PRINCIPLES OF SATITHERAPY

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Introduction

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

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

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

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

Value and Skill in Satitherapy

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

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

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

[1] Both the techniques of methodical practice and the conceptual context of mindfulness and insight are explained in the as yet unsurpassed book of Thera Nyanaponika: The Heart of Buddhist Meditation, London, Rider (1962).

[2] For training the skill in means, as described in Vibhanga, the second opus of Abhidhamma Canon, see Frýba: The Art of Happiness - Teachings of Buddhist Psychology, Boston, Shambhala (1989 : 74ff and 191ff).

awareness to the four distinctively different realities, namely the four foundations of mindfulness (*satipatthâna*):

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

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

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

situation, they supply the criteria for decisions and thus guide our volitional actions (kamma).

Philosophical analysis of the values, which may help the involved philosopher personally, is beyond the scope of present considerations. It may be noted here that some contemporary philosophers, who are also concerned with the above mentioned issues, are moving from merely categorizing terminology of values as "reception concepts" towards the more "expressive conceptualization" of values, emotions and other experience. They apply the paradigm of skill: "to be conscious of something is to exercise ... a skill of 'spelling out' as practiced in psychoanalysis", says de Silva (1981).[3(3)] Such an approach is coming close to the understanding of values in Abhidhamma and satitherapy.

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

[3] Padmasiri de Silva: Emotions and Therapy - Three Paradigmatic Zones, Inaugural Lecture, University of Sri Lanka, Peradeniya (1981). Prof. de Silva is one of the pioneers in the field of philosophical and psychological explorations of the Buddhist and Western approaches to psychotherapy (Buddhist and Freudian Psychology, Colombo, Sri Lanka, Lake House 1978; An Introduction to Buddhist Psychology, London, MacMillan 1979).

Abhidhamma is however no religion; it is the systematic know-how to master the life, to overcome suffering, and to attain ever more sublime happiness. As such it is the means used in the practice of Dhamma which may or may not be considered a religion. Abhidhamma reaches, in this sense, beyond any philosophical or psychological theories and also beyond the method of satitherapy. Abhidhamma is a psychological system organized according to the ethical criteria. The purpose of this system is to serve gradual realization of the "dwelling in the most sublime happiness here-and-now" (anuttara-ditthadhamma-sukha-vihâra) called Nibbâna. Thus Nibbâna is the highest in the Buddhist hierarchy of values. And within this system, all states and movements of mind (citta) and all by them motivated actions (kamma) are ethically valued as skilful (kusala) or unskilful (akusala) according to their contribution to the resulting (vipâka) happiness.

Satitherapy is primarily concerned with helping a patient or client to overcome suffering, whatever may be her or his conception of values and ethics. The psychotherapist, of course, has to know the ethics of the Dhamma. He has to understand, at least to some degree, the ethical notions specific for the Orient, because the textual as well as practical or "oral" tradition of Abhidhamma, with which he works, is being brought from the Buddhist culture of the Oriental countries.[4] But there is nothing

[4] The original texts of Abhidhamma, as used in the meditation practice, were canonized and brought to Sri Lanka in the third century before our present chronology. There they have been written down in Pâli language two centuries later. That time in India, a new tradition of Buddhism emerged under the influence of Sanskrit Brahmanism and, during the following centuries, divided into the schools of Mahâyâna (Big Vehicle) and Hînayâna (Small Vehicle). Both schools of this Sanskrit Buddhism produced their new, rather philosophical versions of Abhidharma which, practically, did not at all influence the original Pâli Buddhism called Theravâda (Teaching of the Old). For an overview of the authentic texts see Conze, Horner,

particularly Buddhist about the ethics of satitherapy as far as the client is concerned. Satitherapy, although developed on the foundations of Abhidhamma, is a form of psychotherapy that has been practiced with individuals and groups within Western culture.

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

Scientific approach is characterized by objective understanding of the unidimensional relations and the presumed straight forward causality of phenomena. Therefore the ancient cultural traditions of other peoples appear to us unsharply defined, multidimensional nets of mythical explanations that lack the simple clarity of the scientific interpretation. Yet to understand the diseases of mind, a more complex thinking is required than the lineal determinism current in the science of our culture. What is generally taken for the scientific objectivity limits our knowledge to logically ordered thoughts about the phenomena

Snellgrove & Waley: The Buddhist Texts through the Ages, New York, Harper & Row (1964).

which are grasped only from outside and then identified by sharply defined concepts.

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

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

[5] For the full story of the scientific struggle to understand the subjective reality see Ellenberger: The Discovery of the Unconscious, New York, Basic Books Publishers (1971).

[6] "In being expressed, the 'spirit' will have fulfilled its calling: once accepted, it will not need anymore to knock at the door of the individual's consciousness in the form of an ailment", say Naranjo & Ornstein: On the Psychology of Meditation, London, George Allen & Unwin (1971 : 105f).

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

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

Effective method of psychotherapy in whatever culture presupposes a sufficient understanding of the skills and failures typical for healthy (kusala) and ill (akusala) coping with the manifold variety of experiencing. Only then the therapist is able to introduce the healing changes into the patient's ways of

[7] Eugene Gendlin: Experiencing - A Variable in the Process of Therapeutic Change, American Journal of Psychotherapy, 15 (1961 : 233 - 245).

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

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

principles as applicable in the usual setting of Western psychotherapy.

Abhidhamma and Psychoanalysis: The Case of Strong Ego

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

Therapists, who want to do more than just prescribing drugs, have to build up their "own", more or less reflected, systems of problem diagnosis. Then only, they can work psychotherapeutically on individual problem solving. Just to meet this need, a theory serving the diagnosis of the concrete patient's psychotope has been developed (Frýba 1975). Nevertheless, we have to consider also the beliefs used by

therapists for coping with their professional problems. While conducting postdoctoral training for psychiatrists and psychologists at Berne University during the early seventies, I could see that these "own" diagnosis systems of most, both younger and older, therapists heavily lean on psychoanalysis, even when some would claim primary affiliation to another school of psychotherapy. Similar situation prevails, maybe with an exception of the post–Communist countries, everywhere in our civilisation.

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

There are two practical principles of satitherapy which can be well explained in relation to psychoanalysis. First is the use of mindfulness–foundation (*satipatthâna*) which is comparable to the psychoanalyst's "freely floating attention" that is non–selectively applied to the cues provided by the patient during the therapy process, second is the experiential anchoring (*yathâ bhûta*) interpreted psychoanalytically as the patient's relatedness to reality which is being evaluated as a "strength of the ego function". Understanding of both these principles

[8] For explanations of some further abhidhammic paradigms in psychoanalytical terms see e.g. Frýba (1978, 1983, 1984) and de Silva (1978).

presupposes — to put it in terms of Abhidhamma — that the therapist is skilled in "wise reality anchoring" (*yoniso manasikâra*) and can also clearly discern between his own interpreting perception and the perceived phenomena of therapy process, namely between the cognitive labels and the cognised things (*nâma–rûpa–pariccheda–ñâna*).

Elucidation of these two practical principles of both systems shall render the differences in letter rather unimportant — insofar as we are not at first concerned with their different implications for further steps of the therapeutic treatment. The above concise statements require more detailed elaboration. But it will be limited to some principal statements only, as there is no space here for the detailed description of procedures used in training and therapeutic application of the method of reality anchoring called yoniso manasikâra.[9] In this chapter, we shall just recapitulate some related psychoanalytic views and elaborate upon similarities with satitherapy.

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

[9] The detailed instructions are in Frýba: *The Art of Happiness – Teachings of Buddhist Psychology,* Boston, Shambhala Publ. (1989, third chapter, pages 66ff, 177ff).

designations and, unlike the blocked off or repressed "unconscious", can be retrieved at will. Psychoanalytic treatment aims at gradually making experientiable also the unconscious.

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

Till the end of his creative career, Freud was also very clear about the fact that the psychoanalytic paradigms of personality structure (e.g. the triad id–ego–superego) are just hypothetical construction, a "convenient apparatus" (*Gelegenheitsapparat*) used by the therapist for his own theoretical orientation:

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

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

> ... it simply consists in not wanting to notice anything particular, but to encounter everything we

[10] Freud: *Entwurf einer Psychologie* (1985), later published in *Aus den Anfängen der Psychoanalyse*, London, Imago Publ. Co. (1950).

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

This open–minded accepting of all patient's experience and his communication about it, when combined with the anchoring in the bodily experienced reality, is fundamental also for satitherapy.[11] The eventual psychoanalyst's interpretations that follow — not to speak about the theoretical hypotheses — are of course not at all used in satitherapy. The basic technique of satitherapy consists in the "mindful noticing" (*sallakkhana*) of the actually experienced phenomena (*sabhâva–dhammâ*) of bodily and mental states and processes. The satitherapist refrains from his own interpretations of the patient's mental contents; he limits his interventions to hinting at the possibilities how the patient may seek on his own the bodily anchors for the experienced mental contents and processes.

In this respect, the satitherapist's guidance focuses mainly on patient's learning to discern between concept and reality — or to put it the other way round — between the here–and–now

[11] Here I have to express my thanks to my psychoanalyst Prof. Ernst Blum who guided my attention to the fact that his teacher Sigmund Freud has also practised mindful anchoring in bodily experience in his Moses–meditation (personal communication 1976). For the procedure of Freud's method of meditation, as he taught it to Blum and some other personal disciples, see Frýba: *Traum, Trip, Extase – in psychoanalytischer Sicht*, in H. Petzold (ed.): *Psychotherapie, Meditation, Gestalt*, Paderborn, Junfermann Verlag (1983, pages 381 – 391).

experienced phenomena and their conceptual representations which are results of their perception, evaluation, and understanding. Any representation of reality is, in fact, a product of processes of social construction (Berger & Luckmann 1966), even if the person constructs it in a solitude of a meditative exercise (Frýba 1971). The abhidhammic meditation steps — namely 1) discerning between the concepts and the real phenomena, 2) transcending all conceptual representations, 3) meditative solemnity of here–and–now being above all representations, and finally 4) designing a new personal value system that provides healthier structures for construction of reality — serve as a blueprint for the steps and phases of satitherapy which are systematically described here in chapter eight.[12]

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

[12] There is no deconstructing but rather a cognitive death followed by a cognitive rebirth as in detail described elsewhere (Frýba: *Verhaltensveränderung durch orientalische Versenkungstechniken* 1971, see also Frýba in Petzold, 1983, pages 372f, 379).

— which happens thanks to the security experienced in the protected therapeutic space — before the insight into the relations becomes possible. An Abhidhamma text illustrates this:

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

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

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

The mindful relatedness to bodily reality (*kâya–gatâ sati*) that leads to encompassing vision and knowledge (*ñâna–dassana*) is performed by the faculty of mindfulness (*sati–indriya*), one of the five mental faculties (*mano–indriyâni*) treated in more detail in the last chapter. As mentioned in the beginning, sati works on several levels. On the most elementary level, it just non–selectively notices and remembers the experienced reality

which is for practical purposes of learning and cultivation divided into four foundations of mindfulness (*satipatthâna*). On a more complex level, when the patient or trainee is already able to notice both the bodily experience and the movements of mind, sati works as a faculty that in addition to reality anchoring also co–ordinates and harmonises the other mental faculties.

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

> In the id there are accumulated various trends which, when directed towards objects in the outside world, lead to a union between these and the subject, thereby bringing into existence a new living (sic!) being.
>
> Our daily experience teaches us that in the ego there also resides a force that similarly binds and

[13] Herman Nunberg: *The Synthetic Function of the Ego, International Journal of Psychoanalysis*, Vol. XIII, (1931), reprinted in H. Nunberg: *Practice and Theory of Psychoanalysis, Nervous and Mental Disease Monographs No. 74*, New York, Coolidge Foundation Publ. (1948).

> unites, although it is of a somewhat different nature. For its task is to act as an intermediary between the inner and outer worlds and to adjust the opposing elements within the personality. It achieves a certain agreement between the trends of the id and those of the ego, an agreement producing a harmonious co–operation of all the psychic forces. (Nunberg 1948, page 120).

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

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

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

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

[14] There are descriptions of satitherapeutic techniques called "Breaking through the magic circle", "Freezing the muddle", "Dissolving the boulder", etc., included at this place in the Czech version (1993). As their meanings and scripts are rather culture bound, they have been omitted here in the English version.

would propose. True self–realization is rather an emancipation from the oppression by Self — were we to use these terms to convey the teachings of Abhidhamma.

It is not our task to solve here theoretically the problem of those therapists who instil their own belief in hypothetical personality instances and conjectures about "strong ego", "developed Self" and other conceptual constructs to their patients. This is nonetheless, by way of summary, the main critique of mental rape practised by some under the disguise of "psychotherapy". And what is the main cure? In one word, mindfulness. Mindfulness means experiential anchoring in processual reality of life. For mindfulness, the really existing phenomena are having the prime position, the verbal designations are subordinate. But their choice does also matter in the process of healing semiosis (*yoniso manasikâra*) in which they function as matrices (Frýba 1989, page 68). In satitherapy, there are not only verbal differences between the self–confidence and belief in the Self, self–development and development of the Self, self–command and the command by some petrified instance called Self. When we want to give a living person chance for self–affirmation, we do not mean an affirmation of a lifeless unchanging instance called Self.

According to the abhidhammic principle of not clinging to conceptually imposed identities, we have to see that we can meet some experientially anchored persons also amongst psychotherapists of any denomination. In fact those psychoanalysts, who really do practice freely floating attention, are able to mindfully notice the phenomena of primary processes, they do not construct them as hypotheses. Although the goal of harmonising the primary psychic forces of the person might be the same in satitherapy and in the original version of psychoanalysis, their ways towards this goal are different as they begin from the differently defined problem.

Whereas psychoanalysts would see the source of the patient's problems mainly in the conflict between the hypothetical instances id–ego–superego, the satitherapists seek to solve the problems by overcoming the discrepancies between the bodily and mentally experienced reality on the one hand and the person's conceptual or imaginary notions on the other hand.

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

[15] This diagnostic method of gaining the data about the patient, and also the consequential methods of constructing inductively a theory of the patient's personality, are compatible with the procedures of the methodology of so called grounded theory (A. Strauss & J. Corbin: *Basics of Qualitative Research. Grounded Theory Procedures and Techniques,* Newbury Park, Sage Publications 1990).

As it is shown in chapter four, Abhidhamma and satitherapy do not start from any conceptual constructions of personality instances that would be deduced from some authoritative doctrine or socially constructed system of beliefs. In satitherapy, the starting point of every work is the patient's own view of the reality. The diagnosis, i.e. the therapists view of patient's personality respects the patient's individual represen tation of the problem within the experientially defined structures of the patient's psychotope. Moreover satitherapy endorses the patient's right to redefine and newly construct her or his own person within the lived world. The patient is the best expert in the knowledge of his or her own world and the patient's value system is the measure (Frýba 1971). Such respecting the patient's rights has definite consequences in forming the therapeutic relationship.

["some text is missing"]

Whatever really existing phenomena, which can be known by means of the inner *(ajjhata)* or outer *(bahira)* observation, i.e. using the satipatthana-meditation or any other method, are void of anything that could be considered ego or self. This knowledge of the void *(sunnata)* is experiential, it is not a product of any conceptual speculation.[16] According to Abhidhamma, the personality consists of five processual components *(panca-khandha):*

1. processes of bodily forms *(rupa-khandha)* which are known by means of the inner *(ajjhata)* or outer *(bahira)* observation,

[16] For the exhaustive treatment of this theme see Mirko Frýba: Sunnata - Experience of Void in Buddhist Mind Training, *Sri Lanka Journal of Buddhist Studies,* Vol. 11 (1988).

2. feelings *(vedana-khandha),* i.e. all units of experience which can be known as pleasant *(sukha),* unpleasant *(dukkha),* or hedonically neutral *(upekkha)* types of interactions,
3. perceptions *(sanna-khandha)* which know and recognize the phenomena *(dhamma)* in relation to the concepts *(pannatti),*
4. formations *(sankhara-khandha)* or configurations of phenomena such as intentions, volitional and cognitive contexts, programmes for actions of body and mind *(abhisankhara),* etc.,
5. consciousness *(vinnana-khandha),* i.e. the discrete units of experiencing which cognizes objects and their relations, processes and states of mind.

It should be stressed here that the personality is in Abhidhamma seen as interaction between its inner and outer bases of experiencing, i.e. within its bodily and mental ecosystem *(loka)*. It is becoming through the experiencing as a process of mind *(citta-vithi)* which is being continuously reborn together with the bodily experienced situations or, yet more exactly, as an interplay of above five groups of interactions. (The Pali term *"khan-dha"* means both "group" or "set" of interactions and "branch" or "component" of personality.)

Thus the becoming of personality goes on in a repetition of phases which condition each other as well as those components present in each phase — this is technically apprehended by the paradigm of conditioned arising *(paticca-samuppada)* . It has been extensively documented elsewhere, how the variations of the circular paradigm of conditioned arising have been used in several

therapy cases.[17] The following scheme shows phases of an abbreviated circle of conditioned arising which will do for our present purpose.

FREE FLOW
↑
BIRTH *(jati)*
OF A SITUATION → CONTACT → FEELING, EXPERIENCING
(phassa) *(vedana)*
↑ ↓
BECOMING ← CLINGING ← DESIRE *(tanha)*
(bhava) *(upadana)* as greed or hate

In a healthy person, the stream of experiencing is more or less freely flowing and anchored in the bodily reality. When it becomes blocked due to the clinging *(upadana)* on some images, concepts or conjectures, it looses the anchoring in the ever changing reality of the body and mind, then a quasi-autonomous complex starts to develop swelling *(virulha)* the blocked mind. Such a mental complex feeds on the feelings, perceptions, etc., distorts them and, eventually, becomes a being *(bhuta)* with its own inner organization. Then we speak about the "five groups of clinging" *(panca upadana-khandha)* producing that complex as an accompanying being *(sambhava bhuta)*. These quasi-autonomous complexes are, in the traditional Buddhist psychotherapy, personified as gods *(deva)* and demons *(yakkha)* of various categories..

A person, who identifies with one of the beings created by the clinging, would take it for the Self or ego and, consequently tend to consider everything not belonging to it as more or less strange. Such an estrangement leads to arising of further quasi-autonomous complexes

[17] Frýba: *The Art of Happiness - Teachings of Buddhist Psychology,* Boston, Shambhala Publ. (1989, pages 52 - 66).

and increasing fragmentation of personality and alienation from the experiential reality. The stronger becomes the demon of ego, the less chance is left for the other complexes to be tolerated as parts of personality. Finally, the growing intolerance and strength of the ego may cause perception of the world as full of malignant powers of various disturbing demons and angry commanding gods.

The mentally disturbed person, to express it in a rather simplifying manner, either neurotically projects the disturbances upon the events and persons within her real surroundings or, if her alienation from the bodily experienced world of sensory realities is gross, psychotically withdraws into a delusional world. In both cases, most of the mental activities responsible for the resultant suffering escape the attention and apprehension of the mentally ill person; she can neither grasp nor name them, thus they stay unconscious. The nebulous perception of unsatisfactoriness leads in both cases either to general aggressivity which is eventually directed towards the outer disturbances or to depression which may be both laming and agitating.

The experiential reality of bad and good complexes, which may be personified as demons *(yakkha)* or gods *(deva)* and as such dealt with within a suitable working ground *(kammatthana),* has its place also in the psychic ecosystem *(loka)* of a healthy person, such a personification is, however, only a useful means *(upaya)* serving the analysis and purification of mind. These personifications are recognized existent — but are to be dissolved — as the five groups of phenomena that are clung to *(panca-upadana-khandha).* The way of promoting mental health is to abandon the clinging *(upadana)* and allow the free flow of experiencing *(vedana)* . According to Abhidhamma, there is mental illness when the mind is disturbed and deranged *(khitta-citta)* or completely confused and mad *(ummatta-citta)* due to the various forms of clinging.

Thus satitherapy uses the abhidhammic paradigms of the five personality components *(panca-khandha),* the five groups of clinging *(panca-upadana-khandha),* and conditioned arising *(paticca-samuppada)* to diagnose the art of problem. Based on this diagnosis, various techniques are used for clearing and harmonizing the interactions within the personal psychic ecosystem *(loka)*. It will be more easily understood how some of these anchoring and integrative techniques work after the use of satitherapy in groups is explained.

Taming the Demons, Dancing a Cosmos - Uses of Psychodrama

Every continuously existing group of persons justifies its existence by some purpose and develops its particular themes, procedures and structures. Social psychologists studied this for the past fifty years as group dynamics, group cohesion, etc. Satithe-rapy profits from these studies and combines their outcomes with the results of ethnopsychological and anthropological research. Thus we speak also about the group's culture, its myths, rituals and ritual specialists, heroes, culprits, etc. In psychotherapy groups, the positions of the therapist and his assistants are quite special because they are understood as being simultaneously both within and without the group. Thus the group therapist is endowed with special powers, if he is able to perceive it so.

The best working paradigms for therapeutic dealing with groups have been formulated some seventy years ago by Jacob Levi Moreno, the originator of modern Western group psychotherapy, psychodrama, and sociometry. In working with the patients as well as in training the therapists in satitherapy, Vogt Frýba's (1991) elaboration of "therapeutic format" (Moreno 1955) is used to grasp all material,

spatial, temporal, interpersonal, verbal and non-verbal therapeutic means of therapy. Therapeutic format consists of the "vehicles", i.e. all events intentionally used by the therapist as referents of the patient's experiencing, and the "instructions" which include all verbal and non-verbal communications as well as all the culturally determined intrinsic meanings of the vehicles. The following table gives an overview of the categories within therapeutic format:

V E H I C L E S	I N S T R U C T I O N S
1. spatial setting,	1. verbal guidance,
2. temporal limitations and plans of therapy sequences,	2. intervening actions,
3. materials and requisites,	3. signs, body language, etc.,
4. shared knowledge about meanings of events,	4. selective confrontation with meanings of vehicles,
5. interpersonal situations,	5. control of experiencing by use of particular techniques and media of therapy.
6. therapy media and techniques,	

For the use in satitherapy, vehicles and instructions are further differentiated according to Abhidhamma. Vehicles are means *(upaya)* performing various functions as the objects *(arammana),* carriages *(vahana)*, and dwellings *(vimana)* specific for different states and processes of consciousness. In Abhidhamma, the instruction

(anusasana) is, as a concrete realization of strategy *(upakkama),* closely related to the chosen means *(upaya)* and based upon therapist's empathic feeling *(anubhavana),* projective identification with the patient *(anubhuti),* experientially following the movements of his mind *(anuparivatti),* and understanding his emancipatory possibilities accordingly *(anubodhi)*. Consciousness object *(arammana)* may consist in the global perception of the actually applied means understood within the instruction. Such a context bound grasping of the object within the whole situation is the working ground *(kammatthana)* of satitherapy.[18]

Satitherapist and the patient or group of the patients negotiate a therapy contract at the outset of therapy which clarifies all the conditions of the future work and sets the frame for the working ground *(kammatthana)*. Although the details of the working ground are being thereafter continuously specified, the therapist's and the patient's understanding of them will not be identical till the therapy is completed. Each one sees the working ground through his own cognitive grid which is conditioned by the personal history, knowledge and perceptual peculiarities.

[18] Beatrice Vogt Fryba (1991) devotes a considerable part of her voluminous book on the traditional abhidhammic psychotherapy to the descriptions and analysis of *kammatthana.* She shows the important differences between the *kammatthana* of meditative mind cultivation *(bhavana),* the *kammatthana* of ritual mind pacification *(santi-kamma),* and the *kammatthana* of therapeutically controlling the "demons" *(bhuta-yatat-kirima)*. For an overview of the abhidhammic principles of *kammatthana* in relation to Western psychology see Mirko Frýba & Beatrice Vogt Frýba: Silabbata - Virtuous Performance, the Empirical Basis of Buddhist Psychology, *Sri Lanka Journal of Buddhist Studies,* Vol. III (1989).

From the very beginning, it is most important that the patient understands the difference between the protected space of *kammatthana* , where he may act out anything without ethical consequences, and the real life space. The purposes and goals of acting in everyday life are not the same as those of the therapy where the pathologies are to be concretized and amplified during the initial stages of the work. The therapist has to take in account, however, that the patients act out their pathologies in the everyday life until they can be pronounced healthy.

The process of satitherapy consists of complementary phases which are, though selectively stressed in various stages, repeated throughout the whole duration of therapy. The paradigms and techniques of Abhidhamma are also used with difference according to the requirements of work. For the purposes of psychohygiene, cultivation of happy life and striving for enlightenment, which is the proper original goal of Abhidhamma, there are three stages of work governed by the following principles:[19]

1. ethical control of performance in everyday life *(sila)* using decision *(sankappa)* and ritualization *(silabbata),*
2. meditative purification and cultivation of mind *(samadhi)* within a protected working ground *(kammatthana),*
3. transcending the life situations through wisdom *(panna)* using abhidhammic cognitive matrices *(akkheyya)* as means.

These principles are applied with no difficulty in the training of satitherapists who are healthy persons. In work with persons who unsuccessfully cope with their problems, are mentally disturbed or ill, there are some reinterpretations and modifications of stages and

[19] For the detailed treatment see Mirko Frýba & Beatrice Vogt Frýba: Silabbata - Virtuous Performance, the Empirical Basis of Buddhist Psychology, *Sri Lanka Journal of Buddhist Studies,* Vol. III (1989).

principles necessary. Satitherapy works just within its protected working ground which is a modified *kammatthana* of the abhidhammic meditation training and includes also techniques for changing bodily and verbal performance. Satitherapeutic transcending of pathological repetitions, happening both in the protected space and in life situations, is being reached by changing the conditions for their arising (cf. the earlier explanation of *pa-ticca-samuppada)*. Only the satitherapist uses the abhidhammic cognitive matrices *(akkheyya)* as means of diagnosis and strategy planning; they need not be known to the patient, unless of course, he discovers them through his own insight.

There are basically five stages in the process of the whole duration of satitherapy and in each stage the work goes on through repetitions of four complementary phases. The stages, that are also sometimes being repeated according to the practical requirements, and their specific phases are as follows:

1. **contract, problem diagnosis, establishing working ground**
   a. mindful noticing of spontaneous bodily and verbal actions
   b. guided performance, negotiation
   c. reflection, evaluation, planning of performance
   d. autonomous controled performance
2. **concretization and analysis of proved skill in good acting**
   a. mindful noticing of spontaneous bodily and verbal actions
   b. deliberate performance of good acting
   c. reflection of skill in good, planning of even better acting
   d. autonomous trying out new model performance
3. **concretization and analysis of pathological acting**
   a. mindful noticing, exploring the defilements of mind
   b. deliberately amplified performance of ill acting
   c. reflection, analysis of conditions for ill and good
   d. autonomous trying out alternative good performance

4. **reviewing skill in means, plans for the use in life coping**
   a. mindful noticing of spontaneous remembering
   b. deliberate performance of good acting
   c. reflection of skill in good, planning of even better acting
   d. autonomous trying out new model performance
5. **evaluating the good acting in everyday life, reviewing therapy**
   a. spontaneous talk and mindful noticing
   b. performing examples of good acting
   c. reviewing the whole therapy process
   d. closing therapy

In order to be able to work with the patient or the group of patients through these stages, the satitherapist has to be skilled in means *(upaya-kosalla)* . For that purpose, he has to develop skill in seeing *(dassana-kosalla)*, i.e. recognizing the good qualities *(kusala dhamma)* and the defilements *(kilesa)* of mind, and skill in cultivation *(bhavana-kosalla)* of the mind's faculties *(mano-indriyani)* . According to the character of the trainee, there are different approaches to teach these skills.[20] The skill in seeing is the fundamental ability to sustain mindfulness open to all experience *(satipatthana)* , to clearly notice all arising phenomena and perceptually mark them *(sallakkhana),* and to apprehend them wisely *(yoniso manasikara)* — which corresponds to the phases "a - b - c" of the above scheme. The skill in cultivation is then most frequently needed in the phases "b" and "d".

In the process of satitherapy, these skills are initially applied only by the therapist who has to have a clear comprehension *(sati-sampajanna)* of the actual stage and phase of the work.

[20] For details on recognizing of impurities, cultivation of faculties etc. see Nanamoli: *The Guide,* London, Pali Text Society (1977, pages 16f and 33f).

Satitherapist comments the action — he refrains from interpretations of the contents! — narrated or dramatized by the patient in such a way that the patient's flow of exploratory experiencing does not get interrupted. Thus the therapist teaches him gradually the skill of seeing. The acting patient, as well as the onlookers in the therapeutic group, are learning the mindful noticing by following and interiorizing therapist's model little by little.

The mediation of the skill in recognizing the faculties of mind and its defilements is less easy to describe in the context of individual therapy than in the group setting. It is closely related to the skill in means *(upaya-kosalla)* understood as "skill in ease" *(aya-kosalla)* and "skill in unease" *(apaya-kosalla)* which are described as part of the practically applied wisdom *(upaya panna)* of Abhidhamma.[21] As the explanation of all principles of skill in means would require a monograph of its own, we shall give here only an illustration by example of an episode from the stage of concretizing pathology *(apaya-kosalla)* in satitherapy:

A satitherapeutic group of eleven patients, that has been working for several weeks, has already developed its own myths of being ashore passengers of ship. The therapist and his three assistants (two of them therapists in training) are the only surviving members of crew. They all live now on a small island in a good climate providing a variety of fruits, but

[21] The exhaustive explanation of all types of the skill in means *(upaya-kosalla)* is given in the canonical second opus of Abhidhamma, *Vibhanga,* London, Pali Text Society (1978, pages 324ff). Some procedures of the skill in unease *(apaya-kosalla)* are described as therapeutic "acting out" and "acting in" on concrete examples in Mirko Frýba & Beatrice Vogt Frýba: Silabbata - Virtuous Performance, the Empirical Basis of Buddhist Psychology, *Sri Lanka Journal of Buddhist Studies,* Vol. III (1989).

they have no communication with the outer world, except that some primitive people from two neighbouring islands visit time and again. The primitives came to watched a "dramatic entertainment" of our group, but remained unseen. There has been thus far no direct confrontation with those tribes, one of which seems friendly, whereas the other is no doubt dangerous. Nevertheless for its own protection, our group has developed a ritual for opening (a short body-anchoring meditation) and closing (love meditation) each day, which controls whatever unseen primitives present.[22]

[22] As a body-anchoring meditation can be used various short forms of exercises of body-mindfulness described in Frýba: *The Art of Happiness - Teachings of Buddhist Psychology,* Boston, Shambhala (1989). An example is the simplified greeting-to-the-sun exercise according to the following instruction.

Begin by standing up straight with hands folded, be aware of the contact with the floor, the anchoring in Mother Earth. Realize: "I am steadfast and erect, upright, uniting the energies of my hands." Then, after a minute:

1. Breathing out heavily, think: "Out with old, stored-up dregs of air; I am empty, free, receptive."
2. Breathing in, stretch your arms upward into the cosmos, standing tense but firm, pushing your solar plexus forward into the world...
3. Breathing out, bend over, relaxed, let go whatever comes to your mind...

After seven rounds of the steps 2. and 3., remain motionless in standing position for a few minutes. First note: "Am I standing straight?", "Is my head erect?", "Are my shoulders relaxed?", "Am I not rocking or swaying too much with the breath?". Then direct your attention exclusively to inner body feeling and savour the subsiding of all vibrations and currents that were activated by the greeting-to-the-sun.

For a short form of the love meditation *(metta-bhavana)* to be used at the end of group meeting see Frýba: *op.cit.* (1989, page 225).

These myths and rituals are products of the group's cognitive processing of the stages 1. and 2. concerning the negotiation of therapy contract, establishing the working ground, and trying out a new model of good autonomous performance. Thus the rudiments of skill in means *(upaya-kosalla)* and, particularly, skill in ease *(aya-kosalla)* are mediated to the group.

In its various dramatic entertainments using some techniques of psychodrama and sociodrama, the group has worked on themes brought by its members from their previous life. Then using a technique of non-verbal sociogramm, it has chosen the protagonist who has been in his life the greatest failure. He has managed to annoy all companions, even those who were at first liking him, in any sports club, in any university seminar, simply everywhere... of course, all those unhappy events have preoccupied his mind ever since. He hates himself, he hates to be alone, he hates to be in any group, he hates all groups... Now, being asked half in joke by the therapist to do so in the present group, he is going to "teach how to become an unpleasant outsider". While the stage is getting prepared for the dramatic entertainment, there is a polarization arising in the therapy group. Some patients share with the protagonist their similarly unhappy position in life situations, some give air to their being annoyed by him in the therapy group, too. The therapist is selecting the two (male and female) most aggressive from amongst the annoyed and asks them to play the antagonists . The three actors discuss briefly what concrete episode is going to be staged.

Unlike in classical psychodrama, the antagonists are not being chosen by the protagonist, nor is the dramatized episode being elaborated out of his self-exploration on the stage. Depending upon the grade of by the group already acquired skill in unease *(apaya-kosalla)* , some of the defilements *(kilesa)* of mind, such as avarice, gloating, conceit,

which are conditioning the problem, may be recognized by some patients here.

The protagonist repeatedly enacts annoying a friend who is helping him to get dressed for an ice hockey match. The therapist mentions in between that some of the primitives from the other island seem to be present. Then a horrifying shriek is heard as one of the therapist's assistants wearing a demon mask jumps in the middle of the stage. He shrieks and shouts something about how nutritious the protagonist's conceited views and hateful feelings are… He wants to devour him all. During this stage 3. of satitherapy process within a clearly defined and by the patients well understood working ground *kammatthana,* concretizing the "skill" in pathological acting *(apaya-kosalla)* is carried on in yet other protected (even more unreal and one grade more artificial) space of the drama stage established in the protected isolation of the group therapy rooms. And is going to be reflected upon as such in the group discussion at the end of meeting. (Thus even the least intelligent participant of the group should not be expected to act out similarly thereafter in some real life situation.) Only then, the "surplus reality" (to use the concept coined by Moreno) of "demoniac" acting by a therapist's assistant is being introduced.

The therapist grabs the demon at his shoulders, shakes him forcibly, and begins to talk with him quietly but firmly. The demon is apparently subdued for the moment. He pleads with the therapist to be allowed to enact once more the scene of dressing for the ice hockey match, for which he gets a permission granted. During the following enactment, the therapist interrupts the "demon" time and again and asks the protagonist to teach the demon how to be a really bad person, i.e. to enact the pathology even more pathologically. The protagonist and both antagonists (but not the masked demon!) are being asked to reverse the roles more and more often in a sort of "crazy dance" in which they interact with the masked

demon as well. All the other patients, whenever they feel the urge also to interact with the demon, are allowed to do so, however only on the drama stage. The role-reversal is done in ever increasing frequency and speed, till the actors get tired of this absurd play. Those of them, who can claim "to see through it all" or "to be just fed up", are allowed to tear off a small piece of paper from the demon's mask and leave with it the stage. Finally, the somewhat dismantled or "unmasked" demon stays there all alone with the therapist. Now the therapist asks the demon what is his name. As he gets a nonsense answer, he goes on asking the group about the identity of the demon, till a small number of fitting names for this personification of the pathological complex of mind defilement is found. It depends much upon the masked assistant's creativity and sense of humour, how this sequence of acting out the pathology and concretizing skill in unease *(apaya-kosalla)* develops. In this group meeting, the phase 3.d of autonomous trying out alternative ethically good performance has been omitted. Instead of it, the exploration of the defilements *(kilesa)* personified as a demon has been carried on till their identification by names offered by the patients in a sort of brainstorming. The demon has been tamed by the therapist (non-verbally grabbing him at his shoulders, verbally giving orders and permissions, etc.) and dismantled by the patients (tearing of pieces of his mask). The acceleration of role-reversals has been used as a means to "decenter the cognitive operations" grasping the whole of the pathological interactions without identifying either with the protagonist or the antagonist.[23] As some of the patients may have not

[23] The use of psychodramatic role-reversal as a means for decentering the view of a therapeutically processed situation has been elaborated more extensively in Frýba: The Basic Dichotomy in Teaching Emancipatory Group Work -Identity versus Interaction, *Group Psychotherapy, Psychodrama, and Socio-metry.* Vol. XXXI (1978, pages 59 - 71).

been able to reach this experiential decentering, their being disgusted (fed up) with the acting out of the defilements have been considered a sufficient sign of a healthy changed attitude.

To close the whole dramatic entertainment, all members of the group participate in removing the rests of the mask from the assistant's head and thus symbolically removing whatever defilements are left. Then they all hold him, the personification of purified mind, tenderly using the technique of rocking called "baby-in-the-middle". Thereafter sitting in a circle, the group reviews the whole dramatic entertainment and discusses the suffering that follows bad acting conditioned by the defilements of mind. The question arises what to do with the rests of the demon's mask. Upon a suggestion by the therapist, each member takes a piece, writes on it his name of the defilement, and puts it on a clay tray where all the rests are set in fire. Then the group sits for five minutes meditation of radiating love (metta-bhavana) to all living beings in the whole cosmos.

In this final sequence performed no more in the "unreal" setting of the drama stage but stil influenced by the notions of the surplus reality, there has been experientially mediated to the patients the abhidhammic paradigm of "burning out" or abandoning the defilements *(kilesa-pahana)* and the reintegration of purified mind through seeing-knowledge *(nana-dassana)*.

This practical example of combining paradigms of Abhidhamma and techniques of psychodrama could be expanded to illustrate the phases of the other stages of satitherapy as well.

The Heart of Wisdom is Pulsating

The key to understanding the practical use of the paradigms of Abhidhamma is precisely formulated in the *Dhamma-Hadaya-Vibhanga (Analysis of the Heart of the Teaching),* the last book of the second opus *Vibhangappakaranam* of the Abhidhamma Canon.[24] It is necessary to at least briefly expose the *Heart of the Teaching* in order to be able to explain how the faculties of mind *(mano-indriyani) are* known and cultivated in satitherapy.

In Abhidhamma, the mind is designated by the three synonyms *citta, vinnana, mano,* used with difference according to the context of experiential analysis. (There are also some further synonyms for mind such as the here discussed term *hadaya* in its non-technical use.) The most general term *citta* is used to designate it as a state of mind, e.g. in the context of the four foundations of mindfulness, when it is differentiated from other types of phenomena and diagnosed according to the ethical, cosmological, and psychological criteria. The term *vinnana* is used to designate it as one of the units of consciousness which are knowing an object *(arammana)* and belong to the mind group *(vinnana-khandha)* of the five personality components *(panca-khandha)* . The term *mano* is used to designate it as the psychic apparatus that is analysed in its inner structures and in the processes of its working together with the senses as the channel *(mano-dvara)* of information processing and action controlling.

[24] For the original text see *Vibhanga,* London, Pali Text Society (1978) and the abridged English translation by Thittila: *The Book of Analysis,* London, Pali Text Society (1969).

The psychic apparatus of normally functioning mind "sits in the heart" *(hadayam nissaya)* which is thus its base or site *(vatthu)* similarly as the eye, ear, body etc. are the inner *(ajjhatta)* sites or organs of seeing, hearing and other types of experiencing. In the Abhidhamma Canon and the authoritative first works of the Abhidhamma literature such as *Abhidhamma-Sangaha* and *Abhidhamma-Avatara* by Buddhadatta,[25] 22 the heart-base of mind *(hadaya-vatthu)* is never identified with that from outside *(bahira)* defined part of anatomy, namely the heart-pump up keeping the blood circulation. In Abhidhamma, the mind's heart-base is defined as those processes of bodily form seated in which *(yam rupam nissaya)* the processes of mind are going on *(vattanti)* and by which are conditioned the connected phenomena *(sampayutta dhamma).*

In *Satipatthana-Vipassana* meditation and in meditative techniques of body-anchoring used in satitherapy, all those inner bodily processes *(ajjhatta rupa)*, which are experienced in connection with a definite state or process of mind, are the heart-base *(hadaya-vatthu)* of that very unit of mind — no matter whether they are localized in trembling knees, cheerfully expanding chest, long face, sore throat, or wherever else.

Recalling the consciousness of either a troublesome or a happy event, dwelling in the feeling of a recalled situation, scrutinizing the recalled object of mind, looking into one's own heart, body-anchoring in here-and-now, noticing the present intention, deciding to act, etc. — all these movements of mind *(citta-vithi)* go on as a sort of

[25] These two texts by Buddhadatta are the very first works of the Abhidhamma literature. The first one has been translated into German by Frýba: *Abhi-dhamma-Flbel* (manuscript 1991). For the discussion of these texts see Frýba: *Abhidhamma ±m Uberblick,* Konstanz, Universitat Konstanz (1991).

pulsating or swinging between the receptive and active phases. It should be stressed once more here that these movements of mind are not thinking; they are carried on pre-con-ceptually and can be best experienced during a dramatization of the whole concrete situation representing the object of consciousness. In satitherapy, this pulsating of the psychic ecosystem *(loka)* is mediated as experience of reciprocity on more levels, namely, as giving and taking interpersonally, as intentional acting and reaping the fruits of action ethically, as striving and accepting, perceiving and scrutinizing, doing and reflecting, etc.

Abhidhamma distinguishes sixteen movements of mind in experiencing the sensory reality and just ten movements in experiencing the cognition and volition.[26][23] Four of them, namely applying attention *(avajjana),* receiving *(sampaticchana),* scrutinizing *(santirana),* influencing *(javana),* are systematically trained by the abhidhammic method of wise apprehension *(yoniso manasikara)*. For the use in satitherapy, however, these methods need certain modifications and, especially, concrete forms of enactment as mentioned earlier. There is also a method for training the bodily anchored experiencing and cognizing its "felt sense" developed within the Western psychotherapy by Eugene Gendlin. It is a sort of meditative exercise which can be used individually as well as in a

[26] For the first time, these in Abhidhamma Canon extensively treated movements of mind were consisely described by Buddhadatta in *Abhidhamma-Sangaha.* and *Abhidhamma-Avatara.* An explanation of their meanings *(attha)* is given in the fourth chapter of a later abhidhammic text *Abhidhamma-Attha-Sangaha* by Aunuruddha, see English translation by Narada: *A Manual of Abhidhamma,* Kandy (Sri Lanka), Buddhist Publication Society (1980, pages 202 - 232).

dyadic relationship with a person who is able to listen with empathy. Gendlin calls this method "focusing".[27]

In the process of satitherapy, experiencing of recalled and present situations is reciprocally complemented by planning the future actions and anticipating their outcomes. For this purpose, practical wisdom which provides the ethical criteria of skilful *(kusala)* and detrimental *(akusala)* is needed. According to Abhidhamma, the wholesome and skilful action brings pleasant results in future and, at the same time, enhances the actor's ability to be happy due to the growth of his skill. Ethically unwholesome und unskilful action brings unpleasant repercussions and also torments the actor by anticipatory anxiety, shame, guilty feelings, and remorse which work upon his mind even if they are not allowed to become clearly conscious.

Thus it is possible to control one's own future by deciding how to act in present. And not only the pleasant results brought about by skilful actions, but also increasing one's ability to be happy is the purpose of satitherapy. The wisdom *(panna)* used for this purpose is according to Abhidhamma divided into the three steps of the already mentioned "seeing knowledge" *(nana-dassana),* namely the empirical knowing *(abhinna),* experiential piercing *(parinna)*, and either abandoning *(pahana)* or cultivating *(bhavana)* .[28] Whereas *abhinna*

[27] Gendlin's method of focusing has been used in satitherapy training since the late nineteen seventies. For its comprehensive description see Gendlin: *Focusing,* New York, Bantam Books 1981.

[28] The canonical text of *Dhamma-Hadaya-Vibhanga (Analysis of the Heart of the Teaching)* , there are defined the phenomena that should be either abandoned or cultivated; they are listed in the relation to the controlling faculties *(indriyani),* to the five personality components *(panca-khandha)*, types of contact *(phassa),* feeling *(vedana)* etc. - cf. *Vibhanga,* London, Pali Text Society (1978, pages 426ff). For more details on the three steps of *(nana-dassana)* see Mirko Frýba & Beatrice Vogt Frýba: Silabbata - Virtuous Performance, the Empirical Basis of Buddhist Psychology, *Sri Lanka Journal of Buddhist Studies,* Vol. III (1989).

knows thoroughly each phenomenon as it really is *(yatha bhuta)* here-and-now by means of the suitable cognitive matrix *(akkheyya),* in the second step, *parinna* drops all matrices and penetrates the reality in its arising and passing away. Then both the purification of mind by abandoning of defilements *(kilesa)* and the harmonizing of mind by cultivation of controlling faculties *(indriyani)*, which are the two complementary procedures to overcome suffering and enhance happiness, become easily possible.

For abandoning the defilements and cultivation of controlling faculties within the working ground *(kammatthana)* of satitherapy, there is used a systematic manipulation of their conditions *(pac-caya)* by means of the interventions defined as doing-and-undoing *(vatta-pativatta)*. The logistics of the therapeutic interventions for manipulating the conditions and thus controlling the procedure of the indigenous Sri Lankan healing rituals has been in great detail analysed by Beatrice Vogt Frýba (1991; cf. Frýba & Vogt Frýba 1989). According to Abhidhamma literature, such doing-and-undoing is specified as "wisely planned, ingenious sequels of the relieving conduct" *(sucarita-vatta-pativatta-matika-sampannena* — see *Milindapanha, 1962,* pages 376, 416). In other words, it is the know-how of the procedures to get things turn up *(vatta)* or turn back *(pativatta),*

As shown in the previous section by the illustrative example of taming the demons, i.e. the personifications of pathological complexes, and burning out the defilements of mind, in satitherapy there are used similar procedures also for knowing and cultivating of the wholesome properties of mind, namely the controlling faculties *(indriyani)*. The description and practical instruction of the meditative techniques for cultivating the wholesome properties of mind is the contents of *The Art of Happiness - Teachings of Buddhist*

Psychology (Frýba 1989); the paradigm of the five controlling faculties of mind and the ways of making them to mental powers *(bala)* is the frame of the whole book. Thus only a brief explanation of them is given here:

1. **Wisdom** as a controlling faculty *(panna-indriya)* enables the orientation in the personal psychic ecosystem *(loka)* and go verns decisions, plans and means of action. It controls the perception, differentiation, cognition and testing of knowledge in relation to the experiential reality *(yatha bhuta)* on the one hand and its suitability for reaching the goal *(attha)* on the other hand. Wisdom is not just theoretical knowing; even so, in order not to produce sceptical doubts, it has to be balanced by confidence *(saddha),*

2. Confidence as a controlling faculty *(saddha-indriya)* is trust that is based in critical testing, not gullible compliance. It is a sensitivity and translucency *(pasada)* of mind, an ability to let through and accept. In the specific context of satitherapy, it is the trust in the method and its results. As self-confidence, it has the characteristic of moving forward and going ahead, like a man "who is aware of his own strength and reaches the other side of a flooded stream with a mighty leap" *(Milindapanha,* 1966, pages 33ff) , but it is not an exaggerated self-esteem resulting from from intoxication with success. In order not to degenerate into blind faith, confidence has to be balanced by wisdom *(panna).*

3. Concentration as a controlling faculty *(samadhi-indriya)* is the undisturbed passive dwelling upon the mind's object. It is a pleasant unification of mind which is being peacefully born by the chosen object and is binding well together all the associated phenomena. In order not to degenerate into sleepiness, the quietude of concentration has to be activated and balanced by effort *(viriya)*.

4. Effort as a controlling faculty *(viriya-lndrlya)* is the inciting aspect of will-power used as the resolve in choosing the goals and as the exertion in their realization. It is the endurance, energy for ever new trying, activity and perseverance in carrying out the task. In order not to degenerate into excitement, this stirring up has to be balanced by the quiet of concentration *(samadhi)*.

5. Mindfulness as a controlling faculty *(sati-indriya)* has the very central position amongst all the other faculties of mind because it notices and harmonizes them at any level of functioning. Mindfulness consists of continual noticing, of non-selective apprehension of real processes, and of recollection of what has taken place. It is more than attention and perception; it is the extended maintenance of presence of mind. Mindfulness guards the balance between all the other faculties *(indriya-samatta)* and also secures the experiential anchoring in reality *(yatha bhuta)*. Mindfulness simply notes without altering anything and therewith conveys an unbiased picture of the mental situation. To make on that basis the effective adjustments, the controlling faculty mindfulness has to be coupled with wisdom — in the sense that it has to work within the heart of the emancipatory wisdom, the Dhamma-Hadaya.

These are the five of the twenty two controlling faculties which are most important for understanding the principles of satitherapy. Out of the other faculties, which are not dealt with here, the controlling faculty of pleasure *(somanassa-indriya)* and its opposite faculty of mental pain *(domanassa-indriya)* should be at least mentioned. Whereas the mental pain slows down and blocks the associated mind processes, the pleasure -- which is as such free from any defilements! — smoothes and refines them. These two controlling faculties together with the right mindfulness control the harmony in which the Heart: of Wisdom is pulsating.

The ultimate goal of Abhidhamma is the final liberation of mind from all pain and from all that conditions pain. This is called

Nibbana and technically defined by the historical Buddha Gotama, the author of Abhidhamma, as the "dwelling in the most sublime happiness here-and-now" *(anuttara-ditthadhamma-sukha-vihara)*. This cannot be, of course, the goal of satitherapy. The aims of satitherapy are just to enable the patient to cope with the life problems by own skills, to improve patient's capacity for happiness, and to reach at least some degree of peace of mind.