

# PRINCIPLES OF SATITHERAPY

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## Introduction

Satitherapy is an integrative psychotherapy which uses the mindfulness (*sati*) as the key principle within a person centred approach developed by Carl R. Rogers (1961). It integrates the techniques of psychodrama developed by Jacob L. Moreno (1959) for therapeutic acting-out, and the procedures of Buddhist insight meditation (Frýba 1989) for therapeutic acting-in. Whatever other skills and techniques, as far as compatible with the ethics of satitherapy, can be also used within the format of satitherapy which is outlined in this monograph.

Satitherapy was developed from meditative exercises used in encounter groups that were conducted by the author in Switzerland since the late sixties. Its value for treatment of psychiatric patients has been later examined using a sample of thirty seven drug addicts and the approach was also tried with a smaller sample of conventional neurotics at the Psychiatric Policlinic of the Berne University (Frýba 1971, 1978). During that time, the first satitherapy training syllabus has been elaborated so as to comply with the Swiss requirements for the postdoctoral training of psychotherapists. Training of satitherapists ensues within a conceptual frame of Western main-stream psychology, whereas the theoretical basis for satitherapy is provided by the system of psychology and ethics

that has been elaborated within the ancient Buddhist teachings of Abhidhamma. Thus the format of satitherapy integrates knowledge and skills from both Western and Asian sources as it will be shown.

The chief aim of the following chapters is to provide fundamental knowledge needed by the satitherapists in training, in other words, to give the explanation of several abhidhammic concepts in relation to some psychoanalytic notions -- i.e. regarding the use of satitherapy with individual patients -- and in relation to the system of psychodrama -- i.e. regarding the use with groups. In the course of the explanation, there are hints given about the practical procedures of satitherapy. Since 1992, a Czech version of this treatise is also being used as a textbook by graduate students of clinical psychology at the Palacký University in Olomouc and the Masaryk University in Brno. Although in such a use, this text requires, due to its concise formulations, some further explanation as provided during the university lectures, it may well serve as an introduction to satitherapy for any intelligent reader.

## **Value and Skill in Satitherapy**

In Abhidhamma, the concept sati refers to the core phenomena of clear experiencing and direct knowing. Sati is a mental faculty which co-ordinates both the processes within a person and the interactions between the person and the world. The abhidhammic concept sati designates that phenomenon which can be best rendered in English as mindfulness. The notion of mindfulness, which is defined in a way compatible with Abhidhamma, has appeared in the Western main-stream psychology only recently. In the newest edition of the *Encyclopedia of Psychology* (Corsini 1994) it is said by way of

summary that "mindlessness-mindfulness is a central dimension in human functioning". According to Abhidhamma, sati includes functions complementary to attention and memory, and integrates all with them related units of experience; it is the process of unbiased noticing, recognizing and non-selective remembering of the experienced realities. On the most elementary level, sati just notices the experience, whereas in the context of a deepened personal understanding of the Abhidhamma, the "right mindfulness" (*sammâ-sati*) is the means for harmonizing the mind and for freeing and protecting it from suffering. In one word, sati expands person's capacity to know, to express, and to master whatever is being experienced.

Thus sati is a skill that can be trained. The heart of all Buddhist practice that aims to promote mental health and to improve the quality of life is, indeed, the training of mindfulness and insight (*satipatthâna-vipassanâ*).<sup>(1)</sup> Training the skills in good (*âyakosalla*) and skilful coping with problems (*apâya-kosalla*) are two complementary procedures of skill in means (*upâyakosalla*).<sup>(2)</sup> Satitherapy has to concentrate on skills in mindfully coping with the unpleasant and pathological. Whereas meditation training starts with learning the method and deals with problems as they arise, any psychotherapy has to begin from the problems. An important prerequisite of both ways of coping is to find our way through the inconceivable manifoldness of life (*papañca*). To master this manifoldness, the Buddhist training employs techniques for directing awareness to the four distinctively different realities, namely the four foundations of mindfulness (*satipatthâna*):

1. awareness of body (*kâya-anupassanâ*),
2. awareness of feeling (*vedanâ-anupassanâ*),
3. awareness of the mind state (*citta-anupassanâ*),

4. awareness of the experiential contents of mind  
(*dhammâ-anupassanâ*).

It should be stressed here that the contents of mind -- experiences of suffering, happiness, value and choice included -- are belonging just only to one of these four experientiable realities. But the concepts (*paññatti*), which are used to think and communicate about the experience, are not phenomena, they are not the experienced realities (*dhammâ*). To be quite clear, the process of thinking is a really existing phenomenon (*sabhâva-dhamma*) but the thought as a content of thinking is just a concept. Concepts fix the meanings and the values; these both are designated in *Abhidhamma* by the word *atthâ*.

Values are traditionally the domain of philosophy. The philosophical approach to values is that of phenomenologically describing, semantically explaining and conceptually categorizing. This may be of some utility also for the practical discipline of psychotherapy so far as it helps to understand the contents of thought in both the patient and the therapist. From the standpoint of psychotherapy, more important is the fact that the contents of thought do not necessarily correspond with the processes of thinking, experiencing, valuing and acting. It is one of the aims of satitherapy to methodically cultivate the awareness and correspondence of process and content. Contents of thought, and thus also the consciously held values, have then greater impact on motivation and decision in planned skilful acting of everyday life. Values give meaning to any unit of experience, they form the emotional grasping of any situation, they supply the criteria for decisions and thus guide our volitional actions (*kamma*).

Philosophical analysis of the values, which may help the involved philosopher personally, is beyond the scope of present considerations. It may be noted here that some contemporary philosophers, who are also concerned with the above mentioned

issues, are moving from merely categorizing terminology of values as "reception concepts" towards the more "expressive conceptualization" of values, emotions and other experience. They apply the paradigm of skill: "to be conscious of something is to exercise ... a skill of 'spelling out' as practiced in psychoanalysis", says de Silva (1981).<sup>(3)</sup> Such an approach is coming close to the understanding of values in Abhidhamma and satithery.

When the value concepts are divorced from their concrete life context, they can be categorized and analysed within belief systems of religious, philosophical, or political ideologies. Values, unless they reflect only passing temporary motives and goals of a person, group, or civilization, are often connected with the religious ideals. Those which are "timeless" and considered ethically relevant, are being included in and strengthened by religion. The values of religious ethics need not be understood rationally in order to be accepted; they may be just devotionally accepted as a moral code which is obediently followed. This is true also in the Buddhist cultures which kept in life the practice of Buddha's Teaching, the Dhamma, as a religion.

Abhidhamma is however no religion; it is the systematic know-how to master the life, to overcome suffering, and to attain ever more sublime happiness. As such it is the means used in the practice of Dhamma which may or may not be considered a religion. Abhidhamma reaches, in this sense, beyond any philosophical or psychological theories and also beyond the method of satithery. Abhidhamma is a psychological system organized according to the ethical criteria. The purpose of this system is to serve gradual realization of the "dwelling in the most sublime happiness here-and-now" (anuttara-ditthadhamma-sukha-vihâra) called Nibbâna. Thus Nibbâna is the highest in the Buddhist hierarchy of values. And within this

system, all states and movements of mind (citta) and all by them motivated actions (kamma) are ethically valued as skilful (kusala) or unskilful (akusala) according to their contribution to the resulting (vipâka) happiness.

Satithery is primarily concerned with helping a patient or client to overcome suffering, whatever may be her or his conception of values and ethics. The psychotherapist, of course, has to know the ethics of the Dhamma. He has to understand, at least to some degree, the ethical notions specific for the Orient, because the textual as well as practical or "oral" tradition of Abhidhamma, with which he works, is being brought from the Buddhist culture of the Oriental countries.<sup>(4)</sup> But there is nothing particularly Buddhist about the ethics of satithery as far as the client is concerned. Satithery, although developed on the foundations of Abhidhamma, is a form of psychotherapy that has been practiced with individuals and groups within Western culture.

Our young Western psychotherapy as such has emerged preponderantly from Sigmund Freud's revolutionary discoveries that most of the acting in our daily life is governed by unconscious motives and that imposing too severe value systems leads to mental disorder. Unless psychotherapeutically treated, the mental disorder gets either stabilized as mental illness or, if suppressed by drugs, it is removed from the realm of awareness which in turn may produce apparently incurable bodily diseases. These psycho-genic and psycho-somatic conceptions of aetiology became a commonplace in modern medicine. Notwithstanding, the scientific understanding of the subjective mental coping with these phenomena is yet rather underdeveloped.

Scientific approach is characterized by objective understanding of the unidimensional relations and the presumed straight forward causality of phenomena. Therefore the ancient cultural

traditions of other peoples appear to us unsharply defined, multidimensional nets of mythical explanations that lack the simple clarity of the scientific interpretation. Yet to understand the diseases of mind, a more complex thinking is required than the lineal determinism current in the science of our culture. What is generally taken for the scientific objectivity limits our knowledge to logically ordered thoughts about the phenomena which are grasped only from outside and then identified by sharply defined concepts.

The high esteem of science in our civilization amounts often to uncritical worship of anything "scientific". This leads an average man to clinging to verbal world-view deemed scientific. For persons who feel at home only on the level of words, the non-verbal experience is uncanny (Freud's *unheimlich*) or even threatening. Only those aspects of subjectively experienced reality, that can be thought of as belonging to the objectively grasped phenomena and labeled by familiar concepts, are understood as "conscious". All the rest of subjective reality, unrecognized or even repressed in our culture, is identified as the "unconscious". Here I do not try to do away with the science. I trust that it can be used also for exploring the experience of this so called "unconscious".<sup>(5)</sup> But the science is not a panacea for every vital frustration and spiritual ignorance. It cannot be a solution to all mental problems. Claudio Naranjo, a leading contemporary psychotherapist, has shown that such seemingly disparate cultural manifestations as shamanism, artistic vocation, ritual, meditation, and psychotherapy, can be explored to find common motivational denominators of the involved processes of coping.<sup>(6)</sup>

The contemporary psychological concepts of motivation and emotion, that denote the movements of mind, cannot yet satisfactorily explain the subjective experiencing which has to

be clearly understood in the process of psychotherapy. These motivational movements of mind may originate from vital organic processes as well as from value contents, but they are neither biological phenomena nor concepts of any thought system. They are really existing processes of mind that can be observed and analysed either in their inner subjective (ajjhata) experiencing or in their outer objective (bahira) expression as distinguished in Abhidhamma. Our colloquial notion of emotions comes probably closer than the scientific concepts to this understanding of the inner experience.

Our civilization's rationalist struggle to scientifically control the nature -- also the man's inner nature -- has led us to general disregard and deprecation of the bodily and emotional aspects of experience. Also the ethical and spiritual values have been excluded from the everyday life and pushed up to the lofty spheres of religion and philosophy which have very little connection with the daily experience. Consequently the modern science has been little interested in studying the subjective experience. Only recently Eugene Gendlin (1961), a philosopher and psychotherapist, has caused a new turn in psychotherapy research through the identification of "experiencing" as a psychologically explorable variable.<sup>(7)</sup> His concepts of "experiencing", "felt sense", "movements of mind" etc. are operationally well defined terms, apt for comparison with the terminology of Abhidhamma.

Effective method of psychotherapy in whatever culture presupposes a sufficient understanding of the skills and failures typical for healthy (kusala) and ill (akusala) coping with the manifold variety of experiencing. Only then the therapist is able to introduce the healing changes into the patient's ways of coping. Both bodily and mental diseases manifest themselves as distorted life processes within the individual and his ecosystem and can be known objectively from outside. What is even more

important, they are directly, i.e. subjectively, known to the individual as painful feeling (*dukkha-vedanâ*) which is the most elementary indicator of suffering. It is this very feeling aspect of experience that has to be understood in its primary relation to the subpersonally arising bodily urges and transpersonally generated values that move the mind. A practically valid explanation of these motivational phenomena, which determine our action (*kamma*) and state of mind (*citta*) as well as ethically caused outcomes (*vipâka*), is from the viewpoint of modern psychotherapy the greatest asset of the ancient wisdom of *Abhidhamma*.

The present use of *Abhidhamma* as the basis of satitherapy profits also from our knowledge of its use in the indigenous oriental healing methods. Most thoroughly amongst them, the Sri Lankan method of *Tovil* has been psychologically analysed by *Beatrice Vogt Frýba* as an interplay of Skill and Trust (this is in English the title of her book *Können und Vertrauen*, 1991) within the protected working ground of traditional Buddhist psychotherapy. She stresses, first, the importance of consciously excluding the "real" ethical consequences of patient's action by giving him the chance to explore both healthy (*kusala*) and ill (*akusala*) ways of life coping within "unreal" setting of the protected working ground (*kammatthâna*), second, the necessity of the patient's active learning as opposed to just being treated, and third, the strength of gradually more sublime joy (*pîti*) as the decisive factor of therapy progress (*Vogt Frýba* 1991, page 405f). The practical procedures are bound to the cultural context. This is true also for satitherapy which is described here in its fundamental principles as applicable in the usual setting of Western psychotherapy.

# **Abhidhamma and Psychoanalysis:**

## **The Case of Strong Ego**

Those psychotherapists, clinical psychologists and psychiatrists, who work in the public health system, are repeatedly confronted with only few main types of mental disorders and diseases. In the mental illness statistics of all Western countries, the depression ranks highest, followed by various types of neurosis and so on. To facilitate communication between health officers, administrators, researchers, etc., the systems of international classification of diseases have been developed and revised, out of which the best known ICD–10 or DSM–IV are nowadays used world–wide. Also the satitherapeutic diagnosis takes into account these systems of diseases in a way described in more detail in chapter four. The classical psychiatric understanding, inclusive various theories of pathogenesis, influenced the systemisation of diseases (Naranjo 1994). But the resulting psychiatric nosological units are not of much use for understanding the patient's problems hidden behind the diagnostic label of the illness.

Therapists, who want to do more than just prescribing drugs, have to build up their "own", more or less reflected, systems of problem diagnosis. Then only, they can work psychotherapeutically on individual problem solving. Just to meet this need, a theory serving the diagnosis of the concrete patient's psychotope has been developed (Frýba 1975). Nevertheless, we have to consider also the beliefs used by therapists for coping with their professional problems. While conducting postdoctoral training for psychiatrists and psychologists at Berne University during the early seventies, I could see that these "own" diagnosis systems of most, both younger and older, therapists heavily lean on psychoanalysis,

even when some would claim primary affiliation to another school of psychotherapy. Similar situation prevails, maybe with an exception of the post-Communist countries, everywhere in our civilisation.

These facts, pragmatically seen in the context of psychotherapy training, lead to the necessity of communicating the principles of satithery in terms easily intelligible to our colleagues, i.e. in the terms related to psychoanalysis.<sup>(8)</sup> Despite of the differences in letter — most striking of them being perhaps abhidhammic no-ego (*anattā*) and psychoanalytic triad of id-ego-superego — the practical procedures would appear similar in many features to a psychotherapist familiar with both approaches. The similarities, which are so clearly visible in teaching and supervising the skills, can be also to a certain level explained by theoretical comparisons.

There are two practical principles of satithery which can be well explained in relation to psychoanalysis. First is the use of mindfulness-foundation (*satipatthāna*) which is comparable to the psychoanalyst's "freely floating attention" that is non-selectively applied to the cues provided by the patient during the therapy process, second is the experiential anchoring (*yathā bhūta*) interpreted psychoanalytically as the patient's relatedness to reality which is being evaluated as a "strength of the ego function". Understanding of both these principles presupposes — to put it in terms of Abhidhamma — that the therapist is skilled in "wise reality anchoring" (*yoniso manasikāra*) and can also clearly discern between his own interpreting perception and the perceived phenomena of therapy process, namely between the cognitive labels and the cognised things (*nāma-rūpa-pariccheda-ñāna*).

Elucidation of these two practical principles of both systems shall render the differences in letter rather unimportant — insofar as we are not at first concerned with their different

implications for further steps of the therapeutic treatment. The above concise statements require more detailed elaboration. But it will be limited to some principal statements only, as there is no space here for the detailed description of procedures used in training and therapeutic application of the method of reality anchoring called *yoniso manasikâra*.<sup>(9)</sup> In this chapter, we shall just recapitulate some related psychoanalytic views and elaborate upon similarities with satitherapy.

The psychoanalytic method of "free association" may be thought of as a special technique of "spelling out" in which the patient gives up all judgmental valuing. It enables the therapist (and with the progressing psychoanalysis also the patient) to notice hitherto unconscious tendencies and movements of patient's mind. This is a way to uncover the "primary processes" and their energies which underlie the conscious experience. As explained earlier, "conscious" as a psychological term refers to the type of experience which is more or less rationally structured by means of language; the "preconscious" refers then to the mental material which is not currently known to the person, but is accessible to verbal designations and, unlike the blocked off or repressed "unconscious", can be retrieved at will. Psychoanalytic treatment aims at gradually making experientiable also the unconscious.

Only when the patient wins his own insight into the reality of the primary processes and can experience them consciously, then he can also accept the psychoanalyst's interpretations of their meanings. As early as 1895, Sigmund Freud was aware that "we can meaningfully use only the knowledge which can be referred to the messages from our own body".<sup>(10)</sup>

Till the end of his creative career, Freud was also very clear about the fact that the psychoanalytic paradigms of personality structure (e.g. the triad id–ego–superego) are just hypothetical

construction, a "convenient apparatus" (*Gelegenheitsapparat*) used by the therapist for his own theoretical orientation:

As we have decided to decompose the psychic apparatus into ego and id, which are parallel to preconscious and unconscious, we take this quality only as a sign of the difference but not as its essence, ... and in what consists this difference between the two? Well, about that, we know nothing... (Freud: *Abriss der Psychoanalyse*, *GW XVII*, page 85, 1938).

The two above statements by the author of psychoanalysis make full sense in relation to his statement about the psychoanalytic technique of applying the "freely floating attention":

... it simply consists in not wanting to notice anything particular, but to encounter everything we hear by means of this freely floating attention, as I called it earlier. ... if we make choice according to our expectations, we are in danger not to find anything else than that what we already know ... Thus we should not forget, that we mostly hear things which will be recognised as meaningful only later. (Freud: *Ratschläge für den Arzt bei der psychoanalytischen Behandlung*, *GW VIII*, page 377, 1912).

This open-minded accepting of all patient's experience and his communication about it, when combined with the anchoring in the bodily experienced reality, is fundamental also for satithery.<sup>(11)</sup> The eventual psychoanalyst's interpretations that follow — not to speak about the theoretical hypotheses — are of course not at all used in satithery. The basic technique of satithery consists in the "mindful noticing" (*sallakkhana*) of the actually experienced phenomena (*sabhāva-dhammā*) of bodily and mental states and processes. The satithery

refrains from his own interpretations of the patient's mental contents; he limits his interventions to hinting at the possibilities how the patient may seek on his own the bodily anchors for the experienced mental contents and processes.

In this respect, the satitherapist's guidance focuses mainly on patient's learning to discern between concept and reality — or to put it the other way round — between the here-and-now experienced phenomena and their conceptual representations which are results of their perception, evaluation, and understanding. Any representation of reality is, in fact, a product of processes of social construction (Berger & Luckmann 1966), even if the person constructs it in a solitude of a meditative exercise (Frýba 1971). The abhidhammic meditation steps — namely 1) discerning between the concepts and the real phenomena, 2) transcending all conceptual representations, 3) meditative solemnity of here-and-now being above all representations, and finally 4) designing a new personal value system that provides healthier structures for construction of reality — serve as a blueprint for the steps and phases of satitherapy which are systematically described here in chapter eight.<sup>(12)</sup>

It has to be stressed, though, once more that the satitherapist abstains from constructing the new reality for the patient by means of interpretations etc.. Thus even the paradigms of Abhidhamma, although all of them concern the really existing relations between the phenomena, are not communicated to the patient, unless he discovers them first on his own. However, while the awareness of the bodily experienced phenomena is given special attention, the satitherapist uses the techniques of commenting (*sallakkhana*) verbally and non-verbally the inter-subjectively experienced bodily phenomena. The leading role in the new constructing their mental representations is left to the patient. In satitherapy, the consequent understanding of the

relations between the mental phenomena is being brought forth from patient's insight into the bodily anchored experience. But this requires that the patient's mind gets settled and cleared first — which happens thanks to the security experienced in the protected therapeutic space — before the insight into the relations becomes possible. An Abhidhamma text illustrates this:

For in proportion as the bodily phenomena (*rúpa*) become quite definite, disentangled and quite clear to him, so the defilements that are opposing him subside, his consciousness becomes clear like the water above the precipitated mud, and the mental states (*nâma*) that have those bodily phenomena as their objects become plain of themselves too. (*Visuddhi-Magga*, PTS edition, page 591).

In satitherapy, there is not only the question of representing and constructing, the processes of the patient's own valuing and emancipatory striving (*padhâna*) are of no less importance. Buddha, the author of Abhidhamma, has stated this principally in the following words:

There is one thing, monks, that, cultivated and regularly practised, leads to a deep sense of urgency, ... to mindfulness and clear comprehension, ... to the attainment of encompassing vision and knowledge, ... to happiness here-and-now, ... to realising deliverance by wisdom and enjoying its fruition: it is mindfulness of the body. (*Anguttara Nikâya, Book of Ones*, Sutta 21).

The mindful relatedness to bodily reality (*kâya-gatâ sati*) that leads to encompassing vision and knowledge (*ñâna-dassana*) is performed by the faculty of mindfulness (*sati-indriya*), one of the five mental faculties (*mano-indriyâni*) treated in more

detail in the last chapter. As mentioned in the beginning, sati works on several levels. On the most elementary level, it just non-selectively notices and remembers the experienced reality which is for practical purposes of learning and cultivation divided into four foundations of mindfulness (*satipatthâna*). On a more complex level, when the patient or trainee is already able to notice both the bodily experience and the movements of mind, sati works as a faculty that in addition to reality anchoring also co-ordinates and harmonises the other mental faculties.

This satitherapeutic principle has its somewhat differently conceived counterpart in psychoanalysis called the "synthetic function" or the "reality principle". This "synthetic function" is supposedly weaker in pathological personality and is being theoretically ascribed to the ego-instance within the hypothetical triad id-ego-superego. The concept of the "ego-strength", or originally the "strength of the synthetic function of the ego", has been introduced into psychoanalysis by Herman Nunberg in the nineteen twenties.<sup>(13)</sup> Although he stated that we cannot make "any very far reaching conjectures about the innermost nature of ego-synthesis" (Nunberg 1948, page 122), he has forgotten, as obvious from his explanations, that the hypothetical instances of id-ego-superego are just non-living conceptual constructs. His conjectures proceed as follows:

In the id there are accumulated various trends which, when directed towards objects in the outside world, lead to a union between these and the subject, thereby bringing into existence a new living (sic!) being.

Our daily experience teaches us that in the ego there also resides a force that similarly binds and unites, although it is of a somewhat different nature. For its task is to act as an intermediary between the inner

and outer worlds and to adjust the opposing elements within the personality. It achieves a certain agreement between the trends of the id and those of the ego, an agreement producing a harmonious co-operation of all the psychic forces. (Nunberg 1948, page 120).

Some contemporary theoreticians of psychoanalysis are misusing the concepts of "ego-strength" or "ego" outside the context of the original definitions. This provides a pseudo-scientific authorisation for the widespread fallacies of naive realism and nominalism, namely for the various types of belief that there must exist a real thing in correspondence to any concept. Moreover Freud's concepts, when taken out of their original context of a well rounded up theory, do not designate the same phenomena anymore. Psychoanalysis getting debilitated in this way is no more able to cover the whole empirical reality of psychotherapy. Psychoanalysts, who fall prey to such invalidation of the Freud's original theory, may then be in need of constructs like "self" in order to be able to talk about the whole person. Such a construct of self implies then an unchangeable identity on a conceptual level divorced from the changing reality of a living person.

It is apparently a part of human nature that persons anxious about their existence and property develop and defend the concepts and images of "Self", "I", "mine", "ego", "me", "my" etc. For some, these concepts and images may be even more important than the experience of the bodily and mental well-being. In Abhidhamma, the succumbing and clinging to such concepts and images are explained as the causes of deluded perception, inability to cope with real life situations, ignorance, greed, hate, frustration and suffering.

A person, who is entangled in the net of concepts splitting the perception of world into the opposite identities of "mine" and

"strange", becomes an isolated "Self" in an estranged world or a needy "ego" threatened by others. These are the fundamental causes of mental diseases according to Abhidhamma. In the diagnosis by traditional abhidhammic psychotherapists, as well as in the general indigenous understanding of Buddhist people, the mentally ill person is called a "victim" (*âtura*), not a sick or patient (Vogt Frýba 1991). The victim is to be helped to take one's own affairs into one's own hands, to see the things without the distortions caused by greed and hate, and finally to be treated so as to establish a realistic relation to the world. This means in other words to find again balanced interpersonal relationships and intrapersonal bodily anchoring. Satithery provides technical procedures leading to these ends within the specific personal context.<sup>(14)</sup>

Mindful anchoring of consciousness in the experience of real processes of body and mind does not exclude the use of concepts and images. But the concepts and images are in satithery only instruments for the mastering of reality. Thus self-confidence, self-command and independence are cultivated as qualities of acting, not as aspects of egoism or selfishness. There is no need for first "diagnostically" dividing a person into conjectured instances, then "therapeutically" creating problems between them, and finally trying to conceptually harmonise the conjectures. There is no use in creating an imaginary concept of Self and then working for its realisation — as some modern methods of Self-realization would propose. True self-realization is rather an emancipation from the oppression by Self — were we to use these terms to convey the teachings of Abhidhamma.

It is not our task to solve here theoretically the problem of those therapists who instil their own belief in hypothetical personality instances and conjectures about "strong ego", "developed Self" and other conceptual constructs to their patients. This is

nonetheless, by way of summary, the main critique of mental rape practised by some under the disguise of "psychotherapy". And what is the main cure? In one word, mindfulness. Mindfulness means experiential anchoring in processual reality of life. For mindfulness, the really existing phenomena are having the prime position, the verbal designations are subordinate. But their choice does also matter in the process of healing semiosis (*yoniso manasikâra*) in which they function as matrices (Frýba 1989, page 68). In satithery, there are not only verbal differences between the self-confidence and belief in the Self, self-development and development of the Self, self-command and the command by some petrified instance called Self. When we want to give a living person chance for self-affirmation, we do not mean an affirmation of a lifeless unchanging instance called Self.

According to the abhidhammic principle of not clinging to conceptually imposed identities, we have to see that we can meet some experientially anchored persons also amongst psychotherapists of any denomination. In fact those psychoanalysts, who really do practice freely floating attention, are able to mindfully notice the phenomena of primary processes, they do not construct them as hypotheses. Although the goal of harmonising the primary psychic forces of the person might be the same in satithery and in the original version of psychoanalysis, their ways towards this goal are different as they begin from the differently defined problem. Whereas psychoanalysts would see the source of the patient's problems mainly in the conflict between the hypothetical instances id-ego-superego, the satitherapists seek to solve the problems by overcoming the discrepancies between the bodily and mentally experienced reality on the one hand and the person's conceptual or imaginary notions on the other hand.

Abhidhamma uses also a method of personality analysis, but it does not a priori postulate any instances within the personality. Abhidhammic analysis of bodily and mental phenomena has actually the purpose to find out by inductive means whether there exists some phenomenon of ego (*attā*), self or any other identical instance in personality. This enables each user of this method to win on his own the empirically founded certainty that there is no such instance, to overcome the delusional belief in ego (*attā-ditthi*), to stop projecting ego or other identities into other persons, and thus get liberated from all suffering caused by it. Attainment of this goal is technically called Nibbāna, operationally defined as the "wise seeing of the non-ego characteristic" (*anattā-lakkhana ñāna-dassana*) of all really existing things, and carried out by the means of mindfulness and insight meditation (*satipatthāna-vipassanā*) within the format of abhidhammic training (Frýba 1989). Attainment of such a goal can be expected neither from the patient's therapy nor from the therapist's training. However the principles of this inductive method of gaining the data about the patient's personality govern the diagnostic procedures in satitherapy.<sup>(15)</sup>

As it is shown in chapter four, Abhidhamma and satitherapy do not start from any conceptual constructions of personality instances that would be deduced from some authoritative doctrine or socially constructed system of beliefs. In satitherapy, the starting point of every work is the patient's own view of the reality. The diagnosis, i.e. the therapists view of patient's personality respects the patient's individual representation of the problem within the experientially defined structures of the patient's psychotope. Moreover satitherapy endorses the patient's right to redefine and newly construct her or his own person within the lived world. The patient is the best expert in the knowledge of his or her own world and the

patient's value system is the measure (Frýba 1971). Such respecting the patient's rights has definite consequences in forming the therapeutic relationship.

Notes:

- (1) Both the techniques of methodical practice and the conceptual context of mindfulness and insight are explained in the as yet unsurpassed book of Thera Nyanaponika: *The Heart of Buddhist Meditation*, London, Rider (1962).
- (2) For training the skill in means, as described in Vibhanga, the second opus of Abhidhamma Canon, see Frýba: *The Art of Happiness - Teachings of Buddhist Psychology*, Boston, Shambhala (1989 : 74ff and 191ff).
- (3) Padmasiri de Silva: *Emotions and Therapy - Three Paradigmatic Zones*, Inaugural Lecture, University of Sri Lanka, Peradeniya (1981). Prof. de Silva is one of the pioneers in the field of philosophical and psychological explorations of the Buddhist and Western approaches to psychotherapy (*Buddhist and Freudian Psychology*, Colombo, Sri Lanka, Lake House 1978; *An Introduction to Buddhist Psychology*, London, MacMillan 1979).
- (4) The original texts of Abhidhamma, as used in the meditation practice, were canonized and brought to Sri Lanka in the third century before our present chronology. There they have been written down in Pâli language two centuries later. That time in India, a new tradition of Buddhism emerged under the influence of Sanskrit Brahmanism and, during the following centuries, divided

into the schools of Mahâyâna (Big Vehicle) and Hīnayâna (Small Vehicle). Both schools of this Sanskrit Buddhism produced their new, rather philosophical versions of Abhidharma which, practically, did not at all influence the original Pâli Buddhism called Theravâda (Teaching of the Old). For an overview of the authentic texts see Conze, Horner, Snellgrove & Waley: *The Buddhist Texts through the Ages*, New York, Harper & Row (1964).

- (5) For the full story of the scientific struggle to understand the subjective reality see Ellenberger: *The Discovery of the Unconscious*, New York, Basic Books Publishers (1971).
- (6) "In being expressed, the 'spirit' will have fulfilled its calling: once accepted, it will not need anymore to knock at the door of the individual's consciousness in the form of an ailment", say Naranjo & Ornstein: *On the Psychology of Meditation*, London, George Allen & Unwin (1971 : 105f).
- (7) Eugene Gendlin: *Experiencing - A Variable in the Process of Therapeutic Change*, *American Journal of Psychotherapy*, 15 (1961 : 233 - 245).
- (8) For explanations of some further abhidhammic paradigms in psychoanalytical terms see e.g. Frýba (1978, 1983, 1984) and de Silva (1978).
- (9) The detailed instructions are in Frýba: *The Art of Happiness – Teachings of Buddhist Psychology*, Boston, Shambhala Publ. (1989, third chapter, pages 66ff, 177ff).
- (10) Freud: *Entwurf einer Psychologie* (1985), later published in *Aus den Anfängen der Psychoanalyse*, London, Imago Publ. Co. (1950).
- (11) Here I have to express my thanks to my psychoanalyst Prof. Ernst Blum who guided my attention to the fact that

his teacher Sigmund Freud has also practised mindful anchoring in bodily experience in his Moses–meditation (personal communication 1976). For the procedure of Freud's method of meditation, as he taught it to Blum and some other personal disciples, see Frýba: *Traum, Trip, Extase – in psychoanalytischer Sicht*, in H. Petzold (ed.): *Psychotherapie, Meditation, Gestalt*, Paderborn, Junfermann Verlag (1983, pages 381 – 391).

- (12) There is no deconstructing but rather a cognitive death followed by a cognitive rebirth as in detail described elsewhere (Frýba: *Verhaltensveränderung durch orientalische Versenkungstechniken* 1971, see also Frýba in Petzold, 1983, pages 372f, 379).
- (13) Herman Nunberg: *The Synthetic Function of the Ego*, *International Journal of Psychoanalysis*, Vol. XIII, (1931), reprinted in H. Nunberg: *Practice and Theory of Psychoanalysis, Nervous and Mental Disease Monographs No. 74*, New York, Coolidge Foundation Publ. (1948).
- (14) There are descriptions of satitherapeutic techniques called "Breaking through the magic circle", "Freezing the muddle", "Dissolving the boulder", etc., included at this place in the Czech version (1993). As their meanings and scripts are rather culture bound, they have been omitted here in the English version.
- (15) This diagnostic method of gaining the data about the patient, and also the consequential methods of constructing inductively a theory of the patient's personality, are compatible with the procedures of the methodology of so called grounded theory (A. Strauss & J. Corbin: *Basics of Qualitative Research. Grounded Theory Procedures and Techniques*, Newbury Park, Sage Publications 1990).