



**AN ANALYTICAL STUDY OF MINDFULNESS-BASED
THERAPY FOR REDUCING DEPRESSION FROM
BUDDHIST PERSPECTIVES**

Miss Guo Zaiping

A Dissertation Submitted in Partial Fulfillment of
The Requirements for the Degree of
Doctor of Philosophy
(Buddhist Studies)

Graduate School
Mahachulalongkornrajavidyalaya University

C.E. 2017



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The Graduate School Mahachulalongkornrajavidyalaya University has approved this dissertation entitled “An Analytical Study of Mindfulness-based Therapy for Reducing Depression from Buddhist Perspectives” as a part of education according to its curriculum of the Degree of Doctor of Philosophy in Buddhist Studies.

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Abstract

This dissertation is an analytical study. It applies a transdisciplinary research and a case study. It has three objectives: (1) To study the Depression in Psychology and clinical treatments of mindfulness; and (2) to study Buddhist mindfulness applications for reducing Depression; finally (3) to analyze two kinds of mindfulness and integrate the function for reducing Depression.

Achieving the objectives of the study allows to know that (1) Depression and its treatments are related to the management of emotions and cognitions, the latter two could cause physiological and psychological changes, and mindfulness practice is used to change them by cultivating specific attitudes and forming alternative schemas; and (2) Buddhist mindfulness is for cultivating three kinds of wisdom from threefold training to change one's life realm, so it is about ascension of life realm by the positive feedback loop of study, practice and realization; finally (3) Psychological mindfulness is popularized with a scientific package, so it helps practitioners to get knowledge. But Buddhist mindfulness emphasize the ascension of life realm, so it helps to get wisdom. In order to form a harmonious life style or even enlightenment style that has no way to cause Depression or other sufferings, mindfulness functions to integrate

subjective and objective dualism which could transform the mind from learning to learned states.

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Guo Zaiping

March 10, 2018

Abbreviations

From Buddhism

D.	Dighanikāya	《长部经典》
DĀ.	Dīrgha Āgama	《长阿含经》
EĀ.	Ekottara Āgama	《增壹阿含经》
MĀ.	Madhyama Āgama	《中阿含经》
N.	Chinese Translation of the Pali Tipiṭ aka	《汉译南传大藏经》
S.	Samyuttanikāya	《相应部经典》
SĀ.	Samyukt Āgama	《相应部经典》
T.	Taishō Tripiṭ aka	《大正藏》
X.	Manji Shinsan Dainihon Zokuzōkyō	《卍新纂续藏》

From psychology

5-HT	5-Hydroxytryptamine
ACT	Acceptance and Commitment Therapy
BLA	Basolateral Amygdala
BPM	Buddhist Psychological Model
CeM	Centromedial Amygdala
CNS	Central Nervous System
CRH	Corticotrophin-Releasing Hormone
DA	Dopamine
dACC	Dorsal Anterior Cingulate Cortex
DBT	Dialectical Behavioral Therapy
DEP	Depression
DLPFC	Dorsolateral Prefrontal Cortex
DMDD	Disruptive Mood Dysregulation Disorder
DRN	Dorsal Raphe Nucleus
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth
ECT	Electroconvulsive Therapy
ED	Episodic Disorder
EST	Electroshake therapy
ICD	International Statistical Classification of Diseases and Related

IPT	Interpersonal Psychotherapy
LC	Locuscoeruleus
LLD	Late-Life Depression
LDPC	Left Dorsolateral Prefrontal Cortex
MBCT	Mindfulness-Based Cognitive Behavioral Therapy
MBSR	Mindfulness-Based Stress Reduction
MBT	Mindfulness-Based Therapy
MDD	Major Depressive Disorder
MECT	Modified Electroconvulsive Therapy
NAc	Nucleus Accumbens
NE	Norepinephrine
PDD	Persistent Depression Disorder
PFC	Prefrontal Cortex
PMDD	Premenstrual Dysphoric Disorder
PPD	Postpartum Depression
SN	Substantia Nigra
TMS	Transcranial Magnetic Stimulation
TRD	Treatment-Resistant Depression
VTA	Ventral Tegmental Area

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CHAPTER I

Introduction

1.1 Background and significance of the problems

Background on the development of treatment of Depression¹.

In the 1950s, the study of depression start using drugs. From the 1980s there had been concerns about relapse, and psychotherapy began to be taken seriously as a maintenance therapy. The findings of the early 1990s had found the prevention and treatment of depression shifting emphasis from reducing symptoms to prevention of occurrences and recurrences, and psychotherapy had become more and more important. Among current prevention methods, Mindfulness-based Cognitive Therapy (MBCT) is a new star, and MBCT has integrated Cognitive Therapy into the framework of mindfulness training, and relevant research results have shown the significant effect².

How to treat depression by using MBCT? Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat-Zinn, in their cooperative work- *the mindful way through depression, have expressed their new views on the cause of Depression³*, have declared that feelings, thoughts, physical

¹ 辛德尔·西格尔, 马克·威廉姆斯, 约翰·蒂斯代尔着, 刘兴华等译, 《抑郁症的内观认知疗法》, (北京: 世界图书出版公司, 2008年), 页 7-67。(tr. by Liu Xinghua, **Mindfulness-Based Cognitive Therapy for Depression.**)

² Kuyken W, Byford S, Taylor R S, et al, "Mindfulness-based cognitive therapy to prevent relapse in recurrent depression." **Journal of Consulting and Clinical Psychology**, Vol.76, No.6 (2008): 966-978.

³ Williams J M G, Teasdale J D, Segal Z V, **The mindful way through depression: Freeing yourself from chronic unhappiness**, (New York: the Guilford Press, 2007) , pp. 31-43; 马克·威廉姆斯, 约翰·蒂斯代尔, 津戴尔·塞戈尔, 乔·卡巴金着, 谭洁清译, 《改善情绪的正念疗法》, 北京: 中国人民大学出版社,

sensations, and behaviors all have played big roles in the development of Depression. Feelings are in a cycle that both at a start or an end point of the Depression. It affects people's judgment on the real situation, resulting in a subjective understanding of the world. When a series of unfortunate events have occurred, the individual would immerse in remorseful and negative thoughts easily, detach from the reality, and lead to maladaptation in feelings and behaviors of mind and body, in the end, it would be likely to lose confidence in life.

While the solution from mindfulness practice is used to experience life in a completely new way. By keeping non-judgement and non-striving of the therapeutic effect, it would cultivate a tolerance and acceptance for the immediate reality, and by making attention focus on the immediate reality, it would create a chance to perceive the truth. Then the truth will open one's horizon to avoid negative results.

MBCT and Buddhist mindfulness. Mindfulness practice as a Vipassana training has been applied to treat a variety of psychological disorders, which bring about pain or stress, and it has proved to have good effects and become increasingly popular for the past 30 years⁴. However, it has been a traditional Buddhist practice for 2,500 years in Buddhism.

The usage of mindfulness practice in MBCT has referred to that in Mindfulness-Based Stress Reduction (MBSR). MBSR is a program created by Jon Kabat-Zinn. And Jon Kabat-Zinn shares many views about MBSR in many books or articles. Therefore, as it known that he followed Dharma masters to train himself in Vipassana meditation, and after that, he has the idea of introducing mindfulness into clinical medicine to help others. Meanwhile, in order to keep mindfulness consistent with scientific nature of mainstream medicine, he has given up the religious elements of

2009, 页 9-20。(tr. by Tan Jieqing, **The mindful way through Depression.**)

⁴ R. A. Baer, "Mindfulness training as a clinical intervention: A conceptual and empirical review", **Clinical psychology: Science and practice**, Vol.10, No.2 (2003):125-143.

mindfulness and converted Buddhist terms to scientific terms⁵. In the end, mindfulness now used in psychology has three defining characteristics: intentional, experiential and non-judgmental⁶.

With the development of mindfulness-based therapy, the studies of mindfulness from psychological perspectives prevail in the world, and a lot of studies are based on “intentional, experiential and non-judgmental” to explore the mechanism, but they cannot sufficiently explain it. The problem maybe comes from breaking away from its original Buddhist context. Hence, this dissertation is designed to firstly study the description of Depression in Buddhism, secondly find out how the Buddha helped patients, and thirdly propose a mechanism of mindfulness therapy for prevention and cure of Depression from Buddhist perspectives. By the way, it will also provide a way for exploring the cooperation of Buddhism and psychology.

1.2 Objectives of the Research

1.2.1 To study the Depression in Psychology and clinical treatments applications of mindfulness.

1.2.2 To study Buddhist mindfulness treatment for reducing Depression.

1.2.3 To analyze two kinds of mindfulness treatment and integrate the function for reducing Depression.

1.3 Statement of the Problems Desired to Know

1.3.1 What are the symptoms, classifications, causes and treatments of Depression according to psychologists? And how psychological mindfulness functions in clinical treatments.

1.3.2 What is Depression from Buddhist doctrine? And how to

⁵ Jon Kabat-Zinn, “Some reflections on the origins of MBSR, skillful means, and the trouble with maps”, **Contemporary Buddhism**, Vol.12, No.1 (2011): 281-306.

⁶ Op.cit., Williams J M G, **The mindful way through depression: Freeing yourself from chronic unhappiness**, p. 48; 谭洁清译, 同前引, 页 37。

treat Depression by mindfulness Buddhist perspectives ?

1.3.3 By comparative analysis with Buddhist mindfulness, what is the advantages and disadvantages of psychological mindfulness, and what could be suggested to mindfulness therapy from Buddhism perspectives?

1.4 Scope of the Research

1.4.1 Scope of Sources of Data

1.4.1.1 Chinese Translation of the Pali Tipiṭ aka (《汉译南传大藏经》)

1.4.1.2 Taishō Tripiṭ aka (《大正藏》)

1.4.2 Scope of content

1.4.2.1 The Overview of Depression and mindfulness.

1.4.2.2 The case study of Vāsiṭ ṭ hī and her Depression.

1.4.2.3 The summary and comparison of mindfulness in Buddhist and psychological perspectives.

1.4.3 Scope of Research area: The study on Buddhist mindfulness.

1.5 Definition of the Terms Used in the Research

Analytical Study: It is a method to explain the state of a phenomenon or its development at a particular time or particular field, or compare with it in other time to interpretate the relationship and find its development in contemporary era.

Buddhist perspectives: The Buddhist viewpoints related the research objectives.

Buddhist mindfulness(*sammāsati*): The way of practice in Buddhism. It requires mindfulness of the body, the feeling, the mind and the dhamma respectively, truthfully discern the nature of them, and right diligent efforts to increase wisdom generated from right knowledge and right view for rejection and elimination of worldly desires and troubles.

Psychological Mindfulness: In this dissertation, it also adopt the definition of mindfulness from Jon Kabat-Zinn. That is “Mindfulness is the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to things as they are.”⁷⁻⁸

Buddhist Mindfulness Practice (BMP): A Buddhist practice that based on Buddhist mindfulness meditation to improve the quality of life by observation and discernment on the nature of illness and pain.

Mindfulness-Based Therapy (MBT): A treatment that is based on mindfulness practice.

Mindfulness-based Cognitive therapy (MBCT): A treatment used in clinical psychology which has integrated Cognitive Therapy into the framework of mindfulness training to relieve and control illness and pain. It is firstly designed to be a treatment for Depression, and later used for other diseases as well.

Depression: It is a mood disorder that has a combination of symptoms; it is a state that can be diagnosed when several symptoms coexist for more than two weeks and disrupt the ability of a person's daily activities ; These symptoms include: persistent depression, loss of interest, insomnia, loss of appetite, inattention, hopelessness and worthlessness and so on.

Mindfulness-Based Stress Reduction (MBSR): A stress reduction program which has been designed from Buddhist Mindfulness and follow a medical and scientific modality.

1.6 Review of Related Literature and Research Works

1.6.1 It should get the following views on Depression and MBCT from Mark Williams, John Teasdale, and Zindel Segal on MBCT from the

⁷ Op.cit., Williams, *The mindful way through*, p.47; 谭洁清译, 同前引, 页 3。

⁸ 刘兴华等译, 同前引, 页 67。

book 《抑郁症的内观认知疗法》(*Mindfulness-Based Cognitive Therapy for Depression*)⁹ and 《改善情绪的正念疗法》(*The mindful way through depression: Freeing yourself from chronic unhappiness*)¹⁰:

(1) Depression has attracted widespread attention in recent years and is supposed to be the second greatest healthy threat in the world.

(2) At present, the study on treatment of depression has shifted from control to prevention.

(3) Mindfulness-Based Cognitive Therapy is one of the effective methods to prevent and treat depression in the past 30 years. Its concept of mindfulness comes from that of Mindfulness-Based Stress Reduction (MBSR) established by Dr. Jon Kabat-Zinn. They understood depression from the perspectives of feelings, thoughts, physical sensations, and behaviors as to build targets. And they applied “intentional, experiential and non-judgmental” of psychological mindfulness to observe on the targets and find out the relationships among them in order to flee the depressive situation in advance. They put cognitive therapy in the frame of mindfulness meditation training, created the therapy and emphasized the therapist's firsthand experiences of mindfulness training.

This inspired that there would be a need to study Depression and its prevention, MBCT is becoming a treatment for it, and mindfulness in MBCT is from secular definition and application of Jon Kabat-Zinn who introduced Buddhist mindfulness into psychology.

1.6.2 It should get the following views from article “*Some reflections on the origins of MBSR, skillful means, and the trouble with maps*”¹¹ of Dr. Jon Kabat-Zinn on psychological mindfulness:

⁹ 同上

¹⁰ 谭洁清译，同前引。

¹¹ Jon Kabat-Zinn, “Some reflections on the origins of MBSR, skillful means, and the trouble with maps”, *Contemporary Buddhism*, Vol.12, No.1 (2011): 281-306.

Psychological mindfulness is rooted in Buddhism. Dr. Jon Kabat-Zinn has worked hard to make psychological mindfulness a universal law because he hopes to maximize the value of mindfulness training as a common-sense, evidence-based, legal, and mainstream medical care element. He also acknowledges that the study of Dharma from mindfulness meditation masters would be helpful in understanding mindfulness and promoting personal development. This inspired that the value of mindfulness is in Dharma but not manifestation.

1.6.3 It should get the following views from the other related studies on mindfulness from aspects of feelings, thoughts, physical sensations, and behaviors within the scope of Psychology and Neurology.

In the research paper by Mander and his colleagues “*The Process-Outcome Mindfulness Effects in Trainees (PrOMET) study: protocol of a pragmatic randomized controlled trial*”¹², it proved that Mindfulness training combined with other treatment methods can have good prognoses.

In the research paper by Batink T and his colleagues “*How does MBCT for depression work? Studying cognitive and affective mediation pathways*”¹³, it proved that MBCT has significant effects for patients in different mediation ways. Patients with more than 3 prior depressive episodes will be benefited only in affect mediation. And patients with less than 2 prior depressive episodes will be benefited mostly in cognitive way and less in affect mediation.

In the research paper by Grecucci A. and his colleagues “*Baseline and Strategic Effects behind Mindful Emotion Regulation:*

¹² Mander J, Kröger P, Heidenreich T, et al. “The Process-Outcome Mindfulness Effects in Trainees (PrOMET) study: protocol of a pragmatic randomized controlled trial”. **BMC psychology**, Vol.3, No.1 (2015): 1.

¹³ Batink T, Peeters F, Geschwind N, et al. “How does MBCT for depression work? Studying cognitive and affective mediation pathways”. **PLoS One**, Vol.8, No.8 (2013): e72778.

Behavioral and Physiological Investigation”¹⁴, it showed that Mindfulness can improve the subjective and physiological feelings and sensations as well as interactive social behavior through personal experience.

In the research paper by Murakami H. and his colleagues “*Neural networks for mindfulness and emotion suppression*”¹⁵, it has explored the different top-down modulation systems of emotion regulation by mindfulness and emotion suppression method, and found that mindfulness and emotion suppression have used different emotion regulation strategies. mindfulness regulates amygdala functioning via functional connectivity from the medial prefrontal cortex, while suppression uses connectivity with other regions, including the dorsolateral prefrontal cortex.

In the research paper by Davidson R.J., and his colleagues “*Alterations in brain and immune function produced by mindfulness meditation*”¹⁶, it has demonstrated mindfulness meditation has a positive effects on brain and immune function by increasing in left-sided anterior activation and antibody titers to vaccine. Left-sided anterior activation is related to certain forms of positive emotion.

1.6.4 It should get the following views from the book “*The varieties of religious experience*”¹⁷ by Empiricist psychologist William James:

William James argues that human emotions are from the field of

¹⁴ Grecucci A, De Pisapia N, Thero D K, et al. “Baseline and Strategic Effects behind Mindful Emotion Regulation: Behavioral and Physiological Investigation”. **PloS one**, Vol.10, No.1 (2015): e0116541.

¹⁵ Murakami H, Katsunuma R, Oba K, et al. “Neural networks for mindfulness and emotion suppression”. **PloS one**, Vol.10, No.6 (2015): e0128005.

¹⁶ Davidson R J, Kabat-Zinn J, Schumacher J, et al. “Alterations in brain and immune function produced by mindfulness meditation”. **Psychosomatic medicine**, Vol.65, No.4 (2003): 564-570.

¹⁷ James, W., **The varieties of religious experience**, tr. by Xinjian Shang (Beijing: Huaxia publishing house, 2008), p.152.

life and spirit so that it is illogical, irrational, and uncontrollable, but life consists of physical facts and emotional values. This shows that one's life will change due to the value has changed by the mind, and thus the world will seem different as well. So even in the same external environment, individuals are not experiencing the same life. When it's manifested in religious life, individuals' unique feelings, behaviors and experiences easily make them feel that they have some relationship with the sacred object. This feeling from the subconscious level is brought into life, and make them directly experience the flow of things and experiences, affect their lives, achieve the conversion of the heart, and get salvation from hearts. These has shown that the problem of emotions are subjective and related to value, so subjective and objective knowledges in different person are different and the specific one needs to integrate them according to personal conditions.

1.6.5 It should get the following views from the exploration of Buddhist mindfulness by Buddhist scholars.

In the book by C.A.F. Rhys Davids *“The Birth of Indian Psychology and Its Development in Buddhism”*¹⁸, it suggests that sati is related to memory and identification.

In the book by Gethin *“The Buddhist Path to Awakening”*¹⁹, it points out that mindfulness has the original meaning of “memory” and “attention”. And he also believes that when practicing mindfulness meditation practitioners need to remember their purposes as he wrote in the paper *“On some definitions of mindfulness”*²⁰.

In the paper by Bhikku Bodhi *“What does mindfulness really*

¹⁸ Rhys Davids, C.A.F., *The Birth of Indian Psychology and Its Development in Buddhism* (London: Luzac & Co, 1936), p.255.

¹⁹ Gethin, R.M.L. *The Buddhist Path to Awakening*, (Oxford: Oneworld Publications, 2001), p.42.

²⁰ Gethin, R., “On some definitions of mindfulness”. *Contemporary Buddhism*, Vol.12, No.1 (2011): 263-279

*mean? A canonical perspective*²¹ , it also agreed that “*Sati*” has the meaning of memorizing the goal of practice.

In the paper by Grabovac, A. D. and his colleagues “*Mechanisms of Mindfulness: A Buddhist Psychological Model*”²² , it has proposed the Buddhist psychological model(BPM) to understand the mechanisms of mindfulness. Cognitive processing from attachments and aversion that caused the suffering, and Buddhist practice reduce symptoms by the reduction in habitual reactions and its mental proliferation. in this paper, they define mindfulness as “the moment by moment observing of the three characteristics (impermanence, suffering, and not-self) of the meditation object.” Attention regulation could momentarily interrupt mental proliferation. Mindfulness involves in observation of impermanence, suffering, and not-self. Concentration is to focus attention on a whole process, such as the breathing process from the start of an inhalation , to the pause between inhalation and exhalation, and to the end of the exhalation.

In the paper “*Psychotherapeutic Value of Visuddhimagga for the Enhancement of Modern Psychotherapy.*”²³ by Priyadarshana, Wasantha. He have analyzed the six Characters discussed in Visuddhimagga that provide a significant understanding of various behavioral and thinking patterns from a Buddhist perspective. Those six Characters are desire (贪行, *rāga*), hatred (瞋行, *dosa*), deluded (痴行, *moha*), faithful (信行, *saddhā*), intelligent (觉行, *buddhi*), and speculative (寻行, *vitakka*)²⁴. Characters have life-long effects in people, so this

²¹ Bodhi, B., “What does mindfulness really mean? A canonical perspective”, **Contemporary Buddhism**, Vol.12, No.1 (2011): 19-39.

²² Grabovac, A. D., Lau, M. A., & Willett, B. R. Mechanisms of Mindfulness: A Buddhist Psychological Model. *Mindfulness*, **Springer Science** Vol.2, No.(2011), 154-166. doi: 10.1007/s12671-011-0054-5

²³ Priyadarshana, Wasantha. "Psychotherapeutic Value of Visuddhimagga for the Enhancement of Modern Psychotherapy." **Journal of the International Association of Buddhist Universities (JIABU)**, Vol.7, No.1 (2017): 73-82.

²⁴ Bhadantācariya Buddhaghosa, **The Path of Purification (Visuddhimagga)**, tr.

attaches great importance to transformation of life realm in Buddhist practice.

In *Visuddhimagga*, for different personalities, there are different practice objects are recommended²⁵. People with desire character are recommended for objects of the ten kinds of foulness and mindfulness occupied with the body. People with hatred character are recommended for the four divine abidings and four colour kasiṇ as. People with deluded or speculative character are recommended for mindfulness of breathing. People with faithful character are recommended for the first six recollections. People with intelligent character are recommended for mindfulness of death, the recollection of peace, the defining of the four elements, and the perception of repulsiveness in nutriment. All kinds of characters are recommended for the remaining kasiṇ as and the immaterial states. This shows that different people are suitable to different methods to do Buddhist practice, and individuals should firstly find out the suitable method for oneself.

1.7 Conceptual Framework

This dissertation will be studied by analyzing symptoms, causes, and treatments of Depression. As it is shown in Figure 1.

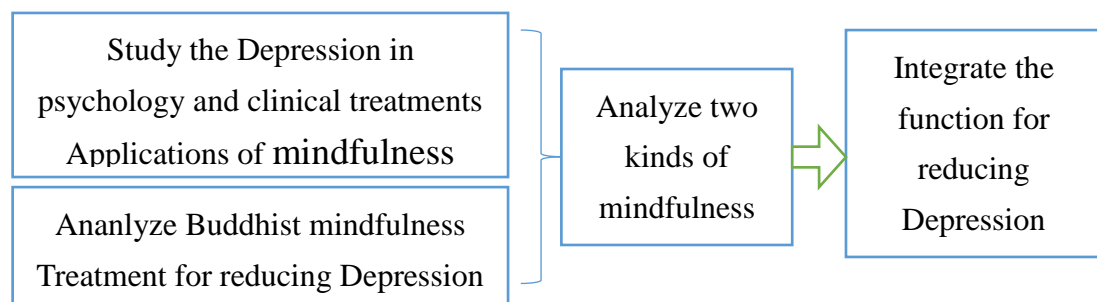


Figure 1 Conceptual Framework

Firstly, it is noted that feelings, thoughts, physical sensations and behaviors have played important roles in depressive episodes. Based on this, MBCT was created by combining the cognitive therapy with

by Bhikkhu ñāṇ amoli, 4th Ed.,(Kandy: Buddhist Publication Society, 2010),p.96.

²⁵ *ibid.* ,p.109.

mindfulness practice, which opened the door of a new method to prevent Depression by mindfulness.

Then, Depression case in Buddhism will be analyzed. The five hindrances, the Four Noble Truths and the Eightfold Path is applied to explain symptoms, etiology, and treatments. The five hindrances induce people off real situations and result in ignorance and wrong views of the truths, thus make people in suffering, clinging and have no right faith. The Four Noble Truths covers suffering, the causes of suffering, the cessation of suffering and the way leading to the cessation of suffering, so people can discern the truth and be free from suffering. The eightfold path has pointed out the way to enlightenment. Therefore, Buddhist practice stress three levels of “study, practice, and realization” to get relief. Buddhist mindfulness is also based on Dhamma study, practice, and enlightenment.

Finally, the analysis and comparison on usage of Mindfulness (*sati*) take place between the current MBCT and Buddhism. The common meaning is "concentrate" or "remember the object and not scatter". As the mind occurs scattered from reality, Wrong mindfulness is generated, on the contrary, Right mindfulness is aroused in the state of an aware mind, that is, "mindfulness" in its nature is neither good nor evil but only a kind of concentration. And the discernment in an aware mind is called "clear comprehension (*sampajañña*).". Therefore, it emphasizes in Buddhist practice that right mindfulness and clear comprehension are trained at the same time. Clear comprehension belongs to the wisdom training and right mindfulness the concentration training. The diligent practice of the both will produce right view, and embark on the way of the Eightfold path to ultimate freedom, that is “right view, right resolve, right speech, right conduct, right livelihood, right effort, right mindfulness, and right concentration”. After practicing in the right way, it will forever cut off wrong knowledge and wrong mindfulness, and vanish the greed and suffering. So the fundamental reason for right mindfulness (*sammā sati*) curing depression is rooted in the study, practice, and enlightenment about the truth. When one truthfully understands the suffered nature, causes,

elimination and methods of elimination, the Depression will not be a problem forever.

1.8 Research Methodology

This dissertation used a Qualitative Research Methodology (QRM).

1.8.1 Documentary Analysis, DA.

In order to propose a possible mechanism for MBT from a development horizon, it will explore related literatures to know features and applications of mindfulness in Buddhism and psychology, so DA is used. It is related to conceptual analysis and interpretative analysis of Buddhist and psychological mindfulness and their functions, descriptive narration of the case about *Vāsiṭ ṭ hī*, and universal analysis of Buddhist Dharma about mindfulness practice.

1.8.2 Case Study Research Method, CSRM.

In order to elaborate how the Buddha help people with depression, the story of *Vāsiṭ ṭ hī* has been taken as a case to be analyzed by CSRM.

1.8.3 Interdisciplinary Research Method, IRM.

Buddhism and psychology are two different disciplines. In order to propose a mechanism of mindfulness-based therapy, it needs to study for depression and the usage of mindfulness in Buddhism and MBCT in psychology by IRM.

1.9 Advantages Expected to Obtain from the Research

1.9.1 It will overview the study of depression in Science and Buddhism. It will discuss how the Buddha facing with people with depression. And it will clearly show mindfulness in psychology and Buddhism has differences.

1.9.2 It will explore the differences and know the three things: the first is that Depression in Buddhism is recognized as suffering, the second Buddhist practitioners have their own strict logical systems to treat

suffering, and the third the practice way of "study, practice and realization" is recommended. It will point out Buddhist background is important for understanding the application of mindfulness.

1.9.3 It will find out the similar features of mindfulness used in Buddhism that it is used in MBCT (which are "intentional, experiential and non-judgmental") . And it will find how psychology mindfulness was extracted from those features of Buddhist mindfulness, which are related to "recollection, concentration, and awareness". And it will try to propose a possible mechanism of mindfulness therapy from Buddhist mindfulness.

CHAPTER II

Overviews of Depression in psychology

2.1 Symptoms of Depression

Depressed mood is a normal life experience, while Depression is a mood disorder. Depression causes black moods or a loss of interest and joy in activities once enjoyed. It can lead to a variety of physical, emotional, cognitive, and spiritual problems and destroy one's normal life.²⁶ The development of this disease may lead to suicide, caused personal injury and death.²⁷ It is reported to be the fourth leading cause of disability and death.²⁸ The high rate of disability is attributed to two factors, one is high suicide rates and the other a combination of illness.²⁹ Symptoms of depression include physical symptoms and cognitive symptoms, leading to changes in the state of the mind and possible suicide.

2.2.1 Physical symptoms

Physical symptoms in depressed patients could be as high as 77.5%³⁰ Even if the syndrome is not reached, the case would complain more

²⁶ Kring, Gerald C. Davison, John M. Neale, Sheri L. Johnson, 变态心理学, 张本圣、徐俐瑜、黄君瑜、古黄守廉、曾幼涵译, (台北市:双叶, 2014. Translated from: **Abnormal Psychology**, 12th ed, 2013), pp.200-201。

²⁷ Wulsin L R, Vaillant G E. Wells V E. A systematic review of the mortality of depression. **Psychosomatic Medicine**, Vol.61, No.1(1999): 6~17

²⁸ Wulsin L R, Vaillant G E. Wells V E. A systematic review of the mortality of depression. **Psychosomatic Medicine**, Vol.61, No.1(1999): 6~17

²⁹ Sartorius N. "Physical symptoms of depression as a public health concern", **J Clin Psychiatry**, Vol.64, suppl7 (2003): 3-4

³⁰ 任清涛, 路英智, 田明萍, "以躯体不适为主要症状的抑郁症误诊分析", 中国神经精神疾病杂志, 2001年第27卷第6期, 页452-454。(Ren Qingtao, Lu Yingzhi, Tian Mingping. Misdiagnosis of depression with somatic discomfort as the main symptom.)

than the common person. Symptoms are diverse and multivariate, involving multiple organs and systems, and may be an appetite disorder, sleep disorder, and various pain disorders (such as, headaches, chest pain, back pain, joint pain, and muscle pain.), body fatigue, muscle tension, gastrointestinal disorders, respiratory problems (such as difficulty breathing, chest tightness.), tachycardia, palpitations, dry mouth, nausea, frequent urination and urgency, and so on.³¹ After acute phase treatment, the residual symptoms of the body may still increase the risk of recurrence.³²

Somatic symptoms of depression are related to gender, age, culture, medical diseases and economic income. The incidence of somatic symptoms is about 1-2 times that of men, it is mainly manifested as appetite disorder, sleep disorder and various pain disorders.³³ Children, adolescents and older adults have a higher incidence of somatic symptoms, about 70 percent of children and adolescents with emotional symptoms accompanied by somatic symptoms, the most common symptoms include headache, dizziness, tremor, blurred vision, stomachache and abdominal pain; poor people and people with low social status may use somatic symptoms to express depression; people with medical or advanced physical diseases are more likely to suffer from depression and are easily misdiagnosed, and the diversity of physical symptoms leads to poor treatment.³⁴

³¹ 韩彦超, 宗艳红, 张彦恒, 等, “抑郁症的躯体症状”, *中国健康心理学杂志*, 2008 年第 16 卷第 5 期, 页 575-577。(Han Yanchao, Zong Yanhong, Zhang Yanheng, et al. Somatic Symptoms of Major Depression.)

³² Trivedi M H. “The link between depression and physical symptoms”. **Primary care companion to the Journal of clinical psychiatry**, Vol.6, suppl 1(2004): 12-16.

³³ Oslin DW , Sayers S, Ross J, et al. Disease management for depression and at-risk drinking via telephone in an older population of veterans. **Psychosomatic Medicine**, Vol.65, No.6(2003): 931-937.

³⁴ Stewart DE. Physical symptoms of depression: unmet needs in special populations. **J Clin Psychiatry**, 2003, 64(suppl 7): 12-16

2.2.2 Cognitive symptoms

Cognitive processes involve attention, execution, memory, learning, and so on. Cognitive function refers to the brain's ability to process information processing, including the ability of the central nervous system to distinguish and integrate information and solve problems and accomplish tasks. The cognitive symptoms of a depressive episode are characterized by a persistent immersion in the thought of self-blame, which is very difficult to focus on. At present, the cognitive dysfunction of depression is mainly caused by psychomotor slowness result in executive dysfunction³⁵ and the defect of attention by habitual negative processing³⁶, and it is one of the main reasons that prevent depression patients from restoring social function.

2.2.3 The changes in the state of mind

People with depression would lose interest in things that previously interest them, often think about things in a negative way, would like to be alone, not talking, losing initiative, keeping from others, or even ignoring dress adornment, have a tendency to withdraw from relationship. They would think slowly and response slowly, appearing the symptom of psychomoto retardation, or be fidget, anxious and constraint, appearing the symptom of psychomoto agitation. They would hardly understand the realities of the now-moment and become increasingly desperate.

2.2.4 Suicide

Suicidal ideation occurs when a case becomes completely despondent and desperate. In the global world, about 9% of the population has at least one suicidal ideation in their lifetime, and 2.5% has at least one suicide attempt.³⁷ Early emotional abuse had a close relationship with the

³⁵ Kertzman S, Reznik I, Hornik-Lurie T, et al. Stroop performance in major depression: Selective attention impairment or psychomotor slowness?[J]. **Journal of affective disorders**, Vol.122, No.1(2010): 167-173.

³⁶ Donaldson C, Lam D, Mathews A. Rumination and attention in major depression[J]. **Behaviour research and therapy**, Vol.45, No.11(2007): 2664-2678.

³⁷ Nock M K, Mendes W B. "Physiological arousal, distress tolerance, and social problem-solving deficits among adolescent self-injurers"[J]. **Journal of**

symptoms of depression and suicidal tendencies.³⁸ Suicide is the second leading cause of death in the 15-29 age group.³⁹ Most of the suicidal behavior of the elderly occurs in depressed state, and it is likely to be related to useless and helpless psychology, the mortality rate of elderly suicide is higher than that of young people, and suicidal ideation is closely related to the severity of depression. In hospitalized depression, suicide rate is about 4%, and the total suicide rate is 15%~25%.⁴⁰

2.2 Categories of Depression

Depression was studied as a disease early in the hippocratic period, but the diagnostic criteria for chronic symptoms vary from person to person. To facilitate communication, researchers have gradually established a number of unified diagnostic criteria. The current classification and diagnostic criteria used in China is the *Chinese classification and diagnostic criteria of mental disease, the third version* (CCMD-3).⁴¹ And the diagnostic guidelines for international mental disorders are American *Diagnostic and Statistical Manual of Mental Disorders* (DSM)⁴², or the *International Statistical Classification of Diseases and Related Health Problems* (ICD) from World health organization. The DSM is relatively accurate in the two international

consulting and clinical psychology, Vol.76, No.1 (2008): 28.

³⁸ 段春艳, “ 早年创伤经历与抑郁症及自杀倾向的相关性研究”, *中国实用神经疾病杂志*, 2013 年第 16 卷第 14 期, 页 48-49。(Duan Chunyan. The correlation between early traumatic experiences and depression and suicidal tendencies.)

³⁹ 抑郁症实况报道 2017 年 2 月, 取自: <http://www.who.int/mediacentre/factsheets/fs369/zh/>

⁴⁰ 陈志斌, 叶庆红, 唐锴. “老年抑郁症的研究进展”, *海南医学*, 2013 年第 24 卷第 4 期, 页 585-587。(Chen Zhibing, Ye Qinghong, Tang Kai. Advances in the study of depression in old age)

⁴¹ 中华医学会精神病学分会, *中国精神障碍分类与诊断标准第三版*, 山东科学技术出版社, 2001。(Chinese classification and diagnostic criteria of mental disease, the third version, CCMD-3).

⁴² American Psychiatric Association. **Diagnostic and statistical manual of mental disorders**. (Fifth Edition, Washington: American Psychological Association. 2013.)

versions. The DSM is designed for veterans' syndrome after world war II, and is compiled by members of the American psychiatric association. It is based on a detailed classification of diagnostic criteria for various mental disorders. The first edition was published in 1952 and the latest version is now in its fifth edition, which was published on May 18, 2013.

According to the DSM-5 diagnostic criteria, Depression is divided into: Major Depressive Disorder, Persistent Depressive Disorder or Dysthymia, Premenstrual Dysphoric Disorder, Disruptive Mood Dysregulation Disorder and other unknown causes, or depression caused by drugs or illness.

In the study, the researchers subdivided several common studied Depression by the research object or course characteristics from the diagnostic criteria, such as Late-Life Depression, Treatment-Resistant Depression (TRD) and Postpartum Depression (PPD).

2.2.1 Four major categories according to diagnostic criteria in DSM-5.

1. Major Depressive Disorder, MDD

MDD⁴³ is also called Episodic Disorder (ED). Because depression may disappear spontaneously after a while, but if not treated effectively, depression can be chronic and may last more than five months. Although chronic rate of Depression is not high, chronicity could make patients unable to fully restore its function, even some cases could recover to below of the diagnostic criteria, but the remain symptoms could continue up to several years.⁴⁴ It is a highly recurrent disease, with a significant correlation between the number of episodes of depression and the likelihood of recurrence in a lifetime, and the risk of recurrence increases by 16% per episode.⁴⁵ Depressive episodes, even if only a few symptoms

⁴³ **DSM-5**, pp.160-161. 张本圣等,《变态心理学》, p.200。

⁴⁴ Judd L L, Akiskal H S, Maser J D, et al. "A prospective 12-year study of subsyndromal and syndromal depressive symptoms in unipolar major depressive disorders". **Archives of general psychiatry**, Vol.55, No.8(1998): 694-700.

⁴⁵ Solomon D A, Keller M B, Leon A C, et al. "Multiple recurrences of major depressive disorder", **American Journal of Psychiatry**, Vol.157, No.2 (2000): 229-233.

appear, could lead to poor functioning, and the more symptoms, the worse the function. ⁴⁶

2. Persistent Depression Disorder (PDD)

PDD⁴⁷ is a chronic condition of depression and bad mood. It is considered to be a mild mood disorder, but in the long run, it is a more serious condition, in 10 years of comparative evaluation, dysthymic disorder is relatively depression cases in improving symptoms appear more slowly, and keep more symptoms in the final. ⁴⁸

3. Premenstrual Dysphoric Disorder (PMDD)

PMDD⁴⁹ is a new addition in DSM-5 to the diagnosis of all depression and it is related to the menstrual period.

4. Disruptive Mood Dysregulation Disorder (DMDD)

DMDD⁵⁰ is also a new addition in DSM-5 to the diagnosis of all depression and it is related to teenager in 6-18 year olds.

2.2.2 Other categories

1. Late-Life Depression(LLD)

LLD refers to depression that occurs in the elderly (over 60 years old), including the onset of relapse in the old age group and the onset of depression in old age. ⁵¹ According to the World Health Organization

⁴⁶ Judd L L, Akiskal H S, Zeller P J, et al. "Psychosocial disability during the long-term course of unipolar major depressive disorder". **Archives of general psychiatry**, 2000, 57(4): 375-380.

⁴⁷ **DSM-5**, pp.168-170. 张本圣等, 《变态心理学》, p.203。

⁴⁸ Klein D N, Shankman S A, Rose S. "Ten-year prospective follow-up study of the naturalistic course of dysthymic disorder and double depression[J]". **American Journal of Psychiatry**, Vol.163, No.5 (2006): 872-880.

⁴⁹ **DSM-5**, pp.171-172. 张本圣等, 《变态心理学》, p. 201。

⁵⁰ **DSM-5**, pp.156-157. 张本圣等, 《变态心理学》, p. 202。

⁵¹ 苟静玲, 王洪刚. “老年抑郁症及其药物治疗进展”, **中国药业**, 2008 年第 17 卷第 12 期, 页 19-22。(Gou Jingling, Wang Honggang. Gerontism Depression and Advancement of Drug Treatment)

(WHO), people with depression account for 7 to 10 percent of the total elderly population, and more than half of the elderly may suffer from depression. Between 10% and 12% of elderly hospitalized patients had major depression, and the prevalence of women was higher than that of men.⁵²

At present, there is no specific diagnostic method for LLD. But along with the coming of old age, the body's aging or energy fading makes the elderly declining of frustration tolerance, and the change of life form a variety of mental stimulation, such as a spouse, retirement, economy, disease, and so on, which may cause or worsen the elderly loneliness, useless and helpless feeling to become the source of depression.

Symptoms of depression may differ according to clinical history and comorbidities and present differences, and prominent symptoms could be bodily pains, cognitive impairment, strong hypochondriac concept, easy to anger, hostility and violence.⁵³ Patients that the first episode is in old age have higher rates of psychotic symptoms and higher risk of dementia.⁵⁴ Chronic pain may increase the susceptibility to depression, and depression is associated with worsening of the disease.⁵⁵ Co-morbidity requires consideration of multiple medications, including the treatment of psychosis and metabolic drugs, and aging may also increase the side effects of drugs in drug metabolism.

LLD is associated with cognitive impairment, involving multiple aspects, such as executive function, attention and memory. Physiological and pathological studies have found that the orbitofrontal cortex is associated with depression in older people. The postmortem study found

⁵² 于欣, *老年精神医学新进展*, (北京: 中华医学电子音像出版社, 2011), 页 26-33。(Yu Xin. *New progress in geriatric psychiatry*.)

⁵³ J C Monfort, "The difficult elderly patient: curable hostile depression or personality disorder?". *International Psychogeriatrics*, Vol.7, Suppl. (1995): 95-111.

⁵⁴ G S Alexopoulos, R C Young, B S Meyers, "Geriatric depression: age of onset and dementia", *Biological Psychiatry*, Vol.34, No.3(1993): 141-145.

⁵⁵ W Jiang, J Alexander, E Christopher, et al, "Relationship of depression to increased risk of mortality and rehospitalization in patients with congestive heart failure". *Archives of internal medicine*, Vol.161, No.15 (2001): 1849-1856.

that the size and thickness of neurons in the medial orbitofrontal cortex were decreased and the glial density decreased.⁵⁶ Magnetic resonance imaging (MRI) control experiment found that the volume of the orbital frontal cortex decreased.⁵⁷ The analysis of statistical parameter mapping showed that there were two lesions in the medial frontal lobes of the patients.⁵⁸ The volume of the hippocampus is associated with depression in old age. Hippocampal form part of the limbic system, is located in the cerebral cortex below, take on short-term memory and long-term memory, and the effect of spatial orientation, on the right side of the hippocampus is associated with the memory of visual stimuli. The study found that the majority of subjects with less than or equal to 3mL of the left hippocampus or right hippocampus were depressed.⁵⁹ The diagnosis of depression predicted a decrease in the right hippocampal volume and cognitive decline.⁶⁰ Jorm reviewed three possible mechanisms for the relationship between depression and cognitive decline: depressive symptoms may represent an alarm signal for dementia, not depression; Depression may be a response to early cognitive impairment, and individuals may become depressed due to fear of dementia and loss of independence; Depression may have the etiology of cognitive decline.⁶¹

2. Treatment-Resistant Depression (TRD)

⁵⁶ G Rajkowska, J J Miguel-Hidalgo, J Wei, et al, “Morphometric evidence for neuronal and glial prefrontal cell pathology in major depression”, **Biological psychiatry**, Vol.45,No.9(1999): 1085-1098.

⁵⁷ Lai T J, Payne M E, Byrum C E, et al. Reduction of orbital frontal cortex volume in geriatric depression[J]. **Biological psychiatry**, Vol.48,No.10(2000) : 971-975.

⁵⁸ MacFall J R, Payne M E, Provenzale J E, et al. “Medial orbital frontal lesions in late-onset depression”[J]. **Biological psychiatry**, Vol.49,No.9(2001): 803-806.

⁵⁹ Steffens D C, Byrum C E, McQuoid D R, et al. Hippocampal volume in geriatric depression[J]. **Biological psychiatry**, Vol.48,No.4(2000): 301-309.

⁶⁰ Sawyer K, Corsentino E, Sachs-Ericsson N, et al. “Depression, hippocampal volume changes, and cognitive decline in a clinical sample of older depressed outpatients and non-depressed controls”, **Aging & mental health**, Vol.16,No.6(2012): 753-762.

⁶¹ Jorm A F. “History of depression as a risk factor for dementia: an updated review”[J]. **Australian & New Zealand Journal of Psychiatry**, Vol.35,No.6(2001): 776-781.

TRD is usually referred to as drug resistance or intractable depression. There is no a unified definition, but it is generally believed that after the assessment related to the accuracy of diagnosis, medication adherence, and whether or not is some kinds of common medical diseases, mental illness, or the deterioration of social psychological disease, and with at least two different pharmacological classification of antidepressants in full amount, full period of treatment, adequate treatment compliance of the case, there is still not a obvious clinical improvement, at this time it may be considered as a treatment-resistant depression.⁶²

3. Postpartum Depression (PPD)

PPD was proposed by Patt in 1968, when he described a depression in The puerperal period after The birth of a child with "postpartum atypical depression". Before this, people will this state of affairs as normal, think they are caused postpartum psychological difficulties and physical discomfort, but the depression status of diagnosis and treatment of serious when can be as a mental illness⁶³.

Now, PPD still has no special diagnostic classification, but has been paid attention to. Research review shows, in addition to it a different pregnancy or postpartum, PPD and other symptoms of postpartum depression is consistent, and there is no evidence that postpartum women than any other women have a higher risk of illness, diagnosis can be done using the usual standard, and puerperal state is taken as a special stress period.⁶⁴ In DSM-5, PPD is differentiated from MDD by producing symptoms within pregnancy or four weeks after delivery.

A review showed that 50 to 80 percent of women experienced mild depression between 1 and 2 days after delivery, showing depression,

⁶² Little A. "Treatment-resistant depression", **Am Fam Physician**, Vol.80, No.2(2009): 167-72.

⁶³ Pitt B. "Atypical" depression following childbirth"[J]. **The British Journal of Psychiatry**, Vol.114, No.516(1968):1325-1335.

⁶⁴ Gjerdingen D K, Yawn B P. "Postpartum depression screening: importance, methods, barriers, and recommendations for practice"[J]. **The Journal of the American Board of Family Medicine**, Vol.20, No.3(2007): 280-288.

anxiety, crying, irritability, poor appetite and poor sleep. In general, these symptoms can be resolved within 10-14 days, but more than 25 percent of them develop PPD. PPD occurs between 2 and 6 months after delivery, and 14.5 percent of women develop depressive episodes within 3 months of delivery.⁶⁵ Most of the patients presented mild depression, but 10 to 15 percent had severe symptoms that affected the function of the mother, and 25 to 50 percent of PPD lasted more than seven months to more than a year.⁶⁶

PPD has a great influence on the growth of the mother, the family and their children. Studies have shown that maternal depression during prenatal and postpartum depression is likely to lead to a difficult type of baby, slower adaptation and less regular life.⁶⁷ There is an interaction between baby temperament and maternal depression, and maternal depression can lead to the the difficult temperament baby, and the difficult temperament baby may aggravate maternal depression.⁶⁸⁻⁶⁹

The behavior and mental state of mother with PPD seriously affect their function and responsibility as a mother. With the characteristics of fear from the baby's coming, easy to anger, lack of patience, the spirit of trance and no interest, no reaction, unresponsive to infants or performance more negative emotions, the mother would talk less, be also less to observe and caressing infants and cannot establish a good mother-baby relationship, she would have difficulty to communicate with the baby in emotion, which

⁶⁵ Bobo W V, Yawn B P. "Concise review for physicians and other clinicians: postpartum depression"[C]. **Mayo Clinic Proceedings Elsevier**, Vol.89, No.6(2014): 835-844.

⁶⁶ Sit D K, Wisner K L. "The identification of postpartum depression"[J]. **Clinical obstetrics and gynecology**, Vol.52, No.3(2009): 456.

⁶⁷ 蒋立春, 戴耀华, "婴儿气质与产科抑郁的关系研究", **中国心理卫生杂志**, 1998年第12卷第4期, 页210-212。(Jiang Li-chun, Dai Yao-hua. Study on the relationship between infant temperament and obstetric depression.)

⁶⁸ 张劲松, 王玉凤. "儿童气质(综述)", **中国心理卫生杂志**, 1995年第5卷第5期, 页232-236。(Jiang Jingsong, Wang Yufeng. Children's temperament.)

⁶⁹ 李荣萍, 闫琦, 鲁扬, 等. "产后抑郁与婴儿气质的关系", **中国儿童保健杂志**, 2007年第15卷第4期, 页363-365。(LI Rong-ping, YAN Qi, LU Yang, et al. Discussion for the relationship of infant temperament and postpartum depression)

affect the baby's temperament and behavior development for causing the difficulty in infant temperament.

4. Other types

Studies have shown that depression are associated with some physical illnesses, such as stroke, cardiovascular disease and Parkinson's disease. In elderly patients with cardiovascular disease, 20% to 25% of patients with coronary heart disease have severe depressive symptoms.⁷⁰ Recent studies have shown that diabetes is a risk factor for depression independent of lifestyle and other risk factors. The incidence of post-stroke depression was 40%~60%, and the location and severity of stroke had a certain relationship with the occurrence of depression.⁷¹ The treatment of certain diseases can lead to depression, such as thyroid function hyperfunction of secondary hypothyroidism after treatment can lead to depression, hormones, some antihypertensive drugs, tumor immunosuppressive medication, is likely to cause drug-induced depression.⁷²

Depression and other psychological problems also have relevance, such as: anxiety disorders, substance abuse, social disorder, impulse control disorders, sexual dysfunction, personality disorder, and so on, about 60% of patients in the anxiety cases also accord with the depression diagnosis standard.⁷³ The coexistence rate of depression and

⁷⁰ 宋慧敏, “老年抑郁症与冠心病研究进展”, *中国实用医药*, 2011 年第 6 卷第 33 期, 页 245-246。(Song Huiming. Research progress of depression and coronary heart disease in old age.)

⁷¹ 朱万水, “尼莫地平合并氟西汀治疗脑卒中后抑郁的疗效观察”, *中国医药导报*, 2010 年第 3 期, 页 63-64。(Zhu Wangshui. Efficacy of nimodipine combined with fluoxetine in treatment of poststroke depression.)

⁷² 陈志斌, 叶庆红, 唐锴, “老年抑郁症的研究进展”, *海南医学*, 2013 年第 24 卷第 4 期, 页 585-587。(Chen Zhibing, Ye Qinghong, Tang Kai. Advances in the study of depression in old age)

⁷³ Kessler R C, Berglund P, Demler O, et al. “The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R)”, *Jama*, Vol.289, No.23 (2003): 3095-3105.

anxiety was 19.2-80%.⁷⁴ Depression after schizophrenia is 27% ~60%.⁷⁵

2.3 Etiology of depression

In the scientific study of depression, many studies have been conducted on interpersonal factors, psychological factors and physiological factors. The following is a summary of this.

2.3.1 Interpersonal factors

The influence of interpersonal relationship is unavoidable. On the physiology, when hormone level in the body of the mother during pregnancy changes with emotions, the fetus will be effected through blood and the placenta, this influence continue until after birth, and make the newborn baby born with a unique temperamen. ⁷⁶The baby's temperament also interacts with the mother's PPD, which may aggravate the depression of the mother and the difficult temperament of the baby.⁷⁷

Temperament is a stable personality trait, and the temperament characteristics of infants and children are correlated with the development of their behavior and intelligence, and are influenced by various factors in the environment, such as living environment and parenting style. ⁷⁸

⁷⁴ 崔利军, 等, “抑郁症共病其他精神障碍的特点及相关因素”, *中国心理卫生杂志*, 2010年第24卷第8期, 页592-603。(CUI Li-jun, LI Ke-qing, YAN Bao-ping, et al. Characteristics and related factors of comorbidity among patients with depression disorder.)

⁷⁵ 卢振胜, 陈忠. “精神分裂症后抑郁的人际心理治疗疗效观察”, *精神医学杂志*, 2014年第27卷第6期, 页460-461。(Lu Zhensheng, Chen Zhong. Observation on the therapeutic effect of interpersonal psychotherapy after schizophrenia.)

⁷⁶ 蒋立春, 戴耀华, “婴儿气质与产科抑郁的关系研究”, *中国心理卫生杂志*, 1998年第12卷第4期, 页210-212。(Jiang Li-chun, Dai Yao-hua. Study on the relationship between infant temperament and obstetric depression.)

⁷⁷ 李荣萍, 闫琦, 鲁扬, 等. “产后抑郁与婴儿气质的关系”, *中国儿童保健杂志*, 2007年第15卷第4期, 页363-365。(LI Rong-ping, YAN Qi, LU Yang, et al. Discussion for the relationship of infant temperament and postpartum depression)

⁷⁸ 熊菲, 杨凡. “小于胎龄儿气质和发育筛查的研究”, *中国儿童保健杂志*, 2006年第14卷第6期, 页623-625。(Xiong Fei, Yang Fan. Study on

Temperament is an important factor in the study of child anxiety disorder, childhood depression and destructive behavior.⁷⁹⁻⁸⁰ Early education can promote children's ability to improve good temperament behavior and cultivate adaptability. It is characterized by strong regularity, long persistence, good emotional control ability and high response threshold⁸¹, and positive emotion is beneficial to the development of intelligence. Negative emotions lead to poor mental operation.⁸² Therefore, early education laid the foundation for the future development of children.

Parents, as guides in the early life of children, help children build cognitive models toward the world. Parental evaluations may have a significant impact on children, especially long-term negative evaluations that may lead to negative cognitive patterns.⁸³ Long-term negative evaluation is a kind of emotional abuse, and early emotional abuse may make the individual tend to internalize problems when he is faced with life events, as well as to encourage individuals to develop negative ego mode to combine the life events and self-worth automatically, thus it greatly increases the likelihood of developing into a depression⁸⁴ Research has shown that teenagers with depression symptoms would use a avoiding

temperament and developmental screening of children younger than gestational age.)

⁷⁹ Nigg JT, Goldsmith HH, Saehek J. "Temperament and attention deficit hyperactivity disorder: The development of a multiple pathway model". **Journal of Clinical Child and Adolescent Psychology**, Vol.33 (2004):42-53

⁸⁰ Friek P J, Morris AS. "Temperament and developmental pathways to conduct Problems". **Journal of Clinical Child and Adolescent Psychology**, Vol.33 (2004) :54--68

⁸¹ 曾倩, 阮世晓, 杨月萍. "早期干预对小儿气质影响的研究", **中国妇幼保健**, 2007 年第 22 期, 页 3391-3393。(Zeng Qian, Yuan Shixiao, Yang Yueping. Study on the influence of early intervention on children's temperament.)

⁸² 孟昭兰. "不同情绪状态对智力操作的影响三个实验研究的总结报告", **心理科学通讯**, 1987 年第 4 期, 页 1-6。(Meng Zhao-lan. Three experimental studies on the effects of different emotional states on intelligence operation.)

⁸³ Bowlby J. "Attachment and loss: Retrospect and prospect"[J]. **American journal of Orthopsychiatry**, Vol. 52, No.4(1982): 664-678

⁸⁴ Shapero B G, Black S K, Liu R T, et al. "Stressful life events and depression symptoms: the effect of childhood emotional abuse on stress reactivity"[J]. **Journal of clinical psychology**, Vol. 70, No.3(2014): 209-223.

method to cope with stress, they would present lower levels of self-esteem, could get less social support, and be easy to form maladaptive personality in social life⁸⁵.

The interpersonal relationship during the underage lays the foundation for the life experience. On the one hand, parents occupy an important position in early interpersonal relationship, and parental rearing patterns, such as lack of care or excessive protection, may become a risk factor for later depression.⁸⁶ Childhood emotional abuse and neglect are related to the lack of life satisfaction, unworthiness, alexithymia and attachment style of adult afraid, leading to some obstacles in forming relationships in later life⁸⁷. Children's behavior and cognition can be greatly influenced by their parents. Negative self-feelings may come from negative feedback from parents, and teach children to make negative self-attribution when stressful events occur.⁸⁸ Parental psychological control may cause the social withdrawal of adolescents, which can lead to emotional loneliness and problem behavior⁸⁹, the higher the degree of psychological control, the greater the depression.⁹⁰ Peer relations, on the other hand, is an important part of minors' life, good friendships construct

⁸⁵ Chan D W. "Depressive symptoms and coping strategies among Chinese adolescents in Hong Kong"[J]. **Journal of Youth and Adolescence**, Vol.24, No.3(1995): 267-279.

⁸⁶ Enns M W, Cox B J, Clara I. "Parental bonding and adult psychopathology: results from the US National Comorbidity Survey"[J]. **Psychological medicine**, Vol.32, No.6 (2002): 997-1008.

⁸⁷ Kapeleris A R, Paivio S C. "Identity and emotional competence as mediators of the relation between childhood psychological maltreatment and adult love relationships"[J]. **Journal of Aggression, Maltreatment & Trauma**, Vol. 20, No.6(2011): 617-635.

⁸⁸ Parker G, Gladstone G, Wilhelm K, et al. "Dysfunctional parenting: overrepresentation in non-melancholic depression and capacity of such specificity to refine subtyping depression measures"[J]. **Psychiatry Research**, Vol.73, No.1 (1997): 57-71.

⁸⁹ Barber, Brian K. (Ed). **Intrusive parenting: How psychological control affects children and adolescents**, (Washington, DC, US: American Psychological Association, xv, 2002): pp. 15-52

⁹⁰ Barber B K. "Parental psychological control: Revisiting a neglected construct"[J]. **Child development**, Vol.67, No.6(1996): 3296-3319.

the environment for minors to learn social skills, get self-awareness, and develop self-esteem or self-confidence, and it forms independent personality for adapting to social life⁹¹. This shows that in the daily life of the growing process, interpersonal relationship affects personality formation, and during this period, depression may be reinforced by repeatedly learning and dissemination, and the susceptibility of depression will be enhanced along with interpersonal communication.

The interpersonal relationship of minors is relatively simple compared with that of adults, but it is also easy to develop into depression in adulthood.⁹² Interpersonal relationship during adulthood is an important source of depression development. Women may be twice as prevalent as men because of their gender roles and their changes and biological susceptibility.⁹³ Depressed mothers, especially girls, tend to have depressive symptoms.⁹⁴ Not only the family atmosphere but also the depressive state of the children⁹⁵ and the mood among family members is related, and depression patients may increase their spouse's risk of depression.⁹⁶ The change of the social role, physiological function of aging, and body the outbreak of the disease is common in the elderly may face problems, when the lack of social and family support is an important

⁹¹ Hartup W W. "Having Friends, Making Friends, and Keeping Friends: Relationships as Educational Contexts." [J], **ERIC Digest**, (1992): ED345854.

⁹² Fergusson D M, Horwood L J, Ridder E M, et al. "Subthreshold depression in adolescence and mental health outcomes in adulthood" [J]. **Archives of general psychiatry**, Vol.62, No.(2005): 66-72.

⁹³ Wang K, Lu H, Cheung E F C, et al. "Female Preponderance' of Depression in Non-clinical Populations: A Meta-Analytic Study" [J]. **Frontiers in psychology**, Vol. 7, No.1398 (2016).

⁹⁴ Fergusson D M, Horwood L J, Lynskey M T. "Maternal depressive symptoms and depressive symptoms in adolescents" [J]. **Journal of child Psychology and Psychiatry**, Vol.36, No.7 (1995): 1161-1178.

⁹⁵ 易春丽, 钱铭怡. "家庭因素对青少年抑郁的影响", **中国临床康复**, 2006年第10卷第6期, 页130-132. (Yi Chun-li, Qian Ming-yi. Influence of family factors on adolescent depression)

⁹⁶ Teichman Y, Bar-El Z, Shor H, et al. "Cognitive, interpersonal, and behavioral predictors of patients' and spouses' depression" [J]. **Journal of affective disorders**, Vol.74, No.3(2003): 247-256.

risk factor for causing a depression.⁹⁷

However, interpersonal relationship is also an important adjustment factor for the development of depression. Family intervention centered on parent-child interaction can improve the mental prognosis of children with poor temperament.⁹⁸ Parental support and peer support can effectively buffer the adverse effects of stress events on adolescent depression.⁹⁹ Parental support and friendship support use a "independent patterns" to affect adolescent emotional adaptation, and they can also reinforce each other, reducing the level of depression in adolescents.¹⁰⁰ The risk of developing depression can be reduced by 10 times when a woman is supported by her friends during stressful life events.¹⁰¹ Kindness and team spirit are also negatively correlated with depressive episodes.¹⁰² Good social and family support can provide a buffer against stressful life events, effectively reducing the experience of depression.¹⁰³ This shows there is an interaction between Interpersonal relationships and

⁹⁷ 王洪娟, 吴忠海. “老年抑郁症与共患躯体疾病, 社会支持的关系”, 齐齐哈尔医学院学报, 2017 年第 38 卷第 5 期, 页 513-514。(WANG Hong-juan. The relationship among the incidence of geriatric depression and body disease and social supporting factors)

⁹⁸ Rubin KH, Burgess KB, Hastings PD. “Stability and social-behavioral consequences of toddlers' inhibited temperament and parenting behaviors”. *Child Dev*, Vol.73, No.2 (2002):483-495

⁹⁹ 凌宇, 杨娟, 章晨晨, 等, “社会支持调节青少年应激与抑郁症状的追踪研究”, *Chinese Journal of Clinical Psychology*, 2010 年第 18 卷第 5 期, 页 610-613。(LING Yu, YANG Juan, ZHANG Chen-chen, et al. Social Support as a Moderator of the Effects of Adolescent Stress and Depressive Symptoms: A Longitudinal Study.)

¹⁰⁰ 田录梅, 张文新, 陈光辉. “父母支持, 友谊质量对孤独感和抑郁的影响”, *Acta Psychologica Sinica*, 2012 年第 44 卷第 7 期, 页 944-956。

¹⁰¹ Brown G W, Andrews B, Harris T, et al. “Social support, self-esteem and depression”[J]. *Psychological medicine*, Vol.16, No.4 (1986): 813-831.

¹⁰² Gillham J, Adams-Deutsch Z, Werner J, et al. “Character strengths predict subjective well-being during adolescence”[J]. *The Journal of Positive Psychology*, Vol.6, No.1(2011): 31-44.

¹⁰³ 郭文斌, 姚树桥, 卢永红, 等. “抑郁症患者生活事件及社会支持特征的研究”, *中国心理卫生杂志*, 2003 年第 17 卷第 10 期, 页 693-695。(GUO

depressive symptoms. Although the prevalence of depression involves many aspects, a friendly and supportive life atmosphere helps to prevent depression.

Even when people advocate harmonious coexistence, interpersonal conflicts often occur. The subjective and objective reality of each person is different, which leads to the incomprehension of each other. And people tend to respond to conflicts based on their past life experiences and beliefs. That is, interpersonal conflict is a kind of external stimulation, which is needed to form cognition and stimulate physiological changes through the internalization, to form and store the experience, and then to fetch and use when similar situation appears again. In interpersonal interaction, if the support is more, individuals are encouraged to explore outward to get more experiences; on the contrary, if the opposition is more, individuals experience frustration and retreat inward to doubt and fear to try new experiences. Anger is associated with high certainty and high control, which reduces the perception of risk and therefore makes the choice of risk seeking. Fear is associated with low certainty, moderate responsibility, increased risk perception, and therefore tends to make risk-averse choices. ¹⁰⁴

Depression is related to experiences of frustration and individual's interpretation of these experiences, which are related to the experience gained by individuals in their circle of life. Interpersonal communication provides a training ground for individuals to cope with problems. Athur Schopenhauer believes that humans act to protect themselves. ¹⁰⁵ In order to survive, individuals will avoid frustration, if frustration is not rescued, the individual will try to be away from frustrated

Wenbin, YAO Shuqiao, LU Yonghong, et al. Life Events and Social Support in Patients with Major Depression)

¹⁰⁴ 严霞, 兰雅文. “愤怒和恐惧情绪对青少年风险决策行为影响研究”, *保健医学研究与实践*, 2009年第6卷第4期, 页26-27。(YAN Xia, LAN YA-wen. The Influence of Anger and Fear on Adolescents · Decision-making Under Risk.)

¹⁰⁵ B.R.赫根汉. *心理学史导论*[M]. (第四版. 上海: 华东师范大学出版社, 2003 郭本禹, 等译.) p.316。(B. R. Hergenhahn, *An Introduction to the History of Psychology*, tr. by Guo Benyu.)

situation, even if such situation won't happen again, this is also called 'the learned helplessness'. This concept was proposed by Martin Seligman in the 1960s, but it could apply to humans as well. Meanwhile, human beings have subjective initiative. we not only can learn helplessness from the own experience, but also can relate to others' experience, which is more likely to be affected by living environment. Some people may also be able to control their loved ones because of love, so that the loved ones suffer. Therefore, life circle has a great influence on people.

In the modern era, human beings have entered the digital age, and the lifestyle has changed greatly. Different life circles have been formed on the offline and online, and these two kinds of life are gradually interacting with each other. Digital age people tend to get information from online leading to a large number of "Phubbing", "Phubbingn" changed interpersonal relationship in digital age, the relationship of online strangers may behave very close, but offline friends and family may be a lack of communication ¹⁰⁶. Online communities are diverse, such as the popular "suicide qq group" ¹⁰⁷, It shows that people can find all kinds of communities online, but some communities are anti-human, which is not conducive to human survival and social stability. There are lots of comments involved in violence and provocative statements online, many information is partial or untrue, which misleads viewers. If only through the information analysis to understand of the world, it is more likely to enter unreal world and be off from the now-moment of life. At the same time, online relationship is not stable due to the anonymous, which shows the fragile interpersonal social support as well as the changable relationship.

In order to better adapt to the present life, people need to examine themselves. Schopenhauer believes that ordinary people like to make friends and suffer in the relationship, but smart people like to think alone

¹⁰⁶ 徐天. “浅析大学校园 “低头族” 现象及解决对策”, *黑河学刊*, 2014 年第 9 期, 页 127-128. (Xu Tian, A brief analysis of the phenomenon of "phubber" in university campus and its countermeasures.)

¹⁰⁷ *成都商报*, QQ 自杀群应对封群: 去掉“生死”等字眼另建新群, 2016 年 12 月 08 日: <http://www.chinanews.com/m/sh/2016/12-08/8087398.shtml>

and give meaning to life. To seek refuge in life is to find the value of life. As Socrates says, unexamined life is not worth living. Emotional support affects the symptoms of depression and affects people's judgments about the meaning of life. The person who builds the meaning on others will change in life as the standard set by others.

Scholars study the influence of the interpersonal relationship to explain the development of depression, and emphasizes the role of family and social support, but with the personal growth and the change of the life circle, most people won't have the adaptability in the change, so change occurs differently in individual psychosomatic situation, personal relationships is an impact factor rather than the decision factor. As Nietzsche said, "the thing that did not kill me will make me stronger." The individual's adaptability to life is determined by oneself, and the environment is made by influencing the inner world of the individual. Everyone has their own unique self - world. The problem of emotion is unique, and other people can't help it. To solve the problem, we still need to do in-depth research on the problem itself, which is to explore the psychological development of individuals and the physiological causes of diseases.

2.3.2 Psychological factors

In the 1960s, American cognitive psychologist Aaron Temkin Beck (1921-) found that patients had some very severe negative cognitive patterns (schema) when they were treated for depression, so , 从而 develop cognitive therapy. Beck in his post "Thinking and Depression"¹⁰⁸ explained his understanding of depression from the perspective of cognition.

In the analysis of schema, Beck believes that schema is composed of a structure that filters, codes and evaluates realistic stimuli. Schema provides a conceptual framework in cognitive formation, while realistic stimulation is concrete filler. According to the schema, the individual organizes the external reality into relevant psychological

¹⁰⁸ Beck A T. "Thinking and depression: II. Theory and therapy"[J]. *Archives of general psychiatry*, Vol.10, No.6(1964): 561-571.

experience; Schema explains the rules and recurring themes of free association, as well as reactions to environmental events. According to the patient's negative cognitive schema, Baker found specific disorder characteristics of the patient in cognitive and behavioral strategies.

On the analysis of patients with negative cognitive schema, as Beck thinks, firstly, some heterogeneous schema with more power lead the interpretation of stimulated state to deviating from the reality to disturb the normal coordination between stimulation and schema, thus heterogeneous tend to substitute the appropriate schema; Then, with the development of depression, the pattern of heterogeneity gradually develops into the dominant negative cognitive schema, which leads to the increasing frequency and degree of cognitive distortion; Finally, when the patient's negative cognitive schema is becoming more active, they can be activated by stimulation of mismatching. That is to say, not to adapt to the external environment details, but environmental details is selected to conform to the schema, resulting in distortion of reality. And individual emotions and his conceptualization of environment is consistent, that is, if he thinks that the environment is unpleasant, his emotional response is not happy, therefore, patients with schema determines the specific emotional responses. Based on this, Beck developed cognitive therapy.

In application of cognitive therapy, in order to form desensitization of the recurrent thoughts of depression and get more realistic experience, Beck put forward two methods to make patients loosed misconceptions awareness and strengthen the reality, the first is the identification, assessment and correct cognition that related to depression; the second is to offset errors, negative explanation by alternative ones.

Beck started the practice of studying depression from a cognitive process. As an important part of information processing, cognition has aroused the interest of scholars from the perspective of information processing. Ingram proposed the information processing model for depression in the 1980s¹⁰⁹.

¹⁰⁹ Ingram R E. "Toward an information-processing analysis of depression". **Cognitive Therapy and Research**, Vol.8, No.5(1984): 443~477.

The model involved network theory, emotional structure, processing depth and cognitive capacity of four aspects, and it argued that the negative evaluation of life events activated the cognitive structure of memory which is associated with depression nodes, the nodes in the form of cognitive to draw attentions, activate mood nodes and produce emotional response. The onset and maintenance of depression are linked to cognitive activities that are triggered by depression nodes.

In this process, cognitive networks depend on information processing depth and cognitive capacity. The more sophisticated the cognition, the deeper the processing of information, and the more complex the cognitive network, and it will need the higher cognitive capacity. The more types of memories a life event can evoke, the richer the interpretation of memory. But cognitive network centered on depression node is linked with other nodes which will also be a thing of the past experience of the depression through association. And activation is expanded through the network in accordance with individual emotional thoughts, memories and associations and it becomes more readily available, strong association is strengthened in repeated activation . Eventually negative memories will constantly harass individual to occupy the individual cognitive capacity, and individual will begin to pay close attention to themselves and their cognition, resulting depressive episode.

Ingram's information processing model describes the cognitive process in the onset of depression, which is an in-depth interpretation of Beck's cognitive theory, while Teasdale proposed different opinions in the 1990s. ¹¹⁰ Teasdale focusing on emotional processing, suggests that the exploration of emotional processing may provide a selective coping strategy for depression. Teasdale developed the theory of Interacting Cognitive Subsystems (ICS) to analyze three mental models in the process of emotion for the prevention of recurrence of depression.

According to Teasdale, ICS has two distinct meanings: One is

¹¹⁰ Teasdale, J. D. "Emotional processing, three modes of mind and the prevention of relapse in depression", **Behaviour Research and Therapy** , Vol.37, Suppl 1 (1999) : S53-77.

the concrete and low-level propositional meaning, which is extracted from the concrete sense of daily life; The other is the implied, high-level implication, which is related to intuition, wholeness, the various feelings and intuitions that are implied, and manifests as the schematic mental model of experience. The interaction of two meanings constitutes the center of many psychological activities, which can realize the maintenance and correction of emotional state through emotional processing.

The three modes of psychology are: "mindless emoting", "conceptualising", and "mindful experiencing". "mindless emoting" mode is an irrational psychological operation that is directly lost in emotion. "Conceptualistic" mode is the psychological operation mode of rational thinking, aiming at the specific proposition, the concept of feeling and idea into the object of thinking (concept), and objectively thinking about the implicit meaning in the concept. The model is the subjective and intuitive experience mode, which uses the existing cognitive schema to directly experience the present reality and discover the specific meaning of specific events.

Emotions depend on implicational affect-related schematic models. If "affect-related implicational schema" supports the existing "emotional processing structure" to maintain the loss of energy, then, the effective emotional processing has successfully corrected the schema and the result is a modification of the ineffective emotion and transforms the emotional state. The long-term effect of emotional processing depends on the optional schema retained in memory. When stimulation occurs, the new schema replaces the old schema to be evaluated and then determine the emotional response.

Teasdale thinks, the maintenance of depression is dynamic, depending on the negative cognitive schema which constantly produce negative ideas, and if the memory can't resynthesise and reevaluate unceasingly, schema will decline, resulting the termination of depressive schema and the disappearance of depression. The "conceptualization" model generates ideas and may prevent effective emotional processing and maintenance of depression.

Compared with Beck's negative cognitive schema, which triggers and maintains depression, Teasdale' idea actually explains the onset of depression in another way. Beck focused on cognition, which suggests that schema is a relatively stable cognitive framework, and the cognition and emotion of schema are consistent; while the research of Teasdale focused on emotional processing, which argues that schema is constantly changing and is updated with the interaction of cognition and emotion.

In fact, the function of Beck's negative cognitive schematic is contained in the ineffective emotional processing by Teasdale, that a patient is deeply immersed in the negative concept and unable to modify the schema by himself. Because the patient who is in a guided environment, tries to build a new alternative scheme with behavior therapy so as to adapt to a similar situation. So cognitive behavior therapy emphasizes changing beliefs to correct cognitive schemata, but Teasdale emphasizes the use of the "mindful experiencing" model to increase the emotional experience and explore the new meaning of the experience.

In the study of cognition and emotion about depression, many studies have found that depressive patients have negative cognitive bias or processing bias towards negative emotional stimuli.¹¹¹⁻¹¹²In all kinds of emotional stimulus present long enough, people with depression tend to focus on the negative stimulus related to depression and appear a weakened or disappeared inhibition of return(IOR), but show a IOR to positive stimulus.¹¹³。 This indicates that in the cognitive process, the attention bias leads to the fixation of the cognition in the negative emotion, and the processing of emotion is accompanied by the cognitive process, which is an important factor for the maintenance of depression. Teasdale introduced

¹¹¹ Taylor J L, John C H. "Attentional and memory bias in persecutory delusions and depression"[J]. **Psychopathology**, Vol.37,No.5(2004): 233-241.

¹¹² Mathews A, MacLeod C. "Cognitive vulnerability to emotional disorders"[J]. *Annu. Rev. Clin. Psychol.*, Vol.1(2005): 167-195.

¹¹³ 戴琴, 冯正直, "抑郁个体对情绪面孔的返回抑制能力不足", *心理学报*, 2009 年第 41 卷第 12 期, 页 1175-1188。(Dai Qin, Feng Zhengzhi. Deficient Inhibition of Return for Emotional Faces in Depression.)

the concept of mindfulness, do not stressed to replace with rational correction or negative emotions, but stay with the mental patterns of "experience" and the negative mood to find new experience value, thus harmonious coexistence with wisdom and mood.

With the development of science, the researchers in a variety of monitoring instruments to physiological changes in the process of emotion processing and cognitive control, found some physiological characteristics of depression, for the cause of interpretation provides more knowledge.

2.3.3 Physiological factors

2.3.3.1 Activation of brain region

Compared to the normal individuals, the brain activation patterns of depressed patients presented differences.¹¹⁴ Research found that when the emotional stimuli in patients with negative information processing, the left amygdala and the right fusiform gyrus on both sides appear excessive activation, after antidepressant treatment activation function abate, and the corresponding brain area of asymptomatic but vulnerable groups could also be abnormal activation,¹¹⁵ When studying the task of memory coding task, it was found that the activity of anterior cingulate gyrus and hippocampus was obviously deficient in patients.¹¹⁶ Study of executive control and emotional processing tasks found a significant decline in patients with the Dorsolateral Prefrontal Cortex (DLPFC) activity, and there is a functional relevance between the amygdala and DLPFC.¹¹⁷ Study for response

¹¹⁴ 廖成菊, 冯正直. “抑郁症情绪加工与认知控制的脑机制”, *心理科学进展*, 2010年第18卷第2期, 页282-287。(Liao Chengju, Feng Zhengzhi. Mechanism of Affective and Cognitive-Control Brain Regions in Depression)

¹¹⁵ Chan S W Y, Norbury R, Goodwin G M, et al. “Risk for depression and neural responses to fearful facial expressions of emotion”[J]. *The British Journal of Psychiatry*, Vol.194,No.2(2009): 139-145.

¹¹⁶ Bremner J D, Vythilingam M, Vermetten E, et al. “Deficits in hippocampal and anterior cingulate functioning during verbal declarative memory encoding in midlife major depression”[J]. *American Journal of Psychiatry*, Vol.161,No.4(2004): 637-645.

¹¹⁷ Siegle G J, Thompson W, Carter C S, et al. “Increased amygdala and decreased dorsolateral prefrontal BOLD responses in unipolar depression: related and

conflict by Stroop tasks found that patients with depression had a larger interference and a bigger probability of error in accomplishing this task, and activation in their Left Dorsolateral Prefrontal Cortex (Brodmann area 10/46) and Dorsal Anterior Cortex (dACC, Brodmann area 24/32) decreased and their cognitive control also decreased.¹¹⁸

Now it is suggested that there are at least two kinds of emotional processing. ¹¹⁹One is a driving mechanism, the bottom-up feelings. It is "the thalamus - the amygdala" subcortical pathways without attention for it. It is fast, involuntary automatic processing. This processing results in "approach or avoid" behavior. The other is the top-down feedback regulation, which is the cortical pathway of the thalamo-cortical amygdala.

In emotional perception and recognition phase, sensory system passes on information to mood related area (for example, the amygdala) in the limbic system. It is through the subcortical pathways to realize emotional rapid processing. At the same time, there is a bidirectional connection between the subcortical region (the amygdala and the related region) and the prefrontal cortex, and its activity is integrated by the functions of two neural network systems: The first is the ventral system, including the amygdala, the insula, the ventral striatum and prefrontal ventral zone, is mainly responsible for emotion recognition and generation, and automatically adjust the mood. The ventral area of the frontal lobe firstly will automatically adjust to the unconscious emotional behavior to suppress the amygdala and other brain regions producing excessive response to emotional stimuli. This will realize the body's self-protection function.

Another is dorsal system, containing the hippocampus, the anterior cingulate and the prefrontal dorsal area. It is mainly responsible

independent features"[J]. **Biological psychiatry**, Vol.61,No.2(2007): 198-209.

¹¹⁸ Holmes A J, Pizzagalli D A. "Response conflict and frontocingulate dysfunction in unmedicated participants with major depression"[J]. **Neuropsychologia**, Vol.46,No.12(2008): 2904-2913.

¹¹⁹ 罗跃嘉, 吴婷婷, 古若雷, "情绪与认知的脑机制研究进展", 中国科学院院刊, 2012 年第 27 卷增刊, 页 31-41。(Luo Yuejia, Wu Tingting, Gu Ruolei. Studies on Neural Correlates of Emotion and Cognition)

for the regulation of emotions. When the emotional behavior and realistic situation are not matched, the dorsal area of the prefrontal cortex will be in charge of cognitive control for emotional behavior and conscious state. By using learned experience from previous emotional reaction, it guides development from the current emotional state toward the target state, eventually making individual emotional experience and emotional behavior is in line with the needs of the current situation.¹²⁰

To sum up, patients with depression are prone to dysfunction when processing emotional stimuli. Negative emotional stimulation increases the response from the bottom-up (the amygdala, fusiform gyrus, and other brain region are overactivation) to produce and recognize emotions. At the same time, due to the deficiency of the top-down cognitive control function (dorsolateral prefrontal cortex, dorsal anterior cingulate gyrus, and other brain region are underactivation), negative emotional information could not be suppressed. Again due to continuing decrease in the correlation between function of emotional processing and cognitive control, continuous increase of negative emotion processing leads to bias negative emotional and cognitive processing, and gradually it is strengthening and continuing to produce emotional response and resulting in the brain function damage and ultimately leads to depressive episode. In this process, the difference in the delivery of the neurotransmitter secreted by over-activation or underactivation plays an important role in emotional control.

2.3.3.2 Neurotransmitter changes.

Emotional changes are closely related to the secretion and transmission in different brain regions, affecting brain function. The Dopamine (DA) of the Substantia Nigra (SN) in Central Nervous System (CNS), Norepinephrine (NE) in the locus coeruleus (LC), and serotonin (5 - Hydroxytryptamine, 5 - HT) in the Dorsal Raphe Nucleus (DRN), and so on, brain neuron axons of these monoamine transmitters project to

¹²⁰ Phillips M L, Drevets W C, Rauch S L, et al. "Neurobiology of emotion perception I: the neural basis of normal emotion perception"[J]. **Biological psychiatry**, Vol.54, No.5(2003): 504-514.

emotional control area, and have synaptic connections among neurons of the hypothalamus, the limbic System, the neocortex, cerebellum, spinal cord to regulate activities of neurons in the brain projection and maintain normal brain function. The low levels of these neurotransmitters and the decrease in their receptor function were associated with depression.

DA is a key neurotransmitter in the hypothalamus and pituitary gland. The DA in the brain is mainly produced by Dopaminergic neurons in SN and stored in the striatum with the highest content in caudate nucleus. The projection of Dopaminergic neurons to the limbic system is closely related to human emotional activity.

DA passes excitatory and happy information through Mesolimbic Pathway or Reward Pathway, which is associated with addiction. The Dopaminergic neurons can be activated by the expectation of reward or prediction, and can be inhibited by Lateral habenular nucleus (LHb) which is activated by the stimulation of disappointment and disgust.¹²¹ When activated discharge from the Ventral Tegmental Area (VTA) projecting to the Nucleus Accumbens (NAc), Prefrontal Cortex (PFC), Centromedial Amygdala (CeM), the Basolateral Amygdala (BLA), the hippocampus, and other brain regions, it will release DA to produce pleasure and driver behavior.¹²² The significant increase in content of DA is an important signal for the organism to produce motivational behaviors. When the DA is abnormally reduced in the brain, it leads to decreased motor ability and emotional Depression, which can cause Depression (Depression, DEP).

Increasing the activity of brain DA could inhibit the brain 5-HT synthesis and activate neural pathway to delay fatigue. During the normal aging process, the memory loss is associated with the decreased function

¹²¹ 李坤, 胡海岚, “多巴胺的负调控中枢--缰核在抑郁症中的作用”, *生命的化学*, 2014年第34卷第2期, 页172-175。(Li Kun, HU Hailan. Role of Habenula in depression)

¹²² 郝伟, “犒赏的生物学基础”, *中国药物滥用防治杂志*, 2003年第9卷第2期, 页54-57。(Hao Wei, The biological foundation of 'reward')

of dopamine.¹²³ Depression - acquired helpless model experiments show that DA depleted in the caudatum and NAC of the animals are aggravated DA antagonist, but the DA agonist can prevent the occurrence of this state. Depression - behavioral despair model experiments show that DA agonists can enhance the effect of antidepressant drugs, while DA antagonists weaken the effect. Impulse of DA in the ventral tegmental area and D1 receptor activity play a key role in inducing long term potentiation (LTP) during Hippocampal - frontal cortex synaptic transmission, hence, lower DA can result in plasticity of Hippocampus - frontal cortex synapse to be damaged and cognitive impairment.¹²⁴

DA is the precursor of NE, and NE neurons in CNS are mainly located in the medulla and the pons. The Locus coeruleus (LC) is a relatively concentrated part of the NE neurons and is widely projected onto the cerebral cortex, hippocampus and thalamus. NE was positively correlated with cognitive impairment, patients with MDD who accompanied by obvious anxiety, in whose NE content increased obviously in CNS, and it is closely related to suicide, as it may reflect the severity of clinical symptoms, and along with the increase in the severity of suicidal thoughts and behaviors, 5-HT content has a tendency to decrease.¹²⁵

5-HT is also called serotonin. Its content in the brain is 2% of the total. As a neurotransmitter, it mainly distributed in the pineal gland and the hypothalamus, its uplink fiber mainly projected to the brain, cerebellum, cortex, limbic system, and basal ganglia, its descending fibers mainly projected to the spinal cord, and participate in physiological

¹²³ 缙祖新, “多巴胺 (DA) 与中枢疲劳”, 唐山师范学院学报, 2009 年第 31 卷第 2 期, 页 118-120。(GOU Zu-xin. Dopamine (DA) and Central Fatigue)

¹²⁴ Laroche S, Davis S, Jay T M. “Plasticity at hippocampal to prefrontal cortex synapses: dual roles in working memory and consolidation”[J]. **Hippocampus**, Vol.10, No.4(2000): 438-446.

¹²⁵ 侯彩兰, 贾福军, 陈佐明, 等. “重性抑郁症患者脑脊液中 P 物质, 神经肽 Y, 5-羟色胺及去甲肾上腺素含量的研究” [J]. 中华精神科杂志, 2005 年第 38 卷第 4 期, 页 198。(Hou Cai-lan, JIA Fu-jun, CHEN Zuo-ming, et al. The cerebrospinal fluid substance P, neuropeptide Y, serotonin and noradrenaline in patients with major depressive disorder)

functions such as pain, sleep, and body temperature regulation. When the content of brain 5-HT below the normal level, it can appear inattention and indirectly affect the individual planning and organization skills, at this point is often associated with stress and boredom to result impulsive behavior, alcoholism, attack, violence, depression, anxiety, sleep disorder and suicide behavior. The results of pathological autopsies of depression showed decreased levels of 5-HT in brainstem and frontal lobe and the total reduction of hippocampal 5-HT receptor.¹²⁶ The increase of 5-HT self-receptor can inhibit the release of 5-HT leading to the occurrence of depression.¹²⁷

The body under the stress conditions will produce a series of adaptive physiological reaction, stress can activate the NE, DA and 5-HT neurons, the secretion of the neurotransmitter stimulate hypothalamus to secrete Corticotrophin-Releasing Hormone (CRH) activating the positive feedback neural circuits.¹²⁸ Stress in the Childhood period can also stimulate LC to secrete NE, increase the amygdala cortisol,¹²⁹ and activate the alpha 1 receptor in the amygdala to promote activation of the midbrain - marginal DA pathway, causing anxiety and insomnia and leading to a lack of concentration.¹³⁰ Physiological and psychological stress activates 5-

¹²⁶ Meyer J H, McMain S, Kennedy S H, et al. "Dysfunctional attitudes and 5-HT₂ receptors during depression and self-harm"[J]. *American Journal of Psychiatry*, Vol.160, No.1(2003): 90-99.

¹²⁷ Arango V, Underwood M D, Boldrini M, et al. "Serotonin 1A receptors, serotonin transporter binding and serotonin transporter mRNA expression in the brainstem of depressed suicide victims"[J], *Neuropsychopharmacology*, Vol.25, No.6(2001): 892-903.

¹²⁸ Calogero A E, Bernardini R, Gold P W, et al. "Regulation of rat hypothalamic corticotropin-releasing hormone secretion in vitro: potential clinical implications"[M] **Mechanisms of physical and emotional stress**. (Springer US, 1988): pp.167-181.

¹²⁹ Moriceau S, Shionoya K, Jakubs K, et al. "Early-life stress disrupts attachment learning: the role of amygdala corticosterone, locus ceruleus corticotropin releasing hormone, and olfactory bulb norepinephrine"[J]. *Journal of Neuroscience*, Vol.29, No.50(2009): 15745-15755.

¹³⁰ Jedema H P, Grace A A. "Corticotropin-releasing hormone directly activates noradrenergic neurons of the locus ceruleus recorded in vitro"[J]. *Journal of*

HT neurons in the hippocampus and hypothalamus, while binding stress increases the concentration of 5-HT in DRN without affecting the level of the hypothalamus 5-HT.¹³¹ Injection of small dose CRH into DRN inhibited the excitability of 5-HT neurons in DRN, and also blocked the learning helplessness in rats, which was related to the activation of CRHR1 receptor, but did not activate the CRHR2 receptor.¹³² The 5-HT level in CNS has feedback control on HPA axis, which is mainly manifested as positive feedback in the long-term chronic stress to make monoamine neurotransmitter secrete in CNS less and less causing the body's stress injury.

Monoamine oxidase A (MAO-A), as the metabolic enzyme of NE and 5-HT in CNS, increases the damage of NE and 5-HT neurotransmitters and decreased the content in the synaptic cleft resulting in low mood. MAO - A drug is refers to the selective inhibition of the MAO - A class of drugs, is mainly for the treatment of depression. It inhibits MAO-A reversibly and selectively, prevents brain 5-HT and NE degradation, at the same time increase the concentration of 5-HT and NE at the synaptic cleft in brain to get a antidepressant effect.

2.4 Treatments of Depression

2.4.1 physiotherapeutics

Physical therapy is characterized by rapid and efficient, but the disadvantage is that the recurrence rate is high and may cause physical injury. The efficacy of different physiotherapy varies from person to person. After many years of development, the safety of this therapy has gradually improved, and gradually received the popularity in patients and their families.

Neuroscience, Vol.24, No.43(2004): 9703-9713.

¹³¹ Jørgensen H S. "Studies on the neuroendocrine role of serotonin"[J]. **Dan Med Bull**, Vol.54, No.4 (2007): 266-288.

¹³² Hammack S E, Pepin J L, DesMarteau J S, et al. "Low doses of corticotropin-releasing hormone injected into the dorsal raphe nucleus block the behavioral consequences of uncontrollable stress"[J]. **Behavioural brain research**, Vol.147, No.1 (2003): 55-64.

1. Electroconvulsive Therapy (ECT)

ECT is the earliest known as electric shock therapy (EST). The earliest Electroconvulsive Therapy (ECT) experiment began in 1938, when Cerletti cured a paranoid schizophrenia patients by seizures caused by electric shock. After that, ECT have been used in the treatment of various neurological disorders in the 1930s, such as schizophrenia, bipolar disorder, neurasthenia, drug addiction, and so on, because of the high validity, efficacy and simple operation, and then quickly spread in Europe and North America¹³³。

In the 50s and 60s of the 20th century, with the discovery of psychiatric drugs, the utilization rate of ECT has dropped, but 72% of the doctors believe that ECT is a kind of treatment with the highest security, healing fast, and the best curative effect. The effective rate for depression of ECT was 70% ~ 100%, bipolar disorder 80%, and it effects quickly. Depressive symptoms after 2 ~ 3 times have improved after treatment, after treatment for 4 ~ 6 times depression symptoms disappear, ECT also can be used in the maintenance treatment, frequency can be once per week, 1/2 weeks, 1 time/month. The side effects of early ECT are reversible memory loss and possible brain damage, as well as fracture and joint dislocation.

With the development of the treatment, the modern Modified Electroconvulsive Therapy (MECT) obtained the development. Clinically, the application of muscle relaxant under anesthesia, the brain epilepsy induced by charge, and attack in limbs flaccid myokymia achieve the therapeutic effect, reduce side effects (such as fracture), and reduce pains in treatment. This method is now accepted by most countries as a standard Electric Convulsive Therapy¹³⁴.

2. Transcranial Magnetic Stimulation (TMS)

¹³³ Endler N S. "The origins of electroconvulsive therapy (ECT)", **The Journal of ECT**, Vol.108, No.1(1998): 5-23.

¹³⁴ 朱良君, 肖冬梅. 电抽搐治疗的发展现状 [J]. **九江医学**, 2001 年第 16 卷第 2 期, 页 123-124. (Zhu Liangjun, Xiao Dongmei. Current situation of electric convulsive therapy.)

TMS is a magnetic stimulation that uses inductance to make electricity pass through the scalp and skull. The process involves placing a small coil on the scalp to transmit a powerful and fast alternating current. The magnetic field generated by the coil without pain through the tissue of the head; The magnetic field induces a weaker induction current in the brain; Then it affects the cerebral metabolism and dose dependent cerebral cortex irrigation flow, which causes a series of physiological and biochemical reactions.¹³⁵

The principle of TMS is based on the principle of electromagnetic induction discovered by Michael Faraday (22 September 1791-25 August 1867) in 1831. At the end of the 19th century, magnetic stimulation began to be used for experiments. The device of TMS in the late 20th century was invented, and magnetic stimulation could produce the cortical depolarization.¹³⁶ In 1993, Höflich and his group firstly evaluated the therapeutic effect of TMS for two TRD cases, and suggested that this method was worth studying.¹³⁷

TMS has three main types of stimulus:¹³⁸ Single-pulse TMS (sTMS), paired-pulse TMS (pTMS), and repetitive TMS (rTMS). These three modes of stimulation have different research usages. sTMS can be used to the causal time measurement in the relationship between motor

¹³⁵ Wassermann E M. Risk and safety of repetitive transcranial magnetic stimulation: report and suggested guidelines from the International Workshop on the Safety of Repetitive Transcranial Magnetic Stimulation, June 5–7, 1996[J]. **Electroencephalography and Clinical Neurophysiology/Evoked Potentials Section**, Vol.108, No.1(1998): 1-16.

¹³⁶ Barker A T, Jalinous R, Freeston I L. Non-invasive magnetic stimulation of human motor cortex[J]. **The Lancet**, Vol.325, No.8437(1985): 1106-1107.

¹³⁷ Höflich G, Kasper S, Hufnagel A, et al. Application of transcranial magnetic stimulation in treatment of drug - resistant major depression—a report of two cases[J]. **Human Psychopharmacology: Clinical and Experimental**, 1993, 8(5): 361-365.

¹³⁸ Rossi S, Hallett M, Rossini P M, et al. Safety, ethical considerations, and application guidelines for the use of transcranial magnetic stimulation in clinical practice and research[J]. **Clinical neurophysiology**, Vol.120, No.12(2009): 2008-2039.

central conduction time and brain behavior. pTMS can be used to measure the activation and inhibitory effects in the cortex, as well as the interaction between the cortex. The slow stimulus pattern in rTMS tends to induce cortical inhibition, and the fast stimulus pattern induces excitement. Slow stimulation refers to the frequency less than 1Hz, and fast stimulation is higher than 1Hz.

Currently, TMS is an effective, accepted, non-invasive brain stimulation treatment for MDD. Studies have shown that TMS can be used as a maintenance therapy for mood disorders and can even replace ECT.¹³⁹ The FDA also supports the treatment of patients with acute TRD.¹⁴⁰ Garcia-toro and his group reported that rTMS adjuvant drug therapy has therapeutic effect on TRD, and rTMS treatment has no safety problems.¹⁴¹ Cheng Suman and his group reported that in addition to the efficacy of rTMS combined with antidepressant was better than that of only antidepressant and the effect was faster.¹⁴² The results of Wang Lina and her group has shown that TRD patients were treated with 4 weeks low-frequency rTMS for the right frontal lobe, with an effective rate of 77%.¹⁴³

¹³⁹ Cristancho M A, Helmer A, Connolly R, et al. "Transcranial Magnetic Stimulation (TMS) Maintenance as a Substitute for Maintenance Electroconvulsive Therapy (ECT)-A Case Series "[J]. **The journal of ECT**, Vol.29 No.,2(2013): 106-108.

¹⁴⁰ Hadley D, Anderson B S, Borckardt J J, et al. "Safety, tolerability, and effectiveness of high doses of adjunctive daily left prefrontal repetitive transcranial magnetic stimulation for treatment-resistant depression in a clinical setting "[J]. *The journal of ECT*, Vol.27, No.1(2011): 18-25.

¹⁴¹ Garcia-Toro M, Salva J, Daumal J, et al. "High (20-Hz) and low (1-Hz) frequency transcranial magnetic stimulation as adjuvant treatment in medication-resistant depression "[J]. **Psychiatry Research: Neuroimaging**, Vol.146, No.1(2006): 53-57.

¹⁴² 程素满,陈金峰. "氟西汀联合经颅磁刺激治疗脑卒中后抑郁的疗效研究[J].*中国康复医学杂志*, 2011年第26卷第10期, 页980-981。(Cheng Suman, Chen Jinfeng. Study on the curative effect of fluoxetine combined with transcranial magnetic stimulation for post-stroke depression.)

¹⁴³ 王丽娜, 潘飞, 李玉凤. "低频重复经颅磁刺激对难治性抑郁症的疗效及认知功能的影响"[J]. *中国康复医学杂志*, 2013年第28卷第6期, 页544-548。(WANG Lina, PAN Fei, LI Yufeng. Effects of low frequency repetitive

But many studies have also shown that improvement in symptoms after TMS can disappear after a period of time.¹⁴⁴⁻¹⁴⁵⁻¹⁴⁶

In 2016, the Clinical TMS Society of the United States published a consensus recommendation on the treatment of severe depression in TMS.¹⁴⁷: TMS can be used to relieve the acute treatment of depressive symptoms. Acute treatment is usually effective 4-6 weeks, with standard high frequency stimulation of the left prefrontal cortex. Some patients may respond more slowly to TMS. If the treatment effect is not obvious in 6 weeks, the treatment may be extended appropriately, and the relief effect may be achieved after 10 weeks of continuous treatment. There is no evidence that prolonged exposure to TMS has known cumulative toxicity. It is not recommended to reduce the dosage in acute TMS therapy. TMS can also maintain treatment, with typical treatment frequency: 1, 1 or 2 times per month. Early recurrence of symptoms when using TMS, the treatment cycle is short (1-3 weeks), recurrence, treatment should be taken when the frequency of 3 to 5 times a week to ease again, again to TMS before the treatment, should check and adjust the motion evoked potential threshold.

rTMS on a variety of neurotransmitters in the brain and neurotransmitter passing, different brain areas including serotonin, N - formyl - D - a variety of receptor, nmda and regulate gene expression in the excitability of neurons have obvious influence, these were probably the

transcranial magnetic stimulation on treatment-resistant depression and cognitive function.)

¹⁴⁴ Janicak P G, Nahas Z, Lisanby S H, et al. "Durability of clinical benefit with transcranial magnetic stimulation (TMS) in the treatment of pharmacoresistant major depression: assessment of relapse during a 6-month, multisite, open-label study"[J]. **Brain stimulation**, Vol.3, No.4(2010): 187-199.

¹⁴⁵ Mantovani A, Pavlicova M, Avery D, et al. "Long-Term Efficacy of Repeated Daily Prefrontal Transcranial Magnetic Stimulation (TMS) In Treatment-Resistant Depression"[J]. **Focus**, Vol.14, No.2(2016): 277-282.

¹⁴⁶ Cohen R B, Boggio P S, Fregni F. "Risk factors for relapse after remission with repetitive transcranial magnetic stimulation for the treatment of depression"[J]. **Depression and anxiety**, Vol.26, No.7(2009): 682-688.

¹⁴⁷ 2016 年美国经颅磁刺激治疗抑郁共识：五大建议。from:2016-4-8, website: http://news.medlive.cn/psy/info-progress/show-111908_60.html

mechanism of rTMS can improve cognitive function¹⁴⁸

rTMS study also found that the high frequency magnetic stimulation can more excite the horizontal joining neuron in the cerebral cortex neurons, improve the function level of the frontal cortex (left dorsolateral prefrontal cortex and other region), and inhibit the brain bias of negative emotional information processing, alleviating symptoms of depression in patients with depression.¹⁴⁹⁻¹⁵⁰

2.4.2 Drug treatments

There were drug treatments before the 1950s, and the early use of barbiturates, brominating agents and CNS stimulants was for depression but not ideal. The antidepressant effect of iproniazid was found in the treatment of tuberculosis in the early 1950s.¹⁵¹ Tofranil, a kind of Tricyclic antidepressant drug (TCAs), was discovered in the late 1950s and replaced the early MAOI.¹⁵² MAOIs and TCAs were discovered in the 1950s and 1960s and were collectively referred as the first generation of antidepressants. New antidepressants have been developed since the 1980s and 1990s.¹⁵³ Currently, drug treatment is still

¹⁴⁸ Wassermann E M, Lisanby S H. "Therapeutic application of repetitive transcranial magnetic stimulation: a review"[J]. **Clinical Neurophysiology**, Vol.112, No.8(2001): 1367-1377.

¹⁴⁹ Mitchell P B, Loo C K. "Transcranial magnetic stimulation for depression"[J]. **Australian & New Zealand Journal of Psychiatry**, Vol.40, No.5(2006): 406-413.

¹⁵⁰ Mogg A, Pluck G, Eranti S V, et al. "A randomized controlled trial with 4-month follow-up of adjunctive repetitive transcranial magnetic stimulation of the left prefrontal cortex for depression"[J]. **Psychological medicine**, Vol.38, No.3(2008): 323-333.

¹⁵¹ Bloch R G, Dooneief A S, Buchberg A S, et al. "The clinical effect of isoniazid and iproniazid in the treatment of pulmonary tuberculosis"[J]. **Annals of internal medicine**, Vol.40, No.5 (1954): 881-900.

¹⁵² Keup W, Apolito A, Olinger L, et al. "Tofranil (imipramine) in the treatment of depressive states"[J]. **The Journal of nervous and mental disease**, Vol.130, No.2 (1960): 146-150.

¹⁵³ 童晓欣, 童萼塘. "抗抑郁药历史与研究进展", **医药导报**, 2009年第28卷第2期, 页135-139。(TONG Xiao-xin, TONG E-tang. The History and

the main means of treatment for depression, the effective rate is 60% to 80%, and the cure rate is 30%.¹⁵⁴ Antidepressant drugs are mainly based on the Monoamine receptor hypothesis to enhance the function of the 5-HT and NE systems, and it usually takes at least 2-4 weeks of continuous medication to be effective.

The Monoamine Oxidase Inhibitor (MAOIs) underwent two generations. The first generation is mainly isopropyl hydrazine, phenylhydrazine, and so on. Phenylphenylhydrazine, as the first anti depressive drug, was tried and successful in patients with depression in 1957. The first generation of MAOIs was non-selective MAO inhibitor drugs (MAOID). Its main function is to raise the level of the brain NA and 5-HT and reduce the level of its metabolites, at the same time make the inhibition of the metabolism of tyramine, absorption increased, promoted the release of NA, causing increased blood pressure, tachycardia, symptoms such as headache and vomiting, this phenomenon is called "caseating effect". Due to its strong liver damage and high blood pressure crisis, the adverse reactions, it eventually withdrew from the market and were replaced by TCAs.

TCAs includes imipramine, amitriptyline, Doxepin, nortriptyline, desipramine, Clomipramine, and protriptyline, and so on. TCAs have reuptake effects for 5-HT and NA, at the same time, antagonize postsynaptic alpha 1 - adrenaline receptors, histamine receptor (H1) and 5 - HT2 receptors, and so on.¹⁵⁵ These drugs have larger pharmacokinetic individual differences. Even though it uses the same dose and blood drug concentration, the difference could be several times to dozens times. TCAs concentrations in the blood too low or too high influence the treatment effect. Treatment with conventional dose of

Development of Antidepressants)

¹⁵⁴ 瞿伟, 谷珊珊. “抑郁症治疗研究新进展”, 第三军医大学学报, 2014 年第 36 卷第 11 期, 页 1113-1117. (Qu Wei, Gu Shanshan. New progress in treatment of depression)

¹⁵⁵ 李文标. “三环类抗抑郁药的治疗药物监测”, 中国临床药理学杂志, 1999 年第 5 卷第 2 期, 页 133-133. (Li Wenbiao. Drug monitoring of tricyclic antidepressants for the treatment)

depression patients, only 40-50% concentration can achieve the best treatment. In addition to the widespread use of treatment for depression, there is also a certain effect on panic attacks, forced states, bulimia, hyperactivity and enuresis. The main disadvantages of these drugs are: (1) adverse drug reactions, such as dry mouth, constipation, blurred vision, difficulty in urination, retention of urine, lethargy, weight gain, and so on. (2) neurotoxicity, such as depression, anxiety, confusion, coma, hallucination, and so on. (3) cardiovascular toxicity, such as tachycardia, arrhythmia, cardiac arrest, and so on.

The second generation of new Monoamine Oxidase Inhibitor drugs are mainly reversible MAOIs, such as moclobemide, pargoline, and so on. They overcome the drawback of irreversible MAOIs, small side effects, don't need a diet low in tyramine, anti-anxiety and antidepressant effects are better, almost no anticholinergic side effects, so far no have toxic effects on hematopoietic function and cardiovascular function, but the drug interactions, with many drugs and other medicines need to be careful.¹⁵⁶ Toroxadone is an antidepressant that was listed in France in 1985, and has a strong and reversible effect on MAO-A. In 1990, a new generation of MAO-A inhibiting drugs, which was listed in the UK, showed a reversible inhibition of MAO-A, which can be used by both young and old, especially for elderly patients.

Other new antidepressants according to different mechanisms are: (1) the selective serotonin reuptake inhibitor (selective serotonin reuptake inhibitors, SSRIs), including fluoxetine and paroxetine, sertraline, fluvoxamine and citalopram, and so on. (2) serotonin and norepinephrine reuptake inhibitors (SNRIs), including Milnacipran, Venlafaxine, Venlafaxine, Duloxetine, and so on. (3) dopamine reuptake inhibitor (DRIs). (4) norepinephrine and specific 5-HT reuptake inhibitors (NaSSAs), including Mirtazapine. (5) norepinephrine reuptake inhibitors (NRIs), Reboxetine. (6) 5-HT reuptake promoter, Tianeptine, TIA, and so on.

¹⁵⁶ 郭鹏, 丁素菊. “抗抑郁药物临床应用进展”, *药学服务与研究*, 2009年第9卷第6期, 页405-409。(Guo Peng, Ding Suju. Advances in clinical application of antidepressants.)

2.4.3 Psychological treatments

Psychotherapy, as an important means of treating depression, is getting more and more attention, but the effect of psychotherapy is a gradual and cumulative effect, which is slower than medication.

1. Interpersonal psychotherapy (IPT)

IPT was put forward firstly by the psychiatrist Gerald LK lerman and his group in the 1970s. It is a time limit, the target diagnosis, practical, experience supported treatment. The earliest development is in outpatient treatment of severe depression, after that it was used for LLD, depression in adolescence, HIV positive depression, post-traumatic treatment for depression, personality disorder, and so on¹⁵⁷。

IPT treatment theory is derived from the present or recent life events, the relationship between interpersonal difficulties and depressive symptoms of research data. It is developed from interpersonal theory by Adolph Meyer (1957) and Harry Stack Sullivan (1953), as well as attachment theory by John Bowl (1973). Interpersonal problems often show the feeling of loss caused by role transition and unsatisfied emotional needs in interpersonal conflict. Role transformation with more negative life events, such as divorce, brokenhearted, diseases, unemployment, or stress in life events. Interpersonal conflicts are mainly manifested as unsatisfied emotional needs in marriage, family, or society.¹⁵⁸。

IPT treatment process consists of three stages.¹⁵⁹ The initial stage is 1-3 meeting sessions, and the main job is to collect medical history,

¹⁵⁷ Bleiberg K L, Markowitz J C. “Interpersonal psychotherapy for depression[J]. David H. B.,ed, **Clinical handbook of psychological disorders: A step-by-step treatment manual**, (New York: Guilford Press, 2007): 306-327.

¹⁵⁸ 叶红萍, 李鸣. “团体人际心理治疗对住院抑郁症患者的疗效”, *中国心理卫生杂志*, 2006 年第 20 卷第 8 期, 页 524-526。(Ye Hong-ping, Li Ming. Group interpersonal psychotherapy for inpatient with Major Depression.)

¹⁵⁹ 赵静波, 季建林, “人际心理治疗”, *中国临床心理杂志*, 2000 年第 8 卷第 1 期, 页 58-61。(Zhao Jingbo. A Brief Introduction to Interpersonal Psychotherapy.)

make diagnosis and choose treatment plan. In the process, through the analysis of the present or recent life events and depression symptoms, interpersonal difficulties. By using medicine pattern, the therapist firstly connects psychological symptoms with the recent life events, secondly analyzes the relations between symptoms and interpersonal problems, thirdly determines the core of the problem, fourthly makes patients to understand the situations to help them to accept their condition, fifthly explains the symptoms from a comfort belief that it is not the patient's fault and the illness is treatable to make patients see hope and relax, sixthly establishes a good relationship with treatment.

The Mid treatment for 4-9 talking sessions, by helping patients develop effective interpersonal problem coping strategies, the therapist help the patient to interrupt of the vicious cycle between symptoms and the interpersonal relationship. Thus the patient relieves symptoms and recovers from depression. The Late treatment for 10 to 12 negotiation sessions, the main purpose is to consolidate curative effect helping the patient to understand individual susceptibility and cultivate independence and some improved coping skills, and improve confidence to face problems.¹⁶⁰

Group interpersonal psychotherapy makes individuals in a safe atmosphere to change bad interpersonal mode and improve their interpersonal skills and ability to solve the problem. It makes patients with postpartum depression¹⁶¹, Hospitalized depression patients¹⁶², LLD and adolescent depression significantly improve symptoms and social

¹⁶⁰ Bleiberg K L, Markowitz J C. Interpersonal psychotherapy for depression[J]. **Clinical handbook of psychological disorders: A step-by-step treatment manual**, 2008: 306-327.

¹⁶¹ 李晨虎, 沈文龙, 饶顺曾, 等. “团体人际心理治疗产后抑郁症的疗效观察”, *中国妇幼保健*, 2009年第24卷第30期, 页4231-4233. (LI Chen-Hu, SHEN Wen-Long, PAO Shun-zeng, et al. Observation on effect of group interpersonal psychotherapy on postpartum depression)

¹⁶² 叶红萍, 李鸣. “团体人际心理治疗对住院抑郁症患者的疗效”, *中国心理卫生杂志*, 2006年第20卷第8期, 页524-526. (Ye Hong-ping, Li Ming. Group interpersonal psychotherapy for inpatient with Major Depression.)

functions in a short term.

2. Cognitive therapy

Cognitive therapy was developed by Beck in the 1960s based on specific disorders of cognitive and behavioral strategies in patients with depression.¹⁶³ During the development of cognitive therapy, many experiments^{164 - 165 - 166} confirmed that when patients with depression process outside information, they tend to choose negative information which match with their inherent negative schema and show the negative cognition. Other experiments have shown that patients who are recovering from depression by cognitive therapy have lower rates of relapse than those who are treated with medication, and it confirmed the value of cognitive therapy.¹⁶⁷⁻¹⁶⁸

Teasdale introduced another correctional scheme strategy. It is the attention control technology, and emphasizes the emotional process. The psychological mode from "mindless emoting" or "conceptualising" to "experience" mode. Thus, individuals from the irrational or rational state transform to the wisdom state. This state of wisdom enables individuals to live in the present situation and have an intuitive sense to observe the

¹⁶³ Beck A T. "Thinking and depression: II. Theory and therapy"[J]. **Archives of general psychiatry**, Vol.10, No.6(1964): 561-571.

¹⁶⁴ Mogg K, Bradbury K E, Bradley B P. Interpretation of ambiguous information in clinical depression[J]. **Behaviour research and therapy**, Vol.44, No.10 (2006): 1411-1419.

¹⁶⁵ Taylor J L, John C H. Attentional and memory bias in persecutory delusions and depression[J]. **Psychopathology**, Vol.37, No.5(2004): 233-241.

¹⁶⁶ Ramel W, Goldin P R, Eyler L T, et al. Amygdala reactivity and mood-congruent memory in individuals at risk for depressive relapse[J]. **Biological psychiatry**, Vol.61, No.2(2007): 231-239.

¹⁶⁷ Blackburn I M, Eunson K M, Bishop S. A two-year naturalistic follow-up of depressed patients treated with cognitive therapy, pharmacotherapy and a combination of both[J]. **Journal of Affective disorders**, Vol.10, No.1(1986): 67-75.

¹⁶⁸ Shea M T, Elkin I, Imber S D, et al. Course of depressive symptoms over follow-up: findings from the National Institute of Mental Health Treatment of Depression Collaborative Research Program[J]. **Archives of general psychiatry**, Vol. 49, No.10(1992): 782-787.

present situation, so that their mind and body can respond flexibly to the present situation. This strategy was later called Mindfulness-Based Cognitive Therapy (MBCT). Teasdale proposed to combine "alternative scheme" with "attention control technology" to the new therapy, or now generally considered "cognitive behavioral therapy" combined "Mindfulness practice".

In the current medical application, according to the definition of "mindfulness" given by Jon Kabat-Zinn, the "intentionality, experiential and non-evaluative" is emphasized in the specific operation. Intentionality is to keep an eye on the state of things at any time; Empirical means to focus on current practical experience; Non-evaluative refers to the ability to allow things to exist and maintain in their own and natural state rather than conforming to a certain standard of judgment.¹⁶⁹

Based on these three characteristics, mindfulness is a "Decentration" approach.¹⁷⁰ Because depressed individuals focus on their symptoms, its results, or possible causes, they tend to gain cognitive and behavioral tendencies to aggravate and prolong depression.¹⁷¹ On the contrary, distraction can reduce depression by distracting attention from the information associated with depression.¹⁷² However, "Decentration" does not mean unconcern about the situation. The study found that depressed individuals were encouraged to improve their condition by writing diaries recording depressed events. It is noted that concern is necessary. The "experience" model also emphasizes the need to be aware of the event including the development and the experience of events, but not to conceptualize events.¹⁷³ For example, when see the beautiful flowers,

¹⁶⁹ 马克·威廉斯等着, 《改善情绪的正念疗法》, Page: P37

¹⁷⁰ Segal Z V, Williams J M G, Teasdale J D, **Mindfulness-Based Cognitive Therapy for Depression**, tr. by Xinhua Liu (Beijing: World Book Inc, 2008), p.50

¹⁷¹ Nolen-Hoeksema S. Responses to depression and their effects on the duration of depressive episodes[J]. **Journal of abnormal psychology**, Vol.100, No.4(1991): 569-582.

¹⁷² Morrow J, Nolen-Hoeksema S. Effects of responses to depression on the remediation of depressive affect[J]. **Journal of personality and social psychology**, Vol.58, No.3(1990): 519-527.

¹⁷³ Spera S P, Buhreind E D, Pennebaker J W. Expressive writing and coping

one should not turn vision into concept of thinking in one's mind and then the concept of lenovo about other flowers, but merely to observe it, feel it visually, experience it as it is in the observer psychosomatic reaction. "Decentration ", therefore, could help individuals to explore the emotions, thoughts, feelings, behavior, and the different relationship among them to establish the concept of "the idea is not true" so as to break the negative cognitive schemata, get liberation from the bondage of the concept, and return to actual life.

2.4.4 The combination therapy

Depression, as a kind of mood disorders, is caused by a variety of physiological and psychological reasons. It is because of its complicated etiology that its focus of prevention and control work changes from treatments to prevent occurrence and recurrence. Antidepressant drugs are only effective for 30 percent of patients, and most of them are effective at the beginning 3 to 5 weeks of treatment. The effective rate of ECT was 70% ~ 100% of the depression. It works faster than other treatments, and it would improve depressive symptoms after 2 ~ 3 times of ECT, and disappear after 4 ~ 6 times, but it may cause a brain damage and memory loss. Generally, ECT is suggested for TRD, and TMS could be used in acute and maintenance treatment, as well as be used for TMS and other depression that is inappropriate for medication treatment.

Psychotherapy improves cognition and mood from the inside. Some treatments, such as CBT, could have similar therapeutic effects with medication, but the treatment session is longer. In today's medical changing period, relieving symptoms is not difficult for depression but prevention of Depressive episode stimulated in ordinary living is becoming the main problem, so prevention and control of depression is becoming the focal point of treatment.

The prevention treatment of depression is generally recommended for combination therapy. In the course of combination therapy, although sessions of psychotherapy is long, it is an important part.

Many studies have shown that combination of drug therapy and psychotherapy would better improve depressive symptoms and their prognosis. In the study, IPT combined with antidepressant medication, the depressive symptoms and medication compliance in the patients were better than those in the control group.¹⁷⁴

Different therapies could be adapted to different populations, and it depends on the doctor's diagnosis and recommendations as well as a consensus between doctors and patients to achieve a best therapeutic effect. Nowadays, Buddhist mindfulness was introduced into psychotherapy, emphasizing a psychological model of "experience" to explore a new value from negative emotion during mindfulness practice so as to make a harmonious coexistence with emotions by wisdom.

2.5 Conclusion

From the study of depression, it can be seen that the basic symptoms of depression are deep sadness, lack of pleasure and loss of will, which are caused by changes in physiology and psychology. In daily life, when patients are under the repeated stimulation by unpleasant stimulus again and again, their internal physiological reaction related to unpleasant and regulatory response are activated repeatedly resulting in conceptual cognition activities.

Cognition dominated by emotion become emotional in the stimulus. Cognition charged by reason become rational, and rational cognition could regulate unpleasant psychological reactions within a certain range and indirectly improve the physiological reaction, but when it is beyond the scope of rational adjustment, emotion would collapse and physiological regulation would be out of control. This series of activities is based on the human nature of pursuing happiness and avoiding suffering. When the individual feels unpleasant, the physiological and psychological warning arise, and the regulation is activated.

¹⁷⁴ 卢振胜, 陈忠. “精神分裂症后抑郁的人际心理治疗疗效观察”[J]. 精神医学杂志, 2014 年第 27 卷第 6 期, 页 460-461。(Lu Zhensheng, Chen Zhong. Observation on the therapeutic effect of interpersonal psychotherapy after schizophrenia.)

Depression is a signal that is given an meaning of unpleasant and needs adjustment, and it plays an important role in human evolution. Beck and his colleagues in 2016 integrated clinical, cognitive, biological and evolutionary viewpoints, and put forward an integrated model of depression. they proposed that after the *perceived loss of an investment in a vital resource*, depression is to adapt to save energy.¹⁷⁵ From a positive view, it has proposed a new view of depression. That is, symptoms of depression are the protection of the body in physical and cognitive mechanism. When the body is aware of external stimuli which would beyond regulation, those symptoms, such as decreased will, slow cognition, slow behavior, are the last efforts that could restrain self-destruction.

However, the immediate cause of the suicidal impulse is loss of pleasure, loss of hope and self-value. All of these physiological and psychological research reveals that depression has a complex mechanism, involving in complex interactions between body and mind, and these interactions are related not only to mechanical but also to subjective initiative which involved in the interpretation of meaning and value that is a journey to the improvement of life quality to discoveries of the mind.

Today's prevention and treatment of depression correspond to various possible causes of depression from human factors, mental model of the cognitive and emotional processing to adjustment of the physiological state. The treatments of depression are from physical, psychological or social rehabilitation system, and their patterns characterized by increasingly comprehensive enhanced functions from a joint work by psychiatrists, therapists and social workers, so it could really improve the cure rate of depression, reduce the overall incidence of depression and morbidity.

Mindfulness practice could form a new relationship between human and disease. It is from cultivating seven essential attitudes in grasping three characteristics of mindfulness, 'intentionality, empiricism

¹⁷⁵ Beck A T, Bredemeier K. A unified model of depression: Integrating clinical, cognitive, biological, and evolutionary perspectives[J]. **Clinical Psychological Science**, Vol.4, No.4(2016): 596-619.

and non-evaluation', to make a harmonious coexistence with emotions and emphasizing a psychological 'experience' model to form alternative schemas from negative emotion

However, Mindfulness is used for thousands of years in Buddhism. Three characteristics of psychological mindfulness are extracted from Buddhist mindfulness. From the Buddhist description and treatment of depression, it may provide a glimpse of the preventive and curative mechanism of Buddhist mindfulness on sickness and pain, and share some opinions for improving effects of mindfulness-based treatments as well as exploring the developing direction of contemporary science and Buddhism.

CHAPTER III

Overviews of Depression in Buddhism

Buddhism does not define depression. However, according to the Buddhist scriptures, the Buddha has ever shown the Four Noble Truths for depressive persons to help them get free of sufferings and realize the truths of life. The Four Noble Truths are important theories of Buddhism. As MĀ.7 has noted, “ If there are countless wholesome dharma, all of them are included in the four noble truths, this is called as 'the Four Noble Truths are the first of all'.”¹⁷⁶ It shows the fact that all of observations on or thinkings about the dharma could be included into the Four Noble Truths, so it is the Buddhist main content.

The Buddha has ever revealed the importance of the 'Four Noble Truths' by the parable of blind people and an elephant. As it noted in DĀ.19¹⁷⁷, suffering to the common people is just like an elephant to the

¹⁷⁶ 瞿昙僧伽提婆译，《大正藏》，《中阿含经》（舍梨子相应品象迹喻经第十），第1册，第26经，卷7。(Taishō Tripitāka, Madhyama Āgama, Vol.7): 尊者舍梨子告诸比丘：「诸贤！若有无量善法，彼一切法皆四圣谛所摄，来入四圣谛中，谓四圣谛于一切法最为第一。所以者何？摄受一切众善法故。诸贤！犹如诸畜之迹，象迹为第一。所以者何？彼象迹者最广大故。如是，诸贤！无量善法，彼一切法皆四圣谛所摄，来入四圣谛中，谓四圣谛于一切法最为第一。」

¹⁷⁷ 佛陀耶舍共竺佛念译，《大正藏》，《佛说长阿含经》（佛说长阿含第四分世记经龙鸟品第五），第1册，第1经，卷19：尔时，世尊而说偈言：“若人不知苦，不知苦所起，亦复不知苦，所可灭尽处，亦复不能知，灭于苦集道，失于心解脱，慧解脱亦失，不能究苦本，生老病死源。若能谛知苦，知苦所起因，亦能知彼苦，所可灭尽处，又能善分别，灭苦集圣道，则得心解脱，慧解脱亦然。”

blind people. Because the blind people could not see the elephant, they will imagine the appearance of it, and different people touch different place, based on that they start to do imagination. The common people are also living like this way. So the blind people will not know the elephant and the common people the nature of suffering.

Both of them are acting as the mind is trapped in a restrictive cognition which is like a cage. The mind is not free to feel, and wisdom is not born. Do not know the essence of sufferings, leading to phenomena in life, such as, birth, oldness, disease and death. If people know what is suffering? why does it cause suffering? How to remove suffering? and they know the method to the removal of suffering, then they could get deliverance through concentration (*cetovimutti*) and wisdom (*paññavimutti*)

The Four Noble Truths is around the four kinds of truths, that is, suffering, the cause of suffering, the cessation of suffering, and the path of ceasing the suffering.¹⁷⁸ They are the prescribing nostrum given by the Buddha to all people including people with depression. Although dharma does not directly define 'what is depression', but all the physical phenomenon are possible to cause "suffering", and it is the common character in things. Depression also brings suffering, and if it is not, no one will care about it. Thus, as a Buddhist perspective, it could start from suffering to know depression and get an inspiration from that.

3.1 The analysis of Symptoms: Five hindrances and Illusion

Many Buddhist scriptures describe the Buddha's interpretation of the truth. For example, in MĀ. 7¹⁷⁹, all of the suffering could be included into Eight Sufferings. The first seven kinds of suffering are specific

斯人能究竟，苦阴之根本，尽生老病死，受有之根原。(Taishō Tripiṭ aka, Dīrgha Āgama, Vol.19)

¹⁷⁸ 《中阿含经》（舍利子相应品象迹喻经第十）(Taishō Tripiṭ aka, Madhyama Āgama, Vol.7): 云何为四？谓苦圣谛，苦习、苦灭、苦灭道圣谛。

¹⁷⁹ 同上：诸贤！云何苦圣谛？谓生苦、老苦、病苦、死苦、怨憎会苦、爱别离苦、所求不得苦、略五盛阴苦。

sufferings. Suffering of Birth refers to the feelings of sufferings arising in the life process when one is coming into the world, growing up with experiences accumulated and living changes that based on the birth in the uncertain world. Suffering of old age refers to the feelings of sufferings arising in the life process when one is becoming old with the old of body and function. Suffering of sickness refers to the feelings of sufferings arising in the life process when one is sick. Suffering of death, the dying suffering. Suffering of separating from loved ones, the leaving from satisfied person or things. Suffering of associating with those we dislike, the meeting with unsatisfied person or things. Suffering due to unfulfilled wishes and desires, the desire could not be executed.

The feelings of sufferings which has the nature of suffering in Buddhist perspectives also could be divided into many sorts according to its nature. In Dharmaskandha vol.5¹⁸⁰, there are three kinds of suffering, such as, intrinsic suffering (*dukkhadukkha*), suffering in change (*vipariṇ āma-dukkha*) and suffering due to formations (*saṅ khāra-dukkha*) And it is also analyzed in the book titled as “*The Path of Purification*

¹⁸⁰ 舍利子说，玄奘奉诏译，《大正藏》，《阿毘达磨集异门足论》卷5（三法品第四之三），第1册，第1经，(Taishō Tripiṭ aka, Mahāyānābhidharma Samuccaya Vyākhyā śāstra, Vol.5): 三苦性者，一、苦苦性；二、坏苦性；三、行苦性。苦苦性云何？答：欲界诸行由苦苦故苦。坏苦性云何？答：色界诸行由坏苦故苦。行苦性云何？答：无色界诸行由行苦故苦。复次不可意诸行由苦苦故苦，可意诸行由坏苦故苦，顺舍诸行由行苦故苦。复次若诸苦受、若彼相应法、若彼俱有法，若从彼生，若彼种类不可爱异熟果由苦苦故苦。若诸乐受、若彼相应法、若彼俱有法，若从彼生，若彼种类可爱异熟果由坏苦故苦。若不苦不乐受、若彼相应法、若彼俱有法，若从彼生，若彼种类非可爱非不可爱异熟果由行苦故苦。复次苦苦性云何？答：诸身所有由苦苦故苦。所以者何？依身生起老病死等种种苦故。坏苦性云何？答：如世尊说，可意朋友、可意眷属、可意境界，若变坏时、若遭毁谤歎蔑等时，发生愁叹忧苦悲恼，彼于尔时由坏苦故苦。行苦性云何？答：除苦苦性及坏苦性，诸余有漏行由行苦故苦。

(*Visuddhimagga*)”¹⁸¹, but it as well talked about another three, such as, concealed suffering, exposed suffering, indirect suffering, and direct suffering.

Thus, the first seven kinds of suffering occur in different states of mind and body. Because the body and mind are contained in the five aggregates, all the suffering occurred in the body and mind could be classified as suffering of five aggregates. The Mahāsatipaṭṭhāna Sutta¹⁸² has related this too.

In “*The Path of Purification (Visuddhimagga)*”, based on the eight sufferings, it discussed worry or anxious of mind(愁), worry or anxiety of *Manas* (忧), sadness or sorrow(悲), bitterness (苦), anger (恼), boredom (闷). Worry or anxious is the stress and pain in *Manas* and mind. Bitterness is the stress and pain in body.

Manas and mind are named by functions of consciousness. As it explained in *Vijñāptimātratāsiddhi*¹⁸³ that there are eight consciousnesses based on the classification of functions. *Manas* has the function of "thinking" and is the seventh Consciousness in that. *Manas* grasps the “self” by keeping thinking about the eighth consciousness. The eighth consciousness is the mind which collects everything and reveals everything. So *Manas* produce the concept of “self” and the “self”

¹⁸¹ Bhadantācariya Buddhaghosa, *The Path of Purification(Visuddhimagga)*, tr. by Bhikkhu ñāṇ amoli, 4th Ed.,(Kandy: Buddhist Publication Society, 2010),p.511.

¹⁸² 通妙译, 《汉译南传大藏经》,《长部经典二》,《大念处经》,第7册,第22卷,第4经,(Chinese Translation of the Pali Tipiṭ aka, Digha Nikāya, Vol.22, Mahāsatipaṭṭhāna Sutta): 然,诸比丘!苦谛者何耶?生是苦,老是苦,〔病是苦,〕死是苦,忧、悲、苦、恼、闷是苦,求不得是苦,约略言之,五取蕴是苦。

¹⁸³ 护法等菩萨造,玄奘译,《大正藏》,《成唯识论》卷7,第31册,第1585经:集起名心。思量名意。了别名识。是三别义。如是三义虽通八识而随胜显第八名心。集诸法种起诸法故。第七名意。缘藏识等恒审思量为我等故。余六名识。于六别境麤动间断了别转故。(Taishō Tripitāka, Vijñāptimātratāsiddhi, Vol.7)

ensconces deeply in consciousness.

Average persons may also grasp the “self” leading to have the suffering emotions, such as above listed worry, anxiety, sadness, sorrow, bitterness, anger, boredom, and so on. The symptoms in *Manas*, mind and body are very similar with the symptoms of depression, but in Buddhism these three are also related to other sufferings, and it shows the body and mind could have a mutual effect which is agreed in results of scientific research. As a result, when parsing the symptoms of depression from Buddhist perspectives, it is related to the “self”. The following will discuss the suffering from the “self”, and the “self” is from clinging and forms illusions.

3.1.1 Suffering

All suffering can be grouped into five aggregates as the Buddhist literatures have mentioned, such as *Vibhaṅ ga*¹⁸⁴, *SĀ.2No.55*¹⁸⁵, *MĀ. 7*¹⁸⁶, and so on. Five aggregates are aggregates of form (or matter or body)

¹⁸⁴ 郭哲彰译,《汉译南传大藏经》,《分别论》(第一品蘊分別/一經分別),第49册,第25经(Chinese Translation of the Pali Tipiṭ aka, *Vibhaṅ ga*): 五蘊者即色蘊、受蘊、想蘊、行蘊、识蘊。[0001a12]如何为色蘊耶?即诸所有色之过去、未来现在,或内、外、麤、细、劣、胜、远、近,括此于一聚,总说为色蘊。

¹⁸⁵ 求那跋陀罗译,《大正藏》,《杂阿含经》卷2第55经,第2册第99经(Taishō Tripit aka, *Samyukt Āgama*, Vol.2): 尔时,世尊告诸比丘:「我今当说阴及受阴。云何为阴?若所有诸色,若过去、若未来、若现在,若内,若外,若麤、若细,若好、若丑,若远、若近,彼一切总说色阴。随诸所有受、想、行、识亦复如是。彼一切总说受、想、行、识阴,是名为阴。云何为受阴?若色是有漏、是取,若彼色过去、未来、现在,生贪欲、瞋恚、愚痴及余种种上烦恼心法;受、想、行、识亦复如是,是名受阴。」

¹⁸⁶ 《中阿含经》卷7(舍梨子相应品象迹喻经第十)(Taishō Tripit aka, *Madhyama Āgama*, Vol.7): 云何五盛阴?谓色盛阴,觉、想、行、识盛阴。诸贤!云何色盛阴?谓有色,彼一切四大及四大造。诸贤!云何四大?谓地界,水、火、

(*Rūpa*), sensations (or feelings, received from form) (*Vedanā*), perceptions (*sañña*), mental activity or formations (*Sañ khāra*), and consciousness (*viññāṇ a*).

The form refers to earth, fire, water, wind and their composition. and it is described by concepts. a concept , such as “house”, arises just as a thing which is covered with wood, soil, water, grass and space. The same is true with the body. The concept of “body” is also formed by bones, skin, flesh, blood and space. The physical boundary divides the material world into two parts, the outer part and the inner part of body. Eye, ear, nose, tongue, body and mind that are within the body are called the six internal organs. Form, sound, smell, taste, touch and dharma that are outside the body are called the six external objects. When one of the six internal organs functions well and the paired external object is observed by the internal organ, idea will arise to form consciousness and its recognition. The six internal organs, the six external objects and the six kinds of recognitions are the aggregates of form. And the aggregates of sensations, perceptions, mental formations, and consciousness (*viññāṇ a*) are arising like this. Thus,

风界。

诸贤！犹如因材木，因泥土，因水草，覆裹于空，便生屋名。诸贤！当知此身亦复如是，因筋骨，因皮肤，因肉血，缠裹于空，便生身名。诸贤！若内眼处坏者，外色便不为光明所照，则无有念，眼识不得生。诸贤！若内眼处不坏者，外色便为光明所照，而便有念，眼识得生。诸贤！内眼处及色，眼识知外色，是属色阴。若有觉是觉阴，若有想是想阴，若有思是思阴，若有识是识阴，如是观阴合会。

「诸贤！世尊亦如是说：『若见缘起便见法，若见法便见缘起。』所以者何？诸贤！世尊说五盛阴从因缘生，色盛阴，觉、想、行、识盛阴。诸贤！若内耳、鼻、舌、身、意处坏者，外法便不为光明所照，则无有念，意识不得生。诸贤！若内意处不坏者，外法便为光明所照而便有念，意识得生。诸贤！内意处及法，意识知外色法，是属色阴。若有觉是觉阴，若有想是想阴，若有思是思阴，若有识是识阴，如是观阴合会。

five aggregates arise as some conditions exist together to arouse the specific concept, or as it makes the story short, five aggregates arise dependently. Therefore, it is necessary to understand dependent origination (*paṭ iccasamuppāda*).

In MĀ. 7¹⁸⁷, SĀ.12No.293¹⁸⁸ and MĀ. 21¹⁸⁹, there is a description about dependent origination. It reveals that keeping five aggregates away from desires is the same as fading them away. Starting desire-lessness is going onto the path of liberation. After that, all kinds of generation are over, pure actions are established, one is not controlled by anything.

In MĀ. 7¹⁹⁰, there is a explanation of the suffering of the five

¹⁸⁷ 《中阿含经》卷 7(舍梨子相应品象迹喻经第十) (Taishō Tripiṭ aka, Madhyama Āgama, Vol.7): 诸贤！世尊亦如是说：『若见缘起便见法，若见法便见缘起。』所以者何？诸贤！世尊说五盛阴从因缘生，色盛阴，觉、想、行、识盛阴，彼厌此过去、未来、现在五盛阴，厌已便无欲，无欲已便解脱，解脱已便知解脱，生已尽，梵行已立，所作已办，不更受有，知如真。诸贤！是谓比丘一切大学。」

¹⁸⁸ 求那跋陀罗译，《大正藏》，《杂阿含经》卷 12 第 293 经，第 2 册，第 99 经。(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.12)

¹⁸⁹ 瞿昙僧伽提婆译，《大正藏》，《中阿含经》卷 21 (长寿王品说处经第十五)，第 1 册，第 26 经(Taishō Tripiṭ aka, Madhyama Āgama, Vol.21): 阿难！我本为汝说因缘起及因缘起所生法。若有此则有彼，若无此则无彼，若生此则生彼，若灭此则灭彼。缘无明行，缘行识，缘识名色，缘名色六处，缘六处更乐，缘更乐觉，缘觉爱，缘爱受，缘受有，缘有生，缘生老死。若无明灭则行灭，行灭则识灭，识灭则名色灭，名色灭则六处灭，六处灭则更乐灭，更乐灭则觉灭，觉灭则爱灭，爱灭则受灭，受灭则有灭，有灭则生灭，生灭则老死灭。阿难！此因缘起及因缘起所生法，汝当为诸年少比丘说以教彼，若为诸年少比丘说教此因缘起及因缘起所生法者，彼便得安隐，得力得乐，身心不烦热，终身行梵行。

¹⁹⁰ 瞿昙僧伽提婆译，《中阿含经》卷 7(舍梨子相应品象迹喻经第十) (Taishō Tripiṭ aka, Madhyama Āgama, Vol.7)：「诸贤！此外地界极大，极净，极

Aggregates. It tells the story about the outside world and the body. The outside world could be extremely vast and clean, and it won't be extremely hateful, but it is impermanent, will vanish and decay. When compared to this, the body is a temporary thing and controlled by sensations. So different people would have different idea. The less knowledgeable person would have the idea about "self", but the holy disciple who is well knowledgeable would have a reasonable thinking to be aware of the dependent origination of the suffering as to be more positive and mindful.

Therefore, sentient beings form a concept of "self", and based on it, they would build the five aggregates without strain, so they are suffering from the first idea of "self". During the concept processing process, "self" divides the world into outside and inside parts and forms objective and subjective differences, and this is the foundation of illusion and driving power of clinging. So the follow section will also talk about the clinging and illusion.

3.1.2 Clinging

不憎恶，是无常法、尽法、衰法、变易之法，况复此身暂住，为爱所受？谓不多闻愚痴凡夫而作此念：『是我，是我所，我是彼所。』多闻圣弟子不作此念：『是我，是我所，我是彼所。』彼云何作是念？若有他人骂詈、捶打、瞋恚责数者，彼作是念：『我生此苦，从因缘生，非无因缘。云何为缘？缘苦更乐。』彼观此更乐无常，观觉、想、行、识无常，彼心缘界住止、合一、心定、不移动。彼于后时他人来语柔辞软言者，彼作是念：『我生此乐，从因缘生，非无因缘。云何为缘？缘乐更乐。』彼观此更乐无常，观觉、想、行、识、无常，彼心缘界住，止合一心，定不移动。彼于后时，若幼少、中年、长老来行不可事，或以拳掬，或以石掷，或刀杖加，彼作是念：『我受此身，色法羸质，四大之种，从父母生，饮食长养，常衣被覆，坐卧按摩，澡浴强忍，是破坏法，是灭尽法，离散之法，我因此身致拳掬、石掷及刀杖加。』由是之故，彼极精勤而不懈怠，正身正念，不忘不痴，安定一心，彼作是念：『我极精勤而不懈怠，正身正念，不忘不痴，安定一心，我受此身，应致拳掬、石掷及刀杖加，但当精勤学世尊法。』

In SĀ.17¹⁹¹, the Buddha explained the suffering is coming from the feelings in body and mind which is because people don't know the real nature. All the feelings that could come from the physical and the mental are caused by contact. Contact arises from desire (*Kāma*) and produces feelings. Pleasant feelings are caused by greed, Suffering feelings hatred, and neither pleasant nor suffering feelings delusion. So it is greed, hatred and delusion that force people in activities, and people don't know this so they live with the three kinds of feelings and suffer from them.

Greed, hatred and delusion are characteristics of the mind, and they build unwholesome consciousnesses that could lead to unwholesome results which make people suffer a lot. In *A Comprehensive Manual of Abhidhamma*¹⁹², there are twelve unwholesome consciousnesses. Consciousness rooted in greed(*lobhamūlacittāni*), in hatred(*dosamūlacittāni*) and in delusion(*mohamūlacittāni*). The first is accompanied by greed with joy or equanimity, the second by displeasure with mental suffering, the third by equanimity with doubt or restlessness. And in *The Path of Purification(Visuddhimagga)*¹⁹³ stiffness (*thīna*) is to remove energy showing subsiding, and torpor (*middha*) is to smother showing laziness.

¹⁹¹ 求那跋陀罗译,《大正藏》,《杂阿含经》卷17第474经,第2册,第99经,(Taishō Tripitāka, Saṃyukt Āgama, Vol.17):譬如士夫身被双毒箭,极生苦痛,愚痴无闻凡夫亦复如是。增长二受,身受、心受,极生苦痛。所以者何?以彼愚痴无闻凡夫不了知故,于诸五欲生乐受触,受五欲乐,受五欲乐故,为贪使所使;苦受触故,则生瞋恚,生瞋恚故,为恚使所使。于此二受,若集、若灭、若味、若患、若离不如实知;不如实知故,生不苦不乐受,为痴使所使。为乐受所系终不离,苦受所系终不离,不苦不乐受所系终不离。云何系?谓为贪、恚、痴所系,为生、老、病、死、忧、悲、恼、苦所系。

¹⁹² 寻法比丘译,《阿毗达摩概要精解》,(高雄:正觉学会,2000年)。(tr. by Bhikkhu Dhammagavesaka, from English version: A comprehensive Manual of Abhidhamma, ed. by Bhikkhu Bodhi), pp.11-20.

¹⁹³ Bhadantācariya Buddhaghosa, The Path of Purification(Visuddhimagga), tr. by Bhikkhu ñāṇ amoli, 4th Ed.,(Kandy: Buddhist Publication Society, 2010), p.477.

these two make the mind could not be ardent.

In SĀ.26 No. 707¹⁹⁴ and DĀ.12¹⁹⁵, there are discussions about obstacles of the mind. The Buddha told the monks that sensual desire(*Kāmarāga*)¹⁹⁶, ill will (*Vyāpāda*)¹⁹⁷, sloth(*thīna*) and torpor (*middha*)¹⁹⁸, restlessness and worry(*uddhaccakukkucca*)¹⁹⁹, and doubt (*vicikicchā*)²⁰⁰ are the five hindrances (*nīvaraṇ āni*)²⁰¹. The five hindrances staying in mind could stop wisdom from arising and make the mind not bright and unmindful. When monks pursue satisfaction and don't move the five hindrances in learning for desires, they would be ardent neither in Four Foundations of Mindfulness and Seven Factors of Enlightenment. So learning for desire could not be beneficial for wisdom.

There is a interpretation in SĀ.2 No. 43²⁰² that grasping

¹⁹⁴ 求那跋陀罗译,《大正藏》,《杂阿含经》卷 26 第 707 经,第 2 册,第 99 经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.26): 尔时,世尊告诸比丘:「有五障、五盖,烦恼于心,能羸智慧,障阂之分,非明、非正觉,不转趣涅槃。何等五?谓贪欲盖、瞋恚盖、睡眠盖、掉悔盖、疑盖。如此五盖,为覆为盖,烦恼于心,令智慧羸,为障阂分,非明、非等觉,不转趣涅槃。」

¹⁹⁵ 佛陀耶舍共竺佛念译,《大正藏》,《佛说长阿含经》卷 12 (第二分清净经第十三),第 1 册,第 1 经:诸贤!若比丘在学地欲上,求安隐处,未除五盖,云何为五?贪欲盖、瞋恚盖、睡眠盖、掉戏盖、疑盖。彼学比丘方欲上求,求安隐处,未灭五盖,于四念处不能精勤,于七觉意不能勤修,欲得上人法、贤圣智慧增盛,求欲知欲见者,无有是处。(Taishō Tripiṭ aka, Dīrgha Āgama, Vol.12)

¹⁹⁶ Bodhi, B., A Comprehensive Manual of Abhidhamma, (Onalaska: Pariyatti Publishing, 2012), p.219

¹⁹⁷ *ibid.*, p.57.

¹⁹⁸ *ibid.*, p.57.

¹⁹⁹ *ibid.*, p.57.

²⁰⁰ *ibid.*, p.57.

²⁰¹ *ibid.*, p.56.

²⁰² 求那跋陀罗译,《大正藏》,《杂阿含经》卷 2 第 43 经,第 2 册,第 99 经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.2): 佛告比丘:「云何取故生着?

produces persistence. The Buddha told Bhikkhus that the less knowledgeable beings would distinguish the self from others. Because of this distinguishment, when things change, their minds would change as well, but they may make one choice to persist in the past one impressed in the mind. And then their minds would swing between the past memories and the present objects to have the distinguishment of good and bad resulting in a variety of satisfied and unsatisfied emotions. In the finally, it causes panics, obstacles and confusions of the mind. So this is the clinging of the mind.

From the above teachings, it would sort out some relationship. firstly, the mind is changing with the change of situation. Secondly, the mind distinguishes the self and others and defines the subjective and the objective. Thirdly, the mind use the subjective initiative to judge the objective and gain a evaluation system. Fourthly, the evaluation arouses desires to produce feelings and feelings is expressed as emotions in physical and mental aspects. Finally, sufferings in body and mind could interact to make mind lose its brightness and purity by grasping of five hindrances, and then the mind falls into a vicious circle to produce suffering and negative emotions by persistence of grasping.

3.1.3 illusion

The Buddhists believe that 'everything should be observed as a dream, a fantasy, a bubble, and a shadow'²⁰³. That is, everything in the phenomenal world has no "self-nature". It arises dependently and fades

愚痴无闻凡夫于色见是我、异我、相在，见色是我、我所而取；取已，彼色若变、若异，心亦随转；心随转已，亦生取着摄受心住；摄受心住故，则生恐怖、障碍、心乱，以取着故。愚痴无闻凡夫于受、想、行、识，见我、异我、相在，见识是我、我所而取；取已，彼识若变、若异，彼心随转；心随转故，则生取着摄受心住；住已，则生恐怖、障碍、心乱，以取着故，是名取着。

²⁰³ 鸠摩罗什译，《大正藏》，《金刚般若波罗蜜经》，第8册，第235经(Taishō Tripitāka, Vajracchedika-prajna-paramita Sutra): 一切有为法，如梦、幻、泡、影，如露亦如电，应作如是观。

away fleetingly. However, in the worldly life, people's perceptions of the world are constructed from preoccupations, which are built up from the subjective choice of the six kinds of recognitions. These preoccupations are validated in repeated experiences and becoming powerful to function as concrete existences. But the nature of the preoccupations is merely illusion as it has no self-nature by the Buddhist practitioners.

The generation process of illusion could be described by a realistic experience. For example, when people perceive the world by multiply means, he would get a lot of information from different angles. Such as produce a cup, it is possible to design a new cup from different characteristics of other materials, and it is possible to produce it when the suitable material and technique is available. This as well shows the process of cognitive construction.

Jean Baudrillard, a French thinker, sees the world as a simulated society built by the mass media, in which simulacrum and simulations supersede the real and primordial thing.²⁰⁴ His view reveals the great influence of modern media. Events that occur in the digital age can easily be transmitted through multimedia. Many fictitious things become super-real in the process of propagation. People's perceptions are affected by external society. Everyone can be lost like a child. In the simulation world built by the media, people's perception is influenced by the public opinion without knowing it. Although it seems that every choice has been deliberately considered, in deed, most people follow the path of the many and have no choice from themselves. Thus, the development of technology more and more clearly confirms the view that "everything is false."

People living in modern media, all kinds of media constantly updated. people who do not learn persistently will not adapt to the society. This is similar for human growth. For example, a pregnant mother, the news of pregnancy can make a person who expects to be a mom happy, and this happy will not last for ten months until the baby is born, in the process of pregnancy, the mother's physical condition will change because

²⁰⁴ 鲍德里亚, 仿真与拟象。(Jean Baudrillard, *Simulacra and Simulation*)
汪民安, 后现代性的哲学话语。杭州: 浙江人民出版社, 2000, pp. 325-329

of pregnancy. The attitude of the people around them may also vary to her. Coupled with the character of the mother, her experience in ten months may lead to her own views on pregnancy. When there is a conflict between her opinion and the opinions of others, a negative emotion and a physiological stress response will arise, long-term repeated stimulation in that period may even lead to depression in mom and affect both the mother and the fetus. So as the Buddha said in the book " The Buddha said the birth of a child " ²⁰⁵that the birth of a child is a very suffering thing. Even if the pregnancy is successful, both the mother and the fetus need to experience the physiological and psychological changes during the ten-month-long period.

It is well-known that depression is physically, psychologically and spiritually painful. In fact, what kind of suffering it is, the answer in different patient is different because that others may not be able to fully understand it except for the suffering one. Buddhism uses karma to explain each person's real situation. In *Saddharmasmṛ ty-upasthāna sūtra*, it proposes that one's situation is caused by one's own karmas, the consequences must be borne by the self and others can not take them away. ²⁰⁶This gives the world a little inspiration that people with depression and other people are very similar. Life state of all people are bitter but the degree is not the same because the actions of each person is different.

The onset of depression is both a result and a beginning. Although DSM-5 has defined depression, these definitions are constantly being updated over time. One of the benefits of definition is that it allows for precise range and smooth communication; and one downside is that it limits thinking and makes non-definitional features overlooked, so definitions need to be constantly replenished and refined in development. Depression is a lack of definition in Buddhism, but as a suffering phenomenon it is caused by the accumulation of various conditions that

²⁰⁵ 竺法护 译,《大正藏》,《佛说胞胎经》,第11册,第317经(Taishō Tripiṭ aka, The Buddha said the birth of a child, Vol.1)

²⁰⁶ 瞿昙般若流支译,《大正藏》,《正法念处经》卷7(地狱品之三),第17册,第721经。(Taishō Tripiṭ aka, Saddharmasmṛ ty-upasthāna sūtra, Vol.7).

contribute to the development of the individual with the most obvious symptoms being pain and suffering. And what exactly is the suffering of everyone?

In fact, it is only the patient with right mindfulness to well knowing it that the patient can perceive it, while those who are immersed in the suffering of the vain imaginary tend to lose consciousness and do not know the suffering. Not knowing it and prejudice in the illusion would strengthen the prejudiced habits of thinking, resulting in no right faith. Therefore, It is suffering, clinging and illusion that could be interpreted as the symptoms of depression.

3.2 The analysis of Etiology: the Four noble truths

The Four Noble Truths were repeated in Buddhist Classics. From a Buddhist view, depression is a suffering phenomenon, therefore, the study on the cause of suffering could make it clear about how Buddhists explain the etiology of depression in Buddhism. There is a explanation of the cause of suffering in *Mahāsatipaṭṭhāna Sutta*²⁰⁷. Suffering is because of love. Because of a series of six groups which is lovely and adorable, love arises in these activities and stops there. These love could lead to regeneration, and accompanied by joy and greed because of "existence". They at any time and any place promote the mind to seek satisfaction, and manifested as the craving for sensual desire (*kāmatanhā*), the craving for

²⁰⁷ 通妙译,《汉译南传大藏经》,《长部经典二》,《大念处经》(Chinese Translation of the Pali Tipiṭ aka, Digha Nikāya, Vol.22, Mahāsatipaṭṭhāna Sutta): 然, 诸比丘! 苦集圣谛者何耶? 此爱能引导再生, 有俱喜、贪, 到处为追求满足, 即: 欲爱、有爱、无有爱。复次, 诸比丘! 彼爱于何处生起、于何处止住耶? 凡于世间有可爱、可喜者, 此爱即于此处生起、于此处止住。何者于世间为可爱、可喜耶? 眼于世间为可爱、可喜也。此爱即于此处生起、于此处止住。身于世间……乃至……鼻于世间……乃至……舌于世间……乃至……身于世间……乃至……意于世间为可爱、可喜者。此爱即于此处生起、于此处止住。……, 此爱即于此处生起、于此处止住。诸比丘! 此名为苦集圣谛。

selfpreservation (*bhavatanhā*) and the craving for non-existence or destruction (*vibhavatanhā*).

This three kinds of love as it is shown in *Vibhaṅga*²⁰⁸ and *The Path of Purification(Visuddhimagga)*²⁰⁹. *Kāmatanhā* is a greed that

²⁰⁸ 郭哲彰译,《汉译南传大藏经》,《分别论》,第49册,第25经,第17卷(Chinese Translation of the Pali Tipiṭ aka, Vibhaṅga): 此处,如何为有爱耶?是所有于诸有之有欲、有贪、有喜、有爱、有闷、有渴、有恼、有着,此言为有爱。此处,如何为有见耶?言「我与世间是有」,所有如是之见、成见、见稠林、见旷野、见诤、见恼、见结、取、执取、现贪、取见、恶道、邪路、邪性、外道处、颠倒执,此言为有见。此处,如何为常见耶?言「我与世间是常住」,所有如是之见、成见……乃至……颠倒执,此言为常见。此处,如何为断见耶?言「我与世间是断绝」,所有如是之见、成见……乃至……颠倒执,此言为断见。

此处,如何为三爱耶?是欲爱、有爱、无有爱。此中,如何为有爱耶?是有见俱行之贪、等贪、随贪、满足、喜、喜贪、心之等贪,此言为爱。此中,如何为无有爱耶?是断见俱行之贪、等贪……乃至……心之等贪,此言为无有爱。其余之渴爱是欲爱。此中,如何为欲爱耶?是欲界相应之贪、等贪……乃至……心之等贪,此言为欲爱……乃至……色界……乃至……无色界相应之贪、等贪……乃至……心之等贪,此言为有爱。断见俱行之贪、等贪……乃至……心之等贪,此言为无有爱。此为三爱。

²⁰⁹ 觉音尊者著,叶均译,《清净道论》,(高雄:正觉学会,2000年),页568,(tr. by Ye Jun, from *The Path of Purification*, by Bhaddantācariya Buddhaghosa): 如《分别论》中说:由所缘而得名的(渴爱),有色爱、声爱、香爱、味爱、触爱、法爱。譬如说长者子、婆罗门子,此子是从父而得名的。在彼等渴爱中,从一一渴爱而转起的行相,有欲爱、有爱及无有爱的三种。即色爱转起以欲乐而享受现于眼的视线之前的色所缘之时,名为“欲爱”;当它与认为所缘“是恒是常”的常见共同转起之时,名为“有爱”—与常见作伴的贪而名有爱;当它与认为所缘“是断是灭”的断见共同转起之时,名为“无有爱”—与断见作伴的贪

corresponds to the sensual desire which is for the enjoyment of pleasure. *Bhavatanhā* is the greed that is associated with eternity-belief (sassata-ditthi) which believes in a constant self or soul, and it exists in form realms and formless realms. *Vibhavatanhā* is the greed that is associated with annihilation-belief (uccheda-ditthi) which believes that self is annihilated at death. Love is divided into 12 kinds according to the differences between the six internal organs and the six external objects. In addition, there are 108 kinds according to the past, the present and the future based on the three phases of *kāmatanhā*, *bhavatanhā* and *vibhavatanhā*. Love for the enjoyment of pleasure is called *kāmatanhā*, love arising at six contacts, six feelings, six thoughts and six perceptions are belonged to this kind. Love arising at six contacts and six feelings, six thoughts and six perceptions are belonged to this kind

It shows in *Dhammapada*²¹⁰ that love, like, greed could produce worry, anxiety and fear. This points out that love and hatred are the source of evil. Love regenerates worry and fear resulting emotions. Emotions in turn lead the distraction of mind to be away off the reality in the moment by greed. This leads to ignorance of the present real situation. Wickedness arises along with the ignorance and it in turn affect the generation of love, starting a negative spiral of increasing troubles. The onset of depression is closely related to negative emotions and cognitions. Therefore, the analysis

而名无有爱。于声爱等的方法也是同样的。如是则此等（六爱）而成十八渴爱。彼（爱）于内色等十八及外（色等）十八而成三十六。如是过去三十六，未来三十六，现在三十六，故成一百零八的渴爱。

²¹⁰ 法救撰，维祇难 等译，《大正藏》，《法句经》（好喜品第二十四有二章），第4册，第210经，第2卷。(Taishō Tripiṭ aka, **Dhammapada, affection**, Vol.2): 爱之不见忧、不爱见亦忧；是以莫造爱，爱憎恶所由，已除缚结者，无爱无所憎。爱喜生忧，爱喜生畏；无所爱喜，何忧？何畏？好乐生忧，好乐生畏；无所好乐，何忧？何畏？贪欲生忧，贪欲生畏；解无贪欲，何忧？何畏？贪法戒成，至诚知惭，行身近道，为众所爱。欲态不出，思正乃语，心无贪爱，必截流渡。

of distress, ignorance and evil beliefs originating from love could be beneficial for better understanding on the onset of depression.

3.2.1 Distraction

In SĀ.32²¹¹, it mentions that sense desire results in worry and the disappearance of sense desire brings the disappearance of worry. In MĀ.7²¹², if living being from somewhere has a sensual desire of a certain thing, or it is addiction to the thing, or it taints with the thing, or it insisted on the thing, this is called 'habit'(习). 'Habit' is also translated as 'set '(集) or 'cause'(因). 'Set '(集) means gather, 'habit' means remains. The past

²¹¹ 求那跋陀罗译,《大正藏》,《杂阿含经》卷32第913经,第2册第99经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.32): 佛告聚落主:「是故我说,其诸众生所有忧苦,一切皆以欲为根本,欲生、欲集、欲起、欲因、欲缘而生忧苦。」[0230a17] 佛告聚落主:「若有四爱念无常变异者,则四忧苦生;若三、二,若一爱念无常变异者,则一忧苦生。聚落主!若都无爱念者,则无忧苦尘劳。」

²¹² 僧伽提婆译,《中阿含经》卷7(Taishō Tripiṭ aka, Madhyama Āgama, Vol.7):「诸贤!云何爱习苦习圣谛?谓众生实有爱内六处,眼处,耳、鼻、舌、身、意处,于中若有爱、有腻、有染、有著者,是名为习。诸贤!多闻圣弟子知我如是知此法,如是见,如是了,如是视,如是觉,是谓爱习苦习圣谛,如是知之。云何知耶?若有爱妻、子、奴婢、给使、眷属、田地、屋宅、店肆、出息财物,为所作业,有爱、有腻、有染、有著者,是名为习;彼知此爱习,苦习圣谛,如是外处,更乐、觉、想、思、爱,亦复如是。诸贤!众生实有爱六界,地界,水、火、风、空、识界,于中若有爱、有腻、有染、有著者,是名为习。诸贤!多闻圣弟子知我如是知此法,如是见,如是了,如是视,如是觉,是谓爱习苦习圣谛,如是知之。云何知耶?若有爱妻、子、奴婢、给使、眷属、田地、屋宅、店肆、出息财物,为所作业,有爱、有腻、有染、有著者,是名为习,彼知是爱习苦习圣谛。诸贤!过去时是爱习苦习圣谛,未来、现在时是爱习苦习圣谛,真谛不虚,不离于如,亦非颠倒,真谛审实,合如是谛,圣所有,圣所知,圣所见,圣所了,圣所得,圣所等正觉,是故说爱习苦习圣谛。」

things would remain in the body and mind to form a habit which results in sensual desires to choose the lovable thing and keep away from sufferings, so the noble disciples well know the truth of 'habit' which should not leave away from realities and be upside down. So they think and observe well on realities to deal with the relationship of desires and emotions.

And as it is noted in SĀ.2²¹³ that ordinary persons produce the concept of the 'self' to arise a mind with discriminations of the 'self' and the 'other'. Another notes in Dharmaskandha²¹⁴ that mind is divided as three kinds of minds, such as *citta* ('心'), *mano* ('意') and *Viññāṇa* ('识'). In MĀ.7²¹⁵, a concept is created by a set of conditions, just after that a special consciousness arises, and one has a discerning mind to sort out 'this is mine'

²¹³ 求那跋陀罗译,《杂阿含经》卷 2, 第 43 经(Taishō Tripitaka, Saṃyukt Āgama, Vol.2): 佛告比丘:「云何取故生着?愚痴无闻凡夫于色见是我、异我、相在,见色是我、我所而取;取已,彼色若变、若异,心亦随转;心随转已,亦生取着摄受心住;摄受心住故,则生恐怖、障碍、心乱,以取着故。愚痴无闻凡夫于受、想、行、识,见我、异我、相在,见识是我、我所而取;取已,彼识若变、若异,彼心随转;心随转故,则生取着摄受心住;住已,则生恐怖、障碍、心乱,以取着故,是名取着。」

²¹⁴ 世友造,玄奘译,《阿毘达磨品类足论》卷 1: 心云何?谓心意识。

²¹⁵ 僧伽提婆译,《中阿含经》,卷 7(Taishō Tripitaka, Madhyama Āgama, Vol.7): 诸贤!犹如因材木,因泥土,因水草,覆裹于空,便生屋名。诸贤!当知此身亦复如是,因筋骨,因皮肤,因血肉,缠裹于空,便生身名。诸贤!若内眼处坏者,外色便不为光明所照,则无有念,眼识不得生。诸贤!若内眼处不坏者,外色便为光明所照,而便有念,眼识得生。诸贤!内眼处及色,眼识知外色,是属色阴。若有觉是觉阴,若有想是想阴,若有思是思阴,若有识是识阴,如是观阴合会。

「诸贤!此外地界极大,极净,极不憎恶,是无常法、尽法、衰法、变易之法,况复此身暂住,为爱所受?谓不多闻愚痴凡夫而作此念:『是我,是我所,我是彼所。』」

and 'this is not mine' or another pair of 'this is what I like or don't like'. Like this way, desires arise in one's mind. In SĀ.17²¹⁶, it also elucidates the process that how a contact and a consciousness is happening. A contact is related to two kinds of causes and a consciousness three kinds. And a contact causes a suffering. When combined to these interpretations, it would know that everything arises in condition. But ordinary people are likely to ignore these rational knowledge but trap in their desires and concepts.

When the lovable things causes desires, desires may regenerate irrational emotions which forms 'habits'. 'Habits' in turn could call some related memories which with some experiences especially bad experiences to the mind and stop the mind from observing things in the exact moments but force it to react to the recall experiences which is resulting in the changes in body and mind. This process is elucidated by SĀ.17²¹⁷ as well.

²¹⁶ 求那跋陀罗译，《大正藏》，《杂阿含经》卷 17 第 460 经，第 2 册第 99 经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.17): 尊者阿难告瞿师罗长者：「眼界异、色界异喜处，二因缘生识，三事和合生触，又喜触因缘生乐受。如是耳、鼻、舌、身、意、法，亦如是说。复次，长者！有异眼界、异色界忧处，二因缘生识，三事和合生苦触，彼苦触因缘生苦受。如是耳、鼻、舌、身、意、法，亦如是说。」

²¹⁷ 求那跋陀罗译，《大正藏》，《杂阿含经》卷 27 第 715 经，第 2 册第 99 经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.27):

尔时，世尊告诸比丘：「有五盖、七觉分，有食、无食，我今当说。谛听，善思，当为汝说。譬如身依食而立，非不食。如是五盖依于食而立，非不食。贪欲盖以何为食？谓触相，于彼不正思惟，未起贪欲令起，已起贪欲能令增广，是名欲爱盖之食。「何等为瞋恚盖食？谓障碍相，于彼不正思惟，未起瞋恚盖令起，已起瞋恚盖能令增广，是名瞋恚盖食。「何等为睡眠盖食？有五法。何等为五？微弱、不乐、欠味、多食、懈怠，于彼不正思惟，未起睡眠盖令起，已起睡眠盖能令增广，是名睡眠盖食。「何等为掉悔盖食？有四法。何等为四？谓亲属觉、人众觉、天觉、本所经娱乐觉。自忆念、他人令忆念而生觉，于彼起不正思

The Buddha said to monks that five hindrances exist for a long time because of continuous supplies as body exist because of food. Sensual desires(*Kāmarāga*) are based on contacts as it was mentioned before. If one has a inappropriate thinking, it would give rise to a desire when it had no desire, or would increase desire that it already had. The other four hindrances are all the same. Ill will (*Vyāpāda*) is based on obstacles, sloth(*thīna*) and torpor (*middha*) are based on faintness, unhappiness, sleep, hyperorexia, sluggish. Restlessness and worry (*uddhaccakukkucca*) are based on vieties of recollections. And doubt (*vicikicchā*) is based on hesitation in the past, now and future. They all rise or increase with inappropriate thinkings.

Although the body needs food to survive, it doesn't mean to give up eating, but requires staying mindful about eating it. Thus, the Buddha told monks again that when the five hindrances survived with supplies, they could observe on impurities to remove the sensual desires; develop inner loving kindness to eliminate ill wills; contemplate on light, sunshine, luminosity, or rosiness to wipe out sloth and torpor; calm down thinking to stop restlessness and worry; abide in dharma of dependent origination to dwelling without doubt. These methods are for quitting supplies to let the five hindrances go but not for stoping their arising.

惟，未起掉悔令起，已起掉悔令其增广，是名掉悔盖食。「何等为疑盖食？有三世。何等为三？谓过去世、未来世、现在世。于过去世犹豫、未来世犹豫、现在世犹豫，于彼起不正思惟，未起疑盖令起，已起疑盖能令增广，是名疑盖食。「何等为贪欲盖不食？谓不净观，于彼思惟，未起贪欲盖不起，已起贪欲盖令断，是名贪欲盖不食。「何等为瞋恚盖不食？彼慈心思惟，未生瞋恚盖不起，已生瞋恚盖令灭，是名瞋恚盖不食。「何等为睡眠盖不食？彼明照思惟，未生睡眠盖不起，已生睡眠盖令灭，是名睡眠盖不食。「何等为掉悔盖不食？彼寂止思惟，未生掉悔盖不起，已生掉悔盖令灭，是名掉悔盖不食。「何等为疑盖不食？彼缘起法思惟，未生疑盖不起，已生疑盖令灭，是名疑盖不食。譬如身依食而住、依食而立；如是七觉分依食而住、依食而立。

These have shown that desires results more emotions, and emotions suppress appropriate thinking to arouse or increase five hindrances which trap the mind into emotions and away from the reality. And the methods for coping with five hindrances highlight appropriate thinkings to lay them aside by cutting off supplies.

As it also was mentioned in the story of poison arrow about the differences of ordinary persons and holy disciples, they both are shot by poison arrows, but ordinary persons would feel hurt in the body and the mind but saits would not. For ordinary persons, they don't know the nature of emotion, which is a sign to let themselves know something being changing, so they just from emotion arouse desires and thinkings to deal with manifestation of emotions but not emotional objects. Saits will be aware of and observe on the real object to deal with the wound in body and keep away from thinking a lot.

In Buddhist literatures, it often noted the Buddha's admonishment that learners should listen carefully and think skillfully, and that the teacher teaching nothing is teaching the whole thing²¹⁸. This means what you learned from the outside is really what you learned from the inside. Learning needs to be based on the reality of personal conditions. If learners don't transform themselves from inside, they will not be beneficial from any teaching.

It could be seen from sensual desire leading people who trapped in emotions to distraction at personal reality. Sensual desires accompanied by various emotions arouse and increase five hindrances resulting in trapping in emotions and distraction at personal reality and forming a vicious spiral to get lost in ignorance and strengthen prejudices. The latter two also in the teaching of dependent origination and Buddhist cognitive theory are explained by a rational mode to show the formation and development process of suffering.

3.2.2 Ignorance

²¹⁸鸠摩罗什译,《金刚般若波罗蜜经》(Taishō Tripitaka, Vajracchedikā-prajñā-paramitā Sūtra): “说法者,无法可说,是名说法。”

In MĀ. 7, ordinary persons generate the concept of the 'self' by experiences and saits practice and abide in well knowing and right mindfulness by observations on the dependent origination. As in SĀ.12No.293²¹⁹ and MĀ.21 No.86²²⁰, it shows the Buddhist cognitive method toward the world by ascribing all suffering to 'existence'.

Ordinary persons who are unknow 'existence' arising from dependent origination are possible to take it as 'real existence' or 'actual entity and arouse desires and sufferings in their inner world. But holy disciples observe on it and support to establish their unbiased minds and right mindfulness to live on a harmonious life. 'The conditions are assembled that the thing exists, and the thing exists that it arises' ²²¹ As

²¹⁹ 求那跋陀罗译,《大正藏》,《杂阿含经》卷 12,第 293 经,第 2 册,第 99 经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.12): 所谓有是故是事有,是事有故是事起。

²²⁰ 瞿昙僧伽提婆译,《大正藏》,《中阿含经》卷 21 (长寿王品说处经第十五),第 1 册,第 26 经(Taishō Tripiṭ aka, Madhyama Āgama, Vol.21): 阿难!我本为汝说因缘起及因缘起所生法。若有此则有彼,若无此则无彼,若生此则生彼,若灭此则灭彼。缘无明行,缘行识,缘识名色,缘名色六处,缘六处更乐,缘更乐觉,缘觉爱,缘爱受,缘受有,缘有生,缘生老死。若无明灭则行灭,行灭则识灭,识灭则名色灭,名色灭则六处灭,六处灭则更乐灭,更乐灭则觉灭,觉灭则爱灭,爱灭则受灭,受灭则有灭,有灭则生灭,生灭则老死灭。阿难!此因缘起及因缘起所生法,汝当为诸年少比丘说以教彼,若为诸年少比丘说教此因缘起及因缘起所生法者,彼便得安隐,得力得乐,身心不烦热,终身行梵行。

²²¹ 求那跋陀罗译,《大正藏》,《杂阿含经》,卷 12,第 293 经,第 2 册,第 99 经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.12): 尔时,世尊告异比丘:「我已度疑,离于犹豫,拔邪见刺,不复退转。心无所著故,何处有我为彼比丘说法?为彼比丘说贤圣出世空相应缘起随顺法,所谓有是故是事有,是事有故是事起。所谓缘无明行,缘行识,缘识名色,缘名色六入处,缘六入处触,缘触受,

one thing arises, holy disciples face and observe on it with a proper distance to well know changes inside and outside the body in the current moment and realize the truth under personal emotions and desires, so they establish their unbiased minds and right mindfulness to live on a harmonious life.

As it is in *Mahāprajñāpāramitā Sūtra*²²², the Bodhisattva practice mindfulness based on well thinking to make mind abide in object of mindfulness, and it is the process of making everything surrender to ideality by calming down personal mind.

As it notes in *Sandhinirmocana Sūtra*²²³, the Bodhisattva achieves the wholesome Dharma by millions times of practice of it. At the first stages, when they are practicing, sufferings would arise all the same, they practice on the way of seeking method to wipe out the suffering because they still can't wipe out it, during this period, their understanding

缘受爱，缘爱取，缘取有，缘有生，缘生老、死、忧、悲、恼、苦。如是如是纯大苦聚集，乃至如是纯大苦聚灭。

²²² 三藏法师玄奘奉诏译，《大正藏》，《大般若波罗蜜多经》卷 568(第六分念住品第五)，第 7 册，第 220 经：「天王！云何诸菩萨摩訶萨行深般若波罗蜜多修心念住？谓此菩萨作是思惟：『此心无常，愚谓常住，实苦谓乐，无我谓我，不净谓净；此心不住，速疾转易，随眠根本，诸恶趣门、烦恼因缘，坏灭善趣，是不可信贪、瞋、痴主；于一切法心为前导，若善知心悉解众法；种种世法皆由心造，心不自见种种过失，若善若恶皆由心起；心性速转如旋火轮，飘忽不停如风野马，如水暴起，如火能烧。』作如是观令念不动，令心随已不随心行，若能伏心则伏众法。」

²²³ 玄奘译，《大正藏》，《解深密经》卷 4（地波罗蜜多品第七），第 16 册，第 676 经：佛告观自在菩萨曰：「善男子！若诸菩萨经无量时修行施等成就善法，而诸烦恼犹故现行，未能制伏然为彼伏，谓于胜解行地软中胜解转时，是名波罗蜜多。复于无量时修行施等，渐复增上，成就善法，而诸烦恼犹故现行，然能制伏非彼所伏，谓从初地已上，是名近波罗蜜多。复于无量时修行布施等，转复增上，成就善法，一切烦恼皆不现行，谓从八地已上，是名大波罗蜜多。」

of the truth would have a transformation from the ordinary people's unknown level to the first level of the Bodhisattva, and this is called *Pāramitā*. At the second stages, when they are practicing, sufferings would arise like the first stage, they practice on the way of observing on the suffering because they already have method to wipe out it, during this period, their practice is on the path from the first level to the eighth level to confirmed the belief that they have achieved in the first stage, and this is called near *Pāramitā*. At the last stages, when they are practicing, sufferings would never arise, and they start from the eighth level to the Buddha's realm of omniscient and omnipotent.

This has shown that ignorance is because of unawareness of knowledge that should be known, resulting in a lack of cognition. And 'existence' make things arise according to dependent origination, so different cognition of events would lead to different personal experience. The cognition of the truth help to be mindful of the real reality and keep away from ignorance which lead a harmful cycle of prejudice, and thus one could solve the real problem.

Associated with the development of depression, ignorance plays an important role in promoting the formation of negative cognitive patterns in patients. How does negative cognitive schema work? Buddhist dharma also interprets the formation process of prejudice to reply to this question.

3.2.3 Prejudice

In Mahayana Buddhism, the theory of consciousness-only has explained Buddhist cognitive theory. The result of cognition is knowledge which has three kinds, such as 'perception(*Pratyakṣa*)', 'inference or analogy(*Anumāṇa* or *Upamāṇa*)' and 'wrong cognitions that could from postulation which is a derivation from circumstances(*Arthāpatti*), non-perception which is a negative/cognitive proof (*Anupalabdi*) and word which is testimony of past or present reliable experts (*Śabda*)'.

The arising of knowledge requires a variety of conditions. If taking the eye consciousness as an example, it needs nine conditions to arouse the eye consciousness and forms knowledge of the object of the

eye.²²⁴ When the first five kinds of consciousness arise, the five feeling (about visual, auditory, smell, taste, touch) are produced. The five senses newborn at first are intuition, and need the sixth consciousness to help them play a discerning function.

The sixth consciousness arise to deal with internal and external phenomena, with 51 kinds of mental factors arising accordingly, resulting in touching, perception, concept, thinking), and so on, forming a cognitive and feelings. The sixth consciousness is related to three knowledge above. The first five consciousness are transformed to be the object of the sixth consciousness and at first they are just perception but in the second moments they are turned to be the last two kinds of knowledges.

The seventh consciousness is the pure or tainted origin of the first six consciousnesses and the eighth consciousness is the root origin of the first seven consciousnesses. Cognitions and emotion are phenomena beyond consciousness that are from the sixth consciousness, but they are influenced by the last two consciousnesses, especially mainly by the seventh consciousness. The seventh consciousness is always similar with but not truth with the real knowledge before one enters on the first level of the Bodhisattva. The seventh consciousness functions as a continuous thinking based on the eighth consciousness to form the concept of the 'self', the 'self' is always accompanied by desire, arrogance and ignorance, so cognitions and emotions would be effected by the 'self' to generate

²²⁴ 于凌波着,《唯识学入门六记》, pp. 435-438: “九缘生识”是唯识学中关于识的因缘的归纳,以眼识为例须九种缘,依次为:空(空间)、明(光明)、根(眼根)、境(色境)、作意(注意)、种子(眼识种子)、分别依(第六识)、染净依(第七识)、根本依(第八识);耳识须八缘,较眼识生起少明缘;鼻识、舌识、身都须七缘,均较耳识少空缘;意识须五缘,其根缘也是染净依缘,即第六识以第七识为根和染净依,另外还须境缘、作意缘、根本依缘和种子缘;末那识须四缘,根缘、境缘、作意缘和种子缘,根缘也是根本依缘,即末那识依阿赖耶识为根和根本依,缘第八阿赖耶识为境;阿赖耶识须四缘,根缘、境缘、作意缘和种子缘,阿赖耶识依末那识为根,以根身、器界和种子为境。

suffering.

To sum up, the cognitive theory of consciousness-only uses eight consciousnesses to explain all phenomena, and illustrates changes in emotions and cognitions which could regenerate suffering obstacles. Hence, if one persists in the 'self' forming a prejudice and then carried this prejudice out in the daily life, the prejudice could be reinforced and lead to a disharmonious life. It is proved as well by scientific researches that negative cognitions and emotions are causes for depression episodes.

3.3 Case study of *Vāsiṭ ṭ hī*: the vicissitudes of a mad mother

In the Buddhist scriptures, there are stories of people who were frustrated and maddened by various causes and then rescued by the Dharma. Some of the most relevant cases to depression are: (1) A Brahman who is mad for the loss of farmland harvest and the death of his lovely son; (2) *Vāsiṭ ṭ hī*, who is mad for the death of her six children; (3) *kisa Gotami*, who begs for medicating holding her dead son; ²²⁵and so on. This chapter takes the second case to do the analysis in order to explore the way Buddhism treats depression.

In Buddhist literatures, *SĀ.44No.1178* ²²⁶, *Abhidharma Mahāvibhāṣā Śāstra* ²²⁷, *Abhidharma vibhāṣā Śāstra* ²²⁸, and *Therīgāthā*²²⁹, has recorded the similar story. *Vāsiṭ ṭ hī* at first had six

²²⁵ 通妙译,《汉译南传大藏经》,《相应部经典》,卷5(第三瞿昙弥),第13册,第6经。(Chinese Translation of the Pali Tipiṭ aka, Saṃyuttanikāya, Vol.5). 求那跋陀罗译,《大正藏》,《杂阿含经》卷45第1200经,第2册第99经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.45)

²²⁶ 求那跋陀罗译,《大正藏》,《杂阿含经》卷44第1178经,第2册第99经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.44)

²²⁷ 五百大阿罗汉等造,玄奘译,《大正藏》,《阿毘达磨大毘婆沙论》,第27册,第1545经,第83卷。(Taishō Tripiṭ aka, Abhidharma Mahāvibhāṣā Śāstra, Vol.83)

²²⁸ 迦旃延子造,五百罗汉释,浮陀跋摩共道泰等译,《大正藏》,《阿毘昙毘婆沙论》卷43。(Taishō Tripiṭ aka, Vibhāṣā Śāstra, Vol.43)

²²⁹ 云庵译,《汉译南传大藏经》,《长老尼偈经》,第28册,第16经:行133-138。(Chinese Translation of the Pali Tipiṭ aka, *therīgāthā*, line 133-138)

children, and then they died one after another. Vāsiṭ ṭ hī could not stand the blow and refused to accept the fact that her children were dead. She was immersed in her memories of her children all day long. She wandered around with a naked body. She walked to the place near the Buddha's Dharma-speaking area and was awakened by the Buddha. And then she started her practice as a laywoman and later regenerated a child with her husband.

After that, the seventh child died, but she was not immersed in sadness. Her husband, who was aware of her differences, asked her the reason and then himself was led to become a Buddhist. After Vāsiṭ ṭ hī and her family heard the news about the husband's enlightenment, she followed his practice to become a nun and helped many people who were immersed in the pain to embark on the path of spiritual practice by her own experience.

From the different versions of the same story, the change of the mentally-crazed symptoms of Vāsiṭ ṭ hī can involve three processes: first, the process of emotional transformation; second, the process of cognitive construction; and third, the process of the birth of wisdom. The three processes are interlocked and interact with each other. The following is a separate analysis.

3.3.1 The process of emotional transformation.

In the process, Vāsiṭ ṭ hī has a thirsty love for her child. She is happy for her children's happiness and sad for their misfortune. In the reality, she cultivates a child-centered habit in her life. While love is growing again and again with the successive death of her children, there are left traces of pain in her mind and body to make her more love for the rest. In the end, when the sixth child dies, it becomes an unbearable pain, so a mind that chooses to escape from the reality has arisen because of the cruel and unlovable reality without her children. In comparison, the child in memory is living, the memory of the scene is more adorable than the actual scene, therefore, desire forces her to immerse in her memory. And she cannot take into account of the real life. To others, she was mad at the death of her children. But in her own view, she lost her direction in real life and

all her behavior was driven by her troubles.

Vāsiṭ ṭ hī got out of control the process of emotional loss because of love, and the desire forbidding the awareness of the reality in a observing state of consciousness. The process of improving emotions is also because of desire, but it is guided by the Buddha that she adjust herself to the reality by well knowing of it resulting the changes that she went away from love and improved her habits.

3.3.2 The process of cognitive construction

Cognition can be based on the reality or the illusion. The former generates a positive awareness, while the latter leads to ignorance and evil cognition of the reality. Because emotion-driven people make irrational choices, the process of cognition is closely related to the change of emotions.

As mentioned above, suffering is caused by thirsty love. Thirsty love could lead to regeneration and arouse emotions. Emotions lead to distraction, inhibition of positive thinking and the growth of five hindrances, so that the mind is shielded and thus can not well know the truths. But, if thirsty love could be cut off, wisdom could show in the observation. To cut thirsty love off in the process so as to positive thinking and dealing with five hindrances makes the mind bright to well know the truth, arouse the wisdom, and finally make the right choice.

In summary, cognitions and emotions form in the process of the mutual interaction. The Buddhist practice is also the process of cognitive construction. Buddhism attaches great importance to the interaction between the two. Therefore, the process of Buddhist practice takes being away from desire to be the actual training. In the process of getting away from the desire, it gives rise to the rational cognition and thinking of reality, and ultimately a wisdom of choice.

3.3.3 The process of wisdom arising

Although she lost six children in a successive process and she had been entangled in the love of her children until she saw the Buddha, she did not observe how her inner pain and emotion are changing. The path

of pain has always been repeated, only to deepen the memory of pain and reproduce the cognition of pain. She can accept the death of the first five children and transfer lover desire to other children, but with the death of the sixth child she has nowhere to put her desire. The mind is lost at the memory with children, so she said she is suffered by thirsty love.²³⁰

After seeing the Buddha, no matter whether the Buddha shows the images of her six children in front of her or guides her to feel the love of them, the Buddha guides her to transform her gloom from the state of rejection and contraction to the state of acceptance, and then to perceive the internal pain and emotional changes until she could walk out of the torment and feel the physical and psychological changes in present. From then on, she began a new life to use her body and mind to learn the Dharma. Therefore, when the seventh son is lost, her realization has not only the tragedy of loss, but also the new cognition of life, which can support her to continue living. At this time, she has gradually embarked on the real path to Buddhist practice, and could direct others contact with Dharma.

In this process, with the aid from Buddha, *Vāsiṭṭhī* started her new life and observed the changes in her body and mind in the new life. From her own perspective, she realized the impermanence of life and kept away from sadness to establish a privity cognitive mode for realizing changes in the world during which wisdom is arising. In short, the process of wisdom arising is the process of observing, discovering, and dissolving unacceptable habits of life and establishing appropriate living habits. So living, realization and wisdom arising are in the same time.

3.4 The analysis of Treatments

From a Buddhist perspective, depression is a long-lasting experience of suffering that is caused by no realization of it. All sufferings

²³⁰ 云庵译,《汉译南传大藏经》,《长老尼偈经》第28册,第16经:行133-134。(Chinese Translation of the Pali Tipiṭaka, *therīgāthā*, line 133-134): 一三三「我为子忧闷,心狂思想乱,裸身披乱发,到处我徘徊。一三四 尘冢与墓所,街路与大道,徘徊三年间,饥渴所烦恼。」

could be attributed to suffering arising from five aggregations. In the subdivision, the symptoms of depression are the closest to stress and anxiety in the body and mind. "Worry" or "anxiety" is the pain and stress of mind and *manas*. "Bitterness" is the pain and stress of the body. All of them can influence others and also cause distractions in mind and cause worry, sadness, bitterness, annoyance, stuffiness, and so on.

In the process, on the one hand, emotions drive people to turn their attention from reality to concern about desire, which makes people lose their rationality and obstruct their thinking so as to give rise to five hindrances. On the other hand, five hindrances brings about obstacles to the mind and makes it unmindful.

Observation is the role of wisdom, bringing well knowing; realization is another role of wisdom, bringing about adaptive options. If observation is obstructed, it will result in the lack of knowledge that affect the rational cognitions; If realization is obstructed, it will result in the lack of the suitable belief coming from the one's deep inner side that could help to break through the inner barrier. Ignorance is a lack of one's own insight on the reality and it brings the superstition.

The course of treatment as an educational process, followed by the order of study, practice and realization, which is the basic process of Dharma practice. Dharma practitioners need to acquire knowledge through learning, gain experience through practice, and develop their thinking based on the former two process to arouse wisdom.

3.4.1 Study

The main responsibilities of a monk are two things²³¹, precepts

²³¹ 释元照撰，《大正藏》，《四分律行事钞资持记》卷5（释标宗篇），第40册，第1805经：远古诸佛三乘圣贤由戒。资成至于现未展转无穷。故戒疏云前圣果圆后贤因满。引生来业展转住持。众生无尽戒亦无竭。即戒本云如过去诸佛及以未来者现在诸世尊皆共尊敬戒是也。……劝持中初科明出家之人所务唯二。一须稟戒。二当学道。初中上句标人。凡谓非一。厕预者对下沐心即指身口。

and learning. With regard to the precepts, all Buddhas reside in precepts, so precepts is not the creation of the Buddha but the realization of the Buddha. When learning and practicing at the Buddhas's time, the disciples could rely on the teaching of Buddha to attain the achievement. After the Buddhism passed away but by his remaining words, the disciples should take precepts as their teachers and reside in the Four Foundations of Mindfulness.

The precept has ten merit²³², which is the regulations to help disciples practice settled down with the help of the Buddha. When troubles are present, Buddhist disciples recollected the precepts to do according to it, so they clarify the direction of practice, and overcome their troubles with the merit of precepts. Just as the Buddha's guidance for *Vāsiṭṭ hī*, firstly, the solemn mercy of the Buddha made *Vāsiṭṭ hī* temporarily out of

佛法深妙有信得入。故曰玄门。克下示所学。克犹必也。清禁即戒法。戒防七业。故不容非。二学道中初句标人。正道清澄洗沐尘垢。故喻如水。慕下明所修。慕即志念。出要即指定慧。定静慧明不随尘欲。故无染世。上约三学事理业惑相对以明。乃知。出家之士义无偏学。专事味道未异凡流。乐道忘事何由修证。上是对明三学。故下合示两利。初二句正示德。益时者外用无非住持。生善成利他也。超尘网者寡欲绝累成自利也。良下推其所以。上二句显利他之功本由净戒。下二句明自利之德实因定慧。法即是戒道即定慧。……佛临灭时阿难请问四事。第二问云。佛灭度后以谁为师。佛言以戒为师(初问依何而住。令依四念处住。三问经首安何语。令安如是我闻等。四问治恶性比丘。令默摈治之)。

²³² 佛陀跋陀罗共法显译,《大正藏》,《摩诃僧祇律》,第22册,第1卷,第1425经:佛告舍利弗:「有十事利益故,诸佛如来为诸弟子制戒、立说波罗提木叉法。何等十?一者摄僧故;二者极摄僧故;三者令僧安乐故;四者折伏无羞人故;五者有惭愧人得安隐住故;六者不信者令得信故;七者已信者增益信故;八者于现法中得漏尽故;九者未生诸漏令不生故;十者正法得久住,为诸天开甘露施门故。以是十事,如来、应供、正遍知为诸弟子制戒、立说波罗提木叉法。」

immersing in the personal world, so that she could hear the Dharma; and then the Dharma instructs her to realize the changes in mind and body so as to be well thinking. In the meantime, thinking in a positive way encourages Vāsiṭ ṭ hī to face with the daily troubles and inspires her to realize her own life.

The Buddhist disciples followed the Buddha's guide and took the Precept as their teacher. When the unwholesome dharma disrupts the mind and make it restlessness, unable to settle down in the good law, the practitioners temporarily restores their normal mind by the merit of mindfulness of the precepts. Normality is the premise to bring the normal and rational cognition, thinking and experience. Recollection of precepts is the beginning of practice. Recollection and mindfulness are closely related. Mindfulness is translated from Pali *sati* or Sanskrit *smṛ ti*. The original meaning of these two words is "memory" and "attention".²³³

Recollection of precepts brings the memory of precepts to the mind and it is part of mindfulness of precepts. The process of holding the precepts can be divided into several stages, first of all, to perceive the need to keep the precepts; secondly, to recollect the precepts; thirdly, to concentrate on the precepts, to disengage from the previous desires by the merit of precepts, and finally to establish a suitable relationship between precepts and desires.

Learning begins with precepts is just as learning and following prestigious teachers to have clear direction and good guidance which could guarantee the expected learning outcomes. However, learning is an external process, the result of which is the promotion of an individual's internal transformation, so that learning requires practice to reinforce it process.

3.4.2 Practice

According to SĀ.24²³⁴, it needs precepts to be the teacher in

²³³ Gethin, R.M.L. **The Buddhist Path to Awakening**, 2nd edition, (Oxford: Oneworld Publications, 2001). (First published by E.J. Brill 1992), p.42

²³⁴ 那跋陀罗译, 《大正藏》, 《杂阿含经》, 第2册, 第99经, 第24

practice, and lives in the four foundations of mindfulness. The latter are wholesome dharma, by contrary to that five hindrances are unwholesome dharma. And as it was discussed in former parts, five hindrances drive one's mind into emotions, and emotions, in turn, nourish five hindrances to make the mind unrational, distracted from the reality, and this affects cognitive processing to generate illusions. The persistence of illusion forms a prejudice, a prejudice in turn strengthen unwholesome dharma. Therefore, the right way is to practice in the mindfulness of the realities. And by the the precepts, one could keep away from desires to be free from stress of it, and then come to live in wholesome dharma to overcome the trouble. During the practice of learning from the outside world and establishing mindfulness on the realities, the practitioners could cultivate their ability to concentration and increase three kinds of wisdom to improve their internal states.

The establishment of mindfulness has been divide into four kinds when doing the explanation in the *Mahāsatipaṭṭhāna Sutta*²³⁵. The purpose of the study is to increase wisdom from concentration and observation. The process is to contemplate on the specific meditative object to increase concentration, and then to facilitate observation to establish suitable life style, finally to transform the learning style to learned style to live with wisdom. So the Buddha strictly gave the teaching and stressed on listen carefully and thinking well. In the Diamond Sutra, the Buddha has admonished to the Venerable Subhuti that understanding is important.²³⁶

卷，第 611 经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.24): 世尊告诸比丘：「有善法聚、不善法聚。云何善法聚？所谓四念处，是为正说。所以者何？纯一满净聚者，所谓四念处。云何为四？谓身身观念处，受、心、法法观念处。云何不善聚？不善聚者，所谓五盖，是为正说。所以者何？纯一逸满不善聚者，所谓五盖。何等五？谓贪欲盖、瞋恚盖、睡眠盖、掉悔盖、疑盖。」

²³⁵ 通妙译，《汉译南传大藏经》，《长部经典二》，《大念处经》，见前引。

²³⁶ 鸠摩罗什译，《大正藏》，《金刚般若波罗蜜经》，第 8 册，第 1 卷，第 235 经(Taishō Tripiṭ aka, Vajracchedika-prajna-paramita Sutra): 须菩提。汝勿谓如来作是念。我当有所说法。莫作是念。何以故。若人言如来有所说法。即

Therefore, it reveals that Buddhist practice attaches importance to learning, understanding and realization. Different people would have different situations for increasing the wisdom from learning, thinking, and realizing. Learning or Hearing (it is the earlier common learn way) receives information from the outside, thinking transforms the learned information, and realizing is based on the adjustment of the body and mind to accomplish the transformation. So “the Buddha has said like this”²³⁷ could not be used directly as the theoretical basis of practice but need to be internalized first, and make sure it is suitable for the specific practitioner. And practitioners need to do adjudgement according to the changes of whole situation, so “there is no Dharma to teach, and this is the dharma teaching”²³⁸ highlights understanding and practice in learners. Dharma advocates and reveals the objective phenomena, and emphasizes awareness and observation in mindfulness practice.

Mindfulness practice improve concentration and awareness by recollecting and dwelling in wholesome dharmas to forms a stable and faithful cognition based on observations of the realities. The four noble truths are the core teachings of Buddhism, which illustrate the world outlook and methodology of Buddhist practice. By learning and practicing, consciousness of the practitioner will change a lot. He could find a way out of suffering when he observed the bitter episode. He understood from the inside, so he will lean in, work hard, do not slack off, do not forget, do not forget, settle down. (“精勤而不懈怠，正身正念，不忘不痴，安定一心”)²³⁹, he also understand the praise by the sage for the Buddha²⁴⁰.

为谤佛。不能解我所说故。须菩提！说法者，无法可说，是名说法。

²³⁷ 鸠摩罗什译，《金刚般若波罗蜜经》(Taishō Tripitāka, Vajracchedika-prajna-paramita Sutra), 同上：如来作是念。

²³⁸ 鸠摩罗什译，《金刚般若波罗蜜经》，(Taishō Tripitāka, Vajracchedika-prajna-paramita Sutra): 无法可说，是名说法。

²³⁹ 瞿昙僧伽提婆译，《中阿含经》，卷7（舍梨子相应品象迹喻经第十）。(Taishō Tripitāka, Madhyama Āgama, Vol.7)

²⁴⁰ 马鸣菩萨造，北凉天竺三藏昙无讖译，《大正藏》，《佛所行赞》（佛

In this way, he can not only rely on the merits of abstinence but also avoid the bad law, and can use positive thinking to treat five covers, believe in Buddhism, improve the focus and awareness. When can use self-control uniform annoyance, he depends on the wisdom of the ring to abide in the confused concept, with a focus awareness of change, thus turn troubles for bodhi wisdom, with the bodhi wisdom surrendering the worry, gradually took to the road to the way of learning and practice. In this road of practice, practice consolidates the fruits of learning, while enlightenment reveals individual changes.

3.4.3 Realization

SĀ. 11²⁴¹ has taught that there is learning to add to it by modifying the word; There is no such thing as learning truth without learning. There is learning in turn to increase the precept, heart and wisdom. We must learn to be honest, but we can't afford to worry. Intelligence is the true meaning is set out, according to the facts in life not to bother regeneration of body and mind, without interference, discouraged by heart so truthfully, after feeling world, nothing is permanent, so heart not wedded to any personnel. If you do not persist, you will eliminate the meaning of the constant review, so that you will not be able to do the work.²⁴² Therefore, to give up the virtue of his interests, and

所行赞入苦行林品第七)，第4册，第192经，第2卷(Taishō Tripiṭ aka, Buddhacarita)：若离心意者，此身如枯木，是故当调心，心调形自正。

²⁴¹ 《大正藏》，《别译杂阿含经》，第2册，第100经，第11卷(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.11)：佛言：「时时修学，增上戒故，名之为学。时时修学，增上心故，名之为学。时时修学，增上智故，名之为学。」

佛言：「若有罗汉，尽诸烦恼，正见心得解脱，当于尔时，贪欲、瞋恚及以愚痴，一切悉断，无有遗余，是名无学。若彼罗汉，尽于贪欲、瞋恚、愚痴，更不造作身口意恶，无所进求，以是义故，名为无学。」

²⁴² 吉藏造，《大正藏》，《净名玄论》（三别释法门），第38册，第1780经，第3卷(Taishō Tripiṭ aka, Commentary on Vimalakīrti-nirdeśa-sūtra by Jizang)：“任运即不假思量议度”。

to make the body language change according to the regulations; Ding hui makes people get rid of vulgarity and gain the merits of self-interest. In the good law, he has a positive thinking and consciously adjusts the changes of body language.

Accordingly, hold to revised, revised to wisdom, wisdom to enhance the power of the heart, the heart of change and decide to stay, not because miss the past or for the future of desire and wavering. The memory of the law makes people cautious and prudent, and the practice of abstinence is like a doctor's advice, which can help patients adjust their behavior and promote the symptoms of disease. Now the good law can give rise to the positive thinking of the etiology, from the consciousness of the change of the etiology of the influence of the body and mind, to promote the practice of the eight zhengtao and to form a good living habit, away from the cause of the discomfort. It is the habit of the human being to conform to the laws of nature, the physical experience and the consciousness of the mind to achieve harmony within and outside of mind and body, and the body and mind reside in the perfect state.

3.5 Conclusion

All phenomena in Buddhism can be analyzed with the Four Noble Truths, so depression can be resolved with them as well. In this chapter, the symptoms of depression are analyzed and it is expressed as suffering from the "self". And "self" is a phenomenon that is gradually formed in grasping. If the 'self' is covered by Five Hindrances (*pañca nīvaraṇ āni*), the mind could not be stable, truthful and rational, therefore it cannot produce true wisdom. In the grasping, the people formed the cognition which did not accord with the reality, and constructed one's inner world to form an illusion of the world.

When the inner world and the outside world couldn't interact well, the individual generates emotions. Emotion is a communication signal. If trapped in the emotion, the individual cannot do well thinking according to the actual situation which causing the distraction of status quo. At the same time, a lack of rational cognition on the environment leads to the inability to straighten out the karma and result in ignorance. Therefore,

emotion is a signal of change and cognition constructs rationality. Cognition and emotion can influence each other. Cognition without emotion could be easy to build in the illusion of paranoia. one indulges in a illusion could produce changes in psychological, physical and mental states and make person maladjust to interpersonal activities or normal life in the outside world.

One with Mindfulness could focus and observe life from learning and practice to get enlightenment. It involves learning the boundaries of things, and thus forming a cure. So, mindfulness is the protection and management of body, speech and mind. Firstly, it admits that the existence of desire. By mindfulness of the precepts, one could stay away from the desire and make body and mind under control so as to build cognitive mode in the state of mind. When concentration arises, it puts the mind in a normal state to pay attention to the present moment, and then by observation of the object, it gives birth to the true knowledge. In the process of seeing and knowing, it makes the state of the mind break away from grasping and transforming the states from learning to unlearning, the one would get a realization only from his inside and it would function to construct the harmonious state inside and outside the body and the mind.

CHAPTER IV

An Analytical Study of mindfulness from Buddhism to psychology

How is Buddhist mindfulness transformed into psychological mindfulness-based therapy? This dissertation will focus on this question. From the semantic study of “mindfulness” in the past, it noted that mindfulness is translated from the Pali word "*sati*", and "*sati*" is found from the teachings of Buddha in *Anapanasati Sutra* and the *Satipathana Sutra*. After that, the concept of mindfulness has been transformed according to the understanding of its practitioners, and some divergences will emerge especially when it propagated into a different culture, as a result, it gradually lost its original Buddhist culture.

Among the practitioners, molecular biologist Dr. Jon Kabat-Zinn is an important person, whose transformational application of mindfulness has greatly contributed to the study of mindfulness in the medical and scientific fields. Dr. Jon Kabat-Zinn has defined mindfulness as "the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to things as they are."²⁴³ He designed Mindfulness-Based Stress Reduction (MBSR) to help afflicted people alleviating pain. Based on this, many psychologists also apply mindfulness other psychological interventions to design a series of mindfulness-based psychotherapy, such as, Acceptance and Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT), and Mindfulness-Based Cognitive Behavioral Therapy (MBCT). In this dissertation, they will be called Mindfulness-Based Therapy (MBT).

²⁴³ Williams J M G, Teasdale J D, Segal Z V, *The mindful way through depression: Freeing yourself from chronic unhappiness*, (New York: the Guilford Press, 2007) , p. 47

Positive effects of MBT have drawn lots of researchers to study mindfulness. Taking MBCT for example, the result has proved that the rate of Depression relapse in 55 patients with 3 or more previous episodes who participated MBCT could reduce from 78% to 36%²⁴⁴.

Mindfulness nowadays is valuable in the Western world and spread from there to all over the world. Although there are many literatures that study its effects or explore the mechanism, few literatures systematically discuss mindfulness therapy from the perspective of Buddhism, and a few of documents discuss mindfulness from western thought. Among them, David Jacobs Gordon (2009), from a critical history, proposed that the emergence of mindfulness is related to the shift of modern psychology from mechanical thinking mode to subjective mode.²⁴⁵ And it revealed the influence of mainstream culture on the formation of concept of mindfulness.

In fact, the notion of mindfulness is deeply rooted in Buddhist philosophy or Buddhist psychology. Buddhist Dharma is a kind of philosophical thought or wisdom that has some similarities with ancient Greek philosophy, or phenomenology, existentialism and naturalism of late Western Europe, and the transcendentalism and humanitarianism in the United States. Dharma explains the structure and function of mind, and mindfulness is one of the elements of Buddhist practice. For this reason, Buddhist Dharma is important for scholars to understand mindfulness practice so as to explore the mechanism of mindfulness-based therapy.

This dissertation proposes that the Dharma, the method and the practice are composed of a Buddhist practice system which could be the key for the mechanism of mindfulness therapy. Firstly, Dharma should be taken as a kind of philosophy as to learn the fundamental knowledge in all kinds of realities, and to know the suitable method. Secondly, practice should follow the suitable method, and the action is the cause of changes

²⁴⁴ Ma, S. H., & Teasdale, J. D. "Mindfulness-Based Cognitive Therapy for Depression: Replication and Exploration of Differential Relapse Prevention Effects". *Journal of Consulting and Clinical Psychology*, Vol.72, No1, (2004): 31-40.

²⁴⁵ Gordon, David Jacobs. "A Critical History of Mindfulness-Based Psychology." B.A. Thesis, (Wesleyan University, the Honors College, 2009).

in the life. Thirdly, wisdom of Dharma will occur as fruits of awareness on changes. Hence, it is necessary to know effects of Buddhist mindfulness, the path of mindfulness from Buddhism to Psychology, and the Dharma about wiping out suffering.

4.1 Introduction of Buddhist mindfulness

The Buddha had told his disciples to learn from the four *satipaṭṭhāna*, and said it is the “direct path” to *Nibbāna*, as it recorded in the *Mahāsatipaṭṭhāna Suttanta* of the *Dighanikāya* (D. 22), and the similar translation is as :

Monks, this is the direct path for the purification of beings, for the surmounting of sorrow and lamentation, for the disappearance of dukkha and discontent, for acquiring the true method, for the realization of *Nibbāna*, namely, the four *satipaṭṭhāna*.²⁴⁶

It emphasized the “direct path”, as the practice of the four *satipaṭṭhāna* is the ultimate fusion of all the practices for attaining nirvana by scholar²⁴⁷. In this sense, the four *satipaṭṭhāna* is the core of Buddhist practices. The practice of the four *satipaṭṭhāna* is about teachings of establishments of ardent, clear comprehension (*sampajañña*) and mindfulness (*sati*)²⁴⁸ which based on four kinds of objectives of meditation, namely body, feelings, mind, and dharmas. Therefore, the four *satipaṭṭhāna* could be also referred to the establishment of mindfulness. although the question of “what the definition of mindfulness is? ” is not that important for Buddhist practitioners, it is for applications of mindfulness-base therapy in contemporary time.

4.1.1 The definition of Buddhist mindfulness

²⁴⁶ Anālayo. *Satipaṭṭhāna: The direct path to realization*. (Birmingham: Windhorse Publications, 2003), p.17.

²⁴⁷ Kuan Tse-fu. “Mindfulness in early Buddhism: New approaches through psychology and textual analysis of Pali, Chinese and Sanskrit sources”, *Routledge Critical Studies in Buddhism*, (London: Routledge, 2007), pp.140-144.

²⁴⁸ Bodhi, B. “What does mindfulness really mean? A canonical perspective.” *Contemporary Buddhism: An Interdisciplinary Journal*, Vol.12, No.01(2011): 19-39.

Right mindfulness (*sammā-sati*) is the seventh path of The Noble Eightfold Path (*Ariyo aṭ ṭ haṅ giko maggo*) in Buddhism. And all of the Eight Noble Paths in a symbolic way are composed of the Buddhist dharma wheel, which is a simile of the weapon, that it will destroy the unwholesome dharma and make the wholesome dharma visible by running it. Thus, the Noble Eightfold Path contains of eight paths to attain Nirvana, and the eight paths are classified into the threefold training which is preception, concentration and wisdom. Right mindfulness (*sammā-sati*), Right effort (*sammā-vāyāma*) and Right concentration (*sammā-samādhi*) belong to the practice of concentration, which has shown that mindfulness is related to concentration.

Mindfulness (*sati*) is also the first one in the Seven Factors of Enlightenment (*satta bojjhaṅ gā or satta sambojjhaṅ gā*), and as the 《阿毘达磨法蘊足论》 (*Dharmaskandha*)²⁴⁹ says that the practice of mindfulness make one mindful and keeping away from ignorance, then the practitioner has the wisdom to choose the unwholesome dharma. This declared that mindfulness is related to awareness.

Mindfulness, as an English translation, it said to be translated from the Pali word “*sati*” or the Sanskrit word “*smṛ ti*”, and these two words are related to “memory” or “recollection”. “*sati*” is firstly translated by T. W. Rhys Davids as “mindfulness” in 1881, until 1910, in the translation of the *Mahāsatipaṭ ṭ hāna Sutta*, Rhys Davids had given some consideration for this equivalence in the introduction of the book. He deemed the content of the sutta has developed more meanings based on “*sati*”.²⁵⁰

²⁴⁹ 尊者大目干连造，《大正藏》，三藏法师玄奘奉诏译，《阿毘达磨法蘊足论》，第8卷(觉支品第十五之一)。(Taishō Tripiṭ aka, Dharmaskandha, Vol.8): 若有於身，住循身觀；安住正念，遠離愚癡；尔时便起念觉支。得念觉支，修令圆满。彼由此念，于法简择，极简择，遍寻思，遍伺察，审谛伺察；尔时便起择法觉支。

²⁵⁰ Gethin, Rupert. "On some definitions of mindfulness." Contemporary Buddhism Vol.12, No.01 (2011): 263-279.

The Chinese scholar Tse-fu Kuan has an analysis on meanings of “*sati*” in his publication of doctoral dissertation, namely *Mindfulness in early Buddhism: New approaches through psychology and textual analysis of Pali, Chinese and Sanskrit sources*²⁵¹. Through compared analyses among Pali, Sanskrit and Chinese texts, he had found the developing use of “*sati*”, which is based on “memory”, to be “recognition” and “identification”, or as one word could be “recollection”. The latter is also the function of “*saññā*”. Therefore, Mindfulness is related to “recollection” as well.

At this point, Buddhist mindfulness, aimed to nirvana as the ultimate goal, could include at least three elements such as “recollection”, “concentration” and “awareness”. Since Buddhist practices focuses on the empirical exploration and awareness of the essence of the law, each practitioner has a different experience of the right mindfulness. Even if the Buddha shows "what is mindfulness?", as in *Samyukta Āgama* (SĀ.37, No. 1028)²⁵² and the similar translation is as :

monks, in regard to the body a monk abides contemplating the body, diligent, clearly knowing, and mindful, free from desires and discontent in regard to the world.²⁵³

When a practitioner contemplating the body, feelings, mind, or dharmas by one at a time, he or she should be is diligent, clearly knowing, and mindful, and then be free from the worldly desires and discontentment arising in the four kinds of objects. However, this is a method which the Buddha provided for disciples to practice mindfulness, and the Buddha

²⁵¹ Kuan Tse-fu, op. cit., pp.13-40.

²⁵² 求那跋陀罗译, 《大正藏》, 《杂阿含经》卷 37, 第 1028 经(Taishō Tripiṭ aka, Saṃyukt Āgama, Vol.37): 比丘! 云何为正念? 谓比丘内身身观念处, 精勤方便, 正念正智, 调伏世间贪忧; 外身身观念处、内外身身观念处, 内受、外受、内外受, 内心、外心、内外心, 内法、外法、内外法法观念处, 精勤方便, 正念正智, 调伏世间贪忧, 是名比丘正忆念。

²⁵³ Anālayo. Satipaṭ ṭ hāna: The direct path to realization. (Birmingham: Windhorse Publications, 2003), p.17.

also has a teaching that recoded in the 《金刚般若波罗蜜经》²⁵⁴ (*Vajracchedika-prajna-paramita Sutra*), a famous Chinese Buddhist Classic, as it is translated like this:

“Subhuti, when (the Tathagata) expounds the Dharma, there is really no Dharma to teach: but this is (expediently) called teaching the Dharma.”²⁵⁵

It underlines that practitioners should carefully listen to the Dharma teachings, skillfully think the meanings and practice personally. Hence, the meanings of Buddhist mindfulness varies from person to person, and it can't be defined. One should practice according to his or her understanding, and choose the most fit characteristics for the self.

The following part will talk about three features of mindfulness, that is the “recollection”, “concentration” and “awareness”. Through the analyses of them, some considerations by themselves could recur to up-to-date mindfulness-base therapy.

4.1.2 The features of Buddhist mindfulness

1 “Recollection”

According to *A Comprehensive Manual of Abhidharma* by Bhikkhu Bodhi²⁵⁶, perception (*saññā*) functions to mark qualities of the object, it is a kind of the seven universals (*sabbacittasādhāraṇa*). The seven universals are the cetasikas (*sādhāraṇa*) common to all consciousness (*sabbacitta*). All these factors work together to bring about cognitions. So perception is present in all kinds of mind. Mindfulness (*sati*) is one of the universal beautiful factors (*sobhanasādhāraṇa*). The

²⁵⁴ 鸠摩罗什译，《大正藏》，《金刚般若波罗蜜经》，第8册(Taishō Tripiṭ aka, *Vajracchedika-prajna-paramita Sutra*): 说法者，无法可说，是名说法。

²⁵⁵ The *Vajracchedika-prajna-paramita Sutra* : Retrieved on 7 Feb. 2018, <http://bs.dayabook.com/buddhism-classics/the-diamond-sutra>

²⁵⁶ Bhikkhu Bodhi, *A Comprehensive Manual of Abhidhamma*, (Washington: Pariyatti Publishing, 2012), pp. 78-80.

universal beautiful factors divide into nineteen cetasikas which are invariably present in all beautiful consciousness. As mindfulness derives from “*sati*” as a meaning by “to remember”, it has the function of non-confusion or non-forgetfulness and makes the mind not floating away from the object. And mindfulness is based on a strong perception or anyone of the four *satipaṭṭhāna* to get a concentration. So mindfulness is present only in beautiful consciousness and it will make the mind stable.

Combination of viewpoints of Bhikkhu Bodhi²⁵⁷ and Tse-fu Kuan²⁵⁸, mindfulness is only in the beautiful consciousness, and it keeps mind to be a non-confusion and not-floating one, so mindfulness could keep the perception to be a beautiful one by the beautiful cause (*hetu*). On the contrary, if the mind loses mindfulness, the consciousness will float and fall into confusion, and it will change fast, then perception could run a self-proliferation to produce wrong cognitions and affected moods and then all of these could make a suffering dream in ignorance. This dream would also go on to be a vicious cycle. Therefore, the function of mindfulness is to be aware of the whole process, avoid the perception going into self-proliferation, and finally concentrate the mind.

As the common sense, if the eye functions well and forms is visible, the eye-consciousness could arise. The other five groups is as well. As long as the three in a group make contacts, cognitions and feelings will arise.²⁵⁹ When contemplating the body or one of other objects in the practice of the four *satipaṭṭhāna*, the perception will grasp the characteristic of the body or one of other objects, and *sati* will recollect it

²⁵⁷ *ibid.*, pp. 78-80.

²⁵⁸ Kuan Tse-fu, *op. cit.*, pp.13-40.

²⁵⁹ 瞿昙僧伽提婆译，《大正藏》，《中阿含经》，卷7（舍梨子相应品象迹喻经第十）(Taishō Tripiṭ aka, Madhyama Āgama, Vol.7): 诸贤！若内眼处坏者，外色便不为光明所照，则无有念，眼识不得生。诸贤！若内眼处不坏者，外色便为光明所照，而便有念，眼识得生。诸贤！内眼处及色，眼识知外色，是属色阴。若有觉是觉阴，若有想是想阴，若有思是思阴，若有识是识阴，如是观阴合会。

to make the mind come to it and be aware of it. This practice will stop other perception to arise, and the mind will become concentrated gradually. The right mindfulness arise according to the right dharma. The Buddhist dharma is the teachings of the Buddha, it is the reference to practice, it aims to attain nirvana, it makes one know the sufferings and be free of them, so it is the enlightenment of liberation. The right mindfulness bring about explicit cognitions and feelings which is about the liberation of the body and mind.

The recollection has shown that the practice of mindfulness should be guided by the common dharma, so it requires learning and practice to cultivate suitable habit in daily life.

2 “Concentration” and “Awareness”

Tse-fu Kuan has also demonstrate the relationship of serenity meditation (*samātha*) and insight meditation (*vipassanā*). He answered how the four *satipaṭṭhāna* could yoke the two kinds of meditation by explain the sixteen trainings on mindfulness of breathing.²⁶⁰ Generally, mindfulness meditation is regarded as insight meditation, and serenity meditation is supposed to generate *jhānas*. Tse-fu Kuan supposed that mindfulness is the sign (*nimitta*), or object sign, or cause of concentration²⁶¹. This paper is not against him but a little further than him as it analyzes the relationship of these two meditations by reviewing some other opinions²⁶².

There are two kinds of signs appeared in meditations, one is the “acquired sign” (*uggaha-nimitta*), the other is the “counterpart sign” (*paṭibhāga-nimitta*)²⁶³. The former is a learning sign acquired from the mind door and it is an exactly similar image of the object of meditation. The latter gives birth to *samātha* by contemplating on that learning sign, and it gets rid of flaws of the original object to form a pure concept by

²⁶⁰ Kuan Tse-fu, op. cit., pp.65-80.

²⁶¹ *ibid.*, p.65

²⁶² Bhikkhu Bodhi, op. cit., , pp. 340-342.

²⁶³ Kuan Tse-fu, op. cit., p.67

perception with mindfulness.²⁶⁴By mindfulness meditation on one of that four *satipaṭṭhāna*, it is believed that the practice will facilitate the mind to become brighter by keeping away from greed, hatred, and delusion in a step by step manner.

In the first stage, one will stay away from sense-sphere unwholesome consciousnesses to bring about concentration of the bright consciousness²⁶⁵. During that process, the mind contemplates the object, it will gradually be stable, be aware of the object, gain the acquired sign, and turn it to the counterpart sign, finally it will focus on the purified conceptual image and gain happiness without worldly desires which is implying the first *jhāna*.

In the second stage²⁶⁶, one continues practicing the five kinds of mastery of the first *jhāna*. When being proficient, that practitioner abandons the gross to observe the subtle factors of the sign, and enters the second *jhāna*.

In the third and fourth stages, one practices further in the *jhānas*. The practitioner will go through the third *jhāna* to the fourth *jhāna* by non-judgemental awareness²⁶⁷ for attaining right knowledge, and from this knowledge the practitioner will abandon joy entering the third *jhāna*, and attain equanimity entering the fourth *jhāna*.

The practice of mindfulness in the four *satipaṭṭhāna* gradually cultivates concentration, the practitioner will leave sense-sphere desires, attain joy and bliss without desires, and transform the cognitions. The successive processes of clinging change from entity to concept, and to right knowing with the reality. The mind is also leaving joy and bliss for attaining the singleness of mind, and Mindfulness and concentration are work together²⁶⁸. Mindfulness combines the person's mind with the grasped sign, and the mind is mindful of the fact. Concentration make the mind focus on

²⁶⁴ Bhikkhu Bodhi, op. cit., p.341.

²⁶⁵ Kuan Tse-fu, op. cit., p.42.

²⁶⁶ *ibid.*, p.67

²⁶⁷ *ibid.*, pp.69-70

²⁶⁸ *ibid.*, p.70

the sign. The singleness of mind is a state of mind that the mind and the world is fixed to one point in the body by right mindfulness and right awareness to generate the concentration.

In *The Path of Freedom*, there is a more detail introduction for the process of the sixteen trainings²⁶⁹. It is grouped into four groups corresponding to the four *satipaṭṭhāna*²⁷⁰. One practices the sixteen trainings of mindfulness of breathing will fulfill the four *satipaṭṭhāna*, the latter will fulfill the seven enlightenment factors and then arouse the wisdom for the liberation²⁷¹. The following is the introduction of the sixteen trainings of mindfulness of breathing.

The first group contains the first four trainings, corresponding to the practice of mindfulness of the body²⁷². Practitioners contemplate their bodies by mindfulness of the respiration to bring the private signs of respiration to their minds and abide in the acquired signs from which a kind of concentration would arouse, and proceeding the practice to be aware of a subtle respiration.²⁷³ From the concentration, practitioners would acquire a peaceful body and mind. And from the awareness going on with the concentration, practitioners gain the counterpart sign based on the acquired sign. The counterpart sign indicates the achievement of access concentration (*upacāra-samāpatti*) or absorption concentration (*appanā-samāpatti*) and shows the achievement of breaking away from the sense-sphere obstacles. Based on that concentration, the practitioner will realize the first to fourth *jhānas*. In the *jhānas*, from the observation he will be mindful of his body and well know it and by the trainings in terms of the threefold training he will calm down his bodily formation.

The second group is consisted of the fourth to eighth trainings,

²⁶⁹ Uptissa, *The Path of Freedom*, *Vimuttimagga*, tr. by Ehara, Rev. N. R. M., Soma Thera and Kheminda Thera, (Colombo of Ceylon: Published by Dr.D. Roland D. Weerasuria, 1961), pp.160-163.

²⁷⁰ Kuan Tse-fu, op. cit., pp.71-80.

²⁷¹ Uptissa, op. cit., pp.164-165.

²⁷² Kuan Tse-fu, op. cit., pp.71-74.

²⁷³ Uptissa, op. cit., pp.160-161.

corresponding to the practice of mindfulness of the feelings²⁷⁴, and the practitioner will calm down emotional formations in first to fourth *jhānas*.²⁷⁵ The third group is consisted of the ninth to the twelfth trainings, corresponding to the practice of mindfulness of the mind²⁷⁶, and the practitioner will calm down the mind in first to fourth *jhānas*, and make it be free of all kinds of stains.²⁷⁷

The fourth group contains thirteenth to sixteenth trainings, corresponding to the practice of mindfulness of the Dharma.²⁷⁸ The practitioner will do the insight observation into the nature of all the theories and phenomena. The practices in this group is based on the first three groups' trainings but involves in the objective reflection to the subjective experience²⁷⁹, which is an observation of the truths. The first three groups' trainings accomplish the serenity meditation (*samātha*) and insight meditation (*vipassanā*), but the last one only insight meditation.²⁸⁰

From the above analysis of the sixteen trainings in *The Path of Freedom*, it is known that the practice of mindfulness is composed of serenity and insight meditation. Serenity meditation is for concentration and forms the foundation for insight meditation, meanwhile, insight meditation leads to well know the truths and transforms cognitions to wisdom for further concentration. The relationship shows insight meditation is the final convergence of realization. Mindfulness is cultivated according to the truths from realizations aroused in subtle observations. These observations are based on the concentration through which the sign is transformed from the acquired to the counterpart.

To sum up, recollection, concentration, and awareness are mutually compatible with each other and beneficial for levels of practice. Recollection promotes the acquisition of concentration by the increase of

²⁷⁴ Kuan Tse-fu, op. cit., pp.74-75.

²⁷⁵ Uptissa , op. cit., pp.161-162.

²⁷⁶ Kuan Tse-fu, op. cit., pp.75-77.

²⁷⁷ Uptissa , op. cit., p. 162.

²⁷⁸ Kuan Tse-fu, op. cit., pp.77-80.

²⁷⁹ *ibid.*, p. 80.

²⁸⁰ Uptissa , op. cit., p. 163.

study. On the basis of concentration, one sees into the essence of the phenomenon to increase of wisdom and transform consciousness by mindful awareness. Wisdom related to the facts is taken as the basis of recollection, by which one gradually gets the comprehension of precepts and the realization of the truths of objectives to feel free of one's own life style. Recollection of precepts keeps the mind clear and avoids the trouble, concentration calms the mind and surmounts the trouble, awareness makes the mind with wisdom and transform the trouble. The practice of Buddhist mindfulness is not only the process of establishing mindfulness, but also the process of transforming trouble, which lead to obtain the deliverance through concentration (*cetovimutti*) and wisdom (*paññāvimutti*).

4.1.3 The Applications of Buddhist mindfulness

Mindfulness consists of “right” and “*sati*”. “*Sati*” is changing according to the changeable mind at moment by moment, and the function as “recollection” brings knowledge based on facts to the mind. “Right” indicates the direction of development. Buddhist mindfulness functions in its development of those three features, and the process could be divided into at least three stages.

In the first stage, by cultivating three kinds of wisdom from the three aspects of study (*pariyatti*), practice (*paṭ ipatti*), and realization (*paṭ ivedha*), it transforms ignorant and confused psychological state.

In the second stage, by rising right views from threefold training (*sikkhā*) which are to establish the higher virtue (*adhisīla-sikkhā*), higher mind (*adhicitta-sikkhā*), and higher wisdom (*adhipaññā-sikkhā*), it will forge the Dharma Wheel that has the precepts to be the hub, the eightfold path to be the spokes, and right mindfulness and right concentration to be the rim.

In the third stage, by running the Dharma Wheel to destroy evils and show truths, it will make the mind abide in the sublime teaching to know suffer as it is and be aware of the life for attaining the liberation of the body and the mind.

1 Cultivate three kinds of wisdom

The Buddha reveals the importance of “the four noble truths” by a story of elephant and the blinded one, such as the account of *Dīrgha Āgama* (DĀ.19)²⁸¹, persons don't know the cause of sufferings, the cessation of sufferings, and the path to cessation of sufferings, because they doesn't know “the suffering”, so their minds can't get deliverance, and they themselves can't get deliverance by wisdom either. This means that it is important to know what is the suffering as well as obtain the deliverance through concentration (*cetovimutti*) and wisdom (*paññāvimutti*), but “not to know” is the essence of the suffering.

Ignorance and bewilderment resulted from “not to know” generate mindless ideas as to make the mind restless and vexed. If one starts with an idea that is based on the fact and focus on it, he or she will perceive the problem of “not to know”, then he or she find the direction and follow the Dharma, and this process could be the establishment of mindfulness. Therefore, the establishment of mindfulness helps to find the direction and enables practitioners to penetrate into the Dharma.

In Buddhism, there are three kinds of wisdom which is sort by access to knowledge, including wisdom acquired orally (*sutamaya paññā*), acquired by thought (*cintāmayā paññā*), and acquired by meditation and contemplation (*bhāvanāmayā paññā*).²⁸² *Sutamaya paññā* is related to learning and learning results in memories. *Cintāmayā paññā* is related to thinking and thinking results to keep the learning experience in mind. *Bhāvanāmayā paññā* is related to realizing and realizing results in realization.²⁸³ Buddhist mindfulness through this knowledge acquisition is the practice of the Dharma.

The Dharma is about everything in one's life. Sometimes as people

²⁸¹ 佛陀耶舍共竺佛念译，《大正藏》，《佛说长阿舍经》，卷19（佛说长阿舍第四分世记经龙鸟品第五）。（Taishō Tripitaka, Dīrgha Āgama, Vol.19）

²⁸² Narada Thera, “Chapter XLI Pāramī – Perfections”, The Buddha and his Teachings, (Published by the Buddhist Publication Society), Retrieved on 8 February 2018: <https://www.wisdomlib.org/buddhism/book/the-buddha-and-his-teachings>

²⁸³ 净挺著，《卍新纂续藏》，《阅经十二种》，卷6（从闻思修入三摩地）。（Chinese Buddhist texts included in the Xuzangjing, The sixth Vol in the twelve kinds of sutra）

will encounter improper knowledge, they take a detour. So the Buddha suggested that the disciples should be close to the good knowing advisors.

However, when problematic consciousness is generated from the mindfulness of the problem, it can arouse one's interest in related knowledge to study actively, think carefully, and then practice to get an enlightenment. One will be mindful in the process of learning and thinking if the mind is clear and not floating. As the Buddha said that practitioners should follow the precepts and abide in the four *satipaṭṭhāna* ²⁸⁴.

There is a story about the Buddha himself. In the early years of his life, the Buddha was also puzzled by a question about life and death. He did a lot of hard work around this problem until he realized the answer, and finally he told his realization to everyone as it is now called the Dharma. The question enlightened the Buddha about nirvana and he used his life to establish and teach the practice of mindfulness, so mindfulness in the process of solving problems motivates diligent mind to cultivate three kinds of wisdom.

2 Facilitate threefold training

The initial three kinds of wisdom lay the foundation for learning, makes people realize their ignorance, stimulates the enthusiasm of learning, and then quests for knowledge of trainings. The threefold training is not only for buddhists, but also for all people.

Threefold training (*sikkhā*) is three practical steps by buddhists, and it trains from virtue (*sīlakkhandha*), concentration (*samādhikkhandha*), and wisdom (*paññākkhandha*) to higher virtue (*adhisīla-sikkhā*), higher mind (*adhicitta-sikkhā*), and higher wisdom (*adhipaññā-sikkhā*).²⁸⁵ Buddhist precepts is the code of conduct for disciples set by the Buddha for training in virtue. However, there are in fact various codes of conduct in each life circles. The nature also has its

²⁸⁴ 释元照撰，《大正藏》，《四分律行事钞资持记》，卷5（释标宗篇）。
(Chinese Buddhist texts included in the Taishō canon, Vinaya in Four Parts for acting)

²⁸⁵ Chinese Buddhist Encyclopedia, Threefold Training (trisikṣa), Retrieved on 8 Feb. 2018: http://www.chinabuddhismencyclopedia.com/en/index.php/Threefold_Training

own set of rules. So the precepts in life are for living in harmony and needed to learn and abide by everyone. Training in virtue is also the practice of collection of precepts and it will bring about the concentration on virtue.

Concentration is generally related to *samādhi*, and right concentration is attained by being mindful.²⁸⁶ However, it should examine this issue in a successive way. According to states of the mind, concentration could refer to different things, as absorption, attention, and suspension.

Suspension could make the mind leave away from the present body and observe the moment in a third person's perspective with mindfulness, and as well it could make the mind be mindless of the present situation to reproduce proliferations of illusions as the analyses of Kuan Tse-fu²⁸⁷. Suspension with mindfulness will bring life wisdom as it well knows when is the time to stop, but mindless illusions will bring ignorance and avidya.

The practice of concentration starts with the suspension with mindfulness and is involved in attention which is focus on one point and absorption which is focus on one process²⁸⁸. The former facilitates the latter to attain right concentration. During the practice, practitioner should be mindful as to move from one stage to the higher. So right concentration means to cease with mindfulness, leading to the liberation of the mind and realization of life wisdom.

Wisdom is an inner realization that contains awareness and experience of both internal and external forms and rules. One makes the choice according to different levels of wisdom. When he doesn't attain the concentration, his mind is floating and the wisdom is precepts or living regulations. When he attains the concentration, his mind is calm and the

²⁸⁶ Kuan Tse-fu, op. cit., pp.21-24.

²⁸⁷ *ibid.*, p.59.

²⁸⁸ Grabovac, A. D., Lau, M. A., & Willett, B. R. Mechanisms of Mindfulness: A Buddhist Psychological Model. Springer Science, Vol.2, No.(2011), 154-166. doi: 10.1007/s12671-011-0054-5

wisdom is free of a limit.

Therefore, the establishment of mindfulness facilitates threefold training to a realation of the life for practitioners.

3 Realize the eightfold path

The eight noble paths are classified as the threefold training.²⁸⁹ Right view and right thought are the increase of wisdom. Right speech, right action, and right livelihood are the increase of virtues. Right effort, right mindfulness, to right concentration are the increase of concentration. The “right” is for follow the Dharma, and Dharma is the truth of things, so the eight noble paths need to understand the true meaning of dharma. In this sense, it is the way of ones with good knowlegde and virtue. And from the view of the threefold training, the increase of the three kinds of training is the practice of the eight noble paths, so all the people who insist on learning and practicing the threefold training are practicing on the eight noble paths to become those ones in step-by-step.

The process of mindfulness practice is a successive process of the increase of wisdom. Firstly, it is from ignorance to three kinds of wisdom to realize the threefold training. Secondly, it is from the threefold training to realize the eightfold path. Finally, the state of wisdom is promoted by living on the eightfold path to transform the mind from a tainted to a clear one. The clear mind will show everything as it is just like what the mirror can do. The recollection, concentration, and awareness emerge immediately with a stable and clear state like looking into the mirror due to the clear mind. and what can be learn already have been learned, so the one turn learning style to learned style, and unwholesome path has no casue to show up. Thus, mindfulness is a enlightenment way of living on the eightfold path by realization of it.

It is as Kuan Tse-fu has pointed out that the four *satipaṭṭhāna*

²⁸⁹ Tr. Thanissaro Bhikkhu , Culavedalla Sutta: The Shorter Set of Questions-and-Answers (1998) ,Retrieved on 8 February 2018: <https://www.wisdomlib.org/buddhism/book/the-buddha-and-his-teachings>

is a comprehensive path to establish mindfulness.²⁹⁰ Mindfulness is established by its function, it always stands near the situation and brings about certain views of it, so its essence only can be grasped as a practice skill according to personal comprehension and actual situations and its connotation in buddhist practices is allowed to vary from person to person because of different mind states. This shows that mindfulness in Buddhism values individual qualities and it can only be studied on its specific functions. So there is a need to explore the changes during the development of mindfulness from Buddhism to Psychology in order to know how mindfulness wipe out suffering in contemporary era.

4.2 Mindfulness from Buddhism to Psychology

Mindfulness has been introduced by Dr. Jon Kabat-Zinn into the medical assistance service, which in turn has led to a wide range of psychological empirical studies and applications. To help people with the disease reduce their physical and mental stress, Dr. Jon Kabat-Zinn has designed Mindfulness-Based Stress Reduction (MBSR), which is used to relieve stress.

On one hand, the courses in MBSR have good effects in coping with stress and disability in some chronic disorders²⁹¹. On the other hand, Dr. Jon Kabat-Zinn is actively engaged in scientific research of the courses, and make mindfulness meditation to be a scientific, non-religious manifestation and operable, causing the scientific research workers and psychological treatment workers the positive attention and application of mindfulness meditation.²⁹²As a result, MBSR is widely disseminated and Dr. Jon Kabat-Zinn is considered one of the most influential people in the field of mindfulness meditation.

During the development of MBSR and its applications in a

²⁹⁰ Kuan Tse-fu, op. cit., p.104.

²⁹¹ Grossman, Paul, et al. "Mindfulness-based stress reduction and health benefits: A meta-analysis." *Journal of psychosomatic research*, Vol.57, No.1 (2004): 35-43.

²⁹² Kabat-Zinn, Jon. "Some reflections on the origins of MBSR, skillful means, and the trouble with maps." *Contemporary Buddhism*, Vol.12, No.01 (2011): 281-306.

variety of psychological therapies, the medical value of mindfulness has been continuously confirmed, leading to the gradual rise of a large number of scientific studies. Mindfulness meditation gradually went out of the Buddhist context, became cross-cultural and paradigm issues about consciousness discipline, and attracted scientific studies to explore changes during meditation.²⁹³ However, these scientific studies only could show activities in the body, but rarely touch on the essence of mindfulness-based on meditation.

Although Dr. Jon Kabat-Zinn has an original intention to combine the Dharma with science, and make the Dharma better beneficial to people's lives, but did the development of psychotherapy weakens the power of the Dharma as compared to its applications in Buddhism? This is a question to ponder. Although the Dharma is not unique belonged to Buddhism, its emphasis on the Dharma can provide some inspirations for the secular application of mindfulness. In regard to this, it is necessary to sort out the development path of mindfulness in the interdisciplinary fields. On the one hand, it provides specific case study for the spread of Buddhist Dharma. On the other hand, it provides reference for the secular application of mindfulness.

For the study of this section, it discusses the background of MBSR and the practical application of MBCT, and makes a comparison of two kinds of mindfulness in Buddhism and MBCT. Based on these three discussions, it has find out the development path of mindfulness from Buddhism to psychology. Although MBCT could not account for many applications in other psychological therapies, it can be used as a specific case about mindfulness courses to provide ideas for the development of other therapies as well.

4.2.1 The background of MBSR

The design of MBSR is under the development of zen in the United States. And the latter is related to the great contribution of Japanese

²⁹³ Kabat Zinn, Jon. "Mindfulness-based interventions in context: past, present, and future." *Clinical psychology: Science and practice*, Vol.10, No.2 (2003): 144-156.

zen scholar Suzuki Daisetz Teitaro (1877-1966). D. T. Suzuki, with excellent English language skills and zen skills, has lived in the United States for many years, and has been engaged in the cultural exchanges between east and west with scholars in Europe and the United States.

In his early years, D. T. Suzuki was a follower of zen master Soyen Shaku(1859-1919) to learn meditation. In 1893, D. T. Suzuki, as the accompanying translator of Soyen Shaku, had participated in the World Parliament of religions held in Chicago, and translated his master's speech into English, becoming known to some American scholars. In 1897, he began to go to the United States and lived there for 11 years. During 1920-1930 he wrote many works in English by cooperation work with American scholar Paul Carus (1852-1919), among them, his English book "Essays in Zen Buddhism", written in 1927, was considered to be the beginning of zen Buddhism in Europe and the United States and aroused the interest of the many elite scholars. In 1957, he had participated in the symposium on "zen and psychoanalysis", and recommended zen as a treatment method to western psychologists, so that the value of zen in modern life was recognized by scholars.²⁹⁴

The zen philosophy of D. T. Suzuki is mainly based on the Rinzai school(临济宗)²⁹⁵, one of three sects of Zen in Japanese Buddhism. He said that Zen is *Dhyāna*, "without the mediacy of intellect or logic", and for "grasping the truth of absolute emptiness (*suññatā*)"²⁹⁶. He highly praises Huineng, the Sixth and Last Patriarch of Chinese Chan Buddhism, for the "abrupt teaching"²⁹⁷. He also explained Zen is mystical but not irrational, and Zen shows the oriental culture by a synthetic comprehension in the analysis of logic.²⁹⁸ Because he understood the thought of the

²⁹⁴ 温金玉, 《中华文化论坛》, "禅与西方世界", 1997年, 第4期, 第78-81页。(Wen Jinyu, **Zen and the western world.**)

²⁹⁵ Suzuki Daisetz Teitaro, *The training of the Zen Buddhist monk.* (New York: Cosimo, Inc., 2010), p.xxvii.

²⁹⁶ *ibid.* p.xxiv.

²⁹⁷ *ibid.* p.xxiv.

²⁹⁸ Daisetz Teitaro Suzuki, *An Introduction to Zen Buddhism*,(New York: Grove Press, 1991), p.36-38.

True Pure Land Buddhism, he accepted the western Christian religious mysticism as well, and emphasized the balance in powers of self and others.²⁹⁹ He also combined zen with modern science, and taught meditation by an easy way for the good understanding and acception of people in different culture. In the 1950s and 1960s, he actively gave speeches on meditation to promote the development of American Zen, which led to the fashion of Zen. All social classes and even clergy members of other religions joined in the practice. Zen was popularized by D. T. Suzuki. It not only penetrated into people's the daily life, and also into the western psychological circles. Philosophy of zen popularized by D. T. Suzuki has laid the basic idea of Zen in the United States.

Following that, with the gathering of Buddhist scholars and various Buddhist traditions in the United States, the academic centers of Buddhist studies have been transferred from Europe to the United States, and the Buddhist concept has become polybasic. However, as the research of Silong Li³⁰⁰, the tradition of research in the Buddhist academic circles changed in the 1970s, before that it followed the European tradition attaching the importance to the study of philology, and after that it followed the social history or anthropological research. "Buddhist hermeneutics" appeared in North American academic circles in the 80s, and many western scholars emphasized the significance of "practice" in academic research, hoping to linked Buddhist studies with the realistic life in order to achieve the mastery of Dharma. This is consistent with the earlier daily life application of Zen from D. T. Suzuki, and it also shows that the development of early zen in the United States has subtly influenced the development of Buddhism in the United States.

It is in this culture and social background that Dr. Jon Kabat-Zinn followed the instructions of Zen Masters such as the Korean Master

²⁹⁹ 施文蓓, 《法光》, “胡适与铃木大拙的禅学论辩”, 台北市: 法光文教基金会, 1999 年第 119 期。(Shi Wenbei, **A debate between D T Suzuki and Hu Shih about Zen vs Chan**)

³⁰⁰ 李四龙, 《世界宗教研究》, “论欧美佛教研究的分期与转型”, 2007 年, 第 3 期, 第 65-72 页。(Li, Si-long, **On the Division of Time and the Transformation of Buddhist Study in Europe and America**)

Seung Sahn and the Vietnamese Master Thich Nhat Hanh to learn and practice Buddhist meditation such as Jogye Order and Rinzai. In 1979, he achieved an unique meditative experience, realizing the universal value of the “Dharma”. In order to maximize the effectiveness of the “Dharma”, he explored the possibility of integrating science with the “Dharma”. Through careful study of the Buddhist literatures and scientific literatures, as well as the early scientific papers, he carefully design the “mindfulness-based stress reduction” project. His mindfulness meditation is based on the traditions of the Theravada tradition, the Mahayana tradition, and various yoga traditions and so on, as well as the research results of meditation in the clinical application of science. All this background could be found in the articles of Dr. Jon Kabat-Zinn³⁰¹⁻³⁰². Thus, Dr. Jon Kabat-Zinn’s project is in line with the development of the Era. He comes from the Massachusetts Institute of Technology (MIT) and has a good education background and academic resources. He was inspired from learning zen meditation. A great deal of Buddhist literatures and psychological researches of meditation gave him good knowledges of Buddhism and psychology. The development of psychology from mechanism to subjectivism constructed the big situation of the era, all the situations of these and similar to these have prepared for his success.

4.2.2 The application of MBCT

After Dr. Jon Kabat-Zinn introduced Mindfulness-based stress reduction (MBSR) into the auxiliary medical service and caught some scientists' attention, a large number of psychologists come to integrate mindfulness meditation into their own psychological practice. Mindfulness-based cognitive therapy (MBCT) also developed during this

³⁰¹ 乔·卡巴金著，温宗堃译，《福严佛学研究》，“关于 MBSR 的起源，善巧方便与地图问题的一些思考”，2013 年，第 8 期，第 187-214 页。(tr. by Wen Zong-kun, Some reflections on the origins of MBSR, skillful means, and the trouble with maps. Fuyan Buddhist Studies.)

³⁰² Williams, J. Mark G., and Jon Kabat-Zinn. “Mindfulness: diverse perspectives on its meaning, origins, and multiple applications at the intersection of science and dharma.” *Contemporary Buddhism: An Interdisciplinary Journal*, Vol.12, No.1(2011):1-18.

period. MBCT in its early time is designed as a research project to cope with the recurrence of depression, as has been verified to have very good effects through scientific experiments³⁰³. After that MBCT also applied in other disorders and has been confirmed to have therapeutic effects³⁰⁴⁻³⁰⁵. And a growing number of studies have demonstrated that MBCT has curative effect in the treatment of diseases associated with emotion and cognition³⁰⁶.

MBCT has been put forward the sketchy idea in 1989 and started to carry out as a psychological therapy in 1992 by Zindel Segal, Mark Williams, and John Teasdale who are psychologists. This therapy has combined mindfulness meditation with cognitive therapy. It adopted the attention control strategy and emphasized emotion-processing process. And Teasdale³⁰⁷ proposed that the application of mindfulness meditation could turn the psychological mode from the "mindless emoting" or "conceptualising" to "mindful experiencing" mode, thus it transform the individual mental state from the irrational or the rational to the sapiential one.

In the book 《抑郁症的内观认知疗法》 (*Mindfulness-Based Cognitive Therapy for Depression*)³⁰⁸, the three psychologists described

³⁰³ Teasdale, John D., et al. "Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy." *Journal of consulting and clinical psychology*, Vol.68, No.4 (2000): 615-623.

³⁰⁴ King, Anthony P., et al. "A pilot study of group mindfulness - based cognitive therapy (MBCT) for combat veterans with posttraumatic stress disorder (PTSD)." *Depression and anxiety*, Vol.30, No.7 (2013): 638-645.

³⁰⁵ Haydicky, Jillian, et al. "Evaluation of MBCT for adolescents with ADHD and their parents: Impact on individual and family functioning." *Journal of Child and Family Studies*, Vol.24, No.1 (2015): 76-94.

³⁰⁶ Grecucci, Alessandro, et al. "Baseline and strategic effects behind mindful emotion regulation: Behavioral and physiological investigation." *PloS one*, Vol.10, No.1 (2015): e0116541.

³⁰⁷ Teasdale, J. D. "Emotional processing, three modes of mind and the prevention of relapse in depression", *Behaviour Research and Therapy*, Vol.37, Suppl 1 (1999): S53-77.

³⁰⁸ 刘兴华等译, 《抑郁症的内观认知疗法》, 见前引, 第 87-274 页。

the design and implementation of MBCT. In the other book *The mindful way through depression: Freeing yourself from chronic unhappiness*³⁰⁹ or its Chinese version 《改善情绪的正念疗法》³¹⁰, they coworked with Dr. Jon Kabat-Zinn and explained the gist of MBCT in treatment of Depression and practice in life. According to these books and other literatures, it could summarize the characteristics of MBCT in practical application.

In MBCT, the designers standardizes mindfulness practice. Firstly, the term “mindfulness” is defined as “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to things as they are”³¹¹. Secondly, they interpreted the characteristics of mindfulness as “intentional”, “experiential” and “non-judgmental”³¹². Thirdly, mindfulness practice need participants to understand and cultivate the seven kinds of attitudes, such as “Non-judging”, “Patience”, “Beginner's mind”, “Trust”, “Non-striving”, “Acceptance”, “Letting go”.³¹³

These three features and seven attitudes run through the process of mindfulness practice and are designed for eight weeks course program³¹⁴. There are mindfulness skills, such as: sitting meditation, body-scan, yoga, “three minutes breathing space”, and so on, to be taught to the learners and personal experiences to be shared in the meeting sessions, and the requirements for daily practice in the learners' side.

From the analysis of course design, mindfulness practice is a successive progress to attain direct knowledge and realize the nature. In the

³⁰⁹ Williams J M G, Teasdale J D, Segal Z V, Kabat-Zinn J, op. cit..

³¹⁰ 谭洁清译, 《改善情绪的正念疗法》, 见前引。

³¹¹ Williams J M G, Teasdale J D, Segal Z V, op. cit.,p.47 ;谭洁清译, 《改善情绪的正念疗法》,见前引, 第 36 页。

³¹² *ibid.*, p.48; 同上, 第 37 页。

³¹³ Kabat-Zinn, J., Hanh, T. N. Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness. (New York: Bantam Dell, 1991), pp.33-40

³¹⁴ 刘兴华等译, 《抑郁症的内观认知疗法》, 见前引, 第 87-274 页。

first week³¹⁵, participants are often invited to stop doing everything but to observe the details including the body feeling, thoughts and emotions, and so on, by practice of “eating one raisin”. During this practice, the mentor will guide them to find a “autopilot” patterns of behavior and a phenomenon of the consciousness being free from the now-moment. Thus, course is advancing to the awareness of training, the tutor will teach the body scanning techniques, inviting participants to be aware of every part of the body.

In the second week³¹⁶, participants are guided to discuss the problems and and its solutions in the last week's practice. During this discussions, some situations will happen, such as “participants may have different problems and questions, hope to find a standard to do judgment, do explain and give advice to the problems, or divide the situations into “pleasant and unpleasant”. In this case, the tutor led the participants to discover the “action mode” of the problem processing in their thoughts, thus they will discover the “wandering of attention”, and the course was promoted to the training of sitting meditation. Participants are invited to observe the “wandering of attention”, when they are aware of it, they note it and go back to their breathing. Theses two week's courses aim to guide participants to know the automatic mode and the action mode of their thinking patterns.

In the third week³¹⁷, participants are invited to insight observation of respiration, meanwhile to practice the “three minutes breathing space” skill in the trivial time of daily life, from which they will realize that the attention is taken away by thoughts, emotions, somatosensory, or other things. When being aware of the taking away attention, they simply return to the observation of respiration. This week focuses on practice of concentration thought this way.

In the fourth week³¹⁸, when a certain concentration arise, the

³¹⁵ 同上，第 87-110 页。

³¹⁶ 同上，第 111-138 页。

³¹⁷ 同上，第 139-166 页。

³¹⁸ 同上，第 167-192 页。

participants begin to be invited to explore the emotional experience of attachment and aversion, to understand the boundary of the disease. They will practice in the meditation to live in the present moment, equally feel the sounds, thoughts and feelings, and so on, and then back to the respiration.

In the fifth week³¹⁹, participants are invited to face problems in the acceptance way. When an idea, emotion or somatosensory show up in meditation, they do not escape from it but guide the mind to observe it, accept it and believe it can be done.

In the sixth week³²⁰, participants are invited to practice “the idea is not the truth” to view the idea as an object of awareness, to observe it when the idea shows up, and then to return to the observation of respiration.

From the third to sixth weeks, The courses focus on the practice of concentration and insight meditation. Participants was led by the teacher to cultivate concentration, then on the premise of concentration to know emotional experience and the boundary of disease, in the face of difficulties to observe it with acceptable attitude, to realize the development of the thoughts, emotions, and cognitions for distinguishing that they are not facts, and avoid falling into it.

In the seventh and eighth weeks³²¹, participants are invited to be aware of signs of Depression to make plans for responding positively, and to give oneself a permission to maintain calm toward any predicament. The practice in these two weeks are on the basis of the first six weeks, the participants are guided to accept the possibility of recurrence, actively take preventive measures. When they find signs of recurrence as early as possible by mindfulness practice in life, they will effectively prevent recurrence.

MBCT practice has two characteristics as to the above analysis:

³¹⁹ 同上，第 193-216 页。

³²⁰ 同上，第 217-239 页。

³²¹ 同上，第 239-274 页。

(1) In the eight-week course, it stresses the importance of the mentor. The practice process of participants was led by the mentor, and Mentor's experience and technology will influence the effects of the treatment, which are related to the background of the MBCT designers. three psychologists tried to understand mindfulness from the perspectives of psychology, they took mindfulness as a treatment technique, thus the therapy has attached great importance to the controllability of operation and curative properties, and put forward higher request for the tutor's guiding ability. This point is also confirmed in the failure experience during the design time of MBCT. ³²²

(2) The process of mindfulness practice is successive. It starts with “awareness” and helps participants discover the real problem. Then the “concentration” is developed, and the participants pull their attention back to their breath after noticing that their attention had drifted away. Then the “insight observation” is developed, and participants abide in an observation of a mental activity (thoughts, or emotions) to understand their progress and thus to know the true state of affairs. “awareness”, “concentration” and “insight observation” spirals up through the exercises . Therefore, mindfulness seems to be a kind of awareness, but indeed this begins to show some differences compared to the Buddhist explanation.

MBCT as a secular application, takes the three features and seven attitudes of mindfulness into practice during the eight-week course. The course mentor teaches mindfulness skills based on the current situation of participants, and guides participants to practice what they have learned to help them live in the moment. Practitioners train “awareness”, “concentration” and “insight observation” through mindfulness exercises to identify signs of relapse and make plans ahead. Therefore, MBCT is effective in practice. However, compared with the practice of mindfulness in Buddhism, there are still many differences in its application.

4.2.3 The comparative analysis of two kinds of mindfulness

In many articles, Dr. Jon Kabat-Zinn discussed the motivations

³²² 同上，第 40-67 页。

for designing MBSR and his views on mindfulness.³²³ When he talked about mindfulness, he would point out that it comes from Buddhism, which is the core of Buddhism. Mindfulness exercises must be consistent with the specific qualities of attention and awareness that are cultivated in meditation. He even gave an operable suggestion about mindfulness. He suggested that mindfulness is associated with attention, it is a kind of awareness, and this awareness arise as one pay close attention to target, focus on the present, and don't judge the changes of experiences in the flash moments. He also agrees that mindfulness is synonymous with insight meditation, which means a deep, permeable, unconceptualized seeing into the nature of the mind and the world. Mindfulness is a highly refined exercise that is designed to train and cultivate multiple aspects of the mind through mindful mindfulness. Dharma is the description of phenomenology based on mindfulness meditation, which describes the nature of mind, emotion and suffering. The Dharma is universal, not just belong to the buddhist, because Buddha himself is not a buddhist.

In 1979, during the meaningful experience of meditation, it is because of the realization of Dharma that Dr. Jon Kabat-Zinn got the inspiration that he would spread Dharma as his career. After that he carried out his researches for “combination of Dharma and science”, which could be said as packing Dharma in a scientific way, and then MBSR program was designed with scientific research to validate its effects.

While D. T. Suzuki had introduced Zen into the United States, established the basic concept of Zen there, making Zen be focused on experience and consciousness and promoted the role of meditation in life, Dr. Jon Kabat-Zinn has combed the concrete implementation of meditation from a scientific perspective. Through his own experience, he realized the Dharma in Zen, which is the common law of the universe and could be attained by mindfulness meditation. Therefore, mindfulness can be studied and applied scientifically. Although Dr. Jon Kabat-Zinn talks about Buddhism, recommends people teaching mindfulness meditation to refer

³²³ Kabat Zinn, Jon. “Mindfulness-based interventions in context: past, present, and future.” *Clinical psychology: Science and practice*, Vol.10, No.2 (2003): 144-156.

to the Buddhist mindfulness and understand the Dharma teachings, he has inherited the tradition of scientific workers, and he is against the authority of the blind worship of the external, and encourage practitioners to know unique themselves, to be aware of the own experience of inner authority.

Dr. Jon Kabat-Zinn can be called an interdisciplinary expert who has learned and understood both Dharma and Science, and those who use mindfulness courses may not be able to grasp the mysteries of mindfulness. MBCT almost inherits intact mindfulness courses, is also very effective in applications, but from the articles and books of Teasdale et al, it has been found that their interpretations of mindfulness courses has changed something compared with Buddhist mindfulness.

Firstly, it is standardized operations. In mindfulness courses, the first one is that mindfulness has been clearly defined, and the attitudes that are needed in the practice are listed. The second one is that the course is designed for eight weeks, with specific projects each week. Although Buddhist mindfulness has standardized operations, such as the practice according to the *Ānāpānasati Sutta* or the *Mahāsatipaṭṭhāna Sutta*.

However, for the first point, Buddhist mindfulness takes functions as the definition, pointing out the requirements of it that to abide in the object of mindfulness, to be diligent, and to well know the object, as to lead the practitioners to realize the operatable essentials, but it couldn't say that it is the exactly definition for mindfulness, and Buddhist Dharma emphasizes different people have different understandings for their unique personal ability, so in the teachings learners are often encouraged to listening carefully, thinking prudently, and practicing assiduously.

For the second point, Buddhist mindfulness practice is straight to realize nirvana. Although there is a curriculum design which has the system to increase three kinds of wisdoms from the threefold training, but the practice is promoted only according to the realization of single person.

Secondly, it has attached lots of importance to the mentor. Both mindfulness values mentors, but there are differences. In the mindfulness courses, the tutor is the inviter in the activity to invite the practitioner to

participate in the activity, and to lead the course. The practitioner is an invitee, to complete the courses according to the guidance, and is the partner in the activity. In the Buddhist mindfulness, the tutor is an spiritual idol of the practice, does not initiatively intervene in the progress of the courses and only provide personal advices according to the problems proposed by specific practitioner. And practitioners need to be self-reliant to set up his objective of his own practice, so they are the promoters of the practice.

It emphasizes the guidance of the tutor to the students in practice of mindfulness courses, while it stresses the mutual improvement of both teacher and student in Buddhist mindfulness. Buddhist mindfulness underlines to make daily life as the practice with the three aspects of study, thinking, and practice. For example, *Ekottarika āgama* (EĀ.5)³²⁴ has recorded the teaching about seeing a patient. The Buddha guide disciples that seeing patients should be taken as seeing the self. And EĀ.24³²⁵ has recorded the teaching about being a patient. When seeing others in pain, one should have compassion and bring the remembrance of the self being a patient once in a time as well and just temporarily from the suffering of the disease. So the one would urge himself by positive thinking to be more diligent to be away from his own sufferings when he lives without disease and provide the positive model and help for the sick. Through swapping situations with the sick, they will attain mutual benefits as to blend the

³²⁴ 瞿昙僧伽提婆译,《大正藏》,《增壹阿含经》卷5,《壹入道品第十二·四》(Taishō Tripiṭ aka, Ekottara Āgama, Vol.5): 尔时,世尊告诸比丘:「其有瞻视病者,则为瞻视我已;有看病者,则为看我已。所以然者,我今躬欲看视疾病。诸比丘!我不见一人于诸天、世间、沙门、婆罗门施中,最上无过是施。其行是施,尔乃为施,获大果报,得大功德,名称普至,得甘露法味。所谓如来、至真、等正觉,知施中最上无过是施。其行是施,尔乃为施,获大果报,得大功德。我今因此因缘而作是说:『瞻视病者,则为瞻视我已而无有异,汝等长夜获大福佑。』如是,诸比丘!当作是学。」

³²⁵ 瞿昙僧伽提婆译,《大正藏》,《增壹阿含经》卷24《善聚品第三十二·九》。(Taishō Tripiṭ aka, Ekottara Āgama, Vol.24)

concept of inside and outside in body and mind to get a realization that translate sufferings into the wisdom.

This indicates that the improvement of the inner state of the individual is methodical, and the establishment of experience also requires a positive guidance. A mentor who has enough experience of meditation, especially realizations of life, is important to the course, not only for introduction of Dharma, but also as a role model. However, the most important thing to do is to emphasize the improvement of a personal level. With good knowing advisors as a model, the individual gain confidence in the inner strength from which he would also have a good understanding of Dharma to establish a proper life style by the increase of three kinds of wisdom.

Thirdly, the goals are different. The goal of mindfulness is to regain health and the goal of Buddhist mindfulness is to attain physical and mental liberation. Different goals will lead to different development.

The first point is that when the curriculum is developed into psychotherapy, the teacher-student relationship is transformed into the doctor-patient relationship, which exacerbates the differences between the two types of mindfulness. The doctor-patient relationship causes most of the stress to fall on the doctor, who needs the skills to solve the patient's problems. The mentoring relationship shares the responsibility, the teacher's task is to teach, the task of students is to learn. So students can ask the teacher to answer the doubt, but they need to solve the problems by themselves. Thus, the mentoring relationship brings students with the learning enthusiasm.

The second point is that the adjustment of mind and body are staged with discomforts. In this process, mindfulness is a technique which is not conducive to long-term persistence. The liberation of mind and body could be the life-long objective to turn mindfulness to be a way of life until the final liberation is attained.

To sum up, due to the interdisciplinary factors from Buddhism to psychology, practitioners and mentors are in different kinds of status and backgrounds, the different practice field involves in the secular and religious

world. All of these differences suggest that the researchers and the Buddhist should be aware of the changes in the subjects and the teaching ways to them. Therefore, the interdisciplinary research needs the coordinated development of the related disciplines to well understand each other for achievements of the greatest benefits.

4.3 A Possible Mechanism of mindfulness therapy

Based on the above comparative analysis, this paper makes a step further to analyze the advantages and disadvantages of mindfulness therapy through the perspective of Buddhist mindfulness, and it proposes a possible mechanism of mindfulness therapy.

4.3.1 Advantages of Psychological mindfulness therapy

Seeing from the outside, mindfulness therapy, in scientific modality, removes the form of religion to popularize into deeper and broader domains. At present, Most people are educated in a scientific manner from their childhood. Scientific interpretations of phenomena are the most popular way for most people to know the world. So most people believe in science. Mindfulness in a scientific form would be more likely to be accepted by most people. The dissemination of the Dharma in this form is an awareness of the prevalence of scientism.

Seeing into the inside, scientific research interprets mindfulness in a rational way, making it operable, verifiable and easy to function in the contemporary mainstream consciousness, laying the foundation for in-depth study.

Seeing from the case studies in MBCT, psychologists have explained the “mindless emoting” , “conceptualising” and “experiencing ” modes of mind by scientific methods by exploring the process of cognitive and emotional processing³²⁶. These explanations are helpful for us to understand the three psychological mechanisms happening in the consciousnesses. It reveals the facts about the aspect of irrational behavior

³²⁶ Teasdale, J. D. “Emotional processing, three modes of mind and the prevention of relapse in depression”, *Behaviour Research and Therapy* , Vol.37, Suppl 1 (1999) : S53-77.

that is aroused by lust and worldly desires, the function of rational thinking that could regulate the negative consequences to some extent, and the concentration and awareness of mindfulness that could improve the cognitions and emotions.

4.3.2 Disadvantages of Psychological mindfulness therapy

Mindfulness therapy, from course to therapy, is a self-constraint, that is not conducive to guiding the practitioner to develop confidence in the inner strength. Just as Dr. Jon Kabat-Zinn had attached great importance to the name of MBSR project in his early years, a good name is a good cause, which is not a superstition, but a clue to the first impression. A “course” remind people to learn and a “treatment” to cure. The purpose of “course” is to make people change and become better. The goal of “treatment” is to restore health, suggesting that the situation is not good. So Dr. Jon Kabat-Zinn very carefully refined some attitudes for mindfulness practice and made clear the origin of mindfulness. Because many things will change when they are out of the original contexts. But to leave is for getting a better return, and the method of return is the dharma as well as the universal common method.

This self-constraint also occurs in the mode of education. While the three designers of MBCT in finally discovered the importance of teacher, learned that teachers should not only understand mindfulness in theory, but also get personal enlightenment from the practice. Although they tried to understand that mindfulness is an inner spiritual ascension, they didn't notice the integration of internal and external ideas.

For example³²⁷, When proposing three kinds of psychological modes of emotional processing, and developing the Interacting Cognitive Subsystems (ICS), Teasdale interpreted mindfulness as a schema that is based on the subjective-intuitive mental model. By means of the “mindful experiencing”, one finds the new value of things and builds an alternative scheme. with the new scheme, that person could adapt to the hard

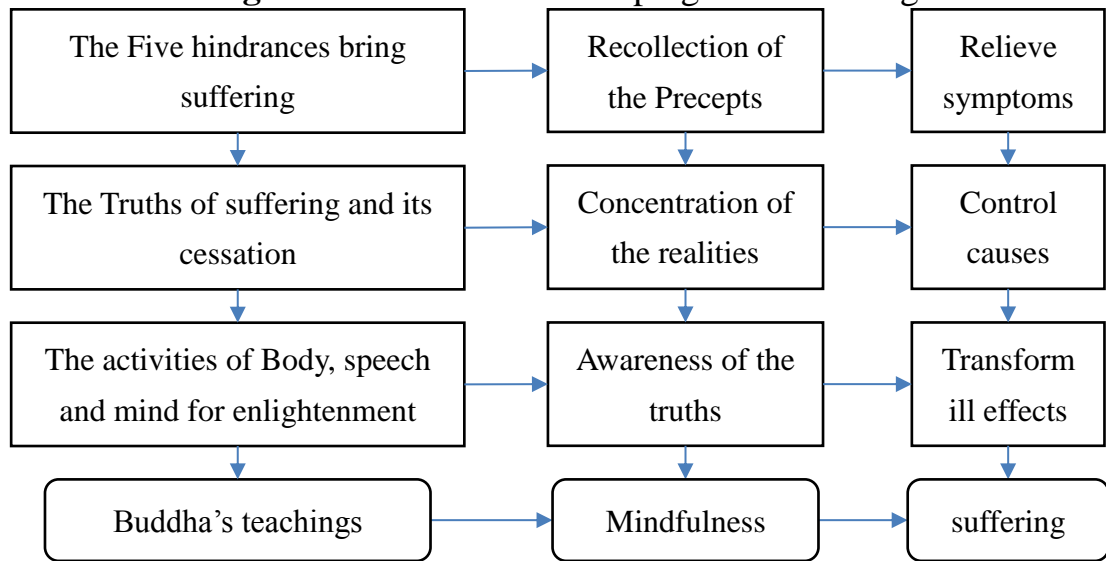
³²⁷ Teasdale, J. D. “Emotional processing, three modes of mind and the prevention of relapse in depression”, Behaviour Research and Therapy , Vol.37, Suppl 1 (1999) : S53-77.

environments. His model provides a scientific explanation for the generative process of wisdom, emphasizing the construction of cognitive schemata, which is consistent with the emphasis on the establishment of right views in Buddhism.

However, a very important difference is that the goal of Buddhist practice is certain, so the direction of Buddhist learning is also determined, and right view is established on the basis of learning. But the psychological new schema is based on experience, and it inherits the wisdom of Zen. What if the practitioner encounters an obstacle in the experience, the mentor is absent, and the value of the experience cannot be found for a long time? Therefore, the practical role of the tutor should not be greater than the symbolic function. The mindfulness course should motivate the students to become a unique person who has pursued, and should not stay only in dealing with the medical problems of mind and body.

4.3.3 An inspiration for mindfulness therapy

Just as the dependent origination (*Paticcasamuppāda*) has shown, the emergence of mindfulness therapy is the result of development of the Era, and it is derived from the convergence of various factors. Wars and diseases can easily remind people of the distress of living and dying and arouse the desire for liberation of body and mind. Mindfulness therapy used as a treatment meeting people for the desire of living without suffering from diseases, and it could practice in accordance with Buddhist mindfulness to guide the practitioner to be aware of the limitations of life. Buddhist mindfulness functions to get away from sufferings and attain happiness by three successive stages, as to alleviate symptoms, control causes and transform effects of sufferings.

Figure 2 a mechanism of coping with suffering

As it is shown in figure 2. The first stage is the recollection of the precepts. With the help of the precepts, the practitioner initiatively keeps away from the Five hindrances to convert the focus of attention in terms of the precepts. Even though the practitioner doesn't know why he should recollection of precepts, he would gain profits from living in obedience to it and from the profits he would learn it and may intend to understand it. This process would transform a ignorance state to a learning state. Pursuit of knowledge lets people change in action and mind to form higher virtue, higher mind and higher wisdom, and when the practitioner focus on the learning Dharma through trainings of concentration, he would follow a rational choice to relieve symptoms.

The second stage is the concentration of the realities. Through the practice of meditation, the practitioner cultivates concentration to be mindful. When the practitioner concentrates on the very subtle sign and well knows the changes moment by moment, he will see into the nature of changes and learns from the nature to realize the right view about the truths of suffering and its cessation. Guiding by the right view, the right thought will arise. And he understands the evils of the hindrances for giving up them and the values of the precepts for having faith in the Dharma. He will be mindful of changes and causes of symptoms to control the suffering. During this stage, the practitioner would form a habit in thinkings and actions replacing the problematic one, and because of the strong power of

concentration and the contemplating on the wholesome Dharma, the habits would make him have no chance to cause suffering and gradually only happy in life.

The third stage is the awareness of the truths. Under the guidance of the right view, the practitioner will be mindful and aware of the Dharma, and he will well know the Dharma, the practice way of the Dharma, and the realization of the Dharma. He will see directly into the nature of the suffering and persist in the noble paths to establish higher wisdom of transforming ill effects. This stage is based on the first two stages. During this stage, the practitioner would gradually have a clear understanding of everything which is based on his right view and right thought and confirmed by his actions in body and mind. So he would become a learned one from a learning one, and all the ill effects would become a kind of wisdom for him to live better.

The recollection helps to know the truth of suffering, forming a kind of knowledge and increasing self-confidence in facing with suffering, and it starts the process of study. The concentration is helpful for the observation process, during which it is a capacity to form a stable state of mind helping to deal with suffering and form beneficial habits for harmonious life style. The awareness is key factor for understanding the essence of life or suffering that forms a realization from personal backgrounds of one's study and practice. High virtue, higher mind and higher wisdom are unremitting in these three stages.

In these three stages, when the mind recollects the precepts to keep away from unwholesome things and turn clear, it abides in the wholesome things for establishing concentration and awareness. The collection, concentration, and awareness are mutually beneficial to construct the Dharma wheel from right view, right thought, right speech, right action, right livelihood, right effort, right mindfulness, to right concentration. When the Dharma turns directly to the liberation of the body and mind, it will destroy all the unwholesome things in the way by making them have no way to show up, as to protect the follower all along the way of transforming from learning to realization, and finally the follower will see into the nature and the truths will show up directly in the follower's

mind, thus it is the state of wisdom described in *The Heart Sutra (Prajnaparamita)*³²⁸ as “The five aggregates (five khandhas) has been observe into their natures to find that there is nothing, so the Avalokitesvara could overcome all of the sufferings (照见五蕴皆空, 度一切苦厄) ”.

4.4 Conclusion

Mindfulness therapies stemed from the secular application of Buddhist mindfulness introduced by Dr. Jon Kabat-Zinn. He has caught widely attentions to mindfulness meditation by spreading the dharma in a scientific way. However, changes of mindfulness in the interdisciplinaries is worth the attention of researchers in the related disciplines, and this article is as well a feedback on this situation.

By exploring “how was Buddhist mindfulness turned into mindfulness therapy?”, this paper found that the problem is a result of historical development. During the time when Buddhism was spreaded to new areas, efforts of the first professionals would make foundations to the development of these subjects. D. T. Suzuki advocated “abrupt teaching”, emphasized on the experiences. And he created the emergence of a zen style, which forms the basic concept of zen in the United States. As a result, American Buddhist scholars were influenced by it in the later time and reflected on the research methods. Psychologists have also begun to focus on efficacies of Zen in everyday life.

After that, all sorts of karma were collected together when Dr. Jon Kabat-Zinn came to learn Zen meditation, and then Mindfulness, as a kind of awareness, got to be noticed and transmitted to the world. When Mindfulness comes back from the west and faces the vigilant Oriental Buddhist scholars, it should be compared with the two traditions to be aware of the differences. By doing so, it will on the one hand provide insperations for developments of the interdisciplinaries subjects, on the other hand supply the firsthand wisdom for cultural exchanges.

³²⁸ 玄奘译, 《大正藏》, 《般若波罗蜜多心经》第 8 册, 第 1 卷。(tr. by Xuan Zang, the Taishō canon, The Heart of Prajna Paramita Sutra Vol.1)

This article puts forward a view on this situation. The Buddhist mindfulness takes its usage as its definition, requiring attentions to the systematic study process. To cultivate mindfulness is also to increase on the three kinds of wisdom. The latter will ascend personal realm, and it should be attached importance to persons in mindfulness practice about the three kinds of wisdom, the threefold training, and the eightfold path, and so on, all of the Dharma, and encourage people to pay attention to study, practise, and realization of the Dharma. The mechanism of mindfulness therapy could also be explored from the Dharma. This article comes up with a possible mechanism of mindfulness on relief of pains based on the discussions of the features and applications of “recollection”, “concentration”, and “awareness” in the establishment of right mindfulness, and it hinges to the mutual promotion among the clear mind, the concentrated mind, and the mindful mind.

The clear mind by away from desires alleviate symptoms according to actual situations, such as, on time and on-demand drug therapy, psychological therapy and so on; meanwhile, The clear mind promotes concentration and awareness of the mind. By concentration and awareness in observation of the essence of sufferings, one could obtain the coping wisdom.

The coping wisdom is generated from personal realms. In the beginning, one could just be away from maladaptation by scientific treatments. When he calms down in body and mind, he could gradually practice by using positive thinking to cure maladaptive cognitions and emotions, and control the causes of sufferings by keeping well knowing and mindfulness of the activities in body, speech, and mind. During the process of control, through enough practice, one would realize the truths and especially the truths of the path to cessation. Therefore, one could have the right views and right mindfulness of truths to establish his own eightfold path. Thus, by adhering to the eightfold path, one could transform the ill effects to sapiential achievements.

This article has shown the changes in secular application of mindfulness. It shed light on a modern way to spread Dharma that should in keeping with the development of the Era. The contemporary

propagandists need to improve their own realms to recognize and apply the convenient method as to set the example of the sage and contribute intellectual resources to the spiritual civilization construction. At the same time, Buddhist scholars also need to dip into multidisciplinary knowledge and inherit the true wisdom of human civilization.

Dharma is the teachings of the enlightened one. Buddhists are the disciples of the enlightened one, and all the volunteers who aim to attain enlightenment are the future enlightened ones. So dharma is the universe common rule, and not confined to Buddhism. Future enlightened ones in all time and place should be free of the ideological consciousness but improve learning to function as the positive energy to make dhamma approachable and permanent for every body, and it is beneficial for the self to build a harmonious inside and outside of body and mind with mindfulness everytime and everywhere. Therefore, Dharma is not only beyond the subjective and objective dualism but also in harmony with them.

CHAPTER V

Conclusion and Suggestion

5.1 Conclusion

This dissertation is an analytical study. It applies a transdisciplinary research and a case study. The main objective is to study Buddhist mindfulness in treating depression, by doing so it would give an inspiration for the secular application of Buddhist Mindfulness. This objective has been divided into three objectives: (1) To study the Depression in Psychology and clinical applications of mindfulness; and (2) to study Buddhist mindfulness treatment for reducing Depression; finally (3) to analyze two kinds of mindfulness and integrate the function for reducing Depression. According to these three objectives, the main body of this paper is divided into five chapters.

Chapter 2 is for the first objective. It overviewd research status of depression in psychology. From the study of depression, it can be seen that the basic symptoms of depression are deep sadness, lack of pleasure and loss of will, which are caused by changes in physiology and psychology. In daily life, when patients are under the repeated stimulation by unpleasant stimulus again and again, theirs internal physiological reaction related to unpleasant and regulatory response are activated repeatedly to stimulate the formation of conceptual cognition activities.

Cognition dominated by emotion become emotional in the stimulus. Cognition charged by reason become rational, and rational cognition could regulate unpleasant psychological reactions within a certain range and indirectly improve the physiological reaction, but when it is beyond the scope of rational adjustment, emotion would collapse and physiological regulation would be out of control. This series of activities is based on the human nature of pursuing happiness and avoiding suffering. When the individual feels unpleasant, the physiological and psychological

warning is made, and the regulation mechanism is activated.

Depression is a signal that is given an meaning of unpleasant and needed adjustment, and it plays an important role in human evolution. From a positive view, the symptoms of depression are some physical and cognitive mechanisms for protections of the body. When the body is aware of external stimuli which would beyond regulation, it would decrease the activity will, slow cognition, slow behavior, which are the last item to restrain toward self-destruction efforts.

However, the immediate cause of the suicidal impulse is loss of pleasure, loss of hope, and loss of the value. All of these physiological and psychological researches reveals that depression has a complex mechanism, involving in complex interactions between body and mind, and these interactions are related not only to mechanical operations but also to subjective initiative which involved in the interpretation of meanings and values of life, which is a journey to the improvement of the life quality and to the discovery of the mind.

Today's prevention and treatment of depression correspond to various possible causes of depression. Transformation from interpersonal factors, mental cognitive model, and emotional processing, as well as the physiological state of adjustment. The treatments of depression are from levels of physical, psychological and social factors to construct the rehabilitation system for a comprehensive enhance in physiological, psychological and social function in patients with depression. Depression treatment pattern characterized by a joint work of psychiatrists, therapists, and social worker so as to really improve the cure rate of depression and reduce overall morbidity and disability rate of depression.

Mindfulness therapies was stemmed from the secular application of Buddhist mindfulness and was introduced by Dr. Jon Kabat-Zinn. He has caught widely attentions to mindfulness meditation by spreading the dharma in a scientific way. Psychological mindfulness are following the first famous introducer's definition by a concrete method with three characteristics of "intentionality, empiricism and non-evaluation" which is extracted from Buddhist mindfulness.

Mindfulness practice has changed the relationship between human and disease by cultivating seven essential attitudes so as to make a harmonious coexistence with emotions and emphasizing a psychological "experience" model to form alternative schemas from negative emotion

Therefore, the study for the first objective has found out that depression and its treatments are related to the management of emotions and cognitions, the latter two could make physiological and psychological changes in body and mind, and mindfulness practice is used to change them by cultivating specific attitudes and forming alternative schemas.

Chapter 3 is for the second objective. This dissertation has studied Buddhist mindfulness applications for reducing Depression. As all phenomena in Buddhism could be analyzed with the four noble truths, so depression can also be analyzed with four noble truths. In this part, the symptoms of depression are analyzed, and it is related to the "self". And the "self" is a phenomenon that is gradually formed "grasping". If the "self" is covered by five hindrances, so that the mind could not be stable, and could not be truthful and rational. Therefore it cannot produce true wisdom. In the grasping, the people would form a cognition which do not accord with the reality and construct the inner world of the individual to form a illusion of the world.

When the inner world and the outside world can't interact well, the individual would generate emotions. Emotion is a communication signal. If trapped in strong emotion, individual cannot do thinking well enough according to the actual situation causing the distraction from status quo, at the same time, he may be lack of rational cognition on the environment, cannot straighten out the karma, and fall into ignorance. Therefore, emotion is a signal of change, and cognition form a rational mind. Cognition and emotion can influence each other. When cognition functions without emotion showing the now-moment change, it could easily build the illusion and become a paranoia. One who indulges in the illusion is likely to have some changes in psychological, physical and mental aspects which could lead to maladjustment towards interpersonal or normal life of the outside world.

Mindfulness allows one to focus and observe life by study, practice, and realization. It involves learning the boundaries of things and forming a cure. So, mindfulness is the protection and management of body, speech and mind. Firstly, it admits that the existence of desire. By mindfulness of the precepts, one could stay away from the desire and make body and mind under control so as to build cognitive mode in the state of mind. When concentration arises, it puts the mind in a normal state to pay attention to the present moment, and then by observation of the object, it gives birth to the true knowledge. In the process of seeing and knowing, it makes the state of the mind break away from grasping and transforming the states from learning to unlearning, the one would get a realization only from his inside and it would function to construct the harmonious state inside and outside the body and the mind.

Therefore, this part has found out that Buddhist mindfulness is for cultivating three kinds of wisdom from threefold training to change one's life realm, so the treatment is about ascension of the life realm by the positive feedback loop of study, practice and realization.

Chapter 4 is for the third objective. This dissertation has summarized the characteristics and the application of Buddhist mindfulness, explored the path of mindfulness from Buddhism to Psychology, and compared the two kinds of mindfulness.

Firstly, it enlightens those facts that:

(1) Mindfulness through its functional features, such as recollection, concentration, and awareness, is about finding the right location to observe realities, from which three kinds of wisdom arise and one gets a successive realization to practice in the threefold training and the eightfold path;

(2) Mindfulness-based therapies are created in a social and cultural background, it has become an interdisciplinary research and needs the coordinated development of the related disciplines to well understand each other for achievements of the greater benefit;

(3) Mindfulness functions to realize the universal dharma which

is integrate subjective and objective dualism to form a harmless life style.

This chapter also puts forward a Buddhist view on the therapeutic effects of mindfulness practice. The Buddhist mindfulness takes its usage as its definition, requiring attentions to the systematic study process. To cultivate mindfulness is also to increase on the three kinds of wisdom. The latter will ascend personal realm, and it should be attached importance to persons in mindfulness practice about the three kinds of wisdom, the threefold training, and the eightfold path, and so on, all of the Dharma. And it encourages people to pay attention to study, practise, and realization of the Dharma. The mechanism of mindfulness therapy could also be explored from the Dharma.

Secondly, by exploring “how was Buddhist mindfulness turned into mindfulness therapy?”, it found that the problem is a result of historical development. During the time when Buddhism was spreaded to new areas, efforts of the first professionals would make foundations to the development of these subjects. D. T. Suzuki advocated “abrupt teaching”, emphasized on the experiences. And he created the emergence of a zen style, which forms the basic concept of zen in the United States. As a result, American Buddhist scholars were influenced by this in the later time and reflected on the research methods. Psychologists have also begun to focus on efficacies of Zen in everyday life.

After that, all sorts of karma were collected together when Dr. Jon Kabat-Zinn came to learn Zen meditation, and then Mindfulness, as a kind of awareness, got to be noticed and transmitted to the world. When Mindfulness comes back from the west and faces the vigilant Oriental Buddhist scholars, it should be compared with the two traditions to be aware of the differences. By doing so, on the one hand it provides inspirations for developments of the interdisciplinaries subjects, on the other hand supply the firsthand wisdom for cultural exchanges.

Finally, it comes up with a possible mechanism of mindfulness on relief of pains based on the discussions of features and applications of “recollection”, “concentration”, and “awareness” in the establishment of right mindfulness, and it hinges to the mutual promotion among the clear

mind, the concentrated mind, and the mindful mind.

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This dissertation has shown the changes in secular application of mindfulness. It shed light on a modern way to spread Dharma that it should keep pace with the times. The contemporary propagandists need to improve their own realms to recognize and apply the convenient method as to set the example of the sage and contribute intellectual resources to the spiritual civilization construction. At the same time, Buddhist scholars also need to dip into multidisciplinary knowledge and inherit the true wisdom of human civilization.

Dharma is the teachings of the enlightened one. Buddhists are disciples of the enlightened one, and all the volunteers who aim to attain enlightenment are the future enlightened ones. So dharma is the universe common rule, and not confined to Buddhism. Future enlightened ones in all time and place should be free of the ideological consciousness but improve learning to function as the positive energy to make dhamma approachable and permanent for every body, and it is beneficial for the self

to build a harmonious inside and outside of body and mind with mindfulness everytime and everywhere. Therefore, Dharma is not only beyond the subjective and objective dualism but also in harmony with them. From this, it will be known that mindfulness is about finding the right location to observe the object and by the way bringing about the wisdom from the observation.

5.2 Suggestion

This dissertation has analysed mindfulness from Buddhist practice to psychological treatment by a theoretical analysis. It tries to break the stereotyped image of Buddhist Dharma as a religious education and praise highly the system mode of mindfulness practice in producing wisdom. However, it remains to draw attentions of researchers to the wisdom which is produced by the whole situation as one integrates the subjective and objective cognitions and emotions. And the mechanism proposed in this paper also needs to be verified. Therefore, Buddhist and Scientific scholars both should well know the characteristics of the contemporary era and know the historical development of mindfulness to understand changes of mindfulness between two disciplines which will make sense of the nature of mindfulness practice in specific here and now. It needs cooperated works from related disciplines to facilitate applications of mindfulness practice.

Bibliography

I. Chinese Primary Sources

(1) 《汉译南传大藏经》 (Chinese Translation of the Pali Tipiṭ aka)

高雄：元亨寺妙林出版社，1994。

云庵译，《汉译南传大藏经》，《长老尼偈经》第 28 册，第 16 经：行 133-138。(Chinese Translation of the Pali Tipiṭ aka, therīgāthā, line 133-138)

郭哲彰译，《汉译南传大藏经》，《分别论》（第一品蕴分别/一經分別），第 49 册，第 25 经。(Chinese Translation of the Pali Tipiṭ aka, Vibhaṅ ga).

通妙译，《汉译南传大藏经》，《相应部经典》，卷 5（第三瞿昙弥），第 13 册，第 6 经。(Chinese Translation of the Pali Tipiṭ aka, Saṃyuttanikāya, Vol.5).

通妙译，《汉译南传大藏经》，《长部经典二》，《大念处经》，第 7 册，第 22 卷，第 4 经。(Chinese Translation of the Pali Tipiṭ aka, Dīgha Nikāya, Vol.22, Mahāsatipaṭ ṭ hāna Sutta)

(2) 大正新修大藏经刊行会编，《大正藏》(Taishō Tripiṭ aka) 东京：大藏出版株式会社, Popular Edition in 1988.

五百大阿羅漢等造，玄奘譯，《大正藏》，《阿毘達磨大毘婆沙論》，卷 83，第 27 册，第 1545 經。(Taishō Tripiṭ aka, Abhidharma Mahāvibhāṣ ā Śāstra, Vol.83)

安世高译，《大正藏》，《佛说大安般守意经》第 1-2 卷，第 15 册，第 602 经。(T.15, no. 602, Ānāpānasati Sutta, Vol.1-2)

护法等菩萨造，玄奘译，《大正藏》，《成唯识论》卷 7，第 31 册，第 1585 经。(Taishō Tripiṭ aka, Vijñāptimātratāsiddhi, Vol.7)

求那跋陀罗译，《大正藏》，《杂阿含经》：卷 2 第 43 经，卷 2 第 55 经，卷 12 第 293 经，卷 17 第 460 经，卷 17 第 474 经，卷 26 第 707 经，卷 27 第 715 经，卷 32 第 913 经，卷 37 第 1028 经，卷 44 第 1178 经，卷 45 第 1200 经，第 2 册，第 99 经。(T.2, No. 99: SĀ.2 No.43, SĀ.2 No.55, SĀ.12 No.293, SĀ.17 No. 460, SĀ.17 No. 474, SĀ.26No. 707, SĀ.27

No. 715, SĀ.32 No. 913, SĀ.37 No. 1028, SĀ.44No. 1178, SĀ.45No. 1200)

佛陀耶舍共竺佛念译,《大正藏》,《佛说长阿含经》卷 19 (佛说长阿含第四分世记经龙鸟品第五),第 1 册,第 1 经。(T.1, No. 1, DĀ.19, p.129, a10)

鸠摩罗什译,《大正藏》,《金刚般若波罗蜜经》,第 8 册,第 235 经。
(*Vajracchedika-prajna-paramita Sutra*, Vol.1)

迦旃延子造,五百罗汉释,浮陀跋摩共道泰等译,《大正藏》,《阿毘昙毘婆沙论》卷 43。(Vibhāṣ a Śāstra, Vol.43)

唐三藏法师玄奘译,《大正藏》,《般若波罗蜜多心经》第 8 册,第 251 经。(The Heart of Prajna Paramita Sutra, Vol.1)

释元照撰,《大正藏》,《四分律行事钞资持记·释标宗篇》,第 40 册,第 5 卷,第 1805 经。(T.40, No. 1805, Vol.1)

尊者大目干连造,三藏法师玄奘奉诏译,《大正藏》,《阿毘达磨法蕴足论》,(觉支品第十五之一)第 26 册,第 8 卷,第 1537 经。(Dharmaskandha, Vol.8)

瞿昙僧伽提婆译,《大正藏》,《中阿含经》卷 7(舍梨子相应品象迹喻经第十),卷 21 (长寿王品说处经第十五),第 1 册,第 26 经。(T.1, No. 26: MĀ. 7, MĀ. 21)

瞿昙僧伽提婆译,《大正藏》,《增壹阿含经》卷 5 (壹入道品第十二·四),卷 24 (善聚品第三十二·九),第 2 册,第 125 经。
(T.2, No. 125: EĀ.5, EĀ.24)

(3) 河村照孝編集,《卍新纂续藏》(*Manji Shinsan Dainihon Zokuzōkyō*),东京:株式会社国书刊行会,1975-1989.

净挺著,《卍新纂续藏》,《阅经十二种》(从闻思修入三摩地);第 37 册,第 6 卷,第 674 经。(X.37, No. 674, Vol.6, p. 767, b1.)

II. Chinese Secondary Sources (Books)

马克·威廉姆斯,约翰·蒂斯代尔,津戴尔·塞戈尔,乔·卡巴金着,谭洁清译,《改善情绪的正念疗法》,北京:中国人民大学出版社,2009 年。

寻法比丘译,《阿毗达摩概要精解》,高雄:正觉学会,2000 年。

(tr. by Bhikkhu Dhammagavesaka, from English version: A comprehensive Manual of Abhidhamma, ed. by Bhikkhu Bodhi)
辛德尔·西格尔, 马克·威廉姆斯, 约翰·蒂斯代尔着, 刘兴华等译, 《抑郁症的内观认知疗法》, 北京: 世界图书出版公司, 2008 年。

(translated from: **Mindfulness-Based Cognitive Therapy for Depression [M]**. Guilford Press, 2002.)

威廉·詹姆斯着, 尚新建译, 《宗教经验种种》, 北京: 华夏出版社, 2008 年。(translated from: The varieties of religious experience [M]. Massachusetts: Harvard University Press, 1985.)

觉音尊者著, 叶均译, 《清净道论》, (高雄: 正觉学会, 2000 年), 页 568, (tr. by Ye Jun, from The Path of Purification, by Bhadantācariya Buddhaghosa.)

III. Chinese Secondary Sources (Article)

乔·卡巴金著, 温宗堃译, “关于 MBSR 的起源, 善巧方便与地图问题的一些思考”, 福严佛学研究, 2013 年第 8 期第 187-214 页。

李四龙, “论欧美佛教研究的分期与转型”, 世界宗教研究, 2007 年第 3 期第 65-72 页。

温金玉, “禅与西方世界”, 中华文化论坛, 1997 年第 4 期第 78-81 页。

IV. English Secondary Sources (Books)

Anālayo. Satipaṭṭhāna: **The direct path to realization**. Birmingham: Windhorse Publications, 2003.

Bhikkhu Bodhi, **A Comprehensive Manual of Abhidhamma**, Washington: Pariyatti Publishing, 2012.

Daisetz Teitaro Suzuki, **The training of the Zen Buddhist monk**, New York: Cosimo, Inc., 2010.

Daisetz Teitaro Suzuki, **An Introduction to Zen Buddhism**, New York: Grove Press, 1991.

Gethin, R.M.L. **The Buddhist Path to Awakening**. 2nd edition, Oxford: Oneworld Publications. 2001.

Kabat-Zinn, J., Hanh, T. N. Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness, New York:

Bantam Dell, 1991.

Kuan Tse-fu, **Mindfulness in early Buddhism: New approaches through psychology and textual analysis of Pali, Chinese and Sanskrit sources**, London: Routledge Critical Studies in Buddhism, 2007.

Rhys Davids, C.A.F., **The Birth of Indian Psychology and Its Development in Buddhism**, London: Luzac & Co, 1936.

Uptissa, **The Path of Freedom, Vimuttimaggā**, tr. by Ehara, Rev. N. R. M., Soma Thera and Kheminda Thera, Colombo of Ceylon: Published by Dr.D. Roland D. Weerasuria, 1961.

Williams J M G, Teasdale J D, Segal Z V, Kabat-Zinn J. **The mindful way through depression: Freeing yourself from chronic unhappiness**, New York: The Guilford press, 2007.

V. English Secondary Sources (Articles)

Batink T, Peeters F, Geschwind N, et al. "How does MBCT for depression work? Studying cognitive and affective mediation pathways". **PLoS One**. Vol.8, No.8 (2013): e72778.

Bodhi, B., "What does mindfulness really mean? A canonical perspective", **Contemporary Buddhism**, Vol.12, No.1 (2011): 19-39.

Davidson R J, Kabat-Zinn J, Schumacher J, et al. "Alterations in brain and immune function produced by mindfulness meditation". **Psychosomatic medicine**, Vol.65, No.4 (2003): 564-570.

Gethin, R. "On some definitions of mindfulness". **Contemporary Buddhism**. Vol.12, No.1 (2011): 263-279.

Grabovac, A. D., Lau, M. A., & Willett, B. R. Mechanisms of Mindfulness: A Buddhist Psychological Model, **Springer Science**, Vol.2, No.(2011), 154-166. doi: 10.1007/s12671-011-0054-5

Grecucci A, De Pisapia N, Thero D K, et al. "Baseline and Strategic Effects behind Mindful Emotion Regulation: Behavioral and Physiological Investigation". **PloS one**, Vol.10, No.1 (2015): e0116541.

Grossman, Paul, et al. "Mindfulness-based stress reduction and health benefits: A meta-analysis." **Journal of psychosomatic research**, Vol.57, No.1 (2004): 35-43.

- Haydicky, Jillian, et al. "Evaluation of MBCT for adolescents with ADHD and their parents: Impact on individual and family functioning." **Journal of Child and Family Studies**, Vol.24, No.1 (2015): 76-94.
- Kabat-Zinn, J., "Mindfulness-based interventions in context: past, present, and future." **Clinical psychology: Science and practice**, Vol.10, No.2 (2003): 144-156.
- Kabat-Zinn, J., "Some reflections on the origins of MBSR, skillful means, and the trouble with maps", **Contemporary Buddhism**. Vol.12, No.1 (2011): 281-306.
- King, Anthony P., et al. "A pilot study of group mindfulness - based cognitive therapy (MBCT) for combat veterans with posttraumatic stress disorder (PTSD)." **Depression and anxiety**, Vol.30, No.7 (2013): 638-645.
- Ma, S. H., & Teasdale, J. D. "Mindfulness-Based Cognitive Therapy for Depression: Replication and Exploration of Differential Relapse Prevention Effects". **Journal of Consulting and Clinical Psychology**, Vol.72, No1, (2004): 31-40.
- Mander J, Kröger P, Heidenreich T, et al. "The Process-Outcome Mindfulness Effects in Trainees (PrOMET) study: protocol of a pragmatic randomized controlled trial". **BMC psychology**, Vol.3, No.1 (2015): 1.
- Murakami H, Katsunuma R, Oba K, et al. "Neural networks for mindfulness and emotion suppression". *PloS one*, Vol.10, No.6 (2015): e0128005.
- Teasdale, J. D. "Emotional processing, three modes of mind and the prevention of relapse in depression", **Behaviour Research and Therapy** , Vol.37, Suppl 1 (1999) : S53-77.
- Teasdale, John D., et al. "Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy." **Journal of consulting and clinical psychology**, Vol.68, No.4 (2000): 615-623.
- Williams, J. Mark G., and Jon Kabat-Zinn. "Mindfulness: diverse perspectives on its meaning, origins, and multiple applications at the intersection of science and dharma." **Contemporary Buddhism: An Interdisciplinary Journal**, Vol.12, No.1

(2011):1-18.

VI. Thesis

Gordon, David Jacobs. "A Critical History of Mindfulness-Based Psychology." **B.A. Thesis**, (Wesleyan University, The Honors College, 2009).

VII. Online Sources

中华电子佛典协会, Chinese Buddhist Electronic Text Association (CBETA), Taipei, 2016.

Chinese Buddhist Encyclopedia, Threefold Training (trisikṣa), Retrieved on 8 Feb. 2018: <http://www.chinabuddhismencyclopedia.com/en/index.php/Threefold-Training>

Narada Thera, "Chapter XLI Pāramī –Perfections", The Buddha and his Teachings, (Published by the Buddhist Publication Society) , Retrieved on 8 February 2018: <https://www.wisdomlib.org/buddhism/book/the-buddha-and-his-teachings>

The Vajracchedika-prajna-paramita Sutra:Retrieved on 7 Feb. 2018,<http://bs.dayabook.com/buddhism-classics/the-diamond-sutra>

Tr. Thanissaro Bhikkhu,Culavedalla Sutta: The Shorter Set of Questions-and-Answers(1998), Retrieved on 8 February 2018: <https://www.wisdomlib.org/buddhism/book/the-buddha-and-his-teachings>

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