

CURRENT STATUS AND NEW TRENDS IN MINDFULNESS BASED CLINICAL RESEARCH IN BUDDHIST PSYCHOLOGY

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Introduction

Current scholarly works which attempt to build a bridge between the western Psychology and Buddhist teachings have gained wider attention of the people who write and practice both disciplines. New scholarly attempts have shown the keen interest in integrating the advanced research thirst in psychology with the current eras utility of Buddhist teachings. Some of the scholarly works have devoted the time and effort to make comparisons and build combinations between Buddhist approach to end suffering and Psychotherapies of cognitive restructuring, mindfulness based Stress reduction and Symptoms alleviation of psychiatric Disorders, Buddhist spiritual training and Western psychologies behavior modification. All of these attempts seek to understand the effect of those techniques on the individuals Psychological health (Keng, Smoski Robins, 2011). In the health sciences, clinical research can be defined as the study of health and illness of the people. Clinical researches in Psychology involve discovering new effective ways to understand and manage the common psychological disorders in Neurosis and Psychosis (Grohol, 2017). Meditation generally involves focusing ones attention on a particular physical stimulus (may be an object, may be an event). Focusing attention is the most common one. Mindfulness is defined as a psychological process that brings the persons attention to the present conscious experiences. In other words, it is the psychological process where we maintain moment-by-moment awareness of our thoughts, feelings, bodily sensations and our surrounding environment.

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Objectives of the Study

The present paper primarily aims at understanding the Current status of the Clinical research in Buddhist Psychology. So it will be discussed the progressive aspects of the mindfulness based clinical research in general, the methodologies used as well as the improvement suggestions. It also attempts to discuss new trends of the mindfulness based clinical research in the aforementioned research area. The present paper is a Concept paper which based upon the review available research publications in the above discussed subject area.

Methods and Procedure

Electronic searches were conducted to collect the findings of the relevant clinical research and different categories of Buddhist psychology. These different categories are considered as the most attractive research topics in present mindfulness based clinical research in Buddhist psychology.

Results and Discussion

The following is an account of each of those clinical research topics and their empirical utility.

Mindfulness Based Stress Reduction (MBSR)

"Mindfulness Based Stress Reduction" is one of the most prominent areas in Buddhist Psychologys Clinical Research. MBSR was developed by Kabat-Zinn and colleagues at university of Massachusetts medical Center (Herbert & Forman, 2012) nearly three decades ago. MBSR is a group based intervention program originally designed as a treatment for the patients with chronic pain. This intervention offers the patient to become mindful of his or her own physical and psychological conditions in a non-judgmental manner (Keng, Smoski& Robins, 2011). It has been proven that MBSR is most effective for the patients with chronic illnesses with severe bodily pain (Greeson&Moul, 2014), psychiatric patients with physical complaints. , patients with Chronic back pain (Herman, Anderson, & Sherman, 2017), chronic insomnia (Ong, Manber, Segal, 2014), Post Traumatic Stress Disorder (PTSD) (Polusny et. al, 2015) etc. Meta analytic

reviews have shown that the efficacy of treatment approach of MBSR for many Psychological and Physical disorders have shown consistent results. As a new trend in the given domain, some research has extended the applicability of mindfulness to the target groups like HIV patients (Hecht & Folkman, 2011).

Mindfulness Based Cognitive therapy (MBCT)

As above discussed technique in Buddhist Psychology, Mindfulness Based Cognitive therapy (MBCT) is also a clinical technique which combines the mindfulness meditation and interventions borrowed from Cognitive therapy for the treatment of variety of psychophysical conditions. Currently available information on the MBCT shows that the technique is aimed at minimizing the effects of vulnerability processes which maintain the symptoms of psychological conditions like depression (Keng, Smoski & Robins, 2011). Many of the current clinical research that advocated for the effectiveness of the MBCT have focused more on alleviating the effects of Depression. Segal, Williams and Teasdale (2002) developed a theoretical approach called " Mindfulness based Cognitive therapy for Depression to treat and prevent the relapse of major Depression. It is effective not only with depression but also with other psychological disorders like anxiety, eating disorders, Common stress, ADHD(Wei, 2017), psychosis and physical conditions like chronic pain, epilepsy , cancer and diabetes. The data collection methods of MBCT involve structured interviews, questionnaires (Barnhofer et.al., 2009) and qualitative methods like case studies too. As Buddha used Insight-oriented dialog and Socratic Method to give awareness to his disciples (Jayatunga, 2014) such a dialog is similar to the methodology of cognitive therapy.

Dialectical Behavior Therapy (DBT) merged with Mindfulness

The first attempt to merge mindfulness training with Dialectical behavior therapy or DBT has made by a Zen practitioner called Linehan in 1993(Aich, 2013). The original attempt aimed at treatment for chronic suicidal and self injurious behaviors in the persons with Borderline personality Disorder (BPD). DBT aims at training the patient the ability of emotional regulation skills and clinical research attempts have been made to show the effectiveness of DBT using randomized clinical trials and the

effectiveness in treating diverse group of psychological disorders have been reported.

Mindfulness Meditations and Neuropsychology

It has been reported that the clinical researches in to meditation in the United States have begun a half century ago and history says that though, the practice of meditation is not purely Buddhist, Maharishi International University has produced a vast data bank of 508 studies reporting on the physiological, psychological, sociological, and theoretical effects of Transcendental meditation (Neale, 2006).

The advanced use of neuroimaging techniques and related technology have witnessed that the practice of mindfulness meditation has widely been effective in applying its techniques to the variety of psychological conditions. But this neuroscientific interest in mindfulness trainings effects on brain and nerves system discusse s mostly the aspects of illnesses and health to a lesser extent. This section will review the findings of principle contemplative practices on the brain activity. In other words, this realm which combines, Neuropsychology, Buddhist psychology, psychiatry with neuroimaging technology tries to understand how the brains changes takes place through mind training (Insight Journal, 2012). Whatever the research interest and the realm of origin, mindfulness research mainly examines the treatment effectiveness (Brown, Cresswell & Ryan, 2015). One of the interesting arguments in Mindfulness related clinical research in neuroscience is the effect of mindfulness practices on peripheral nerves system. Mindfulness, generally meditative practices are a way of relaxation where it is reasonable to assume that there may be obvious effect on the function of peripheral nerves system and such effects can possibly be positive. Neale(2006) quotes from Herbet Bensons(1975) findings that relaxation response in mindfulness is effective in reversing fight-flight response cycle, lowering the symptoms of high blood pressure, heart diseases and alcohol consumption.

But, clinical research in mindfulness combined neuropsychological aspects does not solely depend on the neuroimaging techniques only. They measure the participants brain waves, heart rate, oxygen consumption, skin resistance and blood pressure too (Neale, 2006).

Braboszcz, Hahusseau, and Delorme (2010) highlight some of the neuroscience clinical research evidences of the effectiveness of mindfulness on the brain and physiology. They can be summarized as follows.

- Meditation induced changes (increased thickness in the somatosensory areas) in the cortical areas of the brain and resulting increased awareness in the sensory field (quoting Khalsa et.al, 2008).
- Decreased connections between insular cortex and medial prefrontal cortex where by the lessened body perception will result (quoting Farb et. al, 2007).
- Increased parasympathetic activity in response to respiration control during mindfulness training. This will effect on lessening the stress induced symptoms (quoting Pal, Velkumary & Madanmohan, 2004).
- Increase in antibodies whereby boosting immune system during the practice of MBSR (Quoting Dantzer & Kelly, 1989 and may other researchers).
- Increased activity on the attention related brain regions (Lutz et.al, 2004)..

Some of the results of the neuroscience of meditation have focused on the duration of mindfulness practice that a person engages in. Quoting (Davidson, 1976, 1994, 2000; Tart, 1975), Neale (2006) highlighted that some studies have shown that meditation resulted in stable brain patterns and changes when it is practiced for longer duration overtime. Ladner(n.d) quoting Dr. Richard Davidson highlights the study where it was found that meditation, specially mindfulness, functions to strengthen the neural connections of the brains areas which are associated with fear and anger and also quoted that highest activity were ever seen in the areas of the brain which are associated with happiness and positive emotions

Acceptance and Commitment Therapy

In this modality in Buddhist techniques in mindfulness, suffering is seen as a condition emerging from normal verbal processes (Kang & Whittingham, 2010). Developed by Hayes and colleagues, the simple idea

of this acceptance therapy is to develop a psychological distance from ones own subjective experiences and ACT aims at mindfulness mediating these thoughts and verbal processes in a non judgmental way and helping the client to be conscious at the present.

General Mindfulness training

Despite the specific intervention based approaches which combines mindfulness training and psychology, mindfulness training has generally been applied to overcome number of psychological and physical problems. The problem areas are diverse and the current research in the clinical settings have supported that individuals are benefited from mindfulness training alone or combined approached to treat their issues. Psychological problems for which the mindfulness training has been applied involve depression, anxiety, suicide, bipolar disorder, substance abuse, social problems, hypertension, sexual problems, exercise, coronary heart diseases, cancers, Alzheimers, dementia and self related health pro blems (Koenig, 2012, Shonnin& Gordon, 2017).

Conclusions

The practice of mindfulness meditation provides two main implications for the clinical psychologists. The first one, it provides the opportunity for the clinician to develop inner calmness and skills associated with therapeutic personality to be a more balanced, more empathetic, more conscious person of his own surroundings (Howes, 2011). The second is, mindfulness based meditational practice helps the clinician to integrate varieties of therapeutic interventions as techniques. Buddhism is a system that, promotes *sukha*(enduring happiness) while mental health treatment in the West hastended to focus on eliminating symptoms associated with certain diagnoses. So, mindfulness which his based on clinical research has to focus equally on the both dimensions simultaneously. Also someone can argue that, in West, many individuals are initially introduced to mindfulness meditation as a means to address physical and psychological symptoms or diseases. A potential pitfall of this idea with the intention to address a problem or a symptom is

that once the problem or symptom is gone, the mindfulness practice is also gone. So, the current clinical researchers have to overcome this challenge.

Keywords: Mindfulness, Current Research, Clinical research, Clinical Buddhist Psychology

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