate wholesome mind and to attain *Nibbāna*, it is today going far away from that goal of what the Buddha expected. Attempting to apply the mindfulness into various fields such as industrial institutes and organizations, political field and parliaments, schools and universities, hospitals and health care services, advertising and commercial industry, sports and many other fields, and thousands of mindfulness centers arising in countries show the range of the use of mindfulness around the world. At the same time, there are discussions on the application of Mindfulness in the areas such as sexual behaviors (Brotto, 2013; McCarthy & Wald, 2013) and Casino and gambling industry (Stevens, 2021; Sliwinski et al., 2015), i.e. Mindful Sex, Mindful Gaming. Detailed discussion regarding these trends is included in the data analysis part of this.

Mindfulness is originally a Buddhist concept and it has a history of more than two thousand and five hundred years. But, according to some scholars, mindfulness is a western concept and Ellen Jane Langer (born in 1947), an American professor of psychology at Harvard University is honored as the “Mother of Mindfulness” (Amanda et al., 2014). In spite of such ideas and arguments in the field, scholars who identified the true value and the purpose of practicing mindfulness and who are truly practicing mindfulness for years emphasize the true value of it and the right way of using mindfulness in psychotherapies/ clinical settings. Thus, some researchers have developed therapeutic interventions covering each and every aspect of Mindfulness practice as taught as in the *Mahā Satipaṭṭhāna sutta* in *Dīghanikāya* (DN), while some scholars have introduced psychotherapeutic interventions

stressing the significance of using fundamental Buddhist teachings such as Three Fundamental Characteristics (Marks) of all Phenomenal Existence (*tilakkhana*), Noble Truths (*ariya sacca*), The Law of Karma and its consequence (*kamma* and *vipāka*), and Law of Dependent Origination (*paticcasamuppāda*) as a counseling/ guidance service together with right mindfulness (*sammāsati*) practice.

### **Objectives of the study**

The objectives of this study are;

- to identify the nature of mindfulness therapies in clinical and other settings today.
- to identify the nature of mindfulness practice prescribed in Buddhism.
- to discuss the similarities and differences of Mindfulness practice in clinical therapies and Buddhism.

### **Methodology**

This is basically an archival research under qualitative research methods where data was collected using Buddhist teachings and modern researches on mindfulness. *Tipiṭaka* sources and relevant websites were used in data collection. Data was analyzed and discussed using Content Analysis method and Braun and Clark's (2006) method of Thematic Analysis.

### **Analysis and Discussion**

The collected data was analyzed and discussed under five main themes; Origin and the Buddhist Definitions of Mindfulness, Contemplations of practicing mindfulness, Benefits of practicing the mindfulness meditation, Modern researches and effectiveness of mindfulness in psychotherapy, Views on the issues and the future of MBIs. Detailed explanations on these themes addressing the research problem are as follows.

#### **Origin and the Buddhist Definition of Mindfulness**

The Buddha has taught in his doctrine of *Mahā Satipaṭṭhāna sutta* in *Dīghanikāya* the right and comprehensive way of practicing right mindfulness and the way of cultivating mind through mindfulness. There are several *Suttas* in the *Tiṭṭaka* with the name of *Satipaṭṭhāna*;

- *Dīghanikāya*, 22<sup>nd</sup> *sutta* - *Mahā satipaṭṭhāna sutta* which comprises explanation on Four Objects of Mindfulness with more detailed treatment of the four noble truths included in the Contemplation of Mental Contents (*dhammānupassanā*).
- *Majjhimanikāya*, *Mūlapannasakaya*, *Mūlapariyāyavagga* - *Satipaṭṭhāna sutta* which includes explanation on Objects of Mindfulness excluding the object of four noble truths.
- *Samyuttanikāya* (04), *Asakkata samyuttaya* - *Satipaṭṭhāna sutta* is a very brief *sutta* which includes just expressing that the four objects of Mindfulness is the way to *Nibbāna*.

The Pali term for Mindfulness is *Sati*. Some scholars translate that word as ‘attention, bare attention, awareness’ etc. even though such translations do not denote the perfect meaning of the word *Sati* (Nyanaponika Thera, 1965, p. 3). *Sati* (mindfulness) is a vital use in the doctrine of the Buddha, i.e. the seventh factor of the Noble Eight Fold Path (right mindfulness - *sammāsati*), the first factor of *Satta Bojjhanga* (the factors leading to *Nibbāna*), the third factor of five *indriya dhammas* (*satindriya*) and the third factor of the five *bala dhammas* (*satibala*). *Sati* is prescribed in the Abhidhamma piṭaka as a wholesome common mental concomitant (*sobhana sādāraṇa cetasika*) which has a potential to develop in every mind (Nārada, 1980). Thus, according to Buddhist source, *Sati* (mindfulness) / *Sati cetasika* is not arisen with unwholesome, but arisen only with virtuous, wholesome, meritorious mind, speech and actions.

*Sati* is, in the *Mahā Niddesapāpi*, introduced using plenty of words and phrases as follows.

“*Yā sati, anussati, patissati, sati saranatā, Dharanata, apilāpinatā, asammussanatā, sati, satindriyam, satibalam, sammā sati, satisambojjango, ekāyano maggo, ayam uccati sati*” (*Mahā Niddesapāpi*, 2006, kāmasuttaniddesa, p.14)

with the awareness of mind, remaining mindfulness, remaining again and again in the mindfulness, remaining strongly, holding, cultivating the mind, thus, the faculty of mindfulness, the master of mindfulness, the right mindfulness, self-possession as a constituent of enlightenment, the only way, this is said ‘*sati*’ (mindfulness).

The way of practicing mindfulness is described in detail in the *Mahā Satipaṭṭhāna sutta* in DN. It was preached at *Kammāsaddamma*, the market-town of the Kuru people of Kuru region/ field. As shown in the title, the word *satipaṭṭhāna* is a Pāli compound word. The meaning of the term *paṭṭhāna*, originated from the word ‘*Upaṭṭhāna*’, is ‘placing near (one’s mind), keeping present, remaining aware, establishing. According to the discourse and its commentary, four objects / contemplations (body, etc.) to develop mindfulness are called *cattāro satipaṭṭhānā* and there are few other meanings of the term *satipaṭṭhānā*.

‘principal place’ - (*Padhānam ṭhānam*) or the ‘Domain proper’ – (*Gocara*) of mindfulness, the Domain of mindfulness, foundation of mindfulness

‘*Satiyā paṭṭhānam Satipaṭṭhānam*’ – establishment of mindfulness is *Satipaṭṭhāna*

‘*Padhanam ṭhānamti vā paṭṭhānam*’ – the principal place where (the mindfulness) is established ‘*paṭṭhāna*’

‘*Paṭṭhāpetabbato paṭṭhānam*’ – remaining (mindfulness) is *paṭṭhānam* (Nyanaponika Thera, 1965, p. 4)

### **Contemplations of practicing mindfulness**

There are four main objects/ contemplations and twenty one sub objects to practice mindfulness meditation in order to develop and purifying the mind (Dialogues of the Buddha 2 – 22<sup>nd</sup> sutta). They are as follows.

(01). The contemplation of the Body – Fourteen (14) objects are compiled under this.

1. Mindfulness of Breathing (*ānāpānasati*),
2. Mindfulness in the Postures of the Body (*iriyāpathasati*),
3. Mindfulness with Clear Comprehension of bodily actions (*Sampajaññasati*),
4. Reflection of the Repulsiveness of the Body (*Patikkula manasikāra*)
5. Reflection of the four elements in the Body (*Dhātu manasikāra*)
6. - 14. Nine cemetery meditations (*nava siwatika*)

(02). The contemplation of the Feelings – It is compiled as one object, but the meditator may feel nine feelings in accordance with the sensual objects from eye, nose, ear, tongue, body

and mind. Out of the nine, there are three main feelings that one can sense; pleasure feelings (*sukha vedanā*), painful feelings (*dukkha vedanā*) and neutral feelings (*adukkhamasukha vedanā*).

(03). The contemplation of the State of Mind – It is compiled as one object and there are sixteen kind of mental states that one can arise in times; mind with lust (*sarāga*), mind without lust (*viṭarāga*), mind with hate (*sadosa*), mind without hate (*viṭadosa*), mind with delusion (*samoha*), mind without delusion (*viṭamoha*), shrunken state of mind (*sankhitta*), distracted state of mind (*vikkhitta*), developed state of mind (*mahaggata*), undeveloped state of mind (*amahaggata*), surpassable mind (*sa-uttara*), unsurpassable mind (*anuttara*), concentrated mind (*samāhita*), unconcentrated mind (*asamāhita*), the freed mind (*vimutta*), the mind not freed (*avimutta*).

(04). The contemplation of Mental Contents – Five mental contents are compiled under this contemplation;

1. the five hindrances (*niṅvarana*)
2. the five aggregates of clinging (*upādānakkhandā*)
3. the six internal and the six external sense bases (*āyātana*)
4. the seven factors leading to alignment (*bojjhanga*)
5. the four noble truths (*ariyasacca*)

### **Benefits of practicing mindfulness meditation**

There are, mentioned in the discourse, seven main benefits that one can achieve in this very life itself by practicing mindfulness meditation as instructed in this way. The benefits include;

- Worldly/ mundane & super-mundane/ transcendental benefits,
- Physical and spiritual benefits,
- Purification the minds of beings,
- Overcoming of sorrows and lamentation,
- Destruction of suffering and grief,
- Reaching the right path to *nibbāna*,
- Attainment of *nibbāna*.

Out of the seven, the first five are directly related with the growth in the worldly life of any one with no respect of the religion they believe in and follow, and the other two benefits are about the cessation of the samsara life with realizing the truth of the world.

### **Modern researches and effectiveness of mindfulness in psychotherapy**

Psychotherapies integrating Mindfulness meditation are seemed to be very popular in the field of psychological care. Researchers urge on applying Buddhist teachings to psychotherapeutic interventions are found from the beginning of the 20<sup>th</sup> century. Some of them are Moritha Therapy of Shoma Morita in 1919, Mindfulness Based Stress Reduction (MBSR) of Jon Kabat-Zinn (1979), Dialectical Behavior Therapy of Marsha M. Linehan in late 1980s and Mindfulness Based Cognitive Therapy (MBCT) of Segal and colleagues (2004). A significant raise of the researches on MBIs can be identified since 1970s with the contribution of Jon Kabat-Zinn (1979).

Numbers of books, chapters, research papers, articles, reviewed journals have been published related to the field of Buddhist Psychotherapies during this period. Prof. Padmasiri De Silva (1979. 1<sup>st</sup> ed.) has published “*An Introduction to Buddhist Psychology and Counselling*” (2014. 5<sup>th</sup> ed.) composing Buddhist psychological views on perception, cognition, motivation and emotion, mindfulness based counselling and psychotherapeutic orientations. He further analyzed the use of several aspects like techniques of managing stress, grief, anger and boredom etc. prescribed in Buddhist sources. De Silva, furthermore, summarized contemporary mindfulness based therapies such as MBSR, MBCT, Buddhism and Behavior Modification Theory of Padmal De Silva, Acceptance and Commitment Theory (ACT), DBT, Emotion-Focused Therapy (EFT) and Mindfulness Based EFT Cultivating Emotional Balance. However, these focuses in his book explain theoretical frameworks of them but do not provide adequate scientific evidence to support the effectiveness of them.

Buddha’s counselling and psychotherapeutic practice through mindfulness meditation and discourses have been revealed by scholars analyzing case studies and *Suttas* in canonical sources (Priyadarshana, 2019; 2016). According to researchers, the terms ‘*bhisakko and sallakatto*’ that were used in *tipitaka* to respectfully address the Buddha specify the counselling and psychotherapeutic work of his lord. In the Āyurveda, the term *bhisakko* is used to identify the work of the general doctor and *sallakatto* to surgeon who practice surgeries in patients with serious illnesses. However, no evidence can be found in the *tipitaka* to prove that the Buddha was either a general doctor or a surgeon. It is, therefore, suggested



that these terms were used in respect to indicate the psychotherapeutic work of the Buddha (Priyadarshana, 2019; 2016, Saddharatana Thero, 2011, p.1).

Contemporary researchers have introduced number of therapeutic orientations integrating mindfulness meditation and discourses of the Buddha and the effectiveness of them also have been proved through scientific evidences. Most of such therapies focus on treating psychological problems like stress and related disorders, anxiety and related disorders, depression and related disorders and psychological distress of patients with serious health issues such as cancer etc. Out of the therapies, “Buddhist Psychotherapy” is an intervention introduced by H.S.S. Nissanka (1993) through his research and practice. He developed it referring *Mahāsatipaṭṭhāna sutta (DN-2)*, *Sabbhasawa sutta (MN-2)* and several other canonical sources, and applying key Buddhist concepts like impermanence (*anicca*) and mindfulness (*sati*) in his approach. Further, Prof. Sumanapala Galmangoda (2003; 2006) introduced a method of Buddhist Psychotherapy through his researches considering the importance of the combination of Buddhist techniques and Āyurveda concepts into psychotherapy.

The effectiveness of Mindfulness based therapeutic interventions has been explored in recent researches. Meta-analytic reviews and Randomized Control Trials (RCTs) have shown the effectiveness of MBIs such as MBSR, MBCT, ACT for reducing anxiety and depression, chronic cancer-related fatigue, psychological distress, sleep disturbance and improving the quality of life, spirituality etc. in patients with terminal illnesses (Zhang et al., 2015; Zhang et al., 2017; Rouleau et al., 2015; Van der Lee & Garssen, 2012; Angiola & Bowen, 2013). Researchers have revealed that the MBIs may physiologically manage and strengthen the function of the immune system, hypothalamic–pituitary–adrenal axis regulation, and autonomic nervous system activity of individuals (Rouleau et al., 2015).

Rungreangkulkij and Wongtakee (2008) in Thailand have concluded that the counselling support with basis of Buddhist principles has the potential to benefit patients with emotional anxiety-based problems. The individual Buddhist counselling program for the research had been developed by the investigators based on Buddhist principles of the Universal Natural Laws (Suffering, Impermanence and Selflessness) and Mindfulness. The counselor had then encouraged the participants to continue practicing mindfulness at home. Also, they have conducted it for patients suffering from symptoms of anxiety. The content analysis of the research showed that when the patients continue practicing mindfulness

meditation for a long time, they could accept unpleasant circumstances and painful emotions in calm mind. After the completion of the intervention, some of the participants were prescribed lower doses of antianxiety medications while some patients could stop taking medical treatments.

A quasi-experimental research in Thailand has investigated the use of mindfulness based intervention for the spiritual wellbeing of terminal cancer patients. The researchers have used basic Buddhist principles including precept training, concentration training and wisdom training (Chimluang et al., 2017). However, they do not provide evidence on the effectiveness of the intervention on psychological issues, but mindfulness on spiritual wellbeing. Further, they have simply used three day program rather than conducting a long term mindfulness practice or counselling process.

Furthermore, a research done in Sri Lanka has revealed the significance of Buddhist Counselling and Meditation for cancer patients as a psychological intervention (Kalugallage, 2019). The intervention was developed referring to several canonical facts from *Sabbāsava sutta*, *Sallekha sutta* and mindfulness meditation. This was a qualitative research conducted with case studies of clinical experience of the researcher and has focused on the general mental health of cancer patients. The research has concluded that the Buddhist counselling with mindfulness meditation can be effectively used for patients with cancer to improve their mental health.

### **Views on the issues and the future of MBIs**

Even though many empirical researches support on the effectiveness of MBIs on psychological problems, several systematic reviews and meta-analytic studies questions the effectiveness of MBIs and the duration which the positive outcomes of MBIs would remain as limited long-term follow-up in several studies (Coelho et al., 2013; Lauche et al., 2013; Gotink et al., 2015). Some researchers show the need to conduct strong evidence based researches to determine how long such beneficial effects of mindfulness-based therapies remain as there may be a question on the time duration of the effectiveness of the therapies (Zhang et al., 2015). It is mentioned that “there is a need for Randomized Control Trials (RCTs) to include longer follow-up periods... Until we have these data, it is not possible to truly evaluate whether MBCT is effective. Future trials should also plan control conditions around the investigation of the potential mechanisms underlying the MBCT program and should examine possible moderators of the effects of MBCT.” (Coelho et al., 2013).

Recent researches and views of researchers emphasized that the mindfulness based interventions integrated key Buddhist teachings will be more powerful, more beneficial, and more fruitful on psychological problems than applying mindfulness meditation alone in therapy. This idea was mainly promoted by Teasdale (2003, as cited in Hung, 2012) who showed that current clinical applications of mindfulness meditation would similarly benefit from theory driven integration within a wider intervention. Teasdale and associates (2003, as cited in Hung, 2012) further draw attention to that the mindfulness has always been used as only one of a number of components of a broader intervention, grounded in a clear formulation of the origins and cessation of suffering, rather than as an end in itself.

Moreover, mindfulness meditation is used in therapies of Western perspective as a tool for therapeutic purposes; i.e. to reduce stress, depression, anxiety and many other psychological conditions (Cayoun et al., 2017). However, in the Buddhist perspective, mindfulness is not restricted in to such a limitation, but it is a method of cultivating entire mental culture until it reaches up to the realization of the truth of the world, and developing constructive thinking behavior (Hung, 2012). Development of that mental culture should enable a person to change the individual's entire negative characteristics; cognitively, verbally, behaviorally and emotionally.

According to the Buddhist teaching, there are two sides of the mindfulness; wrong mindfulness (*micchāsati*) and right mindfulness (*sammāsati*) (Middle Length Sayings Vol. I, p.51-56). Right Mindfulness (*sammāsati*) is one of the eight key components of the Path to Liberation (*nibbana*), and right, perfect mindfulness should be developed instead of wrong mindfulness (*micchāsati*). But, in some western practices today, wrong mindfulness is valued through the concepts such as mindful sex (Brotto, 2013; McCarthy & Wald, 2013) and Casino and gambling industry (Stevens, 2021; Sliwinski et al., 2015). For example, Brotto (2013) summarized that researchers have found the mindfulness as an effective treatment for significantly improving several domains of sexual response and decreasing sex-related distress. Further, mindfulness has been applied in the management of women with distressing genital pain and sexual dysfunction in men. McCarthy & Wald (2013) conclude that Mindfulness and Good Enough Sex (GES) concepts promote healthy male, female and couple sexuality including sexual desire, function and satisfaction. Stevens (2021) shows the ways to improve the casino results using meditation and mindfulness techniques. Furthermore, the concept of mindful games shows the efficacy of developing and using Digital Games in order to improve mindfulness (Sliwinski et al., 2015). However, as shown

earlier, the Buddhist teaching emphasizes that the individuals should strive to develop right mindfulness against wrong mindfulness as the wrong mindfulness always direct the person to immoral, unwholesome verbal and physical actions, and consequently the person will suffer with long term painful, unpleasant results, despite of momentary pleasure feelings.

Further, therapies such as MBSR in western counselling approaches do not value the need of virtue (*śīla*), moral aspect of the person. In any religion, there are some rules and moral codes that one's behavior is shaped and following them is beneficial on the person's life in present and in future. Therefore, as a part of the counselling and psychotherapeutic process, providing behavioral changing guidance in accordance with the Buddhist discipline (*śīla/ vinaya*), will enhance the effect of the therapy. It is mentioned in Buddhist discourse that when the wise person, established well in virtue, develops consciousness and understanding, then he succeeds in disentangling the tangles/ problems (Ñānamoli (trans.), 2010). Further, the Buddha has emphasized that the emotional (*samādhi*) and cognitive (*paññā*) development through mindfulness will be established and become secure upon the foundation of behavioral transformation (*śīla*) (*The Long Discourses of the Buddha*, Pp. 91-109; Pp. 125-132).

## **Conclusions**

Mindfulness, in Buddhist teaching, is a key mental concomitant that one can develop through a systematic way of practicing. It is the way of cessation of suffering and ending the samsara life of beings. According to the *Mahā satipaṭṭhāna sutta* in DN, mindfulness practice leads the person to have lots of benefits in the worldly life and in spiritual life as well. In recent years, mindfulness meditation created a platform for researchers in various fields including psychotherapy. However, Buddhist teaching emphasizes the development of right mindfulness beside wrong mindfulness. There are criticisms against some mindfulness based psychotherapies such as using mindfulness, an important key concept in Buddhist practice, as just a tool for clinical purposes, and regarding the duration which the positive outcomes of MBIs would remain as limited long-term follow-up in several studies. Therefore, it is suggested that there should be new researches on psychotherapeutic interventions integrating both mindfulness and counselling based on Buddhist teachings in future researches and the effectiveness of such interventions must be verified by evidence based researches. Further, cultivation of mind through mindfulness meditation should not minimize to achieving the

clinical purposes and should inspire towards the supreme goal, the cessation of suffering and ending the circle of *sansāra*.

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