An Investigative Study on the Relevance of Yogācāra Psychology for Modern Mental Health

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Introduction

As one of the two main schools of Mahayana Buddhism, Yogācāra is a tradition that developed over a thousand years before the emergence of psychology as a field of study, yet covers topics that are similar to those discussed within the field of modern psychology and clinical psychotherapy. Yogācāra's founders, including Asanga and Vasubandhu, proposed an eight-fold model of the consciousness of the mind, the last of which is known as the *ālayavijñāna* (storehouse consciousness), which stores the *bīja* (seeds) that represent the actions that have been performed in the past, and which inform the way in which the mind and consciousness of an individual functions in the present. This model of the mind was established as a means of understanding the origins of the delusion and suffering that exists within the minds of Buddhists who have yet to attain enlightenment.

The significance of this ancient framework for the modern world is in the relationship between Buddhism and Western psychology. Both the *ālayavijñāna* and Freud's unconscious are linked, though there are arguably just as many differences to the similarities between the two concepts (Waldron, 2004). However, more recent psychological thought has related Jung's concept of the unconscious to the interrelationship between the *ālayavijñāna* and the other seven consciousnesses, suggesting that the unconscious mind during periods of psychological crisis is the same as the *ālayavijñāna* and the other consciousnesses working in conjunction to ease those crises (Yun, 2022).

The research problem that will be addressed in this research is twofold. First, while there is an increasing interest in the concept of "Buddhist psychology," the discussions of it tend to be superficial in their consideration of only meditation techniques (like mindfulness) but neglect the concept of consciousness as it is described within Yogācāra Buddhism (Kang, 2021). Second, many of the discussions of Buddhist psychology in relation to psychological concepts in general fail to separate the various Buddhist schools of thought and therefore

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do not highlight the aspects of consciousness within Yogācāra Buddhism that may be particularly valuable in the context of modern psychological issues (Lai, 2023). Thus, this research will investigate how the psychological concepts of Yogācāra Buddhism can be applied to modern psychology to address those discussed modern psychological issues.

Objectives

To examine the structural model of the eight consciousnesses and to determine the psychological aspects of distress and well-being within Yogācāra thought.

To compare the notion of the ālayavijñāna to modern psychological concepts of the unconscious and cognition.

To determine the possible integration of Yogācāra thought into modern psychological therapy modalities.

Methodology

A qualitative analysis of the two texts and a review of literature related to Buddhist philosophy and psychology will be performed. The primary texts that will be analyzed include Vasubandhu's *Triṃśikā-vijñaptimātratā* and Asanga's *Mahāyānasaṃgraha*, both of which contain the eight-consciousness model and the idea of vijñāna-pariṇāma (Vasubandhu, trans. Anacker, 1984). Relevant secondary sources that will be used in this research include the Yogācāra article on the Stanford Encyclopedia of Philosophy (Szanyi, 2024), Waldron's article on the similarities between storehouse consciousness and the unconscious mind in Freud's psychoanalytic theory (Waldron, 2004), and Yun's article on psychological applications of Yogācāra theory during the Covid-19 pandemic (Yun, 2022).

The methodology also employs a comparative dimension to map Yogācāra concepts to modern psychological theories. These include Freudian and Jungian theories of the unconscious, cognitive-behavioural theories of how the mind forms schemas and automatic thoughts, and third-wave therapies such as MBCT and ACT, which incorporates theories of contemplation from Buddhism (Kang, 2021). Through mapping Yogācāra concepts to these theories, the study is able to provide an analysis of the school of thought that goes beyond the summary of its concepts to discuss its implications for the study of mental health today.

Discussion

In the eight-consciousness model of the mind, there is a level of consciousness that can be correlated to the distinction between implicit and explicit cognition. The manas, or seventh consciousness, which has the function of creating the graspings at self (*ātma-graha*) due to its habitual association with the *ālayavijñāna*, is similar to cognitive-behavioural theories regarding the role that automatic negative thoughts play by individuals with specific core self-beliefs (Lai, 2023). While cognitive behaviour therapy may target the conscious mind (sixth consciousness), according to Yogācāra theory, therapy should also target the seventh and eighth consciousnesses to achieve lasting change (Kang, 2021).

The concept of *bīja*, or the karmic seeds stored within the *ālayavijñāna*, allows for an understanding of the concept of trauma. Trauma theory suggests that the experiences of the past can lead to automatic and uninvited responses to similar experiences of the present; similarly, the concept of karmic seeds suggests that the intentional actions of the past can lead to experiences of the future that result from the ripening of those karmic seeds - a concept that Yun (2022) applies to her discussion of the psychological impact of the pandemic. Thus, suffering of the mind is not experienced as a disorder of the mind in the present moment, but as a process of the mind rooted in the actions of the past - a notion that parallels with modern theories of psychopathology.

Comparing ālayavijñāna to Freud's notion of the unconscious additionally requires some caution. Waldron (2004) points out that though both concepts relate to the subliminal aspect of the mind, their purposes are notably different. Freud's unconscious is used to explain the repression of instincts and drives within the mind. In contrast, the ālayavijñāna is used in Yogācāra to explain liberation from the causal chain of samsāra and suffering. Thus, using Yogācāra in a therapeutic context may lead to a distortion of the goals of the school if the focus on liberation from suffering is removed (Waldron, 2004).

The following concept that can be translated directly from the original is mindfulness-based cognitive therapy (MBCT). The idea behind MBCT of decentring and observing thoughts as mental events rather than truths is similar to Yogācāra's idea of the sixth consciousness manifesting as mano-vijñāna, which is the idea behind consciousness observing the world around it (Kang, 2021). However, critical analysis of MBCT reveals that it leaves out some of the more important tenets of Yogācāra, specifically the idea of the seventh consciousness, which is the self-concept in terms of Yogācāra theory (Lai, 2023). Including such a concept within the framework of MBCT could help explain why MBCT is effective in reducing relapse in clients with depression and anxiety.

Beyond clinical psychology, the Yogācāra model can also have implications for other fields, such as education or organizational management (Szanyi, 2024). The fact that the model suggests that perception is constructed by the mind based upon established habits within the mind has implications for education regarding the idea that it may be more valuable to address those habits than it is to focus solely upon the behavior that manifests as a result of those constructed perceptions. Thus, the model has implications for fields outside of clinical psychology.

Conclusion

The Yogācāra view of the mind, from the scriptures of this school of thought, provides a solid model of mental distress and its resolution. The concept of the manas and *ālayavijñāna* minds adds further dimensions to the model that go beyond cognitive or behavioral models of mental distress. Future studies can investigate whether the model based on all eight consciousnesses is more effective than mindfulness-based cognitive therapies. It will also be interesting to see how the goals of Buddhist schools of thought compare to the goals of secular therapy.

Keywords - Yogācāra, *ālayavijñāna*, Buddhist psychology, mindfulness-based cognitive therapy, mental health

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Self-Compassion in Buddhism and Contemporary Positive Psychology: Towards an Integrated Counselling Framework

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Introduction

Psychological well-being has become a central focus of contemporary psychology, moving beyond pathology. Positive psychology has shifted attention toward human strengths, resilience, and flourishing (Seligman & Csikszentmihalyi, 2000). Within this field, self-compassion describes how individuals respond to suffering, failure, and emotional distress.

Neff (2003) conceptualized self-compassion as three interconnected components: self-kindness, common humanity, and mindfulness. Research consistently links self-compassion to emotional resilience and life satisfaction, as well as lower depression, anxiety, shame, and stress (MacBeth & Gumley, 2012; Neff & Germer, 2013). Unlike self-esteem, self-compassion provides stable self-worth grounded in self-acceptance rather than social comparison (Neff, 2011).

Though extensively studied modernly, self-compassion's roots lie in Buddhist psychology, which targets the transformation of suffering (dukkha) through mindfulness (sati), compassion (karuṇā), loving-kindness (mettā), and wisdom (paññā) (Bodhi, 2000; Gethin, 1998). These principles, alongside the Four Immeasurable Qualities (brahmavihāras), inform interventions like Mindfulness-Based Stress Reduction (MBSR), Mindful Self-Compassion (MSC), and Compassion-Focused Therapy (CFT) (Gilbert, 2009; Harvey, 2004; Kabat-Zinn, 1994; Neff & Germer, 2013). However, modern counselling often incorporates mindfulness and compassion without fully integrating broader Buddhist concepts such as wisdom, non-attachment, interconnectedness, and equanimity (Shonin et al., 2015). Culturally responsive models integrating these principles are particularly relevant in Asian contexts, where Buddhist philosophy shapes mental health.

This paper examines the relationship between Buddhist and positive psychology through self-compassion and proposes the Integrated Buddhist Self-Compassion Counselling Framework (IBSCCF).

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Objectives

To examine the conceptualization of self-compassion within Buddhist psychology and positive psychology.

To identify theoretical similarities between Buddhist compassion practices and modern counselling approaches.

To propose an Integrated Buddhist Self-Compassion Counselling Framework for promoting well-being.

Literature Review

Buddhist Foundations of Compassion and Self-Compassion

Unlike Western models focused on symptom reduction, Buddhist psychology targets suffering (dukkha) at its roots—attachment, craving, aversion, and delusion—by cultivating wisdom, ethics, mindfulness, and compassion (karuṇā) (Bodhi, 2000; Gethin, 1998). Although "self-compassion" is a modern term, its foundation sits in karuṇā and loving-kindness (mettā), demanding a compassionate attitude toward all sentient beings based on shared vulnerability (Harvey, 2004).

Buddhist compassion requires awareness of suffering and a wise motivation to alleviate it, emerging from interconnected existence (Bodhi, 2000)—aligning directly with "common humanity" (Neff, 2003). Compassion is developed through the Four Immeasurable Qualities (Brahmavihāras): loving-kindness (mettā), compassion (karuṇā), sympathetic joy (muditā), and equanimity (upekkhā) (Harvey, 2004). This relies on mindfulness (sati) to observe experiences without judgment (Kabat-Zinn, 1994). Crucially, Buddhist psychology pairs compassion with wisdom (paññā) to prevent emotional burnout (Gethin, 1998).

Self-Compassion in Contemporary Positive Psychology

Neff (2003) introduced self-compassion as a healthier alternative to self-esteem, which relies on achievements and social comparison (Neff, 2011). Self-compassion comprises three components: Self-Kindness, Common Humanity, and Mindfulness (Neff, 2003). Meta-analyses show self-compassion strongly correlates with lower anxiety and depression (MacBeth & Gumley, 2012) and higher subjective well-being (Zessin et al., 2015). It facilitates adaptive emotion regulation, helping individuals face stressors without avoidance—a key asset in clinical contexts where self-criticism drives distress (Gilbert, 2009; Neff & Germer, 2013).

Compassion-Focused Therapy and Buddhist Influences

Compassion-Focused Therapy (CFT) (Gilbert, 2009) targets shame and self-criticism by blending neuroscience, evolutionary psychology, attachment theory, and Buddhist practices. Gilbert (2009) posits that distress stems from an imbalance among three affect regulation systems:

Threat System: Overactivated in self-critical individuals.

Drive System: Focused on achieving and acquiring.

Soothing System: Often underdeveloped or inaccessible in distressed clients.

CFT uses Buddhist-derived meditations to stimulate the soothing system, significantly reducing shame and depressive symptoms (Ferrari et al., 2019; Gilbert & Procter, 2006).

Mindful Self-Compassion and Psychological Well-Being

The Mindful Self-Compassion (MSC) program combines mindfulness and self-compassion to build resilience, significantly increasing life satisfaction while reducing stress, anxiety, and depression (Neff & Germer, 2013, 2017). Mindfulness provides the psychological space to observe suffering with openness, allowing authentic compassion to surface (Kabat-Zinn, 1994).

Integration of Buddhist Psychology and Positive Psychology: A Conceptual Gap

Despite shared goals, Buddhist psychology and modern positive psychology have largely evolved separately. Interventions often strip Buddhist practices from existential frameworks like impermanence (anicca), non-attachment, and core wisdom (Shonin et al., 2015). Blending positive psychology's empirical rigor with Buddhist philosophical depth addresses a critical conceptual gap, framing self-compassion as a holistic process of mindfulness, wisdom, emotional regulation, and ethical growth.

Methodology

Research Design

This study employed a conceptual research design based on an integrative review and theoretical synthesis to critically examine, integrate, and extend existing theories (Gilson & Goldberg, 2015).

Search Strategy & Selection

A literature search was conducted across databases (PubMed, PsycINFO, Scopus, Web of Science, Google Scholar) and seminal texts. Peer-reviewed articles and scholarly books addressing self-compassion, mindfulness, Buddhist psychological concepts, and positive psychology were selected, favoring seminal and contemporary works.

Data Analysis

Selected literature was analyzed using a thematic conceptual synthesis approach to compare recurring theoretical themes across traditions.

Results and Findings

4.1 Understanding Suffering as a Foundation for Transformation

Both paradigms view suffering as inescapable. Buddhist psychology attributes distress (dukkha) to attachment and resistance (Bodhi, 2000). Western acceptance-based therapies similarly show that suppressing difficult emotions compounds distress, arguing mental health requires healthier relationships with internal states (Hayes et al., 2012). Suffering is reframed from personal failure into a shared human experience, matching Neff's (2003) common humanity.

Mindfulness as a Pathway to Self-Compassion

Mindfulness bridges both paradigms. In Buddhist philosophy, mindfulness (sati) is non-judgmental present-moment awareness (Gethin, 1998). Modern research links it to emotional regulation and psychological flexibility (Kabat-Zinn, 1994). Neff (2003) places mindfulness at the core of self-compassion to prevent over-identification with negative self-evaluations.

Compassionate Self-Relating and Reduction of Self-Criticism

Replacing self-criticism with self-compassion effectively counteracts depression, anxiety, and shame (Gilbert, 2009). Western models focus on altering internal dialogue, whereas Buddhist psychology dismantles the rigid ego, cultivating a gentle relationship with immediate experiences (Harvey, 2004). This shifts self-compassion from ego-strengthening toward non-attachment and interdependence.

Equanimity and Emotional Regulation

Buddhist psychology emphasizes equanimity (upekkhā)—maintaining mental balance despite shifting emotional states (Harvey, 2004). This complements

Western emotion regulation theories that treat adaptive stress management as a core marker of mental health (Gross, 2015). Equanimity trains clients to observe internal experiences without grasping or avoidance (Hayes et al., 2012).

Proposed Integrated Buddhist Self-Compassion Counselling Framework (IBSCCF)

The resulting framework blends Buddhist tenets with empirical Western interventions across six dimensions:

Mindful Awareness (Sati): Neutral observation of distress to lower reactivity (Kabat-Zinn, 1994).

Self-Kindness (Mettā-based Compassion): Replacing self-punishment with supportive care (Neff, 2003).

Recognition of Common Humanity: Diminishing isolation by reframing personal flaws as universal (Neff, 2003).

Compassion (Karuṇā): Pairing sensitivity to pain with a motivation to heal, regulating threat systems (Gilbert, 2009).

Equanimity (Upekkhā): Cultivating emotional stability to prevent over-attachment or avoidance.

Wisdom (Paññā): Providing insight into impermanence (anicca) and interconnectedness, driving meaning-making and growth.

Proposed Process: Mindful awareness → Recognition of suffering → Compassionate self-response → Emotional regulation → Wisdom and psychological flourishing.

Discussion and Implications

Theoretical Contributions

The IBSCCF repositions self-compassion as a multidimensional developmental process rather than a mere self-soothing strategy. While Western models (Neff, 2003) are empirically backed (Neff & Germer, 2013; Zessin et al., 2015), Buddhist psychology broadens this foundation by incorporating wisdom (*paññā*), equanimity (upekkhā), and non-attachment (Bodhi, 2000; Harvey, 2004).

Clinical and Practical Implications

The IBSCCF explicitly anchors compassion, mindfulness, equanimity, and wisdom into core therapeutic processes (Gilbert, 2009; Neff & Germer, 2013).

Cultural Responsiveness: Elevates clinical relevance in Asian societies where Buddhist traditions shape mental health perceptions (Christopher et al., 2009).

Holistic Mental Health: Shifts focus from symptom reduction toward positive human strengths and meaningful living (Seligman & Csikszentmihalyi, 2000).

Mitigating Self-Criticism: Combats vulnerability factors for anxiety/ depression through radical non-judgment and acceptance of imperfection (Gilbert, 2009; Gilbert & Procter, 2006).

Dismantling Individualistic Self-Enhancement: Targets attachment to rigid self-concepts by recognizing impermanence (anicca), promoting psychological flexibility over self-evaluation (Gethin, 1998).

Limitations and Directions for Future Research

Empirical Validation: As a conceptual model, the IBSCCF requires qualitative and quantitative validation across diverse clinical populations.

Doctrinal Scope: Future research should explore nuanced variations across different Buddhist schools beyond early Buddhist concepts.

Psychometric Development: Culturally adapted assessment tools must be constructed to empirically measure Buddhist-informed self-compassion constructs.

Conclusion

Self-compassion represents a key intersection between Buddhist and positive psychology. While modern research provides empirical evidence of its benefits, Buddhist psychology offers a deeper philosophical pathway for transforming suffering through mindfulness, wisdom, and ethical cultivation. The proposed IBSCCF demonstrates that self-compassion is both a psychological skill and a transformative process. Combining ancient contemplative wisdom with modern psychological science enables holistic, culturally sensitive interventions that address suffering while promoting human flourishing.

Keywords - self-compassion, Buddhist psychology, positive psychology, counselling, compassion-focused therapy, psychological well-being

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