Siddhattha Gotama, the man who became known as the Buddha, taught a way of life which went on to become one of the world’s great religions, Buddhism. His fundamental concern was the nature of human suffering and how to bring suffering to an end. The brilliance of his thought and the efficacy of the techniques he developed have brought him recognition today as a psychologist of genius. Perhaps the way in which his influence has become most pervasive in contemporary society has been through his concept of ‘mindfulness’.

Mindfulness and its clinical applications have become widespread among psychologists and therapists. This trend has been accompanied by a growing professional literature in which mindfulness is largely excised from its historical context and treated as an isolated clinical technique. Yet it is clear that for the Buddha, mindfulness constitutes just one aspect of a broader, even multidimensional, approach to the problem of human suffering.

In this chapter, we will explore mindfulness and its application in contemporary therapy while respecting its place within the Buddha’s system of teaching and practice. We will begin by exploring the nature of mindfulness as understood by the Buddha and proceed to describe how some contemporary psychological approaches can be seen as incorporating aspects of this ancient practice. We will argue that the application of mindfulness in contemporary therapy can be greatly enhanced by seeing it as part of a broader context provided by the Buddha’s key concepts of dependent arising, the four noble truths and the noble eightfold path. We will highlight the practice of mindfulness, what the Buddha calls the four establishments or foundations of mindfulness, and their application to therapy. Such application requires, for therapists, a willingness to learn the nature of mindfulness and how it can be applied within their own lives, which in turn entails cultivating both a theoretical and an experiential understanding. Such an understanding becomes part of the therapist, who can then apply the Buddha’s teaching
to the unique circumstances of the individual client. To this end, we will close the chapter with a

case study to show how this framework can be grounded in the everyday practicalities of clinical

psychology.

Throughout this chapter, we will refer to the technical vocabulary developed by the Buddha
to clarify his meaning. These terms are in Pali, a classical Indian language closely related to
Sanskrit. Pali is the scriptural language of Theravada Buddhism and is close to that used by the
Buddha and his immediate circle.

**What is mindfulness?**

‘Mindfulness’ is the standard translation of the Pali word ‘sati’, which literally means ‘memory’.
This translation comes to us from Thomas William Rhys Davids, the great 19th century pioneer
of Pali studies. What does ‘mindfulness’ as an English word suggest? The *Oxford English
Dictionary* defines ‘mindful’ as ‘taking heed or care; being conscious or aware’, and ‘mindless’ as
‘unintelligent, stupid; ... thoughtless, heedless, careless’. Mindfulness implies awareness, but
more than awareness – it also suggests both care and intelligence.

Why did Rhys Davids take a word meaning ‘memory’ and translate it as ‘mindfulness’?
Bhikkhu Bodhi provides a clue when he points out that sati indicates ‘presence of mind,
attentiveness to the present, rather than the faculty of memory regarding the past’.¹ In other
words, mindfulness is the act of remembering the present, rather than the past. Mindfulness
keeps the present in mind. Does this mean that the past is excluded from mindfulness? Not
according to Venerable Ananda, the Buddha’s personal attendant for the last 20 years of his life
and subsequently an important teacher, who in Sekha Sutta (The Learner) described the
mindfulness of the mature practitioner in this way:²

She has mindfulness; possessing supreme mindfulness and discrimination, recalling and
recollecting what was done and said long ago.

Ananda links mindfulness to memory, in its normal sense of remembering the past, and to
wisdom. Why is memory of the past so important to mindfulness? And why should memory be
linked to wisdom? After all, a fundamental principle of contemporary Buddhist practice is that the
practitioner remains firmly in the present rather than being distracted by thoughts of past and
future. This is neatly summed up in the slogan, ‘Be here now’. Then why is memory important?
How is memory linked to the present, and to wisdom?

We might begin by asking what we mean by ‘the present’. We habitually refer to the
present as a moment, which the *Oxford English Dictionary* defines as ‘a very brief portion or
period of time; a point in time; an instant’. But does this describe how we experience the present?

We may experience the present as a moment when we are stressed, racing to meet a deadline, pushing against the present to get to the future as soon as possible. But when we relax, and when we meditate, we may experience the present as an open field. Indeed, if we were to look for the border, the point where the present becomes the future, would we find it? Or is the present all we have, and all we can ever have?

If the present has breadth, it also has depth through its relationship with time. Mindfulness is found in presence, but a presence that comes from keeping the past in mind. The present is extended by mindfulness, as it is held in the context of that which precedes it. Something from the past flows into the present and shapes it, informs it. It is this that makes ‘experience’ possible, in the sense of learning and the capacity to apply learning.

Let’s say I sign up to a yoga course as a new student with no prior background. My teacher has 30 years’ experience in the practice and teaching of yoga. In our first class, we are working on some basic postures when the teacher stops the class and asks one student to demonstrate a particular posture. I stand beside the teacher and look at the student. Am I seeing what my teacher is seeing? No! When a skilled yoga teacher looks at a student doing a posture she sees the same visual field as everyone else; but her seeing contains a depth of experience that comes from her years of practice, study and teaching that transforms the present seeing into something beyond the imagination of a new student of yoga.

Mindfulness is linked to memory, in the sense that experience is memory. Let’s consider our yoga teacher looking at a posture. She sees the posture in all its subtleties. She does not have to try to recall all the training she has gone through; she simply sees the posture, now. But her seeing contains memories going back 30 years. We could say that the present she is aware of is a remembered present, one shaped by a deep past. Mindfulness is linked to wisdom through the depth of the remembered present.

Mindfulness is also associated with reflexivity or recursion. Mindfulness implies not just awareness, but reflexive awareness, awareness bending back on itself. We don’t have to make any special effort to be aware; we are already aware. We are already seeing, hearing, smelling, tasting, touching and thinking. Technically, we can say that it is the nature of mind to contact an object, to be aware of something. But although we are already aware, are we aware that we are aware? And of what we are aware?
Have you ever had the experience of driving a car along familiar streets and suddenly realizing you have no memory of the previous three blocks? Clearly, while driving through those city blocks you were aware, for otherwise you would now be dead or seriously injured. But did you know you were aware? Were you aware of your awareness? Or did this reflexive awareness occur only at that moment when you remembered you were now driving this car?

Meditators are very familiar with this kind of event through their experience of distraction. As I meditate, I become lost in thought. There is certainly awareness here, of images flowing through the mind, capturing attention. Then suddenly, I know I am thinking. What’s the difference between this new experience – knowing I am thinking – and what was going on just a second before – thinking? Previously, there was awareness; now, there is awareness of awareness. Here, within this quality of reflexivity, is where we find mindfulness.

Mindfulness remembers the present in two ways: we remember we are already aware; or we remember to be aware – of this specific object of awareness. In the case of our driving example, I remember, 'I am already (aware of) driving'; or I remember, 'Stay aware – of driving'. The practice of mindfulness consists of reminding myself of my awareness.

**Mindfulness in contemporary therapies**

Reflexive awareness has played a role in contemporary psychologies for decades. Carl Rogers, the forefather of humanistic psychology, emphasized the importance of being able to 'listen to oneself'. In gestalt therapy, Perls encouraged 'being in the now' and Naranjo recommended 'present centeredness' as ways to become whole. Similar concepts include 'self-monitoring' in behavioural therapy, 'listening to automatic thoughts' in cognitive-behavioural therapy, 'distancing' or 'decentring' from thoughts in cognitive therapy, and 'free association' and 'hovering attention' in psychodynamic therapy. All these approaches include reminding oneself to be aware.

The term 'mindfulness' began to emerge in the psychological literature during the 1980s, primarily due to the pioneering work of Jon Kabat-Zinn, the creator of mindfulness-based stress reduction. Other mindfulness-based programs include dialectical behaviour therapy, acceptance and commitment therapy, and mindfulness-based cognitive therapy. Hayes coined these mindfulness-based approaches 'third wave' or 'third generation' therapies, because in their theoretical underpinning and therapeutic outcomes they carry forward from behavioural therapy and cognitive-behavioural therapy.
As mindfulness has been incorporated into the scientific paradigm, a number of operational definitions have emerged. In mindfulness-based stress reduction and mindfulness-based cognitive therapy, Kabat-Zinn defines mindfulness as ‘the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment to moment’.\textsuperscript{16} Linehan, in reference to developing mindfulness as a coping skill for those with borderline personality disorder, defines mindfulness as observing, describing and participating with experience in a manner that is nonjudgmental, focused, and effective or skilful.\textsuperscript{17} Baer, in a comprehensive review of mindfulness training in clinical interventions, defines mindfulness as ‘the nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise’.\textsuperscript{18} In acceptance and commitment therapy, Fletcher and Hayes define mindfulness as ‘the defused, accepting, open contact with the present moment and the private events it contains, as a conscious human being experientially distinct from the content being noticed’.\textsuperscript{19}

Mindfulness has also been operationally defined as awareness of present experience with acceptance;\textsuperscript{20} and ‘a kind of non-elaborative, non-judgmental, present-centred awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is’.\textsuperscript{21}

These definitions vary widely, but they share the characteristic of combining identity with function – the ‘what’ of mindfulness along with its ‘how’. For Kabat-Zinn, mindfulness is present awareness (what) functioning purposefully and nonjudgmentally (how).\textsuperscript{16} For Bishop et al, mindfulness is present-centred awareness (what), functioning nonelaboratively and nonjudgmentally (how).\textsuperscript{21} For Linehan, mindfulness is observing, describing and participating with experience (what) in a manner that is nonjudgmental, focused, and effective or skilful (how).\textsuperscript{17}

While we find commonalities in these attempts to create an operational definition of mindfulness in contemporary psychology, there remains a large degree of divergence. Indeed, ‘mindfulness’ is becoming so vague and variable in its accepted definitions that it is in danger of becoming meaningless. This situation becomes particularly problematic when mindfulness is studied experimentally, where objective and measurable parameters are required across studies. The absence of consensus creates room for doubt concerning what is being measured as mindfulness, and therefore doubt concerning the results of research on mindfulness-based therapies. Without clarity regarding the core concept, the capacity to apply mindfulness to specific clinical presentations is reduced, especially when it comes to understanding indications and contraindications for possible clinical applications.
The different operational definitions of mindfulness arise from their locations within specific clinical populations and purposes. It may be useful, therefore, to take a step back and search for a foundational or generic understanding of mindfulness from which these and other definitions can emerge, each dependent upon their particular therapeutic purpose. To explore this foundation, we need to consider the historical and cultural background of the concept of mindfulness to clarify the broader paradigm provided by the Buddha’s teaching. From there, we can see how it may be applied within contemporary psychology.

**Mindfulness in its context**

Many contemporary psychologists appreciate the Buddha’s teachings and use Buddhist meditation practices both personally and professionally, yet do not regard the Buddha’s understanding of the mind and its development to be a valid framework for clinical presentations. One reason lies in that fact that the Buddha is viewed as teaching a religion, so use of it would constitute a violation of policies found in psychological services and associations regarding the separation of religion and therapy. Closely linked to this is the view, articulated by Hayes,\textsuperscript{22,23} that the Buddha’s understanding of the mind is ‘pre-scientific’ and therefore of little value for the progress of contemporary psychology, which is based on contemporary systems of scientifically validated evidence-based practices. Consequently, contemporary psychologists tend to treat mindfulness as an isolated ‘technique’ that can be excised from the Buddha’s teaching and enrolled in a variety of therapeutic modalities. Mindfulness has thus been removed from its original context, without any attempt to establish whether this context might have something valuable to teach us. This policy reduces the operational value of mindfulness, since it becomes more difficult to compare it across modalities.

All this raises the question of how our understanding of mindfulness might change if we began to take the Buddha seriously as a psychologist or therapist and studied him with the same respect and curiosity with which we might study the leading theorists and clinicians of our own time. The Buddha himself did not think he was teaching religion; he thought he was teaching ‘dharma’. Dharma is an Indian cultural category not found in Western traditions, and it does not correspond to our category of ‘religion’. We may, and many people do, choose to treat the Buddha’s dharma as religion, but we could equally treat it as a secular and empirical framework for the reduction of human suffering. Our motivation for doing so comes from our recent discovery of the therapeutic value of sustained awareness and its associated factors, something the Buddha understood and applied over two millennia ago. If mindfulness, which is simply one aspect of the Buddha’s teaching, is so valuable and illuminating that it is worth defining our therapeutic approaches by, then there seems good reason to consider the possibility that other
things the Buddha had to say might also be useful. For it is clear that therapeutic techniques do not function in isolation, but as aspects of a coherent approach that provides a sense of direction to the therapy as a whole.

When we look for the original context of mindfulness, the framework within which it is embedded, we find it functions as an inseparable part of what the Buddha called the noble eightfold path, which in turn forms part of the four noble truths, which in turn express the general principle of dependent arising.

**Dependent arising**

Dependent arising is a way of looking at the self and its world in terms of dynamic, radical process. In this view, the arising of any experienced event occurs because it is conditioned by some event other than itself, and the cessation of any experienced event occurs because it is conditioned by some event other than itself. This teaching has implications for the felt nature of identity. I look out upon the world and recognize it as changing; but the very idea that I am looking out upon a changing world presupposes a witnessing identity (‘I’) that is somehow separate from the world and not itself subject to change. We naturally assume an identity beyond process, the one who experiences process. The Buddha calls this ‘self’ (‘atta’ in Pali; ‘atman’ in Sanskrit), and he asserts there is no reason to believe it actually exists because when we look for it, we cannot find it. All we find is changing process.

Take our use of the word ‘weather’. We frequently speak of the weather and its changes. ‘Today is cool; yesterday was warm’ or ‘today is wet; yesterday was dry’. Speaking of the weather as something constantly changing, our language carries the assumption that there exists a stable entity called ‘weather’ which, while subject to change, itself does not change. Yet, if we looked beneath the changes we live through daily to find this separate entity we call ‘weather’, we would not find it. There is no ‘weather’ underlying the changing processes of meteorological change. ‘Weather’ is real only as a concept. It is a useful concept, but it remains only a concept. What is real, in the sense of actually being experienced, are patterns of mutually conditioning and conditioned events.

From a therapeutic perspective – one shared with the Buddha himself – one implication of this view of the world is that every situation is workable, because nothing is eternally fixed. No matter how entrenched the problem, in principle a solution is always possible. Further, this solution is to be found by investigating the causal pattern that shapes the situation, what feeds it and what it, in turn, feeds.
We find the principle of dependent arising appearing in contemporary psychology in the concept of reactive cycles. Emotion, thought and action often express themselves through habitual cycles that are reinforced through their repetition. Driven by destructive emotions and beliefs, we act in ways that lead to the arising of further distressing states of mind such as sadness, irritability, frustration, aggression and worry. Alternatively, moved by healthy emotions and beliefs, we act in ways that short-circuit stress, cut through destructive patterns and reinforce healthy cognitive, affective and behavioural patterns.

The foundation for working with these cycles is the ethical capacity to distinguish between what the Buddha calls kusala (wholesome/healthy) and akusala (unwholesome/unhealthy), and continues with the ongoing wisdom to understand the nature of cyclical patterns and how they play themselves out. Mindfulness practice enables clients to recognize unhealthy tendencies and how they become trapped in destructive patterns. Mindfulness also provides a key to exiting destructive cycles.

In his work on addiction, Alan Marlatt used the concept of ‘urge surfing’. Urge surfing refers to deliberately refraining from acting on the urges or impulses that fuel reactive cycles. At the heart of urge surfing is the practice of what the Buddha would call mindfulness of cetana, usually translated as ‘intention’, but perhaps closer to what we would call ‘choice’. Cetana refers to our decisions to act. These may be experienced as the sudden appearance of a range of possibilities within the mind and the decision to choose one, or as a simple impulse. Marlatt’s term ‘urge’ suggests an urgent necessity to these decisions, a sense of being driven by them. This resonates with what the Buddha calls tanha, literally ‘thirst’ but usually translated as ‘craving’. The term ‘surfing’ suggests remaining balanced and graceful as the urge arises and ceases, neither struggling nor being dumped. One is simply mindful of the urge as it builds and then naturally fades. Urge surfing allows a client to avoid becoming trapped in unhelpful habits by not reinforcing them. When destructive patterns are no longer fuelled, they fade and eventually disappear.

**The four noble truths**

The Buddha provides the four noble truths as a specific example of the principle of dependent arising. These truths are: dukkha; its arising; its cessation; and the path leading to its cessation. Dukkha is a key technical term, and while it is usually translated as ‘suffering’ it has no exact equivalent in English. Dukkha is a compound word made up of the prefix ‘du-’, indicating ‘painful, unpleasant’, and the root ‘kha’, meaning ‘empty, void’. In a therapeutic context, dukkha refers to the painful emptiness at our centre, a felt sense of the absence of something necessary for our wellbeing. It ranges from the grossest suffering through to the subtlest sense of discontent.
The second and third truths concern what gives rise to dukkha, and what brings it to an end. The second truth associates the arising of dukkha with craving. Our sense of existential discontent conditions a driven urgency that motivates our search to quench our thirst, to fill the gap we sense at our core. The third truth associates the cessation of dukkha with the cessation of our craving, the releasing of our sense of drivenness and want, and the fourth truth concerns the noble eightfold path, the way of practice that leads to the cessation of our dukkha.

The four noble truths can be restated in contemporary clinical terms:

1. There are presenting disorders.
2. These disorders arise and are maintained only because of specific causative factors.
3. With the changing of these causative factors, freedom from disorders, or at least the reduction of their symptoms, becomes possible.
4. There are treatments, using the therapeutic relationship as well as cognitive, behavioural and affective strategies, that address the causative and maintaining factors that give rise to disorders.

Clinically, dependent arising and the four noble truths together provide a framework for case conceptualisation. For example, catastrophizing is one maintenance process for panic disorder. In the Buddha’s terms, with the arising of catastrophizing, panic arises. However, if catastrophizing thoughts are not fuelled by being believed, the severity of panic may reduce or disappear entirely. Or as the Buddha might put it, with the cessation of catastrophizing, panic ceases. To take another example, Segal, Teasdale and Williams, the developers of mindfulness-based cognitive therapy, have found that when ruminative thoughts are not taken as facts to be believed, there is less likelihood of the relapse of depression. In the Buddha’s terms, with the cessation of belief in the reality of ruminative thoughts, depression ceases.

**The noble eightfold path**

The fourth noble truth, in particular, provides a framework for conceptualizing therapeutic treatments. The noble eightfold path consists of right view, right aspiration, right speech, right action, right livelihood, right energy, right mindfulness and right unification. These eight factors are traditionally grouped into a list of three distinct but interrelated trainings: ethics, meditation and wisdom. While this grouping represents the order of what the Buddha calls the gradual training, the sequence followed in the noble eightfold path is actually that of wisdom, ethics and meditation.
The fact that the individual factors making up the path can be listed in different orders indicates that it represents a complex system which is not purely linear, but complex and recursive. The label ‘right’ (samma) placed before each factor emphasizes this complexity. Samma implies rightness, completeness and harmony. Right mindfulness, for example, is mindfulness that is in harmony with the other factors of the path, and helps lead the practitioner in the right direction – towards the cessation of suffering. Mindfulness cannot be ‘right’ when it functions in isolation, separated from the other aspects of the path, or when it leads the practitioner away from the cessation of dukkha. ‘Rightness’ and ‘wrongness’ are ethical categories, and they indicate how mindfulness influences a way of life. An example of ‘wrong’ mindfulness would be that of the well-trained sniper. This reminds us that, for the Buddha, ethics constitutes an essential aspect of the context of right mindfulness. Mindfulness alone is not therapeutically effective. Indeed, given the prior assumption of dependent arising – that any given phenomenon derives its identity from the causal/conditional web within which it is embedded – mindfulness alone does not even exist.

As we have seen, the Buddha sees the foundation of ethics as the choice between the wholesome and the unwholesome. This distinction entails both the nature of the act and its consequences. A wholesome action is ethically healthy, and leads over time toward the welfare and happiness of oneself and others. An unwholesome action is ethically unhealthy, and leads over time to the harm and suffering of oneself and others.

There is a strong link in this framework between ethics and mental health. Mental health arises through the cultivation of the wholesome, as the wholesome is that which leads towards psychological and social wholeness and harmony. It follows that, from the Buddha’s perspective, mindfulness practised or applied outside an ethical framework would not lead toward mental health.

**Serenity and insight**

The practice of ethics creates a foundation for meditation. Meditation entails calming and sharpening the mind. For the Buddha, an ethical lifestyle is fundamental to meditation practice, as ethics and meditation are part of a wider project. Ethics generates harmony in one’s social world and meditation generates harmony in one’s inner world.

The Pali word translated as ‘meditation’ is bhavana, which means ‘cultivation’ or ‘development’. What is being cultivated is citta, a term that covers both what we call mind (the cognitive aspect of our being) and heart (the affective aspect of our being). Here we translate citta as ‘heart–mind’. When the Buddha speaks of cultivating the heart–mind, he is referring
specifically to cultivating ethically wholesome factors, such as love, compassion, joy and equanimity, which lead to peace and harmony within both oneself and one’s world.

In the noble eightfold path, the three factors that together constitute the practice of meditation are right energy, right mindfulness and right unification. The wisdom aspect of the path is made up of right view and right aspiration. In the practice of the path, the meditation group and the wisdom group balance each other. In the context of meditation practice, we find the same balance expressed as serenity (samatha) and insight (vipassana). In contemporary meditation culture, serenity and insight are usually spoken of as separate and distinct, even competing, meditation techniques. Hence we have insight meditation versus serenity meditation. But for the Buddha, serenity and insight are qualities of the heart–mind rather than techniques, and each is completed – made ‘right’ – by the other.

Serenity refers to the calm and unity of the heart–mind. Central to its cultivation is samadhi, usually translated as ‘concentration’, but perhaps more accurately translated as ‘unification’. Samadhi comes from the root ‘dha’, ‘to put or place’; the prefix ‘a’, ‘towards’; and the prefix ‘sam’, ‘together’. Samadhi is ‘putting towards together’; ‘bringing together’; ‘unifying’. Samadhi indicates a heart–mind – and therefore a life – that is unified and harmonious rather than divided and at war with itself. Samadhi soothes emotional and physical disturbance, allowing us to feel at ease, relaxed, happy and peaceful. As the heart–mind unifies, concerns, worries and desires fall away as it absorbs into its chosen object.

Samadhi is a naturally occurring phenomenon of the mind, and so it is not surprising that it has appeared under different names in contemporary psychology. The relaxation response, as explained by Benson, is an example of samadhi in therapy. The principles underlying samadhi have been used in contemporary practices of hypnosis. Erickson, for example, pioneered the use of therapeutic trance to allow individuals to access their own unconscious healing processes. Csikszentmihalyi has researched and written extensively about the experience of ‘flow’, which bears many similarities to samadhi. Flow is described as an optimal state of being where one is so absorbed in what one is doing that distressing states of mind do not get the opportunity to arise. Maslow’s ‘peak experiences’, dramatic shifts in consciousness, or more ordinary moments of happiness and fulfilment such as falling in love, watching a newborn child, and moments of intellectual or athletic achievement, also indicate the presence of samadhi.

Insight (vipassana) refers to the capacity of the heart–mind to see clearly what is happening in the self and the world. Vipassana is a compound word made up of ‘passana’, ‘seeing’, and the prefix ‘vi’, denoting separation and expansion. Vipassana indicates seeing separately, from different angles and in different ways. It enables us to recognize the
dynamically complex nature of our experience, its patterns and interconnections. In its more specialized sense, it refers to seeing into – insighting – what the Buddha calls the three characteristics of life; that everything we experience is impermanent or changing (anicca), unreliable or unsatisfactory (dukkha) and not-self or contingent (anatta).

Insight, like serenity, is a natural phenomenon and can arise from the most mundane experience. Unlike serenity, insight is characterized by generalisation, from the specific to the universal. For example, seeing a falling autumn leaf can be generalized to an understanding of the fleeting nature of distorted thinking patterns. As with serenity, insight is a natural phenomenon that has appeared in therapy under different forms. Take, for example, the philosophical principles that underlie dialectical behaviour therapy. Humans are interdependent and part of a systemic whole; reality is not static but in a process of transformation comprised of the synthesis of opposites; and reality is in a constant process of change, where the process, rather than the content, of change is considered as 'the essential nature of life'. These principles echo the characteristics of impermanence and not-self.

Similarly, acceptance and commitment therapy practitioners use various techniques to reduce cognitive fusion. Cognitive fusion is the tendency to take our thoughts literally, which causes us to lose their broader context and 'fuse' with their content. Our thoughts define who and what we are. A depressed person becomes more entrenched in the misery of depression when he or she identifies with the thought 'I am a failure'. Cognitive defusion, in contrast, is one the six therapeutic factors of acceptance and commitment therapy. It allows us to see words as just words, thoughts as just thoughts. Our relationship to thought moves from identification to something more free and flexible, from self to not-self.

We also find a parallel with insight in mindfulness-based cognitive therapy, through the concept of metacognitive insight – ‘experiencing thoughts as thoughts (that is, as events in the mind rather than direct readouts on reality)’. If thoughts are just thoughts, they are not necessarily facts to be believed. In both acceptance and commitment therapy and mindfulness-based cognitive therapy, the therapeutic move involves shifting attention from the contents of thoughts to our relationship with thoughts. Insight is based on the same shift. This allows the practitioner to see the flow (impermanence) and unreliability (unsatisfactoriness) of thoughts, and the pointlessness of holding to and identifying with them (not-self). In situations where clients are prone to depression, this view can be liberating.
A broader paradigm

These contemporary approaches to psychology suggest that the Buddha’s framework continues to be valuable because, despite originating in a distant time, place and culture, it conveys something genuinely universal about the human condition. Therapists and psychologists can learn from the Buddha without rejecting their existing models, by discovering more potentiality within them as they learn to understand how particular concepts, strategies and techniques can all fit together into a wider framework.

The Buddha provides a foundational or generic understanding of mindfulness from which the various operational definitions arise. He has a sophisticated intellectual paradigm that can draw together the disparate amalgam of contemporary therapeutic approaches into a unity they currently lack. This is true in particular for mindfulness-based techniques and therapies. If we can see how the different therapies and techniques relate to each other in the context of a broader framework, then we can see how they can be adapted to specific clinical populations and even be extended into new directions. We learn how to see the forest that is made up of the trees we are used to working with.

The practice of mindfulness

We have explored mindfulness itself and the context within which it is meant to function. Here we come to the practice of right mindfulness. When the Buddha himself asks the question ‘What is right mindfulness?’, the answer he gives is:

Here a bhikkhu, surrendering longing and dejection for the world, lives tracking body as body, ardent, clearly understanding and mindful.

Surrendering longing and dejection for the world, he lives tracking feeling as feeling … heart–mind as heart–mind … phenomena as phenomena, ardent, clearly understanding and mindful.

We can see that the Buddha here is referring to the practice of mindfulness rather than its definition. He is more concerned with the function, the ‘how’ of mindfulness, than its identity, the ‘what’ of mindfulness. This is entirely consistent with his principle of dependent arising, in which fundamentally, function is identity.

The above definition summarises what the Buddha calls ‘satipatthana,’ a compound term that can be broken up into sati + upatthana or sati + patthana. Sati + upatthana represents the activity of mindfulness; establishing, grounding or applying mindfulness to different aspects of
experience. Hence we find translations such as ‘establishments of mindfulness’ or ‘close applications of mindfulness’. Sati + patthana represents what we are mindful of. Hence we find translations such as ‘foundations of mindfulness’ or ‘domains of mindfulness’. Satipatthana, or simply mindfulness practice, covers both the activity of staying present to experience, and what aspects of experience we are present to.

The first thing we notice about this practice is that it does not specify any particular meditation technique. Mindfulness practice does not refer to one or more techniques, but to a way of life characterized by being awake rather than asleep, of remembering rather than forgetting.

The second thing we notice is that mindfulness practice is not confined to any particular meditation object or special area of experience, but extends to everything, without exception. The Buddha lists four foundations of mindfulness; body, feeling, heart–mind and phenomena. Body represents all physical experience, everything that comes to us through the five physical senses. Feeling represents the realm of affect, that which moves us, that which stimulates a response. Heart–mind represents our inner world, our inner centre of subjectivity. Finally, phenomena represent every aspect of experience when seen as fitting within a framework of meaning (classically the Buddha’s dharma, as discussed above), and also when seen as mere events that come and go according to conditions. In other words, this fourth foundation refers to the Buddha’s teaching as a schema within which human experience can be analyzed and understood; and to dependent arising as experienced within our everyday lives.

The central activity of mindfulness practice is conveyed by the word ‘anupassana’, usually translated as ‘contemplating’ but here translated as ‘tracking’. Anupassana is a compound word, derived from anu (‘along’) + passana (‘seeing’), so anupassana means ‘seeing along’, or tracking something over time. This implies a deliberate directing of the mind toward something, establishing one’s awareness as a direct face-to-face encounter with the object of experience, and extending this encounter continuously over time. This relationship with experience then becomes a habit, our normal dwelling place. The idea of mindfulness practice as a way of life is suggested by saying the practitioner ‘lives tracking body as body ...’. Such a way of life is based on the continuous cultivation of three mental factors: ardency, clear understanding and mindfulness.

Ardency is very close to energy or effort, and indicates the commitment required to actively remember that I am already aware; or to remember to be aware, of ‘this’. Ardency contrasts with the dullness of habitual perception. Clear understanding indicates the wisdom that develops when we develop the habit of tracking the flow of experience over time. Just as when
we live with someone, over time we get to know that person intimately, so when we practise mindfulness, we grow to intimately understand our own selves and the world we inhabit.

The fact that mindfulness practice cannot be confined to a meditation technique indicates it is to be extended to every aspect of life. The Buddha emphasizes this point when he calls mindfulness practice the ‘home base’ of the practitioner. Mindfulness becomes the ground from which we encounter both our inner life and the world around us. This understanding of mindfulness reminds us of Socrates’ concept of what is required for a good life, when he says, ‘The unexamined life is not worth living’.\textsuperscript{35} In mindfulness practice, no experience is special; every experience is important. Nothing is left out of this practice.

**Mindfulness practice as therapy**

In Satipatthana Sutta (Establishments of Mindfulness),\textsuperscript{36} the Buddha provides a detailed analysis of mindfulness practice. Here we will use this discourse as a framework to distinguish between different ways of applying mindfulness and the various aspects of experience we can be mindful of.

**Mindfulness of body**

Our relationship to body underpins mindfulness practice. The Buddha divides this foundation into six areas: breathing; postures; daily activities; the parts of the body; physical sensations as the elements of physical experience; and the decaying of corpses. In contemporary mindfulness meditation methods, breathing, postures, daily activities and elements are emphasized. The other two practices – mindfulness of the parts of the body and of the decaying of corpses – are rarely, if ever, appropriate in contemporary clinical settings. Even traditionally, these practices are not regarded as universally appropriate, but are designed for practitioners with particular temperaments and for specific purposes.

The capacity to remain grounded in the body without being caught up in thinking and fantasy can provide a break from storms of difficult thoughts and emotions and create a space within which psychological insight can arise. The two mindfulness of body practices commonly found in contemporary psychology are mindfulness of breathing and mindfulness of physical sensations (eg, body scan). The therapeutic application of these practices, however, requires sensitivity to context, as interventions need to be tailored to individuals and clinical populations. A ‘one size fits all’ attitude to mindfulness practices can be counter-productive. For example, individuals prone to panic may suffer an anxious reaction to mindfulness of breathing because of self-focused attention.\textsuperscript{37} Similarly, body scan can trigger abreactions for those with a history of
sexual abuse. For these populations, shifting attention to external phenomena (such as sound), mindfulness of postures (eg, walking) or mindfulness of daily activities may be helpful.

Mindfulness of daily activities can be appropriate for clients who are too restless to sit still. This practice also helps with disorders related to impulse control, such as bulimia or deliberate self-harm. It opens opportunities for clients to make choices that are consistent with their values rather than following habitual destructive patterns.

**Mindfulness of feeling**

The Buddha uses the word ‘vedana’, usually translated as ‘feeling’, to refer to the hedonic or affective aspect of all experience. Affect is that which has the capacity to move us, as when we say, ‘That was very moving’, or ‘I was moved by that’. Feeling, therefore, refers to the aspect of experience that moves us, that stimulates a response.

We could compare feeling to flavour. When we eat, we experience the physical sensations of the food, its hardness, softness, texture, moisture, and so on. We also experience the flavour of the food. Although flavour is distinct from these sensations, it is intimately connected with them. And it is the flavour that moves us. We are moved to take more if the flavour is pleasant; we are moved to take less if the flavour is unpleasant; and we are moved to indifference if we can’t find any flavour. But what moves us – what stimulates a response – is flavour. Feeling is the flavour of experience.

The Buddha says there are three fundamental aspects of feeling, and these stimulate the three fundamental movements of the heart–mind. These are: pleasant feeling (sukha vedana), which moves us to grasp; painful, or unpleasant, feeling (dukkha vedana), which moves us to resist or reject; and neither-painful-nor-pleasant feeling (a-dukkha-(m)a-sukha vedana), where we don’t know what we are feeling, and are moved to dullness, doubt and confusion.

Feelings arise dependent upon conditions that are beyond our control, so they are not under our control. We can, however, influence the way we respond to our feelings. As with thinking, learning to see that a feeling is just a feeling can short-circuit the tendency to overreact. For example, pain management entails maintaining a peaceful heart–mind despite experiencing painful feelings arising from the body. Similarly, ‘urge surfing’, which can help interrupt the cycles of addiction, entails mindfulness of feeling.\(^24\)

Feeling in the way the Buddha uses the word needs to be distinguished from our concept of emotion. The concept of emotion comes to us laden with cultural associations that vedana does not. Emotion, for example, is contrasted with reason. The importance of this distinction is a
product of the Western philosophical tradition, which places the highest value on reason. When we ask, ‘What impedes reason?’ the answer is the eruption of (irrational) emotion. In contrast, the Buddha’s fundamental ethical and psychological distinction is, as we have seen, the categorization of mental states as wholesome – leading towards awakening – or unwholesome – leading away from awakening. Whether or not these mental states are ‘emotions’ is irrelevant for him.

While feeling entails a simple approach/avoid/ignore response, emotion is a much more complex concept. Paul Ekman, for example, describes emotion as ‘a process, a particular kind of automatic appraisal influenced by our evolutionary and personal past, in which we sense that something important to our welfare is occurring, and a set of physiological changes and emotional behaviours begins to deal with the situation’. Feeling, for the Buddha, is simpler and subtler than emotion, and has a wider application. For example, we do not have neutral emotions, for an emotion is either pleasant or painful – but we do have neutral feelings.

What ‘emotion’ in contemporary psychology and ‘feeling’ in the Buddha’s sense have in common is that they represent the affective aspect of our nature, that which moves us to act. In the context of mindfulness practice, mindfulness of feeling opens us to the world of stimulus and response, to the fact that we are moved to act and how we are moved to act. This in turn can stimulate wisdom, understanding why we are moved to act. Mindfulness of feeling is therefore central to understanding reactive cycles, as we have discussed above.

**Mindfulness of heart–mind**

This practice involves tracking citta (heart–mind), the cognitive and affective centre of our being. The essence of the heart–mind is ‘vinnana’, awareness or consciousness. The Buddha compares the purified mind to a mountain lake, where the water is ‘clear, limpid and undisturbed’. A person standing on the bank of such a lake could look into it and see its bottom, with plants, rocks and pebbles, and the fish swimming about. Conversely, the Buddha compares the disturbed heart–mind to a bowl of water mixed with colour, or heated until it is boiling, or covered with algae, or stirred up by the wind, or muddy. In these situations, the water’s natural transparency is lost.

In the context of mindfulness practice, heart–mind represents our inner state; how we are, at this time. Mindfulness reveals the current situation of our heart–mind, how its naturally transparent awareness is affected by what is arising in it at the time. Is the heart–mind coloured by the wholesome or the unwholesome? What kind of wholesome? What kind of unwholesome?
In the contemporary context, this practice entails mindfulness of the thoughts, moods and emotions we find within ourselves.

Tracking the movements of the heart–mind helps us to cease creating an identity from its contents. Tracking worry as just worry, and aggression as just aggression, can short-circuit the tendency to become identified with these mental states. Our responses to them change, and they no longer control us. Linehan could be seen as accessing this practice when she teaches clients with borderline personality disorder how to tolerate and regulate distressing emotions.

Ekman analyses an emotional episode into a number of sequential components. These include: triggers, experiences that spark the emotion; an emotion alert database, which includes both information hardwired into us to enable survival and information from life experience; automatic appraisers, which assess an experience based on individual learning and our evolutionary heritage; an affect program, learned coping strategies and automatic survival behaviours; and a refractory period, during which an emotion recedes while still colouring perception. Ekman points out that because emotions are either evolutionarily determined or conditioned to arise under particular circumstances, we cannot control their arising. However, we can reduce the salience of the triggers, add alternative information to the database, deautomate the appraisers, decondition the program, and adjust the refractory period.

Mindfulness of phenomena

This aspect of mindfulness practice is characterized by an active engagement with the objects of mindfulness, rather than just maintaining sustained awareness of them. The practitioner applies schemas to situations, with a view to maximizing the healthy and therapeutically helpful and minimizing the unhealthy and therapeutically unhelpful. At the centre of this practice we find the tracking of the five hindrances, ‘imperfections of the heart–mind that weaken wisdom’, and the seven factors of awakening, which ‘result in letting go’.

The five hindrances are: sense desire; ill will; stiffness-and-dullness; restlessness-and-worry; and paralyzing doubt. Ill will and restlessness-and-worry seem particularly characteristic of anxiety and depression. Ill will includes all dimensions of aversion, such as fear, avoidance, animosity, hatred and aggression, directed towards oneself or towards others. It also includes fear, avoidance, cynicism, unconstructive and unfounded criticism, condemnation, and unrealistic and negative self-judgments. Restlessness-and-worry includes such states as agitation, rumination, regret and obsessive remorse.

Mindfulness of the hindrances brings a sustained awareness to the hindrance itself, as well as a growing understanding of what feeds it and what encourages abandoning it. This practice
short-circuits habits of becoming lost within the hindrances, as explained above in reference to reactive cycles. Also, specific hindrances might be countered by their direct opposite. For example, ill will may be treated by the cultivation of loving kindness (metta) and acceptance. Restlessness and worry may be countered by the practice of focused attention to calm the mind.

The seven factors of awakening are the mental states that lead to and express awakening: mindfulness; investigation; energy; rapture; tranquility; unification; and equanimity. In mindfulness of these factors, the practitioner cultivates sensitivity to their presence or absence in the heart–mind. If they are absent, strategies are applied to arouse them. If they are present, strategies are applied to maintain and develop them.

Strategies and approaches used with, for example, behavioural therapy, cognitive therapy, cognitive-behavioural therapy, metacognitive therapy\textsuperscript{46} and schema-focused therapy\textsuperscript{47} could be considered as applications of this kind of practice. These approaches begin with identifying maladaptive behaviours (for behavioural therapy and cognitive-behavioural therapy), unhealthy cognitions (for cognitive therapy), dysfunctional metabeliefs (for metacognitive therapy), and unhelpful schema and/or modes (for schema-focused therapy). Appropriate strategies are then employed to address and modify these unhealthy behaviours, thoughts, metacognitions or schema. Similarly, strategies are also used to cultivate the awakening factors, as they appear in the form of mental states such as mindfulness, motivation, calm, relaxation, joy, concentration and peacefulness.

The insight chorus

Satipatthana Sutta\textsuperscript{36} contains 21 sections that together present a range of possible objects of mindfulness. At the end of each section a chorus presents the insight aspect of mindfulness practice. Here we provide the first appearance of the chorus, which concerns mindfulness of the body, but the same principles apply to the other foundations.

[The practitioner] lives tracking body as body internally, or s/he lives tracking body as body externally, or s/he lives tracking body as body both internally and externally.

Further, s/he lives tracking the nature of arising as body; or s/he lives tracking the nature of ceasing as body; or s/he lives tracking both the nature of arising and the nature of ceasing as body.

Further, mindfulness is established on ‘there is body’, to the extent necessary for understanding and continuous mindfulness.
S/he lives independently, not clinging to anything in the world.\textsuperscript{36}

Tracking experience ‘internally and externally’ refers to extending the understanding gained from mindfulness from our inner world to the world around us. This principle can be applied to the therapeutic encounter. As clinicians, we monitor our own internal experience as well as that of our client, and remain aware of the interactive dynamic of the therapeutic relationship.

The reference to ‘the nature of arising’ and ‘the nature of ceasing’ continues this theme, by directing our attention to the fact of change. For the Buddha, this represents the gateway into insight. When we become sensitive to the fact of change, the flow of our experienced world becomes apparent. The rigid boundaries of the self soften, and we gain a deeper view of the dynamic patterns of relationships within ourselves, within our clients, and between our clients and us.

The statement, ‘mindfulness is established on “there is body”, to the extent necessary for understanding and continuous mindfulness’, refers to the intimacy that emerges as mindfulness matures. When we are fully intimate with what is happening within and around us, understanding arises naturally and mindfulness flows without interruption. We may get a sense of this during the therapeutic encounter when we forget our own agendas, are fully with our client’s expression of their experience, and find we can respond skilfully even without deliberate thought. Indeed, the fluency of our response is due, in part, to the absence of goal-directed thought. We simply know what to do next.

‘Living independently’ represents the goal for both therapist and client. The heart–mind is not caught up in its drives and delusions, but is free from craving – and therefore from dukkha.

\begin{boxedquote}
\textbf{Case study: Bec’s story}

While a single case study cannot do justice to the possibilities contained in the application of mindfulness to therapy, Bec’s story is an example of one person’s struggle with painful and destructive emotions and her aspiration to gain psychological freedom.

Bec was 28 years old when she came to see me (Malcolm Huxter) for individualized therapy. During her first session, Bec disclosed that in her childhood, both her father and grandfather had sexually molested her. She felt her emotions were out of control, and in particular she was inclined to frightening outbursts of anger and disempowerment. She would smash household objects as a way to release her frustration. Bec was in a lesbian relationship and
feared that one day she would strike her partner in a fit of rage and thereby destroy a relationship she valued dearly.

Bec was happy in other areas of her life. She was an artist and had completed a university degree. She was currently employed part-time in her area of studies. Bec was highly motivated to change what she saw as destructive cyclic patterns, and her aspirations were to be at peace with her past and maintain this peace into the future. She also aspired to a fulfilling and harmonious relationship with her partner.

During the individual session, we developed a therapeutic relationship based on safety and trust. As I was a middle aged male, this relationship was particularly important in the healing process. From this foundation of trust, Bec was able to mindfully explore her painful memories. She allowed her painful memories and her emotional reactions to them to surface, where she held them in compassionate awareness. Bec developed trust in the liberating potential of the practice of remembering to attend to emotional pain with care and discernment.

Bec also attended a group program that was focused on learning mindfulness skills. I have written several mindfulness-based programs for different clinical presentations. This particular program had eight sessions.

1. Managing stress, depression and anxiety with mindfulness.
2. Having purpose and direction.
3. Meditation and healthy lifestyles.
4. Mindfulness of thoughts and the choice to engage or disengage.
5. Mindfulness of heart–mind and healing painful emotions.
6. Reactive cycles and urge surfing.
7. Caring for self and caring for all beings (loving kindness).

We did not process any painful emotions in these group-based sessions. Bec did, however, learn the basics of mindfulness, beginning with practices in contemplating body, such as mindful walking and mindfulness in daily activities. She initially skipped the body scan practice, which was part of the second group session. When I am aware that participants may be vulnerable to abractions, I often suggest alternatives to body scan practice, such as attending to sound. Bec followed these suggestions. Once these foundational practices were
established she progressed, session by session, to the skills involved with working with
difficult thoughts and emotions.

Bec particularly appreciated the session on mindfulness of heart–mind and healing painful
emotions, where we focused on the third establishment of mindfulness. During this session,
group participants explore the nature and role of emotions. We also consider how emotions
can become dysfunctional and destructive. We explore together how some destructive
emotions are learned and how they can be unlearned and released. Bec learnt how to give
emotions space by practising openness, willingness, allowance and acceptance, remembering
that acceptance does not mean blindly acting on emotions. She found that she could see
emotions as waves coming and going. She neither blocked nor amplified them, but just let
them unfold and fade away according their nature. In this, she was practising the second
and third establishments of mindfulness. Bec progressed to the fourth establishment of
mindfulness, which explored what feeds emotions and what flows from them.

Bec also very much appreciated the session on loving kindness. She was able to tailor the
original intentions she brought to treatment into meditation practices. The practice of
reflecting on the possibilities of peace and happiness and then aspiring for this to be so
seemed to tone down anger and enhance well-being and interpersonal harmony. Two
months after she completed the group program Bec decided that she was ready to stop
seeing me on a regular basis. She was very happy with what we had done together and felt
she had gained some freedom of choice in dealing with her angry outbursts.

In both the group and individual sessions, Bec followed the practices outlined in the noble
eightfold path. She developed confidence in the path and made the effort to learn basic
mindfulness of body practices. When she was ready, she used the contemplation of heart–
mind to help her release the suffering of her angry outbursts. Her practice of loving kindness
meditation strengthened her mindfulness. As she confronted triggers that would normally
result in destructive outbursts, Bec was able to remember her intention to avoid harm. This
enabled her to make different choices. Of course, being mindful of unpleasant feelings (the
second establishment) and developing some clarity of about the role of feelings in reactive
cycles (the fourth establishment) also enhanced her ability to allow the waves of destructive
urges to simply come and go. Bec also applied the fourth establishment of mindfulness in
recognizing and reducing the unhealthy aspects of anger. She also learned how loving
kindness could act as an antidote to destructive anger.
Summing up

The concept of mindfulness was created and developed by the Buddha over two millennia ago. Mindfulness plays a central role in his therapeutic framework, but only as a single aspect of a much wider intellectual and practical system. The contemporary encounter with mindfulness raises important issues regarding its integration into contemporary therapeutic contexts. Initially, there has been a tendency towards reinventing the wheel by treating mindfulness as a modern scientific discovery that has little or no historic past. More recently, there has been a growing realisation that the way forward entails recognition of the depth of its history, beginning with the Buddha as the creator of the concept, and of the conceptual framework within which it is embedded.

No therapy has efficacy simply as an isolated, acontextual technique, and mindfulness is no exception. Its power comes from its role within a broader context. The variety of contemporary therapeutic applications of mindfulness has given rise to a corresponding variety of operational definitions, but it now appears that a deeper sense of unity is needed in both its definition and, more importantly, its understanding. We have suggested that the most obvious place to look for that understanding is with the Buddha himself, treated as a philosopher and psychologist rather than as the founder of a religion.

The Buddha’s concept of mindfulness is embedded within dependent arising, the four noble truths and the noble eightfold path. With the understanding provided by this conceptual framework, we can have more confidence in how we apply mindfulness to the range of clinical populations we work with. When we understand what we are trying to apply, we will be better able to apply it.

Dependent arising tells us that the clinical encounter we now find ourselves in has no fixed essence, but is inherently dynamic. When every situation is already flowing into a new situation, neither therapist nor client can be stuck in their current condition because the condition of stuckness itself is impossible. The four noble truths allow us to conceptualize this encounter in terms of the specific type of pain being presented, what is feeding it, and therefore where we should be looking for an opportunity to intervene to break the cycle of suffering. The noble eightfold path gives us a range of possible instruments with which to intervene – mindfulness itself, which shows us what is really going on within and around us, but also healthy adjustments to lifestyle and learning ways to calm and unify the heart–mind.

When we look for practical ways to apply mindfulness to contemporary clinical populations, we begin with our own commitment to learning the nature of mindfulness through personal practice. Mindfulness is a universal mental factor that can be cultivated, made stronger and clearer. But
this takes practice, demanding time and commitment. We cannot therapeutically apply to others a mental factor we ourselves do not understand or experience to any depth. To be practitioners of mindfulness-based therapies, we must first be practitioners of mindfulness.

Next we need a thorough understanding of the clinical population we are faced with, through study, research and clinical experience. Then, with warmth and compassion we learn to understand the individuals immediately before us, through truly listening to their stories. Our unique wisdom, arising through our own experience and knowledge, can guide us in the appropriate therapeutic response to the situation in front of us. Finally, we remain pragmatic. We use whatever succeeds in reducing the suffering of our clients – and of ourselves. It is the unity of all factors of the path, including a kind heart, which provides freedom from pain for both therapist and client.

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2 Sekha Sutta (The Learner), Majjhima Nikaya 53.


Cognitive fusion is a cause of suffering. An example of cognitive fusion is when we confuse a thought about something as our identity. Having a thought, such as ‘I am a failure’, is not the same as believing such a thought. Defusion with this thought would involve being able to see clearly that the statement ‘I am a failure’ is just a thought and not our identity.


36 Satipatthana Sutta (Establishments of Mindfulness), MN 10.


40 Maha-Assapura Sutta (Greater Discourse at Assapura), MN 39.

41 Sangarava Sutta (To Sangarava), Samyutta Nikaya 46:55.

42 In other words, we can practise mindfulness of emotions exemplified in a program Ekman developed with B Alan Wallace called Cultivating Emotional Balance (CEB). CEB is copyright to the Santa Barbara Institute of Consciousness Studies. CEB programs are currently emerging across the globe and teacher training occurs in Phuket, Thailand.

43 Cula-Hatthipadopama Sutta (Shorter Discourse on the Elephant’s Footprint), MN 27.

44 Maha-Sakuludayi Sutta (Greater Discourse to Sakuludayin), MN 77.


46 Wells A. Metacognitive therapy: a practical guide to treating anxiety, traumatic stress and depression. A workshop conducted at the 5th World Congress of Cognitive and Behavioural Therapies, Barcelona, Spain, July 2007.