MEDITATION-BASED THERAPIES IN MENTAL HEALTH FOR WELLBEING

by Ho Thi Thu Hang

ABSTRACT

Mental health is the third most burdensome topic in Australia that takes the highest proportion of non-fatal burden among nearly 200 diseases (Fig. 1). It is noteworthy to address the mental disease group that covers a wide range of conditions "including bipolar affective disorder, anxiety, substance use, behavioural and developmental disorders, schizophrenia and intellectual disability" (AIHW 2016, p. 149). In response to this health burden, there has been a huge interest in meditation-based techniques over recent decades (Shonin et al. 2014; 2014a; 2014b).

WHAT IS MEDITATION?

Meditation, as known as *bhāvāna* in the Pali or Sanskrit term, is recorded existent before written history throughout religious practices of *dhyāna* in ancient Eastern religions, originated in various forms from Hinduism, Jainism, Indian Buddhism to Daoism and Chinese Buddhism (Everly & Lating 2013, pp. 201-4). The Institute of Noetic Science (IONS n.d) identifies meditation "as one of the key practices for cultivating positive transformations in consciousness" based on their research and publications. In the meantime, Meditation Association of Australia (n.d) refers the significant aspect of Eastern philosophies that lead to the end of all sufferings. Strong (2015, p. 150) could not agree more by saying "right mindfulness and right concentration are two limbs of the eightfold path that are traditionally considered to be part of the training in meditation". To comprehend the utmost goal in Buddhist

philosophy – Nirvana, he succinctly discerns the development of mindfulness *(sati)* and insight *(vipassanā-bhāvanā)* from calm-abiding practice *(samatha-bhāvanā)* in order to have a notion of "the wisdom that comes with knowing reality" (p. 153).

By means of mindfulness practice applied in psychotherapy as a healing modality as well as in clinical studies (Germer et al. 2005; Kabat-Zinn 1990; Didonna ed. 2008), insight meditation has become popular in the West since 1960s when early attentiveness in Eastern ideology spread (IONS n.d). Still, meditation approach also encompasses loving-kindness, compassion, sympathetic joy, equanimity, and other spiritual elements. In this respect, the paper will substantially review the scholarly literature on the potent modality of meditation in present-day clinical studies. Thereafter a succinct look at Buddhist values associated with meditation in untraditional, but conventional practices being surveyed within the current theme of Western approach. Last but not least, the author's spiritual guide to perform this modality in everyday life will be concisely presented for future reference.

MEDITATION-BASED THERAPIES IN TODAY'S CLINICAL STUDIES

Mental Health is a "state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community". As a matter of fact, not only 20% of the world's children and adolescents have mental problems, but also 800,000 people in the 15-29 age range commit to suicide every year (WHO 2014). As a further matter, the mental disease group that covers a wide range of conditions "including bipolar affective disorder, anxiety, substance use, behavioural and developmental disorders, schizophrenia and intellectual disability" (AIHW 2016, p. 149). In response to this health burden, there has been a huge interest in mindfulness-based approaches in Western countries through recent decades (Shonin et al. 2014; 2014a), as well as other modes of spiritual practices to name separately loving-kindness meditation and compassion meditation (Shonin et al. 2014b). Further, the value of spiritual care has been early approached since 2001 by Puchalski

and recently re-appraised in the systematic review of Gonçalves' research team (2015). The outcomes have unveiled some added benefits including reduction of anxiety in religious and spiritual interventions for mental illness treatments. In another respect, wellbeing consists of diverse factors like "physical vitality, mental alacrity, social satisfaction, a sense of accomplishment, and personal fulfillment" (Naci & Ioannidis 2015, p. 121). Meanwhile, to address Personal Well-being Index (PWI), the UK's Office for National Statistics (ONS) measures five main domains compared with eight adopted in other 40 countries (Appendix).

A Huge Interest in Mindfulness Meditation Programme

From an Occidental viewpoint, Goto-Jones (2017) in his widely-known online course "*De-mystifying Mindfulness"* raised a concern whether "modern 'construct mindfulness' […] has been guided in its development by Buddhism" or "by the imperatives of operationalization and quantitative measurement". Accordingly, he discussed 'history' and 'reverence' versus the counterterms 'development' and 'modern science', taking a Western stance on other religious or spiritual traditions originated from Asia such as Buddhism, Daoism, and Hinduism. Dating back to 1979, Kabat-Zinn integrated mindfulness meditation into his eight-week mindfulness-based stress reduction (MBSR) program, including the practice of loving-kindness in the seventh week. Since then, he has become the pioneer who first brought a religious-based Eastern practice into Western clinical studies and therapies. Meditation, however, rooted in 2,600-year-old Buddhism is distinctly perceived by those practicing Vipassanā (insight meditation). The term 'Buddhist meditation' is wholly defined with its final goal by means of traditional practices linked with the *Satipaṭṭhāna sutta* – the discourse on the four foundations of mindfulness in the ancient Buddhist scriptures.

Although Western psychotherapy "is quite new in comparison, and originated in a very different time and place" (Germer et al. 2005, p. 28), there comes a big trend to make use of this Buddhist deprived practice nowadays. Amongst other mindfulness-based interventions (MBIs), Mindfulness-Based Stress Reduction

(MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) have been specifically reviewed in 24 studies from the findings of Fjorback and Walach (2012). "Evidence supports that MBSR improves mental health and MBCT prevents depressive relapse" (p. 1). The authors also found it appealing that "meditation based therapy programs are rapidly enjoying popularity". In a previous context, the work of Ospina et al. in 2008 centering on characteristics and qualities of meditative practices provided a more circumstantial view of meditation in healthcare. Therein 400 clinical trials of meditation were enumerated, categorizing into five typically broad contemporary practices that were mantra meditation, mindfulness meditation, yoga, t'ai chi, and qigong. "Outcome measures of psychiatric and psychological symptoms dominate the outcomes of interest" (p. 1199) regardless of poor quality in research methodologies for the most part. Besides, the systematic review of Arias and his team (2006) indicating meditation for use in therapy found supportive efficacy and safety data in 82 identified records, which finalized 20 randomized control trials (RCTs) fulfilled criteria. Once again the results deduced positive impacts of meditation for certain mental illnesses, such as non-psychotic mood and anxiety disorders. Nevertheless, methodology demonstrated some shortcomings in quality that might require more rigorous designs and methodological advancements in future studies.

In another aspect, 47 records with 3,320 participants were included in the study of Goyal et al. (2014) to determine the effectiveness of contemporary mindfulness practices in improving stress-related results. The evidences expressed a moderate anxiety-reducing modality but humble proofs to enhance either mental health-related quality of life or positive mood and substance use. In consequence researchers advised clinicians to discuss the role of meditation with clients while addressing psychological stress. Conversely, the findings of Zgierska et al. in 2009, reviewing 25 studies on mindfulness meditation in addictive disorders treatment, gave an uncertain warranty in positive impacts. Meditation was nonetheless suggested to be specifically helpful because the aftermaths in some research had stayed efficacious over

the years. To some extent, a great heterogeneity of 24 studies in a systematic review of Zenner, Herrnleben-Kurz & Walach (2014) made the research setting stimulating, even though MBIs for schools - a nascent field - held promises in cognitive performance and resilience to stress.

For the time being we have briefly looked through a major view of mindfulness-based interventions (MBIs) on experimental treatments. In the next session, a focus on loving-kindness meditation in the scholarly clinical literature will bring another perspective on healing therapies for individual health and wellbeing.

Loving-kindness Meditation Opens Doors to Healing Therapy and Wellbeing

In 1970s, while Kabat-Zinn was introducing his 8-week MBSR to American hospitals, the New York Times best-selling author Sharon Salzberg also came back the US from traditional meditation practices. Her first written book has inspired many researchers to do clinical interventions of Loving-kindness and Compassion meditation (Salzberg 1995). Loving-kindness meditation has the Sanskrit term *maitrī* or *mettā* in ancient Pali language, connoting the selflessness of love in both mental- and bodily actions (Pandita 2006). To date, despite numerous studies on mindfulness meditation, interests into other Buddhist-derived interventions such as loving-kindness (LKM) and compassion meditation (CM) have been also growing throughout the last decade (Shonin et al. 2014b).

A systematic review of LKM and CM intervention studies by Shonin et al. (2014b) synthesized 20 records [that were] extracted from 342 journals. Therein, eight experiments with loving-kindness meditation in particular demonstrated significant benefits of LKM in positive emotions, self-motivation, life quality and pain/anxiety reduction (pp. 7-8). Yet LKM had been first experimented on patients with chronic back pain in 2005 through the work of Carson and his research team, then later in 2013 with post-traumatic stress disorder (PTSD) bearers (Kearney et al. 2013). Both quantitative studies included a multi-week intervention and three-month post treatment follow-up. Whereas the 8-week programme in the former findings "showed significant improvements in pain

and psychological distress" (Carson et al 2005, p. 287), LKM in the latter 12-week trial "appeared safe and acceptable and was associated with reduced symptoms of PTSD and depression" (Kearney et al. 2013, p. 426). A critical highlight in the study of Carson and colleagues delineated the continuous guidance in 90-minute sessions, accompanied by home-based practice. This method in fact follows closely to Buddhist traditions concerning religious principles, which treats patients as common meditators rather than sick individuals.

As a whole, there develops a small body of academic work that so far has served the purpose of therapeutic treatment for psychopathology in line with a paucity of clinical studies on LKM. "*A wait-list randomized controlled trial of loving-kindness meditation programme for self-criticism"* by Shahar and the research team in 2014 trialed an LKM intervention on 38 self-critical individuals. Results appeared a remarkable decrease "in self-criticism and depressive symptoms as well as significant increases in self-compassion and positive emotions" (p. 1), especially in the LKM group. These gains were reported to constantly last over three months after the intervention. Furthermore, the previous findings of Johnson and his colleagues published in the Journal of Clinical Psychology in 2009 promised an imperative method for clients afflicted with schizophrenia and other negative symptoms. This case study, albeit successfully, recommended future empirical support for LKM interventions to become a well-grounded healing treatment. Later in 2014, Seppala's research team also reported an RCT testing LKM on 134 undergraduate meditators. Inferences suggested "that LKM may be a viable, practical, and time-effective solution for preventing burnout and promoting resilience in healthcare providers and for improving quality of care in patients" (p. 1). This was an initial surprising conclusion ensued from a shortly 10-minute intervention in practice. Indeed, future research has been advised to involve "time-intensive LKM courses", as well as to discern "active ingredients of successful compassion induction" (p. 7). Particularly well-suited to psychotherapy, the Journal of Mental Health Counseling highlighted the use and implications of LKM in counseling, for it "entails directing caring feelings toward oneself and

then others and emphasizes both self-care and interconnectedness" (Leppma 2012, p. 197) – which is perhaps an ideal instrument for therapists to help their clients foster love, empathy, and positive emotions.

As a matter of fact, *"effect of kindness-based meditation on health and well-being"* studied over a decade was recapitulated in an empirical systematic review and meta-analysis (Galante et al. 2014). 22 out of 196 records were included in the review while eight were finally extracted for a meta-analysis, which resulted in "evidence of benefits for the health of individuals and communities through its effects on wellbeing and social interaction" (p. 2). Additionally, the Cochrane library in 2015 recorded an anew RCT on 25 freshmen (He et al. 2015) reckoning "that loving-kindness meditation can effectively improve positive emotions, interpersonal interactions, and complex understanding of others in college students". Earlier in 2008, in the seven-week LKM workshop, Fredrickson and his team had also supported the hypothesis that "being skilled in LKM will, over time, increase people's daily experiences of positive emotions, which, in turn, build a variety of personal resources that hold positive consequences for the person's mental health and overall life satisfaction" via a randomized, longitudinal field experiment (p. 1045). Moreover, LKM and CM were considered as a potential in psychological therapy for those living with "depression, social anxiety, marital conflict, anger, and coping with the strains of long-term caregiving" in the literature review of Hofmann, Grossman & Hinton (2011).

In addition to today's clinical studies, a meta-analytic review by Zeng's research team published in late 2015, which surveyed 24 articles out of 1759 feasible studies, concluded that "LKM practice and interventions are effective in enhancing positive emotions" (p. 1). This review went further toward an analytical implication that "interventions focused on loving-kindness were more effective than interventions focused on compassion" (p. 13). More interestingly, there appears a handful of articles having tested both mindfulness meditation and loving-kindness meditation on participants. May and his research team in 2012 surveyed healthy adult sample of university students. Followed by a five-week intervention, positive changes continued to improve in the LKM group, but in concentration-

meditation group, the level of mindfulness decreased and there appeared no significant change in negative-affect reduction after the meditation training. For the record, the instructors seemingly misunderstood the calm-abiding practice (or its *Pāli* term *samatha)* and insight meditation *(vipassanā)*. Both breath and loving-kindness can be selected subjects of *samatha* (Gethin 1998, p. 178) whereas sensation observation (*vedanānupassanā*) is one establishment of mindfulness that ultimately leads to insights and wisdom.

Notably, a thorough trial that was conducted in over eight months for 269 Indian university students, 24 full days of practices in total, analyzed self-reports in student mental health and subjective wellbeing (Rana 2015). This is a compelling, noteworthy study since the Indian author had reviewed Ā*n*āpā*nasati* (Mindfulness on breathing) and *Mett*ābhā*van*ā (Lovingkindness meditation) under the basic lens of classical Buddhist psychology, aka. *Abdhidhamma*, before moving forward on the implementation of these two momentous religious practices. Findings yielded important benefits for all participants, boosting re-perceiving process, rotation in consciousness, self-regulation and self-management, and values clarification & self-esteem. It will be now challenging to capture a succinct outlook on untraditional, but conventional meditation practices. A recapitulation is briefed as follows.

MEDITATION IN CONVENTIONAL PRACTICES

Scattering throughout the online search is an exciting overview of 23 types of meditation techniques coming from various spiritual traditions (Giovanni 2015). The collection of Giovanni can be grouped into five broad categories. (1) Buddhist meditation includes Zen or Dogen tradition and Chán of [*Mahāyāna*] Chinese Buddhism; *Vipassanā* and Mindfulness practices of Theravāda tradition, and Loving-kindness meditation (*mettā*) in *Theravāda* and *Tibetan* lineages. (2) Hindu practices comprise of Mantra Meditation, Transcendental Meditation, Yoga meditation and Self-enquiry meditation. (3) Chinese meditation, on the other hand, is discerned with Daoism/Taoism, Qigong and Tai-chi. In general, Eastern traditions aim at "transcending the mind and attaining enlightenment". Whereas (4) Christian meditation centers on

"moral purification and deeper understanding of the Bible", (5) Guided meditation is seen as a modern phenomenon that is like "cooking with a recipe". Without a comprehension of core doctrines, newcomers may be completely lost in this 'supermarket' indeed. Which creates a difficult task for experienced practitioners over time in order to apply the right doctrine and method for pain treatment and wellness cultivation.

Particularly on the path to the cessation of stress, moral discipline *(sīla)* is always set prior to meditation traditionally mentioned in soteriological Buddhist philosophy (Strong 2015, p. 148). The goal to develop wisdom or insights in Buddhism cannot be separated from the doctrine of Dependent Origination (*paṭiccasamuppāda*), which is ultimately to see through the nature of all conditioned things (*saṅkhāra*) connected with three universal characteristics that are impermanence (*anicca*), suffering or dissatisfaction (*dukkha*), and not-self or the uncontrollable (*anattā*). In other words, it is *Dhammā* understanding which lies underneath the traditional practices of Buddhist meditation helps to cultivate positive transformations in consciousness – identified by the IONS above.

Adopting a Western mindset in academic settings, meditation is seen as a multifaceted practice that, of course, intrinsically has its absolute goal toward *Nibbāna* – the ultimate freedom from all sufferings. Meditation is either viewed in association with each culture where Buddhism has set foot in (Eifring ed. 2015), or typically engages in distinguished traditions embraced by each schools' followers (Prebish & Tanaka ed. 1998; Jordt 2007). Dating back to the 1970s, both John Kabat-Zinn – who was mainly influenced by Zen tradition, and Sharon Salzberg – who spent several years with various Buddhist teachers including S. N Goenka, introduced the Eastern meditative techniques adjusted to American society. Also in those years, S.N Goenka (1924-2013), a renowned Indian successor of the lay Burmese guru U Ba Khin (1899-1971), came back India and re-constructed the today's worldwide systematic Vipassana meditation courses mostly for lay practitioners – the closest to Theravada tradition meditative technique sacredly enacted by dedicated monastics over the centuries. Truth be told, Ingrid Jordt (2007) describes the *"Burma's*

mass lay meditation movement" with regard to the phenomenology of *Satipaṭṭhāna* Vipassana meditation as well as the orthodox Burmese relations of power and authority. In Burmese Buddhist cosmology, "vipassanā is an epistemology-making engine, an existential premise that has repeatedly undercut competing world views that might underwrite the moral-political organization of society" (p. 210). On the other hand, the unexpectedly evolving Vipassana movement in the United States which has been taught in hospitals, clinics, prisons, and schools since 1980s as "non-Buddhist applications" has negligible relation with Theravada Buddhism; because it has rapidly absorbed and retained Western values and worldviews (Prebish & Tanaka ed. 1998, ch. 9). In this chapter, Gil Fronsdal portrays in detail the mainstream of the 25-year-old American vipassanā development by the late 1990s, with an effort to connote an inevitable adaptation of the merely religious practice. "Of the Western 'inner practice', the one that is the most significant impact on Buddhism and on all contemporary spiritual life is the understanding and practice of Western psychology" (p. 170). Given that, the present-day vipassanā movement is originally untraditional, albeit entirely religious when first arriving in the US – but conventional for the times.

Today Buddhism is present across over 177 (out of 195) countries (Fig. 2), including 10 nations with largest Buddhist populations, equivalent to 12% of worldwide Buddhists – origins are Asian. As mentioned earlier, meditation that is the most essential part of Buddhist practices has well adapted other cultural and indigenous elements of wherever Buddhism has been placed. Through the years from 148 to 170, the Ānāpānasatti Sutta and the *Satipaṭṭhāna Sutta* – two main scriptures on mindfulness meditation – were available in China, which thenceforth had moderate influences on Chinese Buddhist practice as well as Daoism during the early Tang dynasty (618-907) (Eifring ed. 2015, pp. 11-23). Livia Kohn, the author of this journal, surveys different canonical texts, naming a handful of familiar Sanskrit terms like *dhyāna, karma, vipasyana, samatha, smrti, nirvana, bodhi* and so on; at the same time explaining them under the Chinese canon. To date, Daoist practitioners still often regard themselves as Buddhist adapters. "The fundamental approach

of Daoist to reality as universal Dao and their ultimate goal of immortality remain unchanged, so that insight meditation and the various concepts of body, mind and world it brought along came to enrich but not essentially alter the Daoist tradition" (p. 23). Later in the Song period (960-1279), *Chán* – an early Chinese meditative practice – spread over East Asia and blossomed in various schools namely Zen, Sõn, and Thiền lineages (Eifring ed. 2015, pp. 56-75). Written by Robert Sharf, the 'mindfulness' notion of *Chán* not only covers corpse meditation and breathing exercises but also involves in repentance rituals and the recitation of the Buddhas' names. It is interesting that the polemical counter-term '*Chán* mindlessness' is expounded in this paper, implying some possibly biased attempts to bridge the gap between the theory and practices. Indeed, the author thoroughly relies on Chinese Buddhist canon that has given an extensive room for exegeses from Mahayana doctrines. Therefore, this leaves him unanswered queries when frivolously reaching the notions of contemporary mindfulness practices in Theravada tradition.

HOW TO PRACTICE MEDITATION IN EVERYDAY LIFE?

From the author's spiritual point of view, the most important thing before trying a meditative method is to answer the first and foremost question: "What do I learn meditation for?" Followed by the scholarly literature, meditation is developed in response to human sufferings both in the Western search and Eastern traditions. For the record, mindfulness has been practising over 2,560 years in Buddhist traditions, and mainly implanted in Theravāda schools. So, how to simply approach this modality in everyday life?

Before trying to understand what *Dhamma* means in Buddhist meditation, a beginner is advised to respect and keep the five-precept observance even in a normal, busy life. As discussed in the above session, morality *(sila)* is always set before the traditional practice of meditation. Those five moral principles initially reflect on right action, right speech and right livelihood embedded in the wholly three dimensions of human activities, that are bodily action, speech or verbal action, and mind – the mental action (Strong 2015, p. 148).

Secondly, one is encouraged to accompany with a good teacher and good friends if s/he is interested in exploring the *Dhamma* in depth. Without good friendships, it is arduous to act accordingly to guidelines of the right [eightfold] path – which in actual fact establishes a precedence to the investigation of the Four Noble Truths.

Thirdly, perhaps there are up to 23 types of meditation techniques listed by Giovanni (2015) but the simplest and easiest meditation subject for any beginner is one's own breaths. 'Breath-meditation' is considered to be safe and feasible to practice, an object so as to contemplate the relatedness between the internal physical body and the external world. Besides, breath meditation can be practised anytime and anywhere as long as being alerted in the mind. In fact, one will be diagnosed as the dead when stopping breathing. Hence, until the time of death it is also beneficial to notice the presence of every in-and-out breath, moment to moment. This consequently reminds oneself of the vitality of life, both physically and mentally.

Lastly, it is time and time again to uphold the daily practice for the purpose of making breath-meditation a healthy habit of the mind. As simple as it is – albeit uneasy to retain the right practice, this short guide will be definitely fruitful for any meditator to test among thousands of books teaching mindfulness meditation in recent times.

CONCLUSION

Mental illnesses have become a burdensome health area in the West over decades, which has urged contemporary practitioners to go back Eastern traditional practices searching for the answer. Nowadays it might be rare to deliberately join a meditation course without commercialized purpose. Yet many practitioners in Eastern traditions (such as *Theravādin* monastics and Goenka's Dhamma network) are still maintaining this principle for the aim of pure *Dhamma* to be taught and experienced. This indeed is the most distinctive feature in comparison with the normative Western approach. On the other hand, meditation has been researched in clinical studies since 1990s and shown fabulous effects, which makes it now become a "billion-dollar business" (Wieczner 2016). Questions raised for self-introspection: Is health or wellbeing the

most potential business throughout the times? If yes, why does no one buy 'Nirvana' – the utmost antidote to ending all pains?

A Brief Bio:

Rev. Joticandā (aka. Quang Hang) practices in the Theravāda tradition since 2011 and was trained at Buu Quang Temple in Ho Chi Minh City, Vietnam (2013-2016). She has been travelling for meditation courses in Burma, Australia and Sri Lanka (2015-now). Currently she is a graduate student associated with Department of Health at Nan Tien Institute (NTI), New South Wales, Australia (2016-2019). At the same time, she registers as a research candidate (MPHIL Programme) at the University of Sri Jayewardenepura (USJP), Sri Lanka.

FIGURES

FIGURE 1: Proportion of non-fatal burden by disease groups and sex

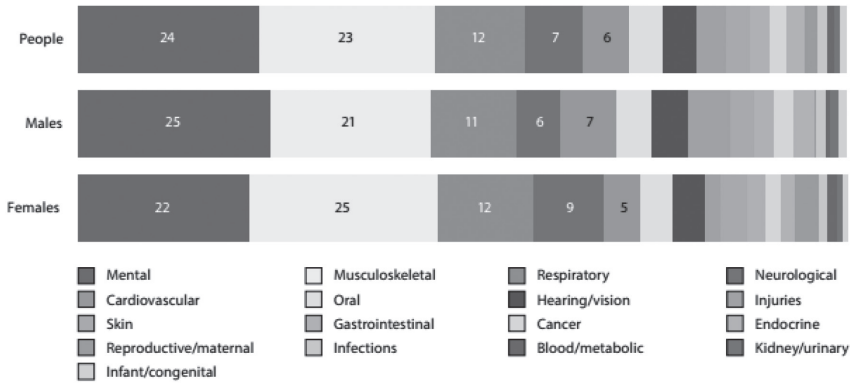


Figure 1: Proportion of non-fatal burden by disease groups and sex. Source: AIHW 2016

FIGURE 2: BUDDHISM SPREADING ALL OVER THE WORLD TODAY

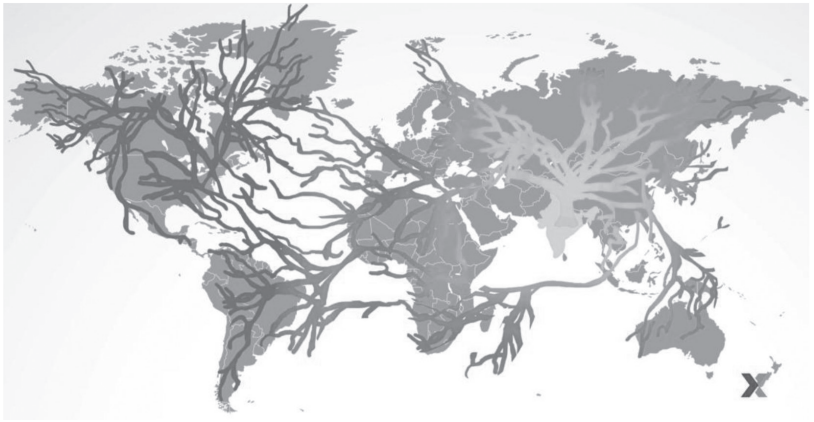
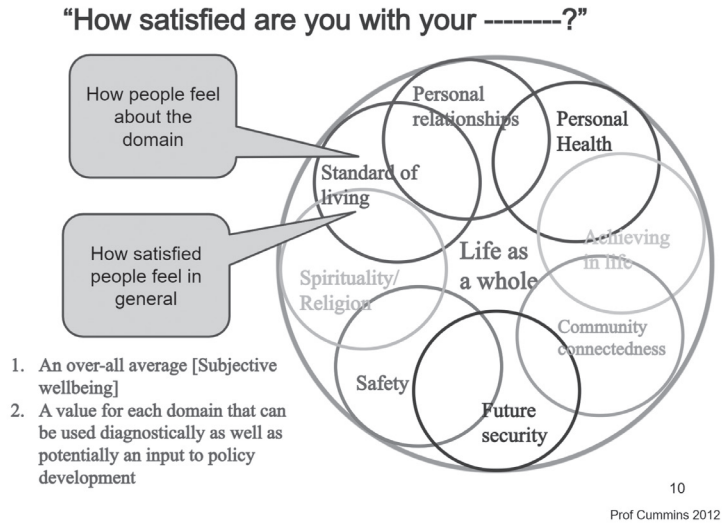


Figure 2: Buddhism spreading all over the world today[1]

APPENDIX: MULTI-DOMAINS OF PERSONAL WELLBEING

1. Personal Wellbeing Index (PWI)



8 Domains of Personal Wellbeing adopted in over 40 countries (Webb 2013)[2]

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Personal Wellbeing in the UK (ONS 2018)[3]

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