Humanistic Buddhism and Mental Health: Therapy and Prevention

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ABSTRACT

This paper discusses Buddhism from the perspective of mental health. The overall humanistic approach of Buddhism has clear relevance to psychological health and well-being. This takes two forms - therapy for psychological problems, and the prevention of psychological disorders. The latter also includes the promotion of positive psychological health. Several techniques and strategies from the Buddhist texts are cited and are discussed in relation to therapy and prevention. Some of the key concepts in Buddhism which are relevant to these areas are also considered in some detail, with reference to textual material. It is argued that Buddhism has the potential to make a major contribution to mental health in today's world.

Introduction

Buddhism has an essentially humanistic approach, in that it is interested in the well-being of people in the widest sense. While there is the ultimate religious goal of the attainment of Nibbāna, it is fully acknowledged that this is not an immediate goal for most people. Leading a productive life, without harming others or society and maintaining high but feasible ethical standards, is considered as a goal to be pursued. Personal development, through restraint in conduct, and through meditative contemplation and the attainment of insight and wisdom, is seen as a worthwhile pursuit in this life, not just as a means for an ultimate religious goal. In many ways, the strength and durability of Buddhism comes from this essentially humanistic stance. Buddhism is interested in people's day-to-day lives, their interactions with one another, and their social institutions and practices. It places emphasis on how to improve all of these. The strong stress placed on lay ethics in Buddhism, and the social sensitivity and pragmatism that underlie Buddhist ethics, also reflect its concern with the importance of one's skilful and adaptive interactions with fellow human beings. These issues have been discussed at some length by several authorities (e.g. Guruge, 1999, 2000; Kalupahana, 1995; Saddhatissa, 1970). These elements were also prominent features in the Buddha's own life and work. Modern Humanistic Buddhism reflects and emphasizes these essential features of Buddhism, and formalizes them (see Santucci, 2000).

In this paper, the term `Humanistic Buddhism' is taken to mean these aspects of Buddhism which existed from its very inception, where the human condition and human well-being were considered to be of primary importance. For brevity, the term `Buddhism' will be used in the rest of this paper; it is meant to cover Humanistic Buddhism in this wide and fundamental sense.

Buddhism and Psychological Health

In the context of psychological health and well-being, Buddhism offers concepts and practical strategies, as well as an overall stance, which have relevance in several ways. First, there are specific, well-described ways for correcting, or the remediation of, problematic or maladaptive behaviours and emotional responses. This has relevance to psychological therapy (see de Silva, 1984, 1996). Indeed, it can be argued that these constitute a coherent psychotherapeutic approach. Second, Buddhism has clear relevance for prophylaxis - i.e., the prevention - of psychological problems or disorders. The goal of prophylaxis is an important one in psychological health practice, and Buddhism offers specific steps which are recommended for the prevention of maladaptive behaviours and emotional responses. Related to this, Buddhism also has an overall stance which embodies personal development and the cultivation of a mental attitude that is based on reducing the negative psychological forces such as greed and lust, malice and hatred, and ignorance and delusion, and on encouraging and strengthening positive factors. This overall stance provides an obvious framework for the promotion and enhancement of psychological health. This may be seen as the more positive side of prevention. These will be discussed separately in the following sections.

Therapeutic Aspects

There are numerous examples in the Buddhist texts where psychological strategies and techniques are used and advocated for therapeutic purposes - i.e., for the remediation of a variety of psychological problems. Many of these Buddhist strategies are strikingly similar to present day behavioural and cognitive therapy strategies. These have been discussed extensively in previous papers (e.g. de Silva, 1984, 1996). For reasons of space, only some of these will be noted here. The canonical and commentatorial texts refer to many specific therapeutic strategies. A most impressive example of a therapeutic intervention consisting of several principles that are commonly used in present-day cognitive-behavioural therapy is found in the *Dhammapada Commentary*. This is the story of King Pasenadi Kosala. It is worth quoting in full.

> For a period of his life, King Pasenadi of the kingdom of Kosala used to eat boiled rice by the bucketful, with equally large amounts of curries and sauces. One day after breakfast, feeling slothful as a result of overeating, he went to see the Buddha. Overcome with drowsiness he sat down on one side. `What is the matter, King, did you not sleep well last night?' the Buddha asked. `Oh no, Lord,' the King replied, `but I always have this problem after eating'. The Buddha said: `King, overeating causes problems. Anyone who lives indolently, eats large quantities of food, sleeps all the time, so that he rolls about like a pig fed on grain, such a man is a fool because it is bound to lead to suffering'. The Buddha further said: `King, one should observe moderation in eating, because that leads to comfort'. He then called the King's nephew, Prince Sudassana, and requested him to help. He was asked to memorise a verse containing advice on moderation in eating, and then gave him the following instructions. The Prince was to watch the King whenever the latter had a meal. The moment the King was about to take the last handful of rice, the Prince must stop him and recite the verse to remind him of the Buddha's advice. The King, thus distracted and reminded of the Buddha's advice, would then refrain from

> eating that handful. Then, for the King's next meal, the Prince should fetch only that much rice as he had been allowed to have the previous time, and so on. This programme went well, with the King co-operating enthusiastically in his training. In fact, if he had to be reminded by the Prince of the Buddha's advice by reciting the verse at a meal, he would give away (not part of the Buddha's programme!) a thousand pieces of money in alms. The regime made the King lean and energetic again, as he began to eat a limited amount of food daily. Later he went and thanked the Buddha.

This delightful story could well be re-written as a modern single-case report in the behavioural treatment of obesity and overeating. There are several elements that would be familiar to present-day therapists, in addition to the basic notion of a behavioural training programme:

(a) the acquisition of control over the eating process;

(b) control of the amount of food served on the plate;

(c) gradual and systematic reduction of the quantity;

(d) the use of a pre-arranged verbal cue at a crucial point to interrupt the chain of behaviour;

(e) the use of a relative or family member to carry out the regime; and

(f) the King's own contribution to the programme - response cost.

All of these specific elements are found in the behaviour therapy literature on this subject (e.g. Brownell, 1983; Kazdin, 1972). Perhaps no recent case history combines and uses these techniques so elegantly and successfully. It is also worth noting that many of the elements of this programme illustrate techniques used in many areas of behaviour modification, not simply in the control of overeating, today.

Two examples dealing with debilitating grief reactions may also be cited. Both of them illustrate the modification of maladaptive behaviours, and the distorted cognitions underlying them, using a psychological approach.

The first is from the *Jataka*:

> Once in the city of Benares, the father of a wealthy land-owner died. The man was unable to overcome his grief and, taking the dead man's bones from the place of cremation, erected a mound in his garden and lamented there every day. He neither bathed nor ate, nor did he attend to his work. His own son, Sujata, was worried about this and thought of a plan to deliver him from his unending sorrow. So, finding a dead ox lying outside the city, he brought grass and water and placed them before it, and implored the dead ox to eat and drink. Passers-by failed to persuade him to stop his seemingly irrational behaviour, so they went to his father and said: `Your son has gone off his senses. He is giving grass and water to a dead ox'. On hearing this, the land-owner hurriedly went to his son and said: `My dear son, are you insane? Why do you offer grass and

> water to the carcass of an ox? No food can raise to life a dead ox. Your words are idle and futile'. Then the son, Sujata, said: `I think this ox will come to life again. At least his legs and head are still here. But my grandfather's head and limbs are all gone. Yet you weep over his grave every day'. Hearing this, the land-owner realized the futility of his grieving and was consoled, and returned to normal activities.

The second is from the *Dhammapada Commentary*. This is the much-cited story of Kisa Gotami. In this, a young woman in great grief, in a state of confusion and delusion due to her misfortune, is helped with an impressive combination of several cognitive-behavioural techniques. This episode from the Buddha's life goes as follows:

> Kisa Gotami was a young woman married to a rich merchant in Savatthi. She gave birth to a child, but the child died as soon as he was able to walk. Now Kisa Gotami was beside herself with grief, and would not allow the body of her child to be taken away to be cremated. Instead, she carried the child's body with her and roamed in the streets asking people if they knew of any medicine that could restore her son to life. Some laughed at her while others thought she was insane; no one was able to offer any help. Eventually, a wise and kind man directed her to the Buddha. Kisa Gotami now went to the Jetavana monastery, went up to the Buddha, placed her dead child at his feet and asked, `Lord, is it true that you know how to cure my child?' The Buddha said: `My sister, there is only one way that I can help you. Go to the city and bring back to me a pinch of white mustard seed. It should be from a house in which there has never been any death'. Kisa Gotami immediately left, carrying her dead child with her, and went from one house to another, asking at each whether it had ever known death. `Alas', she was told, `many people have died in this house'. The grief-stricken woman went in this way to numerous houses, not finding a single one which qualified to offer her the mustard seed that was needed to bring her child back to life. Now, weary, she began to realize what the Buddha had meant. She realized that death comes to all, that she was not the only one to have lost a child. When she returned to the monastery, the Buddha asked: `Have you got the mustard seed?' `No', she replied, `nor shall I try to find it any more. In every village and every household, the dead are more than the living. My grief had made me blind. Now I understand'. The Buddha then preached to her on impermanence, and Kisa Gotami eventually joined the order.

The Buddha's intervention here, unusual as it was, can be analyzed and understood in terms of cognitive-behavioural therapy. In intense grief, the young woman refused to accept the irreversibility of the death of her one and only child, and behaved in a deranged and deluded way. Rational persuasion by others failed, and she was treated with a technique which aimed to help her to overcome her grief herself, through understanding. Her belief that her child could be restored to life was made subject to repeated and unambiguous disconfirmation (cf. Beck, Rush, Shaw and Emery, 1979). This was not a purely cognitive strategy, but essentially a performance-based method (cf. Bandura, 1977). The need for such performance-based methods to modify irrational behaviour is recognized in behaviour modification. Rachman (1983) has discussed this aspect of cognitive therapy. Having argued that possibly the best way to modify an irrational belief is to arrange for the subject to undergo performance-based experiences, leading to repeated disconfirmations of the irrational belief/s, he then draws attention to the fact that in therapy the evidential value of *personal*

experiences outweighs all other sources of information (Rachman, 1983). This is not the place to speculate on the significance and the implications of this observation; suffice it to point out that the change strategy the Buddha used in the case of Kisa Gotami included as crucial ingredients both the notions (behavioural task and personal experience) highlighted by Rachman.

The above are only a few examples that show the use of therapeutic strategies for the remediation of specific psychological and behavioural disorders. A fuller discussion of the therapeutic strategies used and advocated by the Buddha and his early disciples may be found in an earlier paper (de Silva, 1984), which also gives a detailed analysis of their similarity to some well-established modern strategies. Some of these are: the elimination of fear by graded exposure coupled with the use of a positive stimulus (by reciprocal inhibition, in modern terminology - see Wolpe, 1958); eliminating undesirable target behaviours by getting rid of the stimuli associated with them (by stimulus control, in modern terminology - see Mikulas, 1983); and the use of modeling and rehearsal for the establishment of new social behaviours (by social skills training, in modern terminology - see McFall and Twentyman, 1973).

In the Buddhist texts, meditation - especially mindfulness meditation - is recommended for the alleviation of many problems, including sleep difficulties and pain (de Silva, 1984). In recent years, Buddhist meditation techniques have been used in clinical settings for therapeutic purposes. It is not possible, for reasons of space, to give a full account of this work here. Several authors have given descriptions of the modern use of Buddhist meditation techniques for the remediation of problems such as pain, anxiety, and psychosomatic conditions (e.g. Delmonte, 1993; Kabat-Zinn, 1994; Kwee, 1990).

Prophylactic Aspects

Numerous examples relevant to psychological prophylaxis and health promotion can be cited from the Buddhist texts, both in the original Canon, and in the commentatorial and expository literature such as the works of Buddhaghosa. The value of some of these have come to be recognized in today's professional and academic circles. Before discussing these, however, some brief comments are in order on the modern concepts of prevention.

The idea of prevention has its roots in public health, where the concern with infectious diseases is a major factor. This gradually came to be extended to the area of mental health, mainly through the work of Caplan (1964). It was recognized that, along with the traditional focus on remediation or therapy of psychological disorders, attention also needed to be paid to the prevention of such disorders. The work has included identifying possible causes - i.e., risk-factors, early intervention in infancy and childhood, and work on how to help individuals equip themselves with strategies for coping with risk factors including common stress situations (see Mrazek & Haggerty, 1994).

a. Types of prevention

Broadly, three types of prevention have been recognized and guided much of the research and practice (Albee, 1982; Caplan, 1964; Lorion & Jackson, 2000). These are:

(i) primary prevention;

(ii) secondary prevention; and

(iii) tertiary prevention.

Primary prevention is designed to prevent the development of new problems, and thus is the most radical and ambitious of the three. Secondary prevention seeks to intervene early when problems begin to appear and prevent them turning into more serious difficulties or dysfunctions. It also includes endeavours to avoid relapses of problems or disorders that have been got over - in other words, to prevent further episodes. Tertiary prevention has as its aim the reduction of long-term disabilities and serious negative effects that may emanate from a disorder that someone is afflicted by. In mental health practice, work has been done in all these ways with a variety of psychological problems, including individual work as well as community - based interventions. Some of these are reviewed by, among others, Lorion & Jackson (2000).

b. Some aspects of Buddhism relevant to primary prevention

There is much in Buddhism that deals with primary prevention, along with the overall promotion of positive psychological health. This latter is in fact a more ambitious aspect of prevention, in that it tries more than simply to stall the development of specific psychopathology; it aims to make one, overall, a more contented, more stable person, who is as a result less prone developing psychological problems. This is a particularly valuable contribution of Buddhism to the area of prevention, and there are many aspects of Buddhism which exemplify this. Some of these are discussed below.

(i) Developing loving kindness:

The Buddhist emphasis on the development of positive regard and loving kindness, and the corresponding reduction/elimination of anger/hatred, may be cited an example of its contribution to the promotion of positive psychological health. In one's endeavour to develop loving kindness (*mettā*), a gradual and hierarchical series of steps is recommended. The ultimate step of this endeavour is to develop loving kindness towards all beings. The interim steps include training oneself to have feelings of loving kindness towards liked and admired individuals, towards friends, towards persons about whom one is neutral, and towards one's enemies. This training, it is said in the *Visuddhimagga* and elsewhere, helps one to conquer anger and malice, and all the negative consequences that follow from them. One is enabled to interact with others with a positive frame of mind.

(ii) Controlling lust and desire:

The Buddhist approach to the control of problematic lust and desire is a further area worth highlighting. There are many discussions in the Early Buddhist literature which describe ways of meditating on, or being aware of and alert to, the aversive or unpleasant aspects of the stimuli that bind one and cause strong attachments and/or lust. The contemplation of *asubhas*, or the aversive - loathsome - properties of stimuli is emphasized clearly in the literature. Examples include the contemplation on the repulsive and unattractive aspects of food, the aim being to develop the attitude that food is for essential nutriment, not for greed or gluttony. The aversive aspects of the human body are the subject of another meditative exercise, this being part of the wider meditation on the contemplation of the body. The disciple is encouraged to focus on the various parts of the body - given as thirty-two - in a sequence. The focus is on the true, loathsome and perishable, nature of them. This process also includes mental images which highlight the loathsomeness of the body. The aim is to reduce undue and unwholesome attachment to the human body, one's own and others'. The value of this form of contemplation is explicitly stated in several places. The *Majjhima Nikāya* (1.424) says: 'Cultivate, Rahula, *asubha-bhāvanā*; for, when you cultivate it, the passion of lust will cease'. And in the *Anguttara Nikāya* (iv, 357) it is said: 'Meditation on *asubhas* should be practiced for the destruction of lust'.

(iii) Recognition of impermanence:

The Buddhist emphasis on *anicca*, or impermanence, can also be seen as a potential contribution to the promotion of psychological health. The *anicca* perspective helps one to recognize, and constantly bear in mind, the essential transientness of phenomena. Nothing is permanent or everlasting. All that one loves, desires and cherishes perish in the end. Things change, they do not stay the same. One's loved ones pass away. Success may give way to failure. Fame may turn into ill-repute. Beauty fades. The firm grasping of the inevitable impermanence of things - including people - helps to create a perspective where one can handle losses of all kinds, including bereavement, without undue devastation, and with a sense of equanimity. This leaves little room for abnormally prolonged or pathological grief reactions. The Buddha's intervention for Kisa Gotami's grief, noted in an earlier section, exemplifies this. The *anicca* perspective also helps, in a wider sense, to keep one's desires and lusts from getting out of control. What one desires and lusts after, are essentially impermanent and perishable things. Recognition of this helps one to control the lust, and to place natural human desire in proper perspective. In the Vitakkasanthāna Sutta of the *Majjhima Nikāya*, advice is given on how to remove or control unskillful cognitions which are based on desire (*chanda*). These unskillful thoughts should, it is said, be countered by skilful thoughts, which focus on matters that do not promote, indeed inhibit, desire. One of the ways to do this is to contemplate on the impermanence of the object. This is compared to an expert carpenter getting rid of a coarse peg, on a plank, with a fine one.

(iv) The four sublime attitudes:

The development of the four sublime moods - or sublime attitudes (*brahma-vihāras*) - is considered a major part of one's personal development in Buddhism. These have been briefly discussed in an earlier paper (de Silva, 2000), and are

explained more fully here. The four are *mettā* (loving kindness), which has already been referred to; *karunā* (sympathy); *muditā* (congratulatory benevolence); and *upekkhā* (equanimity). These key Buddhist concepts are worth close study, as they reflect a major aspect of the psychology of Buddhism. These are mental attitudes, or higher sentiments, that one is encouraged to develop. They are considered to be indispensable for personal/spiritual development (see Vajiranana, 1975). Detailed discussions of these are available in the early texts, including the *Visuddhimagga*. These sublime moods, when developed, can transform one's overall attitude to one's fellow-beings and to life in general, and contribute significantly to one's own psychological well-being.

Loving kindness is free of lustful attachment. Its manifestation is the feeling of love and friendliness, and the removal of hatred. Sympathy is an emotion conducive to the removal of pain or suffering of others. It refers to feelings for those in distress. Congratulatory benevolence (the term *muditā* has also been translated as 'sympathetic joy') refers to rejoicing at others' happiness, success and prosperity. The absence of envy and jealousy, two negative emotions, are said to be its essence. It is worth noting that both *karunā* and *muditā* involve, and are marked by, a strong sense of empathy. One feels for others and with others, in their distress and in their joy, not simply as an outsider but also through a perspective of sharing the distress or the joy. This is an area of Buddhist psychology which requires more elucidation and analysis, as it has, potentially, a major contribution to make to a human psychology of well-being. The fourth sublime mood, equanimity, refers to the development of a neutral, stable and balanced attitude which enables one to remain calm and unruffled, unaffected by attraction or repulsion, and not subject to elation or depression. It is also marked by impartiality or lack of bias in one's dealings with others. In the hectic and competitive present-day world, such an attitude can have a substantial bearing on whether one succumbs to the upheavals around one, or succeeds in remaining calm and stable despite the changes around one. The events around one are unpredictable; in this context of unpredictability, one can retain a sense of stability through the cultivation of *upekkha*.

(v) Hindrances:

Another aspect of Buddhism that has relevance to the cultivation of psychological well-being in that of hindrances to one's psychological development.

In Buddhist psychology, it is stated that one's efforts at such development are hindered by various negative factors. Various discussions of these are found in both Canonical and commentatorial texts, including the Sāmaññaphala Sutta of the *Dīgha Nikāya*. Five main barriers or hindrances *(nīvaranas)* to psychological progress are listed. These are: (a) sensory desire; (b) malice, or ill-will; (c) sloth and torpor; (d) restlessness and worry; and (e) skeptical doubt, or perplexity. These are described as hindering one's efforts in meditation, and - more generally - hindering one's personal/psychological development. The texts repeatedly stress the need to overcome these hindrances in order to achieve psychological development. It is stated that sensory desire (*kāmacchanda;* i.e. desire for pleasurable sense experiences) is likened to being in debt. If a man is filled with sensory desire for a certain individual, he will,

being full of craving for that object of his desire, be strongly attached to it. Even if spoken to rudely by that individual, or harassed or beaten, he will bear it all. In that way, sense desire is like being in debt. When he overcomes this sense desire, he is no longer attached and bound to the object of his desire. Even if he sees divine forms, passion will not assail him. This is like one who has freed himself from his debt who no longer feels any fear or anxiety when meeting his former creditors. Ill-will (*byāpāda*) is compared to suffering from a bilious disease which makes everything, even honey and sugar, taste bitter. One feels irritation and harassment even at those who wish him well. Getting over this ill-will is like being cured of the illness, and one can once again appreciate the taste of honey and sugar. He is able to appreciate the value of advice, and respond positively. Sloth and torpor (*thīna-middha*; mental and physical laziness or inertia) is compared to being in prison. The person is trapped in his passive, inactive state. Overcoming sloth and torpor is likened to being set free from prison. He is no longer passive and inactive; he can engage in activities, just as a freed prisoner can participate in, and enjoy, festivities outside jail. Restlessness and worry (*uddhacca-kukkucca* - i.e. the mood fluctuating between phases of overexcitement, with a flurry of thoughts, and a low state of unease, guilt or worry) is compared to being a slave, having no independence. Getting over restlessness and worry is compared to becoming a free man again, able to do what he likes. Finally, skeptical doubt or perplexity (*vicikicchā*) is likened to the state of a traveler in a hazardous territory where he gets anxious and nervous at the slightest noise or sound. He will go a few steps and then stop. He may even turn back completely. The person assailed by perplexity or skeptical doubt is similarly hindered. The overcoming of skeptical doubt is compared to a strong man, in company and well prepared, walking through a difficult territory and reaches his destination.

The above descriptions are based on the Sāmaññaphala Sutta of the *Dīgha Nikāya* and its commentary in the *Sumangalavilāsinī*.

These hindrances are common, and are experienced by everyone. In meditation, these are seen as the major hindrances to one's progress. In the wider context of one's day-to-day life, again one is seriously affected and held back by these. They are, in a very real sense, hindrances to psychological health. Overcoming these is a significant step in achieving psychological development, not just in a spiritual sense, but also in the sense of general psychological health and well-being. Systematic meditative exercises help one to overcome these, including some that have already been noted. Constant alertness to the operation of these factors is also considered an effective way of guarding against the negative impact of these on one's psychological development and well-being.

The Buddhist texts also give very specific, practical advice on how to overcome these hindrances. As an example, it is worth noting here the steps recommended in the texts for overcoming the hindrance of sense desire. It is stated that there are six things conducive to this. These are:

(a) Learning how to meditate on impure, or loathsome *(asubha)* objects. We have already discussed this in brief in an earlier section.

(b) Devoting oneself to the meditation on such aversive stimuli (*asubha-bhāvana*). This includes focussing on the aversive aspects of the human body. Again, we have noted this briefly in an earlier section.

(c) Guarding the sense doors.

(d) Moderation in eating. The Buddha's intervention with King Pasenadi Kosala, noted in an earlier section, illustrates the importance of this.

(e) Noble friendship. The reference here is to such friends who have experience and who can be a model and help the person.

(f) Suitable conversation. It is said that one should engage in conversations that deal with the overcoming of sensory desire, and more generally in conversations that are suitable to advance one's progress in personal development.

Similar steps are recommended for overcoming the other four hindrances. As can be expected, meditation on loving kindness is one of the steps recommended for the task of overcoming ill-will. Regular practice in this meditation is considered a powerful way of doing this. This can be easily incorporated into one's daily routine, and does not require setting aside a great deal of time.

(vi) Ideal state:

An important topic that needs to be addressed at this point is that of the Buddhist ideal, which was mentioned in passing in an earlier paragraph. The attainment of Nibbāna means that the person has reached the ultimate state of personal development - that of the *arahant* state ('the worthy one'). An *arahant* is one who has conquered the negative, maladaptive factors called the *āsavas* (influxes or 'biases'). There are several detailed discussions of *āsavas* in the texts (e.g. Sabbāsava Sutta of the *Majjhima Nikāya*.

These are the bias of sensual desire (*kāmāsava*), the bias for permanent existence (*bhavāsava*), the bias of dogmatic views (*ditthāsava*), and the bias of ignorance (*avijjāsava*). Those who have destroyed and conquered these *āsavas*, it is said, have freedom from 'mental disease'. The implication of this and similar references is that those who have not attained personal development to this high degree are not immune from psychological ill-health. Does this mean that, short of this 'perfect' or 'worthy' state, there can be no psychological health or well-being? This is not the case. Indeed, Buddhism extols virtues at all levels, and recognizes their benefits. Buddhist texts speak about the life of a good or righteous householder - that, is someone who leads a lay life, with duties and obligations (see Sigālovāda Sutta of the *Dīgha Nikāya*). He has not renounced ordinary life for the purpose of seeking *arahant*-hood. He practices virtuous living, engages in contemplative meditation as he can, desists from gross misconduct, discharges his duties and responsibilities diligently, and develops a benevolent attitude to the world and to those around him. This life is described as 'harmonious living' or 'righteous living' (*sammacariya, dhammacariya*).

Such a person displays a clear dimension of mental and physical health. Thus Buddhism does not take the position that only those who have renounced a lay life can achieve psychological well-being. Indeed, much of Buddhist ethics is based on the value placed on a harmonious lay life (see Guruge, 1999; Kalupahana, 1995).

(vii) Positive concepts of mental health:

In his book *An Introduction to Buddhist Psychology* (second edition, 1991), M.W. Padmasiri de Silva has provided a discussion of some of the positive concepts of psychological health, and attempted to provide an account of the Buddhist position with regard to each of these. The positive concepts he identifies are: reality orientation, attitude towards the self, self-knowledge, voluntary control and autonomy, ability to form sensitive and satisfying relationships, and body-mind integration. This is clearly a useful way of looking at mental health in a positive perspective. He stresses how, in relation to each of these concepts, Buddhism has made a distinctive contribution. Let us briefly consider, as examples, three of these.

With regard to attitude towards the self, it is pointed out that the shedding of the mistaken, delusory belief about the self as a permanent soul or reality, can lead to a transformation that promotes psychological well-being. This transformation is not simply an intellectual or rational change, but also an experiential one achieved through the practice of *vipassanā* (or insight-oriented) meditation.

With regard to self-knowledge, it is stated that, with the regular practice of mindfulness, 'hidden crevices of the mind open, rigidities disappear, and a greater receptiveness to the present becomes possible' (M.W. Padmasiri de Silva, 1991, p. 127). It enables deep and penetrating awareness, not affected by distorting conceptual and intellectual baggage. 'It is with this clarity of perception that one can sort out one's thoughts as well as emotions' *(ibid.* p.127). The extensive work of Kabat-Zinn (e.g. Kabat-Zinn, 1994) shows how one can cultivate direct awareness in day to day life with the practice of mindfulness meditation.

As for the ability to form sensitive and satisfying relationships with others, it is argued that greater self-knowledge enables the formation of better relationships. Instead of forming relationships based on greed, lust, domination, dependence and power, one forms productive relationships of care, friendship, trust and compassion. Even a brief examination of Buddhist ethics will show how Buddhism values relationships based on respect, care, duties and responsibilities (see Guruge, 1999). Such relationships minimize conflicts and the negative psychological sequelae that these conflicts bring both to the individual and to the relationship itself. We know, from present-day clinical practice, the role of dysfunctional relationships in the genesis of psychological distress, maladaptive response patterns, and significant depression. We know how poor or acrimonious marital relationships cause not simply distress but also sometimes clinical depression (Beech, Sandeen & O'Learey, 1990). We know, too, how poor parenting patterns create psychological problems in children, and make them prone to emotional disorders in later life (Grych & Fincham, 1990). Healthy relationships, on the other hand, promote both satisfying interactions and psychological well-being.

c. Secondary prevention - An example:

In the above section, we have discussed Buddhist ideas and practices which are geared towards the primary prevention of psychological disorders, including the more positive aim of cultivating sound, stable mental health. Some Buddhist ideas and strategies are also relevant to the other forms of prevention. Perhaps the best example of how Buddhism can contribute to secondary prevention comes in the work of a team of present-day psychologists who have used mindfulness meditation as a way of preventing relapse in those with a history of depression. John Teasdale and his colleagues (Teasdale, Segal, Williams, Ridgeway, Soulsby & Lau, in press), have reported the results of a large clinical trial. In this trial, mindfulness-based cognitive therapy, carried out in a group setting, was shown to be a promising and cost-efficient psychological approach to the prevention of relapse/recurrence in recovered, depressed patients who have a history of recurrent episodes. This is of course secondary prevention *par excellence*. This was a large, multi-centre study, which involved a substantial number (145) of patients. Why was mindfulness meditation applied in this context? As pointed out by Teasdale and colleagues, increased mindfulness is relevant to the prevention of relapse of depression as it allows the early detection of relapse-related patterns of negative thinking, feelings and physical sensations, so that they can be `nipped in the bud'. Further, entering a mindful mode of processing at such times allows disengagement from the relatively `automatic' ruminative thought patterns that would otherwise promote the relapse process (Teasdale et al., in press). A fuller discussion of this rationale is given in Teasdale (1999).

This highly impressive contemporary piece of work shows the relevance of Buddhism in a major clinical area, aiding and promoting secondary prevention. There is clearly scope for much new work along these lines, using specific Buddhist strategies for preventive purposes in well-controlled clinical studies.

Conclusions

This paper has highlighted some of the aspects of Buddhist psychology in relation to psychological health. First, some Buddhist contributions to psychological therapy were briefly discussed. Remediation of problems is an obvious aim of Buddhist psychology. Psychological well-being, in terms of the prevention of maladaptive reactions and of developing positive strengths, is a major goal of Buddhism. It is no exaggeration to say that Buddhist psychology is very much geared towards this aim. At one level, this well-being is seen as a pre-requisite for the attainment of the ultimate peak of personal development. At another level, it is fully acknowledged that, even for those who have not renounced a worldly life to devote themselves to the search of this state, psychological well-being is a desirable, tangible goal. The aim is to develop adaptive, skilful and insightful responses, which lead to contentment in oneself, and mutually satisfying interactions with others characterized by harmony and co-operation, rather than rivalry and competitiveness. This is very much Humanistic Buddhism in practice, and this is a significant contribution that Buddhism has made, and continues to make, to the present-day world.

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