



An analytical study of Mindfulness from Buddhism to Psychology

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Abstract

Mindfulness has been introduced by Dr. Jon Kabat-Zinn into the medical assistance service and later it has been developed into several famous psychological therapies. Although Dr. Jon Kabat-Zinn has an original intention to combine Dharma with science, and make the Dharma better beneficial to people's lives, but has the development of psychotherapy changed the power of Dharma as compared to its applications in Buddhism? In order to respond to this question, this article is designed as an analytical study to find out the developing path of mindfulness from Buddhism to psychology.

In order to achieve the objective, it was divided into three parts to do the analytical study. Firstly, it discussed the background of Mindfulness-Based Stress Reduction (MBSR) to know the basic ideas of Buddhist mindfulness that has been taken into medical application. Secondly, it discussed the practical application of Mindfulness-Based Cognitive Therapy (MBCT) to know how the basic ideas is applied in psychology. Thirdly, it made an analytical comparison of two kinds of mindfulness in Buddhism and MBCT. Based on these three parts, it has found out the development path of mindfulness from Buddhism to psychology.

By achieving the objective, it has shown that Mindfulness-based therapies are created in a social and cultural background, it has become an interdisciplinary research object and needs the coordinated development of the related disciplines to well understand each other for achieving greater benefits; and mindfulness functions to realize the universal dharma which could integrate subjective and objective dualism to form a harmonious life style.

Keywords: Mindfulness, Buddhism, Psychology, MBSR, MBCT

Introduction

Mindfulness has been introduced by Dr. Jon Kabat-Zinn into medical assistance service, which in turn has led to a wide range of psychological empirical studies and applications. To help sick people reduce their physical and mental stress, Dr. Jon Kabat-Zinn has designed Mindfulness-Based Stress Reduction (MBSR), which is used to relieve stress.

On one hand, the courses in MBSR have good effects in coping with stress and disability in some chronic disorders¹. On the other hand, Dr. Jon Kabat-Zinn is actively engaged in scientific research on the courses to make mindfulness meditation present as a scientific, non-religious and operable manifestation, which has caused positive attentions from lots of scientific and psychological research workers to apply mindfulness meditation into their treatment researches.² As a result, MBSR is widely disseminated and Dr. Jon Kabat-Zinn is considered one of the most influential people in the field of mindfulness meditation.

During the development of MBSR and its applications in a variety of psychological therapies, the medical value of mindfulness has been continuously confirmed, leading to the gradual rise of a large number of scientific studies. Mindfulness meditation gradually went out of the Buddhist context, became cross-cultural and paradigm issues about consciousness discipline, and attracted scientific studies to explore changes during meditation.³ However, these scientific studies only could show activities in the body, but rarely touch on the essence of mindfulness-based on meditation.

Although Dr. Jon Kabat-Zinn has an original intention to combine the Dharma with science for making the Dharma better beneficial to people's lives, but has the development of psychotherapy changed the power of Dharma as compared to its applications in Buddhism? This is a question to ponder. Although the Dharma is not unique belonged to Buddhism, its emphasis on the Dharma could provide some inspirations for the secular application of

¹Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of psychosomatic research*, 57(1), 35-43.

²Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, 12(01), 281-306.

³Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical psychology: Science and practice*, 10(2), 144-156.

mindfulness. In regard to this, it is necessary to sort out the development path of mindfulness in the interdisciplinary fields. On the one hand, it provides specific case study for the spread of Buddhist Dharma. On the other hand, it provides reference for the secular application of mindfulness.

In this article, it discussed the background of MBSR and the practical application of MBCT, and made an analytical comparison of two kinds of mindfulness in Buddhism and MBCT. Based on these, it could analyze the development path of mindfulness from Buddhism to psychology. Although MBCT could not account for many other psychological applications in therapies, it could be used as a specific case about mindfulness courses to provide inspired ideas for other therapies.

The Background of MBSR

The design of MBSR is under the development of Zen in the United States. And the latter is related to the great contribution of Japanese Zen scholar Suzuki Daisetz Teitaro (1877-1966). D. T. Suzuki, has lived in the United States for many years with excellent English language skills and Zen skills, and has been engaged in the cultural exchanges between east and west with scholars in Europe and the United States.

In his early years, D. T. Suzuki was a follower of Zen master Soyen Shaku (1859-1919) to learn meditation. In 1893, D. T. Suzuki, as the accompanying translator of Soyen Shaku, had participated in the World Parliament of religions held in Chicago, and translated his master's speech into English, becoming known to some American scholars. In 1897, he began to go to the United States and lived there for 11 years. During 1920-1930 he wrote many works in English by cooperation work with American scholar Paul Carus (1852-1919), among them, his English book "*Essays in Zen Buddhism*", written in 1927, was considered to be the beginning of Zen Buddhism in Europe and the United States and aroused the interest of the many elite scholars. In 1957, he had participated in the symposium on "Zen and psychoanalysis", and recommended Zen as a treatment method to western psychologists, so that the value of Zen in modern life was recognized by scholars.⁴

⁴Wen Jinyu. (1997). Chan and the western world. *Forum on Chinese Culture*. (4): 78-81 (温金玉, "禅与西方世界", 中华文化论坛, 1997年第4期第78-81页。)

The Zen philosophy of D. T. Suzuki is mainly based on the Rinzai School (临济宗)⁵, one of three sects of Zen in Japanese Buddhism. He said that Zen is *Dhyāna*, “without the mediacy of intellect or logic”, and for “grasping the truth of absolute emptiness (*suññatā*)”⁶. He highly praises Huineng, the Sixth Patriarch of Chinese Chan Buddhism, for the “abrupt teaching”⁷. He also explained Zen is mystical but not irrational, and Zen shows the oriental culture by a synthetic comprehension in the analysis of logic.⁸ Because he understood the thought of the True Pure Land Buddhism, he accepted the western Christian religious mysticism as well, and emphasized the balance in powers of self and others.⁹ He also combined Zen with modern science, and taught meditation by an easy way for the good understanding and acceptance of people in different culture. In the 1950s and 1960s, he actively gave speeches on meditation to promote the development of American Zen, which led to the fashion of Zen. All social classes and even clergy members of other religions joined in the practice. Zen was popularized by D. T. Suzuki. It not only penetrated into people’s the daily life, and also into the western psychological circles. Philosophy of Zen popularized by D. T. Suzuki has laid the basic idea of Zen in the United States.

Following that, with the gathering of Buddhist scholars and various Buddhist traditions in the United States, the academic centers of Buddhist studies have been transferred from Europe to the United States, and the Buddhist concept has become polybasic. However, as the research of Silong Li¹⁰, the orthodox methods in the Buddhist academic circles changed in the 1970s, before that it followed the European tradition attaching the importance to the study of philology, and after that it followed the social history or anthropological research. “Buddhist hermeneutics” appeared in North American academic circles in the 80s, and many

⁵Suzuki Daisetz Teitaro, *The training of the Zen Buddhist monk*. (New York: Cosimo, Inc., 2010), p.xxvii.

⁶ibid. p.xxiv.

⁷ibid. p.xxiv.

⁸Daisetz Teitaro Suzuki, *An Introduction to Zen Buddhism*, (New York: Grove Press, 1991), p.36-38.

⁹Shi WenBei.(1999). A debate between D T Suzuki and Hu Shih about Zen vs Chan. *Dharma Light Monthly*. No.119. (施文蓓,《法光》,“胡適與鈴木大拙的禪學論辯”,台北市:法光文教基金会,1999年第119期。)

¹⁰Li, Si-long. (2007). On the Division of Time and the Transformation of Buddhist Study in Europe and America. *Studies in World Religions*, (3):65 – 7. (李四龙,“论欧美佛教研究的分期与转型”,世界宗教研究,2007年第3期第65-72页。)

western scholars emphasized the significance of “practice” in academic research, hoping to link Buddhist studies with the realistic life in order to achieve the mastery of Dharma. This is consistent with the earlier application of Zen into daily life recommended by D. T. Suzuki, and it also shows that the development of early Zen in the United States has subtly influenced the development of Buddhism in the United States.

It is in this culture and social background that Dr. Jon Kabat-Zinn followed the instructions of Zen Masters such as the Korean Master Seung Sahn and the Vietnamese Master Thich Nhat Hanh to learn and practice Buddhist meditation such as Jogye Order (曹溪宗) and Rinzai. In 1979, he achieved a unique meditative experience, realizing the universal value of the “Dharma”. In order to maximize the effectiveness of the “Dharma”, he explored the possibility of integrating science with the “Dharma”. Through careful study of the Buddhist literatures and scientific literatures, as well as the early scientific papers, he carefully design the “mindfulness-based stress reduction” project. His mindfulness meditation is based on the traditions of the Theravada tradition, the Mahayana tradition, and various yoga traditions and so on, as well as the research results of meditation in the clinical application of science. All this background could be found in the articles of Dr. Jon Kabat-Zinn¹¹⁻¹². Thus, Dr. Jon Kabat-Zinn’s project is in line with the development of the Era. He comes from the Massachusetts Institute of Technology (MIT) and has a good education background and academic resources. He was inspired from learning zen meditation. A great deal of Buddhist literatures and psychological researches of meditation gave him good knowledges of Buddhism and psychology. The development of psychology from mechanism to subjectivism constructed the big situation of the era, all the situations of these and similar to these have prepared for his success.

The application of MBCT

After Dr. Jon Kabat-Zinn introduced Mindfulness-based stress reduction (MBSR) into the auxiliary medical service and caught some scientists’ attention, a large number

¹¹ Kabat-Zinn, J., tr. by Wen Zong-kun. (2013). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Fuyan Buddhist Studies*. (8): 187-214. (乔•卡巴金著, 温宗堃译, “关于 MBSR 的起源, 善巧方便与地图问题的一些思考”, 福严佛学研究, 2013年第8期第187-214页。)

¹² Williams, J. M. G., & Kabat-Zinn, J. (2011). Mindfulness: diverse perspectives on its meaning, origins, and multiple applications at the intersection of science and dharma. *Contemporary Buddhism*, 12(01), 1-18.

of psychologists come to integrate mindfulness meditation into their own psychological practice. Mindfulness-based cognitive therapy (MBCT) also developed during this period. MBCT in its early time is designed as a research project to cope with the recurrence of depression, as has been verified to have very good effects through scientific experiments¹³. After that MBCT also applied in other disorders and has been confirmed to have therapeutic effects¹⁴⁻¹⁵. And a growing number of studies have demonstrated that MBCT has curative effect in the treatment of diseases associated with emotion and cognition¹⁶.

MBCT has been put forward the sketchy idea in 1989 and started to carry out as a psychological therapy in 1992 by Zindel Segal, Mark Williams, and John Teasdale who are psychologists. This therapy has combined mindfulness meditation with cognitive therapy. It adopted the attention control strategy and emphasized emotion-processing process. And Teasdale¹⁷ proposed that the application of mindfulness meditation could turn the psychological mode from the 'mindless emoting' or 'conceptualising' to 'mindful experiencing' mode, thus it transforms the individual mental state from the irrational one or the rational to the sapiential one.

In the book 《抑郁症的内观认知疗法》 (*Mindfulness-Based Cognitive Therapy for Depression*)¹⁸, the three psychologists described the design and implementation of MBCT. In the other book *The mindful way through depression: Freeing yourself from chronic*

¹³ Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of consulting and clinical psychology*, 68(4), 615-623.

¹⁴ King, A. P., Erickson, T. M., Giardino, N. D., Favorite, T., Rauch, S. A., Robinson, E., Kulkarni M., & Liberzon, I. (2013). A pilot study of group mindfulness-based cognitive therapy (MBCT) for combat veterans with posttraumatic stress disorder (PTSD). *Depression and anxiety*, 30(7), 638-645.

¹⁵ Haydicky, J., Shecter, C., Wiener, J., & Ducharme, J. M. (2015). Evaluation of MBCT for adolescents with ADHD and their parents: Impact on individual and family functioning. *Journal of Child and Family Studies*, 24(1), 76-94.

¹⁶ Grecucci, A., De Pisapia, N., Thero, D. K., Paladino, M. P., Venuti, P., & Job, R. (2015). Baseline and strategic effects behind mindful emotion regulation: Behavioral and physiological investigation. *PloS one*, 10(1), e0116541.

¹⁷ Teasdale, J. D. (1999). Emotional processing, three modes of mind and the prevention of relapse in depression. *Behaviour research and therapy*, 37, S53-S77.

¹⁸ Segal Z V, Williams J M G, Teasdale J D. tr. by Xinhua Liu. (2008). *Mindfulness-Based Cognitive Therapy for Depression*. Beijing: World Book Inc. (Chinese version: 抑郁症的内观认知疗法. 刘兴华译. 北京: 世界图书出版公司, 2008.)

*unhappiness*¹⁹ or its Chinese version 《改善情绪的正念疗法》²⁰, they coworked with Dr. Jon Kabat-Zinn and explained the gist of MBCT in treatment of Depression and practice in life. According to these books and other literatures, it could summarize the characteristics of MBCT in practical application.

In MBCT, the designers standardizes mindfulness practice. Firstly, the term “mindfulness” is defined as “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to things as they are”²¹. Secondly, they interpreted the characteristics of mindfulness as “intentional”, “experiential” and “non-judgemental”²². Thirdly, mindfulness practice need participants to understand and cultivate the seven kinds of attitudes, such as “Non-judging”, “Patience”, “Beginner’s mind”, “Trust”, “Non-striving”, “Acceptance”, “Letting go”.²³

These three features and seven attitudes run through the process of mindfulness practice and are designed for eight weeks course program²⁴. There are mindfulness skills, such as: sitting meditation, body-scan, yoga, “three minutes breathing space”, and so no, to be taught to the learners and personal experiences to be shared in the meeting sessions, and the requirements for daily practice in the learners’ side.

From the analysis of course design, mindfulness practice is a successive progress to attain direct knowledge and realize the nature. In the first week²⁵, participants are often invited to stop doing everthing but to observe the details including the body feeling, thoughts and emotions, and so on, by practice of “eating one raisin”. During this practice, the mentor will guide them to find an “autopilot” patterns of behavior and a phenomenon of the consciousness being free from the now-moment. Thus, course is advancing to the awareness of training, the tutor will teach the body scanning techniques, inviting participants to be aware of every part of the body.

¹⁹ Williams J M G, Teasdale J D, Segal Z V, Kabat-Zinn J. (2007). *The mindful way through depression: Freeing yourself from chronic unhappiness*, New York: The Guilford press.

²⁰ Williams J M G, Teasdale J D, Segal Z V, tr. by Jieqing Tan. (2009). *The mindful way through depression: Freeing yourself from chronic unhappiness*. Beijing: China Renmin University Press. (Chinese version: 改善情绪的正念疗法. 谭洁清译. 北京: 中国人民大学出版社, 2008。)

²¹ Williams J M G, Teasdale J D, Segal Z V, op. cit., p.47 ; tr. by Jieqing Tan, p.36.

²² *ibid.*, p.48; tr. by Jieqing Tan, p.37.

²³ Kabat-Zinn, J., & Hanh, T. N. (1991). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Bantam Dell, pp.33-40.

²⁴ *op. cit.*, tr. by Xinhua Liu, pp.87-274.

²⁵ *ibid.*, pp.87-110.

In the second week²⁶, participants are guided to discuss the problems and and its solutions in the last week's practice. During this discussions, some situations will happen, such as "participants may have different problems and questions, hope to find a standard to do judgment, do explain and give advice to the problems, or divide the situations into "pleasant and unpleasant". In this case, the tutor led the participants to discover the "action mode" of the problem processing in their thoughts, thus they will discover the "wandering of attention", and the course was promoted to the training of sitting meditation. Participants are invited to observe the "wandering of attention", when they are aware of it, they note it and go back to their breathing. These two week's courses aim to guide participants to know the automatic mode and the action mode of their thinking patterns.

In the third week²⁷, participants are invited to insight observation of respiration, meanwhile to practice the "three minutes breathing space" skill in the trivial time of daily life, from which they will realize that the attention is taken away by thoughts, emotions, somatosensory, or other things. When being aware of the taking away attention, they simply return to the observation of respiration. This week focuses on practice of concentration thought this way.

In the fourth week²⁸, when a certain concentration arise, the participants begin to be invited to explore the emotional experience of attachment and aversion, to understand the boundary of the disease. They will practice in the meditation to live in the present moment, equally feel the sounds, thoughts and feelings, and so on, and then back to the respiration.

In the fifth week²⁹, participants are invited to face problems in the acceptance way. Whe an idea, emotion or somatosensory show up in meditation, they do not escape from it but guide the mind to observe it, accept it and believe it can be done.

In the sixth week³⁰, participants are invited to practice "the idea is not the truth" to view the idea as an object of awareness, to observe it when the idea shows up, and then to return to the observation of respiration.

²⁶ *ibid.*, pp.111-138.

²⁷ *ibid.*, pp.139-166.

²⁸ *ibid.*, pp.167-192.

²⁹ *ibid.*, pp.193-216.

³⁰ *ibid.*, pp.217-239.

From the third to sixth weeks, The courses focus on the practice of concentration and insight meditation. Participants were led by the teacher to cultivate concentration, then on the premise of concentration to know emotional experience and the boundary of disease, in the face of difficulties to observe it with acceptable attitude, to realize the development of the thoughts, emotions, and cognitions for distinguishing that they are not facts, and avoid falling into it.

In the seventh and eighth weeks³¹, participants are invited to be aware of signs of Depression to make plans for responding positively, and to give oneself a permission to maintain calm toward any predicament. The practice in these two weeks are on the basis of the first six weeks, the participants are guided to accept the possibility of recurrence, actively take preventive measures. When they find signs of recurrence as early as possible by mindfulness practice in life, they will effectively prevent recurrence.

MBCT practice has two characteristics as to the above analysis:

(1) In the eight-week course, it stresses the importance of the mentor. The practice process of participants was led by the mentor, and Mentor's experience and technology will influence the effects of the treatment, which are related to the background of the MBCT designers. Three psychologists tried to understand mindfulness from the perspectives of psychology, they took mindfulness as a treatment technique, thus the therapy has attached great importance to the controllability of operation and curative properties, and put forward higher request for the tutor's guiding ability. This point is also confirmed in the failure experience during the design time of MBCT.³²

(2) The process of mindfulness practice is successive. It starts with "awareness" and helps participants discover the real problem. Then the "concentration" is developed, and the participants pull their attention back to their breath after noticing that their attention had drifted away. Then the "insight observation" is developed, and participants abide in an observation of a mental activity (thoughts, or emotions) to understand their progress and thus to know the true state of affairs. "awareness", "concentration" and "insight observation" spirals up through the exercises. Therefore, mindfulness seems to be a kind of awareness, but indeed this begins to show some differences compared to the Buddhist explanation.

³¹ *ibid.*, pp.239-274.

³² *ibid.*, pp.40-67.

MBCT as a secular application, takes the three features and seven attitudes of mindfulness into practice during the eight-week course. The course mentor teaches mindfulness skills based on the current situation of participants, and guides participants to practice what they have learned to help them live in the moment. Practitioners train “awareness”, “concentration” and “insight observation” through mindfulness exercises to identify signs of relapse and make plans ahead. Therefore, MBCT is effective in practice. However, compared with the practice of mindfulness in Buddhism, there are still many differences in its application.

An analytical comparison of two kinds of mindfulness

In many articles, Dr. Jon Kabat-Zinn discussed the motivations for designing MBSR and its views on mindfulness.³³ When he talked about mindfulness, he would point out that it comes from Buddhism, which is the core of Buddhism. Mindfulness exercises must be consistent with the specific qualities of attention and awareness that are cultivated in meditation. He even gave an operable suggestion about mindfulness. He suggested that mindfulness is associated with attention, it is a kind of awareness, and this awareness arise as one pay close attention to target, focus on the present, and don't judge the changes of experiences in the flash moments. He also agrees that mindfulness is synonymous with insight meditation, which means a deep, permeable, unconceptualized seeing into the nature of the mind and the world. Mindfulness is a highly refined exercise that is designed to train and cultivate multiple aspects of the mind through mindful mindfulness. Dharma is the description of phenomenology based on mindfulness meditation, which describes the nature of mind, emotion and suffering. The Dharma is universal, not just belong to the buddhist, because Buddha himself is not a buddhist.

In 1979, during the meaningful experience of meditation, it is because of the realization of Dharma that Dr. Jon Kabat-Zinn got the inspiration that he would make propagation of the Dharma to be his career. After that his research carried out around the “combination of Dharma and science”, or it could be said as packing Dharma in a scientific way, and then MBSR program was designed with scientific research to validate its effects.

³³ Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical psychology: Science and practice*, 10(2), 144-156.

While D. T. Suzuki had introduced Zen into the United States, established the basic concept of Zen there, making Zen be focused on experience and consciousness and promoted the role of meditation in life, Dr. Jon Kabat-Zinn has combed the concrete implementation of meditation from a scientific perspective. Through his own experience, he realized the Dharma in Zen, which is the common law of the universe and could be attained by mindfulness meditation. Therefore, mindfulness can be studied and applied scientifically. Although Dr. Jon Kabat-Zinn talks about Buddhism, recommends people teaching mindfulness meditation to refer to the Buddhist mindfulness and understand the Dharma teachings, he has inherited the tradition of scientific workers, and he is against the authority of the blind worship of the external, and encourage practitioners to know unique themselves, to be aware of the own experience of inner authority.

Dr. Jon Kabat-Zinn can be called an interdisciplinary expert who has learned and understood both Dharma and Science, and those who use mindfulness courses may not be able to grasp the mysteries of mindfulness. MBCT almost inherits intact mindfulness courses, is also very effective in applications, but from the articles and books of Teasdale et al, it has been found that their interpretations of mindfulness courses has changed something compared with Buddhist mindfulness.

Firstly, it is the standardized operations. In mindfulness courses, the first one is that mindfulness has been clearly defined, and the attitudes that are needed in the practice are listed. The second one is that the course is designed for eight weeks, with specific projects each week. Although Buddhist mindfulness has standardized operations, such as the practice according to the *Ānāpānasati Sutta* or the *Mahāsatipaṭṭhāna Sutta*.

However, for the first point, Buddhist mindfulness takes the practice as the definition, pointing out the requirements of it that to abide in the object of mindfulness, to be diligent, and to well know the object, as to lead the practitioners to realize the operatable essentials, but it couldn't say that it is the exactly definition for mindfulness, and Buddhist Dharma emphasizes different people have different understandings for their unique personal ability, so in the teachings learners are often encouraged to listening carefully, thinking prudently, and practicing assiduously.

For the second point, Buddhist mindfulness practice is straight to realize nirvana. Although there is a curriculum design which has the system to increase three kinds of wisdoms from the threefold training, but the practice is promoted only according to the realization of single person.

Secondly, it has attached lots of importance to the mentor. Both mindfulness values mentors, but there are differences. In the mindfulness courses, the tutor is the inviter in the activity to invite the practitioner to participate in the activity, and to lead the course. The practitioner is an invitee, to complete the courses according to the guidance, and is the partner in the activity. In the Buddhist mindfulness, the tutor is a spiritual idol of the practice, does not initiatively intervene in the progress of the courses and only provide personal advices according to the problems proposed by specific practitioner. And practitioners need to be self-reliant to set up his objective of his own practice, so they are the promoters of the practice.

Mindfulness courses emphasize the guidance from tutors to students, while Buddhist mindfulness stresses the mutual improvement of both teachers and students. Buddhist mindfulness makes daily life as the practice at the three aspects of study, thinking, and practice. For example, *Ekottarika āgama* (EĀ.5)³⁴ has recorded the teaching about seeing a patient. The Buddha guide disciples that seeing patients should be taken as seeing the self. And in EĀ.24³⁵, when being sick or seeing the sick, one should have compassion for others and discern situations to get away from sufferings. The one seeing the sick should bring about the remembrance of sick experience once in a time to realize the fact that the self is just temporarily from the suffering of the disease, and help the sick one understand the situations. The sick one should listen to the doctor's advice and do self-managing. So the one, no matter he is a sick one or a visiting one, would urge himself by positive thinking to be more diligent to be away from ill sufferings and learn from it to provide the positive model for the sick periods. Through swapping situations between the sick and the healthy, they will attain mutual benefits as to blend the concept of inside and outside body and mind to transform sufferings into the wisdom for getting realizations.

³⁴ EĀ.5. Chinese *Ekottarika āgama*. 瞿曇僧伽提婆译, 《大正新修大藏经》, 《增壹阿含经》(壹入道品第十二·四), 第2册, 第5卷, 第125经: 尔时, 世尊告诸比丘: 「其有瞻视病者, 则为瞻视我已; 有看病者, 则为看我已。所以然者, 我今躬欲看视疾病。诸比丘! 我不见一人于诸天、世间、沙门、婆罗门施中, 最上无过是施。其行是施, 尔乃为施, 获大果报, 得大功德, 名称普至, 得甘露法味。所谓如来、至真、等正觉, 知施中最上无过是施。其行是施, 尔乃为施, 获大果报, 得大功德。我今因此因缘而作是说: 『瞻视病者, 则为瞻视我已而无有异, 汝等长夜获大福佑。』如是, 诸比丘! 当作是学。」

³⁵ EĀ.24. Chinese *Ekottarika āgama*. 瞿曇僧伽提婆译, 《大正新修大藏经》, 《增壹阿含经》(善聚品第三十二·九), 第2册, 第24卷, 第125经: 若复病人成就五法, 便得时差。云何为五? 于是, 病人选择而食, 随时而食, 亲近医药, 不怀愁忧, 咸起慈心向瞻病人。是谓, 比丘! 病人成就此五法, 便得时差。

若复, 比丘! 瞻病之人成就五法, 便得时差, 不着床褥。云何为五? 于是, 瞻病之人分别良医; 亦不懈怠, 先起后卧; 恒喜言谈, 少于睡眠; 以法供养, 不贪饮食; 堪任与病人说法。是谓, 比丘! 瞻病之人成就此五法者, 便得时差。

This indicates that the improvement of the inner state of a individual could have learning methods, and the establishment of experience might require a positive guidance. A mentor who has enough experience of meditation, especially realizations of life, is important to the course, not only for teaching Dharma, but also as a role model. However, the most important thing is to emphasize the improvement of the own life realm. With good knowing advisors as a model, the individual gains confidence in the inner strength from which he would also have a good understanding of Dharma to establish a proper life style by increasing three kinds of wisdom.

Thirdly, the goals are different. Goals of mindfulness courses are to regain health and the goal of Buddhist mindfulness is to attain physical and mental liberation. Different goals will lead to different development.

The first point is that when the curriculum is developed into psychotherapy, the teacher-student relationship is transformed into the doctor-patient relationship, which exacerbates differences between the two types of mindfulness. The doctor-patient relationship attaches most of the stress onto doctors, who needs the skills to solve the patient's problems. The mentoring relationship shares the responsibility, the teacher's task is to teach and students are responsible to learn. So students can ask the teacher to answer doubts, but they need to solve the problems by themselves. Thus, the mentoring relationship brings students with the learning enthusiasm.

The second point is that the adjustment of mind and body are staged with discomforts. In this process, mindfulness is a technique which is not conducive to long-term persistence. The liberation of mind and body could be the life-long objective to turn mindfulness to be a way of life until the final liberation is attained.

Conclusion

To sum up, due to the interdisciplinary factors from Buddhism to psychology, practitioners and mentors are in different kinds of status and backgrounds, which involves in the secular and religious world. All of these differences suggest that researchers in different field should be aware of changes in subjects and the specific teaching ways to them.

This article has shown that Mindfulness-based therapies are developing in a social and cultural background. It is chosen by gathering of conditions, and now it has become an interdisciplinary research object and needs the cooperation of the related disciplines to well understand each other for achieving greater benefits. And mindfulness is defined by it

functions which are related to realization in life realm. It functions to realize the universal dharma through integrating subjective and objective events and forming a harmonious life style. So mindfulness could train one for profession and wisdom, from which one gains an ability to dealing with all kinds of sufferings.

Abbreviations

EĀ.	Ekottara Āgama	增壹阿含经
T.	Taishō Tripiṭaka	大正新修大藏经
MBSR	Mindfulness-Based Stress Reduction	正念减压
MBCT	Mindfulness-Based Cognitive Therapy	正念认知疗法

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