



## Beyond mindfulness: Buddhist psychology and the Abhidharma

Brendan D. Kelly

**To cite this article:** Brendan D. Kelly (2023) Beyond mindfulness: Buddhist psychology and the Abhidharma, *Journal of Spirituality in Mental Health*, 25:1, 71-82, DOI: [10.1080/19349637.2022.2081952](https://doi.org/10.1080/19349637.2022.2081952)

**To link to this article:** <https://doi.org/10.1080/19349637.2022.2081952>



© 2022 The Author(s). Published with license by Taylor & Francis Group, LLC.



Published online: 29 May 2022.



Submit your article to this journal [↗](#)



Article views: 2171



View related articles [↗](#)



View Crossmark data [↗](#)



Citing articles: 1 View citing articles [↗](#)

# Beyond mindfulness: Buddhist psychology and the Abhidharma

Brendan D. Kelly

Department of Psychiatry, Trinity College Dublin, Trinity Centre for Health Sciences, Tallaght University Hospital, Dublin 24, Ireland

## ABSTRACT

Buddhist psychology increasingly informs mental healthcare through therapies such as cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT), as well as explicitly Buddhist therapies. The central tenets of Buddhist psychology are explored in the Abhidharma, a collection of psychological works from the traditional canon. The Abhidharma includes detailed expositions of the structure of consciousness; the natures of active cognitive processes and passive states; the relationships between material and mental phenomena, conditionality, and “dependent arising”; and the practice of meditation. These concepts are increasingly relevant owing to the continued emergence of psychotherapeutic practices (e.g., mindfulness) with significant roots in Buddhism.

## KEYWORDS

Buddhism; psychotherapy; cognitive behavioral therapy; dialectical behavior therapy; spirituality

## Introduction

Mindfulness-based therapies are now mainstream therapeutic tools in many areas of mental health care, most notably for the prevention of relapse of depressive illness (Creswell, 2017; Segal, Williams, & Teasdale, 2013; Seshadri et al., 2021). Mindfulness, which finds its roots in Buddhist psychology, helps inform therapeutic approaches such as cognitive-behavior therapy (CBT) (Kumar, 2002) and dialectical behavior therapy (DBT) (Palmer, 2002). Buddhist approaches have also been described as adjunctive strategies for other disorders, including anxiety disorders, substance misuse, and psychological aspects of physical disorders (Kelly, 2008).

Recent decades have seen the emergence of “Buddhist psychotherapy” in Western societies, often combining Buddhist practice with certain elements of western therapeutic traditions (Brandon, 1976; Campos, 2002; Epstein, 1995). Relevant models include “Cognitively-Based Compassion Training” (CBCT®), a secular, compassion-based training program adapted from the Indo-Tibetan Buddhist traditions of lojong (mind training) and lamrim (stages of the path of spiritual development) (Ash, Harrison, Pinto, DiClemente, & Negi, 2021); “Dharma therapy,” a Buddhist teaching-based therapeutic intervention using

**CONTACT** Brendan D. Kelly  [brendan.kelly@tcd.ie](mailto:brendan.kelly@tcd.ie)  Department of Psychiatry, Trinity College Dublin, Trinity Centre for Health Sciences, Tallaght University Hospital, Tallaght, Dublin 24 D24 NR0A, Ireland

© 2022 The Author(s). Published with license by Taylor & Francis Group, LLC.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

the Buddhist model of ending suffering to assist clients dealing with psychological issues (Hung & Wa, 2021); and the “Note, Know, Choose” model, a three-phase psycho-spiritual treatment approach based on Buddhist teachings to improve skillfulness of mind (Lee & Tang, 2021). While detailed consideration of these models is beyond the scope of the present paper, it is notable that these developments have occurred alongside growing interest in the neuroscience of meditation, especially the use of brain imaging to identify physical correlates of meditation and mindfulness practices (Fox et al., 2014; Lutz, Greischar, Rawlings, Ricard, & Davidson, 2004; Tang, Hölzel, & Posner, 2015).

As a consequence of these developments, mindfulness is ubiquitous in popular media, with the result that the background, nature, and consequences of mindfulness are often simplified, misunderstood, and over-stated (Purser, 2019). Notwithstanding these concerns, evidence continues to grow supporting the usefulness of mindfulness, once it is practiced correctly and with an understanding of its context. Against this background, and in order to assist with contextualizing mindfulness and related therapies, this paper examines the broader field of Buddhist psychology, with particular emphasis on the “Abhidharma” or higher teaching of Buddhist thought, and how this situates and contextualizes mindfulness practices today.

The version of the Abhidharma chosen for this analysis is “A Comprehensive Manual of Abhidhamma: The Philosophical Psychology of Buddhism” (Bodhi, 1999), owing to its standing in the field as well as its clarity, availability, and accessibility for mental health professionals. Against this background, this paper presents a description of already existing traditional ideas found in Buddhist writings in order to assist mental health professionals to understand and explore these concepts further.

### ***Buddhist psychology and the Adhidharma***

Much of the psychology of Buddhism is rooted in the “Four Noble Truths,” which are: (a) *dukkha*, which refers to the unsatisfactoriness (or “suffering”) associated with much human experience; (b) the causes of *dukkha*, which are craving, aversion and delusion; (c) the cessation of suffering, achieved by facing *dukkha*, overcoming craving, aversion and delusion; and (d) how to overcome *dukkha* by practicing the “Noble Eightfold Path,” based on the principles of wisdom, moral virtue and meditation. This involves cultivating and practicing right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness and right concentration. Meditation, including mindfulness, is central to this paradigm (Kelly, 2012).

A more detailed description of this framework is provided in the Abhidharma, a collection of books that present a detailed account of Buddhist psychology. Buddha’s original teachings on this subject were

reportedly received by Sāriputta, a disciple, who then taught them to his own pupils (Gethin, 1998). As with most canonical traditions, there are now interesting textual differences between different versions of the Abhidharma associated with different schools of Buddhism. Despite these divergences, there is substantial overlap between most extant versions of the text, and there are several shorter “manuals” of Abhidharma that provide introductions to the common principles of Buddhist psychology and summarize teachings upon which most major schools are agreed (Bodhi, 1999).

According to the Theravada tradition within Buddhism, the Abhidharma is divided into seven “books.” The first book, the Dhammasangani, provides an overview or framework of the Abhidharma, outlining the categorization of states of consciousness and material phenomena, as well as explanations of important Abhidharma terminology. The second book, the Vibhanga, outlines detailed analyses of a range of important Buddhist concepts such as sense bases, dependent arising, mindfulness, the Noble Eightfold Path, types of knowledge, and dhammahadaya (the essence of the doctrine). The third book, the Dhātukathā, provides an analysis of all phenomena in relation to the essential Buddhist concepts of sense bases, aggregates and elements.

The fourth book of the Abhidharma, the Puggalapannatti, examines different kinds of individuals and levels of spiritual development, using an approach more similar to that of the Suttas (or more general teachings) than the traditional Abhidharma. The fifth book, the Kathāvatthu, comprises a manual of debatable or undecided points in Abhidharma teachings (generally ascribed to the Elder Moggaliputta Tissa) and the sixth, the Yamaka, concerns the use of Abhidharma terminology and resolution of ambiguities in relation to a range of areas, including sense bases, latent dispositions, and consciousness.

Finally, the seventh book of the Abhidharma, the Patthāna, also known as the “Great Treatise,” provides a lengthy analysis of the inter-relations between different teachings within the Abhidharma, according to twenty-four varieties of conditional relations. The Patthāna presents an enormously detailed, systematic overview of much of Buddhist psychology and, in many ways, forms the heart of the teachings of the Abhidharma.

While each of these books contains considerable detail about particular aspects of Buddhist teachings, the current paper will focus only on those elements of the Abhidharma that are most germane to an introductory understanding of Buddhist psychology as it applies today, starting with the structure of consciousness.

### ***The structure of consciousness in the Abhidharma***

The Abhidharma describes four planes of consciousness (Table 1).

**Table 1.** Four planes of consciousness described in the Abhidharma.

1 Sense-sphere consciousness	Generally linked with sensory desires
2 Fine-material-sphere consciousness	Attained through meditation focussed on material phenomena (e.g. the breath)
3 Immaterial-sphere consciousness	Attained through meditation focussed on non-material phenomena (e.g. infinity)
4 Supra-mundane consciousness	Supersedes other levels and is linked with the cessation of suffering or nirvana.

All of these levels of consciousness are further sub-divided in several overlapping ways, using multiple axes. For example, states of consciousness on the sense-sphere plane can be classified as unwholesome (including states related to greed, hatred, or delusion), rootless (including states without roots in either unwholesome or wholesome phenomena) or beautiful (including states related to generosity, loving-kindness, or wisdom, as well as certain states of indeterminate relations).

Further sub-divisions are also presented: rootless sense-sphere states and beautiful sense-sphere states are sub-classified on the basis of whether they are “unwholesome” (i.e. related to greed, hatred, or delusion) or “wholesome” (i.e. related to generosity, loving-kindness, or wisdom), and “resultant” (i.e. related to volitional activity or kamma) or “functional” (i.e. not related to volitional activity or kamma). The other three planes of consciousness (fine-material-sphere, immaterial-sphere, and supra-mundane consciousness) are also sub-divided in various ways, using some of the same overlapping axes, resulting in a bewilderingly complex matrix of different planes, levels, and states of consciousness.

According to this theory, each person can progress to greater levels of consciousness through meditation. For example, the consciousness of a given individual who does not practice meditation may initially tend to lie in the “sense-sphere” plane (e.g. unwholesome states rooted in greed, hatred, and delusion) and may be associated with what Buddhism describes as “wrong view.” Prior to practicing meditation, this individual may also experience rootless sense-sphere states and beautiful sense-sphere states; the latter may occur in the presence of either joy or equanimity, and with or without the knowledge of “how things really are” (to use a common Buddhist phrase). Nonetheless, despite the possible presence of knowledge and joy in some of these states, higher planes of consciousness will not be achieved in the absence of meditation.

If this individual starts to meditate, however, they may experience states of consciousness associated with the fine-material-sphere (with a focus on material phenomena) or the immaterial-sphere (with a focus on non-material phenomena). States of consciousness associated with these planes may be sub-divided into wholesome, resultant, and functional states, in a fashion similar to that used to sub-divide the sense-sphere states. If this individual’s meditation

practice progresses further, they may experience states of consciousness associated with the supra-mundane plane of consciousness, which is concerned with nirvana or the cessation of suffering.

The eight basic states of consciousness in this supra-mundane plane are sub-divided in two ways: (a) according to whether they are “wholesome” or “resultant” (as previously detailed in relation to the sense-sphere states); and (b) according to the four stages of enlightenment: stream-entry, once-returning, non-returning, and Arhantship. While the Abhidharma itself presents greater detail about these stages of enlightenment and about the fifty-two concomitants (or cetasikas) of consciousness, further description is beyond the scope of the present paper; an excellent summary is provided in the “Comprehensive Manual of Abhidhamma” (Bodhi, 1999).

In essence, the Abhidharma provides a detailed description of multiple states of consciousness and sub-divides these along a number of different axes. It also provides a detailed summary of the concomitants or cetasikas of consciousness, as well as further classifications based on the roots, feelings, and functions (among other factors) that are associated with various states of consciousness. The most fundamental division, however, is between mundane planes of consciousness (sense-sphere, fine-material-sphere, and immaterial-sphere) and the supra-mundane plane, which transcends all other planes of consciousness and is concerned with the cessation of all suffering. According to Buddhist tradition, higher planes of consciousness are attained through adherence to the Noble Eightfold Path and, most of all, the practice of meditation (Das, 1997). Therefore, while the recent manualization and propagation of mindfulness facilitates both practice and research, this broader paradigm provides a useful and arguably essential context for these techniques.

### ***Active cognitive processes and passive states***

The Abhidharma divides active cognitive processes into six “door-processes,” each linked with one of the six sense organs in Buddhist psychology: eyes, ears, nose, tongue, body, and mind (Trungpa, 2001). Consciousness in response to inputs from any of the first five senses requires sensitivity (e.g. ability to see), an object (e.g. visible object), suitable conditions (e.g. light), and attention (e.g. looking at the object). Each resultant citta (moment of consciousness) lasts for one short “mind-moment,” comprising arising, presence, and dissolution (Thera, 1998). The mind may be involved as a result of perception or may be involved independently (e.g. being told about something but not perceiving it).

Passive states are presented separately to active cognitive processes, and are related to four planes of existence: (1) woeful plane; (2) sensuous-blissful plane; (3) fine-material-sphere plane; and (4) immaterial-sphere plane. The

first two planes (the woeful and sensuous blissful planes) correspond to the sense-sphere plane (outlined above) and the two remaining planes (the fine-material-sphere and immaterial-sphere planes) represent higher planes of consciousness attained, as previously outlined, through adherence to the Noble Eightfold Path and the practice of meditation.

This section of the Abhidharma also contains analysis of rebirth (a belief central to traditional Buddhism) and a classification of “kamma” or volitional action into productive, supportive, obstructive, and destructive categories. Productive kamma produces its own result and may be wholesome or unwholesome, while destructive kamma prevents other kamma from producing its own result, and may also be wholesome or unwholesome.

### ***Relationships between material and mental phenomena, conditionality, and dependent-arising***

The next section of the Abhidharma commences with a detailed classification of material phenomena, all of which derive, in one form or other, from the four essential elements recognized in Buddhist tradition (but not necessarily Western ones): earth, water, fire, and air. Multiple overlapping categories and descriptions are presented for a broad range of phenomena, including sensitive phenomena (e.g. input from the five senses), sexual phenomena (e.g. masculinity, femininity), and bodily phenomena based on the heart, “life-faculty,” and nutrition.

Material phenomena can also result from processes related to consciousness, and these phenomena, because they are derived from consciousness rather than matter, are strongest during their “arising” phase; such processes include the state of absorption (e.g. in meditation) which can result in material phenomena (e.g. maintenance of meditation posture). If accompanied by joy, processes related to consciousness can also result in the material phenomenon of smiling – something that is common amongst many practitioners of Buddhism. The complete cessation of suffering, or nirvana, is a special situation, because it is seen as the only “unconditioned” reality in this system. This is also called “the void,” owing to the absence of greed, hatred, and delusion in this state, as well as the freedom from conditioned things.

The central Buddhist concept of “conditionality” recognizes that emotional and cognitive states are dependent on an array of conditions and causes including our environment, actions, and interactions with others (Brazier, 2003). Each event occurs as a result of another, in a process known as “dependent arising.” A detailed, twelve-step chain of causality is outlined in the Abhidharma, in which each step conditions the following one, starting with ignorance, followed by formations, consciousness, mind-and-body, six sense-bases, contact, feeling, craving, clinging, existence, birth, and – finally – decay, sorrow, and suffering. Thus, “formations” (wholesome or unwholesome



volitions) condition the development of consciousness, which then conditions mind-matter, and craving and clinging condition existence itself, resulting in the cycle of birth and death – and suffering.

Following its consideration of “dependent arising,” the Abhidharma presents an alternative approach to conditionality, based on “conditional relations.” This matrix is based on a detailed examination of possible inter-relationships between material and mental phenomena, and their relationship to the overall concept of the “mind.” While this passage of the Abhidharma adds considerably to the understanding of “conditionality” in Buddhist thought, further consideration of this area is beyond the scope of the present paper.

### ***The practice of meditation***

Meditation is central to Buddhism (Trungpa, 2001). As detailed above, the Abhidharma returns repeatedly to the importance of meditation in attaining higher states of consciousness, including those associated with the fine-material-sphere, immaterial-sphere, and supra-mundane planes (Bodhi, 1999; Thera, 1998). Meditation is also central to realization of the Four Noble Truths and progression along the Noble Eightfold Path. This requires both meditation aimed at the attainment of calm and meditation aimed at the development of insight.

The Abhidharma describes various meditation subjects for each kind of meditation. For meditation aimed at the attainment of calm, some forty meditation subjects are listed, including the (a) kasinas (which are “wholes” or “totalities” such as earth, light, and colors); (b) aspects of decay or foulness; (c) Buddhist recollections, including, for example, recollections of the three “jewels” of Buddhism: the Buddha, the Dharma (teaching), and the Sangha (community); (d) “illimitables,” such as loving-kindness; and (e) various other subjects, including “immaterial states,” such as the base of infinite space. The Abhidharma also provides advice about the appropriateness of certain meditations for certain people.

The second type of meditation is aimed at developing insight. The Abhidharma lists a sequence of purifications that leads to this goal (Table 2).

**Table 2.** Sequence of purifications leading to insight in the Abhidharma.

1	Purification of virtue
2	Purification of mind
3	Purification of view
4	Purification by mastering doubt
5	Purification by knowledge of the eightfold path
6	Purification by knowledge of the way
7	Purification by vision and knowledge (i.e. the supra-mundane path).



In addition, the achievement of insight through meditation is informed by the contemplation of (i) non-self, (ii) impermanence, and (iii) suffering, which are associated, respectively, with three “doors” to emancipation, characterized by (i) contemplation of the void (i.e. the absence of clinging to self), (ii) contemplation of the signless (i.e. the absence of signs of perversion), and (iii) contemplation of the desireless (i.e. the absence of craving).

This path leads to attainment of one or more of the four stages of enlightenment outlined in the Abhidharma: stream-entry, once-returning, non-returning, and Arhantship. This categorization refers to the extent to which the individual has transcended clinging, craving, delusion, etc., through the practice of two-fold meditation (aimed at both calm and insight) and through adherence to the Noble Eightfold Path. According to the Abhidharma, the advanced stages of this process are associated with the attainment of “cessation” in which the stream of consciousness is ultimately suspended. The attainment of these advanced stages of meditative practice represents the ultimate goal of many millions of practicing Buddhists and meditators around the globe.

### ***Limitations of this paper***

While this paper explores an important and growing theme in mental health care, it has certain limitations that might be usefully borne in mind and explored in other work. First, Western Buddhist psychology and psychotherapy models tend to be pragmatic in nature, meaning that they are designed to assess for psychopathology, conceptualize suffering, and use responsive interventions to provide mental health treatment. Even though the concepts outlined in this paper do not always map directly or readily onto these tasks, it is hoped that the approaches and frameworks outlined will inform background thinking about therapy, help situate mindfulness in its broader context, stimulate new thoughts and ideas, and contribute in a broad sense to enrichment of this field, with benefits to clients in the longer term.

While this paper outlines concepts in the Abhidharma, it does not explore whether the Abhidharma itself can be regarded as a treatment method, provide a case-discussion showing possible applications, suggest new therapeutic techniques, or express a particular approach to psychological theorizing; these matters can hopefully be discussed in future work following greater awareness and discussion of central Abhidharma concepts outlined in this paper and elsewhere (e.g., Bodhi, 1999).

This paper also focuses on specific theoretical concepts within the Abhidharma, some of which require further reading in order to comprehend them fully, such as the four planes of consciousness. A full exploration of the

nature of consciousness in Western, Buddhist, and Hindu thought is beyond the scope of this paper but would, undoubtedly, assist with deeper understandings of the concepts discussed.

In addition, while the present paper seeks to situate mindfulness in its broader context, it is not possible to provide a full overview of Buddhist psychology in such a short space. As a result, the paper outlines a set of categories of thought and lists of ideas; further contextualization of these concepts and their inter-relations are needed to develop their role in Buddhist psychology in future work, and to articulate how they provide alternatives to prevailing mainstream ideas.

Future work could also usefully examine how, from a Buddhist perspective, mindfulness fosters higher-level psychological states, but, from a Western perspective, mindfulness and meditation are sometimes understood quite simply. There is a tendency to equate meditation, for example, with the practice of following the breath, with or without mediating speech. Mindful practice is used to manage anxiety, bring consciousness into the “present moment,” or regulate and cultivate attentional focus. These are all important, relevant goals, but the Abhidharma also describes meditation subjects, provides advice about the appropriateness of certain meditations for certain people, and outlines meditation aimed at developing insight (see above). This suggests a difference between Western and Buddhist uses of meditation, with greater emphasis on individualism in the West and on cultivating a particular type of self in Buddhism – a self that is concerned with dharma, right action, virtue, etc.

Finally, it is important to maintain a careful, critical perspective when considering all ideas from both Western and non-Western cultures, such as Buddhism. The fact that a philosophy is ancient, has been used for many years, or is used by many people does not necessarily reflect its validity. There is often good reason to question ancient beliefs precisely because they are ancient and might or might not have evolved over time. Careful, critical thought is always needed, and a balance of perspectives.

### ***Conclusions: mindfulness and beyond***

This synopsis of Buddhist psychology has, of necessity, omitted certain aspects of Buddhist tradition (Thera, 1998). Nonetheless, many of the theories of Buddhist psychology outlined in this paper have had a significant influence on the development of “Western” psychology and psychotherapy over the past century including, but not limited to, the practice of mindfulness.

Throughout the 1950s and 1960s, for example, many psychoanalysts developed strong interests in Buddhist psychology and Buddhist practice, especially the Zen school of Buddhism (Fromm, Suzuki, & De Martino, 1960). This interest persisted over recent decades (Cooper, 2001).

Falkenstrom (2003) uses Buddhist concepts such as “clinging” to images of self that arise in the mind, to deepen the psychoanalytic understanding of narcissism. There has also been sustained interest in specific psychological therapies that are informed by Buddhist tradition, including Naikan therapy (Murase & Johnson, 1974) and Morita therapy (Kitanishi & Mori, 1995). An overview of the role of these therapies in Japanese psychiatry is provided by Tsuchiya and Takei (2004). Other models include “Cognitively-Based Compassion Training” (CBCT®) (Ash et al., 2021), “Dharma therapy” (Hung & Wa, 2021), and the “Note, Know, Choose” model (Lee & Tang, 2021), as mentioned earlier.

Perhaps the greatest area of cross-cultural exchange, however, has been in relation to cognitive and behavioral therapies, both of which have much in common with the theory and teaching of Buddhist psychology outlined in the Abhidharma. Both the practice and theory of CBT, for example, are strikingly reminiscent of aspects of Buddhist psychology (MacHovec, 1984), including the cultivation of mindfulness (Kutz, Borysenko, & Benson, 1985). Kumar (2002) provides an informative overview of the relevance of Buddhist theory to CBT, while both Palmer (2002) and Robins (2002) demonstrate the similar relevance of Buddhist psychology to DBT.

These links between Buddhist psychology and psychological therapies such as CBT and DBT reflect the increasing relevance of Buddhist psychology to contemporary mental health care. Other factors that have increased the relevance of Buddhist psychology in this setting include the effects of globalization (e.g., increased ethnic diversity among mental health service-users), increased interest in the neuroscience of Buddhism, and growing interest in various forms of Buddhist psychotherapy. The Abhidharma is central to the Buddhist psychology on which these trends are based; a more detailed understanding of this canon will hopefully help practitioners to move beyond mindfulness and apply other aspects of Buddhist psychology in their clinical work when appropriate.

### **Note on terminology**

Much of the original Buddhist canon was written in the Pali language, although there is also a considerable literature in Sanskrit. In this paper, rather than adhering to one particular language or one school of Buddhist terminology, I have tried to use the most commonly recognizable terms, in order to optimize clarity.

### **Acknowledgments**

The author is very grateful to the reviewers for their comments and suggestions.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Funding

The author(s) reported there is no funding associated with the work featured in this article.

## References

- Ash, M., Harrison, T., Pinto, M., DiClemente, R., & Negi, L. T. (2021). A model for cognitively-based compassion training: Theoretical underpinnings and proposed mechanisms. *Social Theory & Health*, 19(1), 43–67. doi:[10.1057/s41285-019-00124-x](https://doi.org/10.1057/s41285-019-00124-x)
- Bodhi, B. (Ed.). (1999). *A comprehensive manual of Abhidhamma: The philosophical psychology of Buddhism*. Seattle, WA: BPS Pariyatti Editions.
- Brandon, D. (1976). *Zen in the art of helping*. London, England: Routledge & Keegan Paul.
- Brazier, C. (2003). *Buddhist psychology: Liberate your mind, embrace life*. London, England: Constable & Robinson.
- Campos, P. E. (2002). Introduction: Integrating Buddhist philosophy with cognitive and behavioral practice. *Cognitive and Behavioral Practice*, 9(1), 38–40. doi:[10.1016/S1077-7229\(02\)80037-2](https://doi.org/10.1016/S1077-7229(02)80037-2)
- Cooper, P. C. (2001). The gap between: Being and knowing in Zen Buddhism and psychoanalysis. *The American Journal of Psychoanalysis*, 61(4), 341–362. doi:[10.1023/A:1012597729662](https://doi.org/10.1023/A:1012597729662)
- Creswell, J. D. (2017). Mindfulness interventions. *Annual Review of Psychology*, 68(1), 491–516. doi:[10.1146/annurev-psych-042716-051139](https://doi.org/10.1146/annurev-psych-042716-051139)
- Das, L. S. (1997). *Awakening the Buddha within: Tibetan wisdom for the western world*. London, England: Bantam.
- Epstein, M. (1995). *Thoughts without a thinker: Psychotherapy from a Buddhist perspective*. New York, NY: Basic Books.
- Falkenstrom, F. (2003). A Buddhist contribution to the psychoanalytic psychology of self. *The International Journal of Psychoanalysis*, 84(6), 1551–1568. doi:[10.1516/XH6D-2YLY-P2JV-9VRC](https://doi.org/10.1516/XH6D-2YLY-P2JV-9VRC)
- Fox, K. C. R., Nijeboer, S., Dixon, M. L., Floman, J. L., Ellamil, M., Rumak, S. P., . . . Christoff, K. (2014). Is meditation associated with altered brain structure? A systematic review and meta-analysis of morphometric neuroimaging in meditation practitioners. *Neuroscience and Biobehavioral Reviews*, 43, 48–73. doi:[10.1016/j.neubiorev.2014.03.016](https://doi.org/10.1016/j.neubiorev.2014.03.016)
- Fromm, E., Suzuki, D. T., & De Martino, R. (1960). *Zen Buddhism and psychoanalysis*. New York, NY: Harper & Row.
- Gethin, R. (1998). *The foundations of Buddhism*. Oxford, England: Oxford University Press.
- Hung, S. H., & Wa, J. Y. S. (2021). Dharma therapy: A Buddhist counselling approach to acknowledging and enhancing perspectives, attitudes and values. In D. Stoyanov, B. Fulford, G. Stanghellini, W. Van Staden, & M. T. Wong (Eds.), *International perspectives in values-based mental health practice* (pp. 305–311). Cham, Switzerland: Springer.
- Kelly, B. D. (2008). Buddhist psychology, psychotherapy and the brain: A critical introduction. *Transcultural Psychiatry*, 45(1), 5–30. doi:[10.1177/1363461507087996](https://doi.org/10.1177/1363461507087996)
- Kelly, B. D. (2012). Contemplative traditions and meditation. In L. J. Miller (Ed.), *Oxford handbook of psychology and spirituality* (pp. 307–325). Oxford, England: Oxford University Press.

- Kitanishi, K., & Mori, A. (1995). Morita therapy: 1919 to 1995. *Psychiatry and Clinical Neurosciences*, 49(5–6), 245–254. doi:[10.1111/j.1440-1819.1995.tb01896.x](https://doi.org/10.1111/j.1440-1819.1995.tb01896.x)
- Kumar, S. M. (2002). An introduction to Buddhism for the cognitive-behavioral therapist. *Cognitive and Behavioral Practice*, 9(1), 40–43. doi:[10.1016/S1077-7229\(02\)80038-4](https://doi.org/10.1016/S1077-7229(02)80038-4)
- Kutz, I., Borysenko, J. Z., & Benson, H. (1985). Meditation and psychotherapy: A rationale for the integration of dynamic psychotherapy, the relaxation response, and mindfulness meditation. *American Journal of Psychiatry*, 142, 1–8.
- Lee, K. C. (G.), & Tang, J. L. K. (2021). Note, know, choose: A psychospiritual treatment model based on early Buddhist teachings. *Spirituality in Clinical Practice* [Epub ahead of print]. doi:[10.1037/scp0000220](https://doi.org/10.1037/scp0000220)
- Lutz, A., Greischar, L. L., Rawlings, N. B., Ricard, M., & Davidson, R. J. (2004). Long-term meditators self-induce high-amplitude gamma synchrony during mental practice. *Proceedings of the National Academy of Sciences of the United States of America*, 101(46), 16369–16373. doi:[10.1073/pnas.0407401101](https://doi.org/10.1073/pnas.0407401101)
- MacHovec, F. J. (1984). Current therapies and the ancient East. *American Journal of Psychotherapy*, 38(1), 87–96. doi:[10.1176/appi.psychotherapy.1984.38.1.87](https://doi.org/10.1176/appi.psychotherapy.1984.38.1.87)
- Murase, T., & Johnson, F. (1974). Naikan, morita, and western psychotherapy. *Archives of General Psychiatry*, 31(1), 121–128. doi:[10.1001/archpsyc.1974.01760130091016](https://doi.org/10.1001/archpsyc.1974.01760130091016)
- Palmer, R. L. (2002). Dialectical behavior therapy for borderline personality disorder. *Advances in Psychiatric Treatment*, 8(1), 10–16. doi:[10.1192/apt.8.1.10](https://doi.org/10.1192/apt.8.1.10)
- Purser, R. E. (2019). *McMindfulness: How mindfulness became the new capitalist spirituality*. London, England: Repeater Books.
- Robins, C. J. (2002). Zen principles and mindfulness practice in dialectical behavior therapy. *Cognitive and Behavioral Practice*, 9(1), 50–57. doi:[10.1016/S1077-7229\(02\)80040-2](https://doi.org/10.1016/S1077-7229(02)80040-2)
- Segal, Z., Williams, M., & Teasdale, J. (2013). *Mindfulness-based cognitive therapy for depression* (2nd ed.). New York, NY and London, England: The Guilford Press.
- Seshadri, A., Orth, S. S., Adaji, A., Singh, B., Clark, M. M., Frye, M. A., . . . Fuller-Tyszkiewicz, M. (2021). Mindfulness-based cognitive therapy, acceptance and commitment therapy, and positive psychotherapy for major depression. *American Journal of Psychotherapy*, 74(1), 4–12. doi:[10.1176/appi.psychotherapy.20200006](https://doi.org/10.1176/appi.psychotherapy.20200006)
- Tang, -Y.-Y., Hölzel, B. K., & Posner, M. I. (2015). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience*, 16(4), 213–225. doi:[10.1038/nrn3916](https://doi.org/10.1038/nrn3916)
- Thera, N. (1998). *Abhidhamma studies: Buddhist explorations of consciousness and time* (4th ed.). Somerville, MA: Wisdom Publications.
- Trungpa, C. (2001). *Glimpses of Abhidharma*. Boston, MA & London, England: Shambala.
- Tsuchiya, K. J., & Takei, N. (2004). Focus on psychiatry in Japan. *British Journal of Psychiatry*, 184(1), 88–92. doi:[10.1192/bjp.184.1.88](https://doi.org/10.1192/bjp.184.1.88)