

# [Within pali was the language of buddhist psychology](https://assignbuster.com/within-pali-was-the-language-of-buddhist-psychology/)

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Withinthe past few decades, there has been an increase in the interest ofinvestigating mindfulness as a psychological concept and as a form of clinicalintervention. Our current knowledge regarding the use of mindfulness within thescope of clinical psychology has derived from recent discussion with Buddhisttraditions. According to current research, mindfulness practices offerpsychotherapists a way to positively influence angles of treatment thatcontribute to overall effective care (Germer, 2012). However, recentdialogue has suggested that mindfulness has lost its Buddhist roots, ultimatelysignifying that mindfulness is not as good as advertised. Counter argumentshave attempted to prove that mindfulness brings about various psychological andhealth benefits.

The ultimate question we face now is this: What evidence andresearch can support the alleged benefits of mindfulness to prove itseffectiveness?            To properly understand the topic, itis necessary to know the proper definition of mindfulness and its origination. Mindfulnesshas to do with qualities of attention and awareness that can be cultivated anddeveloped through meditation. An operational working definition of mindfulnessis: the awareness that emerges through paying attention on purpose, in thepresent moment, and nonjudgmentally to the unfolding of experience moment bymoment (Kabat-Zinn, 2003). Historically, mindfulness has been called “ theheart” of Buddhist meditation. The term mindfulness is an English translationof the Pali word sati (Germer, 2016).

Pali was the language of Buddhistpsychology 2, 500 years ago and mindfulness was the core teaching of thistradition (Germer, 2016). Sati connotes awareness, attention and remembering.             Mindfulness continues to rest at thecenter of Buddhist psychology. Psychotherapists are likely to find earlyBuddhist psychology compatible with their interests because it shares thecommon goal of alleviating suffering. The historical Buddha (563-483 B.

C. E) isunderstood to have been a human being, not a god, and he dedicated his life’swork to alleviating psychological suffering (Germer 2016). After the Buddha’senlightenment, he did not seem quite like other men. When they asked him who hewas, he replied that he was “ Buddha” which simply meant “ a person who is awake”(Germer 2016). He spoke in simple language using stories and ideas form popularIndian culture.              The Buddha could be described as aphysician whose primary work was identifying the condition that affectedhumankind, discovering its causes, finding a cure and designing a plan throughwhich each person could attain healthiness.

He first demonstrated these steps himself. According to tradition, Siddhartha began his journey to becoming the Buddha onenight when he finally saw clearly how the mind and body create their ownsuffering. After this realization, he was able to transform himself such thatsuffering entirely ended for him. Having cured himself, he then went on to helpothers.             In his first sermon on the FourNoble Truths, he put a brief list of foundational ideas.

Firstly, the humancondition involves suffering. Secondly, the conflict between how things are andhow we desire them to be causes this suffering. Furthermore, suffering can bereduced or even eliminated by changing our attitude toward unpleasantexperiences. Lastly, there are eight general strategies to bring suffering toan end (The Eightfold Path). Even in the earliest path of development inBuddhist tradition, it was understood that different people have differentstrengths and weaknesses, different capabilities, and find themselves in avariety of worldly circumstances.

The Buddha understood that the healingprocess involves far more than just medicine. The starting point for theprogram of healing prescribed by the Buddha was mindfulness meditation.              Since 1979, mindfulness-based stressreduction (MSBR) has become widely accepted (Kabat-Zinn, 2012). The MSBRprogram essentially aims to create an environment where people can learn toslow down in their lives and train themselves to calm the body, examine what isoccurring in both the mind and body and build a relationship with the present moment.

It is currently being used and studiedwithin conventional medicine and psychiatry. Recent work atthe Center for Mindfullness and the Stress Reduction Clinic at the Universityof Massachusetts Medical Center has attempted to provide various proposals uponwhich features of mindfulness and its clinical and social applications couldultimately be developed. Many early descriptive studies attempted toinvestigate the validity and short- and long-term clinical effectiveness of theMBSR intervention in patients with a wide range of medical conditions (KabatZinn, 2003). Furthermore, a series of studies were done at thisclinic to demonstrate clinical effectiveness of MSBR. One study looked atwhether meditation could influence the healing process in psoriasis, which is askin disease that is an uncontrolled cell proliferation of the epidermis(Kabat-Zinn, 2012). Psoriasis can cover the whole body and stress can make thiscondition much worse. Psoriasis tends to flare up under high emotional stressand often disappears when one is not under a considerable amount of stress. Theultraviolet light in sunlight is quite effective for this condition, thereforethe treatment for psoriasis is ultraviolet phototherapy.

The initial idea behind this study was that whilepatients were standing under ultraviolet light under very stressful conditions, perhaps it would be useful to guide them in mindfulness meditation. Possiblythrough this process, they would develop calmness and gradually become lessstressed.  In the psoriasis study, thirty-seven patients with moderate tosevere psoriasis were chosen as candidates and randomly separated into twogroups. One group (meditators) followed guided mindfulness meditationinstructions delivered by audio-tape during their ultraviolet treatments on a3-times-per-week protocol (Kabat-Zinn, 2003). This tape included a guidedvisualization in which the patient visualized the ultraviolet light slowingdown and stopping the rapidly growing cells in the epidermis (Kabat-Zinn, 2003). The other group (usual care) received the light treatments without listening toa tape. The status of each patient was monitored by nurses ateach treatment session and was documented periodically by photography duringthe twelve-week study (Kabat-Zinn, 2003). The study was done twice and duringboth studies, it was shown that the meditators healed at a much faster ratethan the nonmeditators.

The statistical analysis showed them healing atapproximately four times the rate of those who were receiving the lighttreatments but were not meditating (Kabat-Zinn, 2012). The findings strongly suggest that the effects arereal and deserves further research. The implication of these findings is thatsomething occurring in the mind is greatly influencing the healing process ofthe skin. However, we cannot solely conclude from these observations thatit is the mindfulness practice specifically that is responsible for the increasedrate of the clearing of the skin. Overall, one can say that mindfulness-basedinterventions such as MSBR prove to be effective in their attempt toincorporate Buddhist meditative techniques into clinical medicine.

In another study, a small randomized trial of MSBR wasconducted in a work setting to investigate how the brain and the immune systemchange as people regulate emotion when they are under work or life stress. Forty-oneemployees of a biotechnology company were randomly assigned to either an MBSR trainingor a wait-list condition. The MBSR subjects participated in an 8-week program duringworking hours (Kabat-Zinn, 2003).

All subjects underwent extensive laboratorytesting on three occasions, pre and post the eight-week intervention period andat a four month follow-up, including EEG to measure brain electrical activityin response to various emotional challenges (Kabat-Zinn, 2003). All subjectswere also vaccinated with influenza vaccine at the end of the 8-weekintervention period and subsequently tested for antibody titer (Kabat-Zinn, 2003). The flu vaccine was designed to detect how well the immune system of theparticipants were functioning In the findings, testing showed an increase in leftprefrontal activity in the brain among those who had done the meditationtraining. The control group showed an increase in activity on the right side ofthe prefrontal cortex (Kabat-Zinn, 2003). Left-sided activation in severalanterior regions has been noted to possess forms of positive emotionalexpression while right-sided activation is usually associated with negativeemotional expression such as anger, anxiety and depression (Kabat-Zinn, 2003). Regardingthe flu vaccine that was given, it revealed that the meditation group showed anincrease in the number of antibodies produced in response to the vaccine comparedto the control group.

These changes endured for at least 4 months after theintervention (Kabat-Zinn, 2003). This study insinuates that the use of MSBR canlead to brain changes depending on more effective handling of negative emotionunder stress.