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**Therapeutic Techniques in Abhidhamma:
A Comparative Analysis with Western Approaches, Focusing on Acceptance and
Commitment Therapy (ACT)**

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Abstract

This study examines therapeutic techniques within the Abhidhamma tradition and compares them with contemporary Western psychological approaches, with a particular focus on Acceptance and Commitment Therapy (ACT). While both systems aim to alleviate human suffering, they arise from distinct philosophical, ethical, and methodological frameworks. The Abhidhamma offers a detailed analysis of mental processes through a taxonomy of consciousness and associated mental factors, situating psychological transformation within an ethical and soteriological context. In contrast, ACT, grounded in functional contextualism and Relational Frame Theory, emphasises psychological flexibility through processes such as acceptance, cognitive defusion, and values-guided action.

Using comparative conceptual analysis, this theoretical study explores areas of convergence and divergence between these traditions across key domains, including the nature of suffering, the structure of cognition, attentional training, and the role of self and agency. Particular attention is given to how each system conceptualises the modification of maladaptive patterns and the cultivation of adaptive mental states. The analysis avoids reducing one system to the terms of the other, instead examining how each operates within its own internal logic while identifying areas of functional similarity. The study employs thematic synthesis as an interpretive strategy to organise and compare key concepts across the two traditions.

The findings suggest that, despite differing metaphysical commitments, both traditions share an interest in transforming habitual cognitive and affective processes through systematic practice. At the same time, important differences remain, particularly regarding ethical foundations, ultimate aims, and the role of insight. The study contributes to the growing field of cross-cultural psychology by clarifying the conceptual relationships between Abhidhamma and ACT and by highlighting the potential for dialogue without collapsing their distinctiveness.

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Contents

Abstract.....	2
Acknowledgements.....	3
Chapter 1: Introduction	7
Background and Rationale.	7
<i>Research Aims and Objectives</i>	16
<i>Structure of the Thesis</i>	17
Chapter 2: The Abhidhamma Perspective	20
Introduction.....	20
<i>The Abhidhamma Analysis of Momentariness</i>	23
<i>Dukkha – The Recognition of the Human Condition</i>	25
<i>Anattā – The Realisation of Non-Self</i>	26
<i>The Interrelation of Anattā, Anicca, and Dukkha</i>	27
<i>The Noble Eightfold Path (Ariya Aṭṭhaṅgika Magga)</i>	28
<i>Defining Therapeutic Techniques in the Buddhist Framework</i>	29
<i>The Buddha’s Therapeutic Silence</i>	29
<i>Dependent Origination as Diagnostic and Transformative Framework</i>	30
<i>Mapping the Mind: Consciousness and the 108 Thought-Feelings</i>	31
<i>Implications for Practice and Liberation</i>	32
<i>The Abhidhamma as a Therapeutic Manual: Methods for Diverse Minds</i>	33
Chapter 3: Literature Review	35
Introduction.....	35
<i>Early Western receptions and the making of Buddhist modernism</i>	35
<i>Behaviourism, the cognitive turn, and the conditions for third-wave therapies</i>	37
<i>Mindfulness in clinical psychology</i>	37
<i>Mindfulness-based and mindfulness-integrated approaches</i>	37
<i>Cognitive mechanisms of change</i>	38
<i>Secular presentation, critique, and meaning-making</i>	38
<i>Cultural and ethical adaptation</i>	39
<i>Abhidhamma in modern scholarship</i>	40
<i>Acceptance and Commitment Therapy and the Process-based turn</i>	41
<i>ACT, Buddhism, and the Scope of Existing Comparative Work</i>	43

<i>Orientations and limits</i>	43
<i>Research gap and contribution</i>	44
<i>Conclusion and transition to method</i>	46
Chapter 4: Methodology.....	47
<i>Introduction</i>	47
<i>Research Design</i>	48
<i>Rationale for a Comparative Approach</i>	49
<i>Abhidhamma Psychology</i>	49
<i>Acceptance and Commitment Therapy</i>	50
<i>Analytical Framework</i>	51
<i>Avoiding Reductionism and Category Error</i>	53
<i>Ethical and Cultural Considerations</i>	53
<i>Limitations of the Study</i>	54
<i>Conclusion</i>	54
Chapter 5: Western Therapeutic Approaches: Acceptance and Commitment Therapy (ACT)	56
<i>Introduction</i>	56
<i>Rationale for the Selection of ACT</i>	57
<i>Historical Development of Acceptance and Commitment Therapy</i>	58
<i>Functional Contextualism</i>	59
<i>Relational Frame Theory</i>	61
<i>Psychological Flexibility as the Central Therapeutic Aim</i>	62
<i>Core Therapeutic Techniques in Acceptance and Commitment Therapy</i>	64
<i>Acceptance</i>	65
<i>Cognitive Defusion</i>	65
<i>Contact with the Present-moment</i>	66
<i>Self as Context</i>	67
<i>Values Clarification</i>	67
<i>Committed Action</i>	68
<i>Clinical Scope and Applications</i>	69
<i>Methodological Positioning and Limits</i>	70
<i>Conclusion</i>	71
Chapter 6: Comparative Analysis	73

<i>Introduction</i>	73
<i>Suffering as a Shared Orientation</i>	74
<i>Analysis of Mind and Cognitive Processes</i>	75
<i>Immediacy, Conditionality, and Temporal Structure</i>	79
<i>Metaphysical Commitments and Philosophical Assumptions</i>	83
<i>Transformation and Its Limits</i>	85
Table 1 summarises the principal areas of convergence and divergence between Abhidhamma and Acceptance and Commitment Therapy (ACT) across the analytical dimensions examined in this thesis. The table serves as a heuristic overview and should be interpreted in conjunction with the detailed discussion presented throughout Chapter Six.	89
<i>Conclusion</i>	89
Chapter 7: Integration and Application	91
<i>Introduction</i>	91
<i>Rethinking Integration and the Meaning of Application</i>	92
<i>Abhidhamma as a Descriptive and Interpretive Framework</i>	92
<i>Therapeutic Contexts and Clinical Sensitivity</i>	94
<i>Education, Training, and Professional Formation</i>	96
<i>Community and Contemplative Applications</i>	97
<i>Ethical and Cultural Responsibility</i>	97
<i>Recognising the Limits of Application</i>	98
<i>Conclusion</i>	99
Chapter 8: Conclusion	100
<i>Introduction</i>	100
<i>Summary of the Thesis Argument</i>	100
<i>Integration of Findings</i>	102
<i>Implications for Psychology</i>	102
<i>Contributions to Scholarship</i>	104
<i>Limitations of the Study</i>	105
<i>Directions for Future Research</i>	105
<i>Final Reflections</i>	106
References	107

Chapter 1: Introduction

Background and Rationale.

Throughout history, diverse traditions have sought to understand the causes of human suffering and the structure of mental life. Among these, early Buddhist thought and modern Western psychology represent particularly systematic approaches to analysing experience and guiding transformation. These traditions developed a range of techniques aimed at alleviating suffering as an inherent aspect of human experience, alongside identifying patterns of mental distress.

The Buddha advanced this investigation by transforming inherited concepts into a therapeutic and unambiguous route that leads to the cessation of suffering. He taught about the lived experience of suffering, anguish, and the practical ways to deal with it rather than staying in the domain of speculation. This approach gave rise to the Abhidhamma, a body of knowledge that deconstructed human experience into the most fundamental occurrences of matter and mind (*nāma-rūpa*). Not only was classification and analysis the goal, but transformation was as well. Through the naming and analysis of emotional states like pleasure, pain, and neither pleasure nor pain, the Abhidhamma provided a framework for mindfulness cultivation and recognition. This realisation paved the path for freedom, wisdom, and clarity.

By the nineteenth century, in the Western world psychology began to take form as a modern academic discipline. In practice, influenced by the successes of physics and biology, researchers such as Wilhelm Wundt sought to study the mind through experiment and measurement. This move gave psychology a scientific model, where hypotheses could be tested and refined. It is striking that out of this came several schools of thought, including psychoanalysis, behaviourism, cognitive psychology, and later humanistic and existential approaches.

Although they differ in theory to each other, these schools share similarities with earlier traditional convictions that suffering requires explanation and guidance. Freud linked distress to unconscious conflict. Behaviourists pointed to conditioning and environment. Cognitive psychologists examined distorted patterns of thought. Existentialists turned attention to meaning.

Each was a new response to an old question. How can people understand their minds and live more freely and more healthily?

Methods for directing the mind and alleviating suffering have been created in every culture. These have notably included spiritual practices, storytelling, rituals, and organized dialogues that have aided individuals in processing their experiences and discovering purpose.

Buddhism recognises the practice of therapy to involve more than one method. It includes, for example, the methodical cultivation of concentration (*samādhi*) through meditation, ethical instruction (*sīla*) to encourage moral behavior, and insight (*vipassanā*) that penetrates the conditioned and fleeting nature of reality. Abhidhamma's detailed analysis of awareness, the Eightfold Path, and the Four Noble Truths appear to be associated with them. It is notable that when combined, these provide a multi-layered, behavior, cognition, attention, and wisdom training.

In the contemporary West, this endeavor has manifested as mindfulness programmes, behavioral techniques, and talk therapy. The fundamental realisation remains the same: the mind is prone to worry and despair in the absence of direction. Through therapy, individuals can identify these tendencies, alter them, and progress toward recovery. Recognizing the intricacy of human existence, faiths seek to both explain it and pave the way for change. Psychology is not only a personal field. Whole societies are shaped by human emotions and thoughts. Belief systems, political systems, advertising, and even technological advancements like artificial intelligence (AI) are all reflections of the mind.

Human history can, in many ways, be understood as the unfolding of psychological processes at a collective level (Kelly, 2023; McMahan, 2008). To study the mind, therefore, is to examine the forces that shape culture, cooperation, and conflict, as these are closely interrelated. Among the traditions that have examined the mind, the Abhidhamma is of particular interest for its precision and therapeutic orientation. It analyses consciousness into categories, links mental states to ethical outcomes, and outlines a practical programme of training. It was not only a system of theory but also a guide for transforming experience. Its aim was to reduce suffering and open the way to liberation (Gethin, 1998). Even at an introductory level, the Abhidhamma demonstrates how ancient psychology is both analytical and practical, bridging description with therapy.

Although modern Western psychology was shaped by modern science, it has long been influenced by Eastern traditions. It can be observed that Jung drew on Indian and Chinese sources (Frankl, 1985; Gethin, 1998) in his exploration of archetypes and the collective unconscious. Later, the rise of meditation in the West brought Buddhist ideas into psychotherapy. Notably, mindfulness-based interventions, beginning with Jon Kabat-Zinn's Mindfulness-Based Stress Reduction, have since become widespread in health care and education. Acceptance and Commitment Therapy also integrates mindfulness with behavioural science. Notably, this reveals how insights once confined to monasteries have been reshaped within clinical contexts.

Today, globalisation has made such exchanges inevitable. Notably, Buddhist teachings are studied in psychology departments, while Western therapeutic methods are practised across Asia. This circulation of ideas has great potential but also real risks. It is a risk that complex traditions may be simplified or detached from their ethical roots and purpose originally intended, reducing them to simple tools such as stress management. To avoid this, careful comparative study is needed. This raises an important question which is that such study or work must respect the integrity of both traditions while seeking points of genuine connection. Therefore, this study employs comparative textual analysis supported by thematic synthesis across traditions to achieve this task.

This thesis arises from the recognition that both Abhidhamma and modern Western psychology are concerned with the same fundamental task, understanding the causes of suffering and guiding human beings toward greater freedom. We can see that Abhidhamma offers a phenomenological and ethical structure that is both descriptive and transformative. Modern Western psychology offers evidence-based therapies that have been tested through scientific methods. It should be highlighted that by placing these traditions in dialogue, this study aims to show how each can enrich the other.

For Buddhist studies, the comparison highlights how traditional categories remain relevant in contemporary contexts. We can see that for psychology; it offers a depth of phenomenological insight and ethical orientation often missing from clinical models. At a broader level, it contributes to psychological well-being, where culturally sensitive approaches are increasingly necessary (Kelly, 2023; Jacobs, 2017).

The Abhidhamma in Context.

The Abhidhamma, often translated as “higher teaching,” occupies a unique place in the Buddhist tradition. It can be observed that while the Buddha’s discourses in the Sutta Piṭaka were largely situational and addressed to specific audiences, the Abhidhamma arose as a more systematic attempt to organise and interpret those teachings. It reflects the early Buddhist community’s effort to analyse the Dharma in a precise and structured way, so that the principles of practice could be studied, memorised, and transmitted across generations (Gethin, 1998).

The Abhidhamma is not a philosophical abstraction removed from lived reality. It was developed as a practical system, intended to guide practitioners in observing and transforming their own experience. Its categories and classifications pay close attention to the processes of mind and matter, so that the roots of suffering can be understood clearly and addressed in a direct way.

Psychology and cognitive science map the ways in which habits of attention and perception shape our behaviour. In early Buddhist practice, such knowledge was not merely descriptive but deeply therapeutic. The Abhidhamma gave monks, nuns, and lay followers a practical framework to observe the flow of experience, to identify unwholesome states as they arose, and to replace them with states leading toward clarity and peace. In this way, wisdom itself became a form of medicine, a discipline of healing directed at the roots of suffering.

This wisdom is articulated through the Four Noble Truths: to recognise suffering, to understand its causes, to realise that it can cease, and to follow the path leading to its cessation. The Abhidhamma fits directly into this framework. Its careful analysis of the mind was never for speculation alone but to provide a practical method of healing. By observing the moment-to-moment flow of thought and emotion, practitioners could weaken the forces of craving, anger, and ignorance, while strengthening qualities like mindfulness, compassion, and wisdom. In this sense, knowledge itself became a medicine, and insight a form of release.

What makes the Abhidhamma distinctive is the way it balances description with prescription. Notably, it analyses experience into constituent elements, but always with the aim of pointing the way toward liberation. This dual role as both psychology and therapy is central to its enduring relevance. In practice, it is also what makes the Abhidhamma a notable partner in dialogue with

modern Western psychology, which likewise seeks to explain mental processes while offering tools for change.

By understanding the Abhidhamma in this way between the historical context of early Buddhism and the practical context of lived experience it becomes clear why it deserves attention in this thesis. It should be highlighted that it is not only a cornerstone of Buddhist thought but also a resource for contemporary conversations about the mind, psychological well-being, and the possibilities of transformation.

The Pāli Canon: Historical and Doctrinal Foundations.

The Pāli Canon, also known as the Tipiṭaka, is the earliest complete collection of Buddhist scriptures preserved in the Theravāda tradition. It should be highlighted that it is the foundation upon which later Buddhist thought, including the Abhidhamma, was built. For centuries it was transmitted orally through communal recitation before being written down in Sri Lanka around the first century BCE. It becomes clear that this long history of oral traditional preservation reveals the importance placed on accuracy and collective responsibility in safeguarding the teachings (Gethin, 1998).

The Canon is divided into three collections or “baskets.” The Vinaya Piṭaka sets out rules for the monastic community and provides a structure for ethical discipline. Notably, the Sutta Piṭaka contains discourses attributed to the Buddha, presented in a wide range of contexts and addressing both monks and lay people. The Abhidhamma Piṭaka contains the systematic analyses that aim to classify and interpret the teachings in detail. Together, these three collections form a comprehensive model that covers ethical conduct, meditation practice, and doctrinal understanding (Bodhi, 2000).

At the doctrinal level, the Pāli Canon emphasises themes that later became central to Buddhist psychology. It is striking that these include the impermanence of all phenomena, the pervasive presence of unsatisfactoriness or *dukkha*, and the absence of a permanent self. These three marks of existence shape the way Buddhist texts approach the study of mind and behaviour. The Canon does not simply present abstract doctrines; it frames them in relation to human experience, encouraging reflection, investigation, and practice.

The Canon is also significant because of its orientation toward liberation. Notably, its primary concern is not speculative philosophy but the practical problem of suffering. The Four Noble Truths, introduced in the Sutta Piṭaka, provide a structure that has guided Buddhist psychology ever since, the recognition of suffering, the analysis of its cause, the realisation that release is possible, and the practical path that leads to this release. These principles are echoed in the Abhidhamma, which systematises them into detailed classifications and categories for practice and study.

By situating the Abhidhamma within the broader system of the Pāli Canon, it is possible to see how Buddhist psychology developed. It can be observed that the Abhidhamma did not appear in isolation, it was a continuation of the Canon's concern with observation, analysis, and transformation. This connection grounds the Abhidhamma firmly in the practical orientation of early Buddhism and ensures that its analytical categories remain linked to the wider goal of liberation.

Western Therapeutic Approaches.

The modern discipline of psychology in the West took shape in the late nineteenth century, shaped by the intellectual climate of the Enlightenment and the rise of experimental science. It should be highlighted that from its beginnings, modern Western psychology has aimed to combine careful observation with therapeutic practice. Over the last century, this has given rise to a number of approaches that continue to influence psychological well-being care today.

The first major paradigm was psychoanalysis, introduced by Sigmund Freud. It should be highlighted that Freud emphasised unconscious processes, childhood experiences, and the ways hidden conflicts shape behaviour. Although many of his ideas have been revised or criticised, psychoanalysis established the principle that inner life deserves careful study and that therapeutic dialogue can be transformative.

A different direction was taken by behaviourism, developed by John B. Watson and B. F. Skinner. Behaviourists focused on observable behaviour rather than inner states. It is noteworthy that they demonstrated how learning through conditioning shapes habits and reactions. Behaviourism contributed powerful insights into how behaviour can be modified through

reinforcement and punishment, forming the basis of many behavioural therapies still used today (Skinner, 1953).

The cognitive revolution restored the mind to psychology around the middle of the 20th century. It should be noted that studies by Aaron Beck and others have demonstrated that depression and anxiety are largely caused by faulty or maladaptive thought patterns.

This led to the development of cognitive behavioral therapy (CBT), which is still one of the most popular and scientifically validated treatments (Beck, 1976). The humanistic and existential traditions developed alongside these methods. It should be noted that concepts like self-actualization, empathy, and authenticity were emphasised by thinkers like Abraham Maslow (1968) and Carl Rogers (1951). They maintained that the goal of treatment is to promote purpose and human development in addition to symptom relief. In practice, Viktor Frankl (1985), drawing on his experiences in concentration camps, highlighted the search for meaning as a central human task.

More recently, modern Western psychology has engaged with insights from Buddhist and Eastern traditions. It can be observed that this is most visible in mindfulness-based interventions, such as Jon Kabat-Zinn's Mindfulness-Based Stress Reduction and later Mindfulness-Based Cognitive Therapy. These approaches adapt meditation practices to clinical settings, showing that ancient methods can be integrated into evidence-based therapy.

Acceptance and Commitment Therapy (ACT) has gained significant traction within this movement. Notably, ACT, which was created by Hayes, Strosahl, and Wilson (1999), blends behavioral science with techniques for acceptance and mindfulness. The main premise is that attempts to regulate or avoid unpleasant situations frequently result in mental distress. It should be emphasized that ACT encourages people to embrace their thoughts and emotions with openness while resolving to do activities that are consistent with their personal beliefs, rather than fighting against them. On the surface, this approach seems to represent a trend in contemporary Western psychology toward approaches that are influenced by contemplative traditions and have a scientific foundation.

For the purposes of this thesis, ACT serves as a central example of how Western therapies have developed in dialogue with other cultural traditions, especially Buddhism. Notably, by understanding ACT within the wider history of modern Western psychology, it becomes possible to see both the continuities and the innovations that make it relevant for comparison with the Abhidhamma. While ACT emphasizes psychological flexibility, the Abhidhamma offers a deeper ethical and phenomenological lens.

Importance of Comparison.

A comparative study of the Abhidhamma and modern Western psychology is valuable for several reasons. At the most basic level it shows that very different traditions face the same human problem. Both recognise suffering and both search for freedom. Each provides methods to observe the mind, to identify sources of distress, and to offer paths of change. Comparison allows us to see shared insights and to recognise unique contributions.

The Abhidhamma may be understood as a systematic process of analysis that peels away layers of the mind, much like an onion, beginning with the identification of ignorance (*avijjā*) as the root condition from which craving, attachment, and suffering arise. The process begins by naming the cause. The Buddha taught that the deepest cause is *avijjā*, or ignorance. Once this is seen, the peeling begins. Each layer shows how ignorance gives rise to craving, to attachment, and to other states that sustain suffering. This uncovering does not stop with description. It leads to practice, to awareness, and to the possibility of transformation. Buddhism also treats suffering as universal. It sees it as woven into the fabric of human life, not as a problem of one person alone.

When Western psychology is considered, the contrast becomes clear. Modern therapies have developed strong, evidence-based models. They explain behaviour, thought, and emotion with precision. They are effective in easing distress and in managing symptoms. Yet they often remain within the personal and subjective realm. The focus is on the individual's conflicts and on healing at that level. This is practical and valuable, but also limited. These models rarely ask about the roots of suffering in a universal sense, or about how personal distress relates to the deeper nature of existence. The Abhidhamma continues peeling beyond the personal. It looks not only at mind but also at reality itself. It describes all phenomena, mental and physical, as

momentary events that arise and pass within conditions. The picture that emerges is not of a fixed world but of a field of processes that is always changing. In many ways this anticipates modern science, which describes reality as relational, interdependent, and in constant flux.

The Abhidhamma offers both a psychology of the mind and a way of seeing the world. It adds to modern psychology by bringing a broader vision of human life. When these perspectives are brought together, psychology can move beyond a narrow focus on symptom reduction. It can aim toward flourishing. That means joining scientific study with ethics, with contemplative insight, and with awareness of the shared and interdependent nature of life. This is not only theory. Therapeutic communities often express this interdependence through shared practices of healing.

This broader scope of the Abhidhamma shows why dialogue with modern psychology is notable. By linking psychology, ethics, and even cosmology, it offers a vision that is therapeutic and integrative. Placed beside modern approaches, it challenges narrow views of well-being and invites a more holistic understanding of human life and of reality.

The relevance of this comparison is heightened in a globalised world. Mental health practitioners work in multicultural settings where clients draw on diverse spiritual and philosophical backgrounds. Dialogue between Buddhist psychology and Western therapy can support approaches that are both culturally sensitive and clinically effective (Kelly, 2023; Jacobs, 2017). At the same time comparison guards against superficial borrowing. Mindfulness is popular in the West, yet when removed from its Abhidhamma setting it can shrink to stress relief alone. Comparative scholarship returns such practices to their wider frameworks of meaning.

For these reasons comparison is not only an academic exercise. It has direct implications for how well-being is understood and practised today. By exploring convergences and divergences between the Abhidhamma and Western models such as Acceptance and Commitment Therapy, this thesis seeks to contribute to a deeper and more integrated understanding of the mind and the many ways it can be guided toward freedom and well-being.

Research Aims and Objectives

The primary aim of this thesis is to compare contemporary Western therapies with the Buddhist Abhidhamma in order to comprehend how other traditions perceive the mind and deal with suffering. Despite having somewhat different cultural and historical origins, both traditions are particularly interested in the reasons behind grief and how to overcome it. This study aims to illustrate their points of convergence, divergence, and potential complementarity by putting them side by side. Comparative textual analysis backed by thematic synthesis between the two traditions is used to accomplish this.

This is accomplished by first analyzing the Abhidhamma's psychological and therapeutic framework as it is expressed in the Pāli Canon and subsequent Theravāda commentaries. An early and comprehensive explanation of consciousness, mental elements, and ethical states can be found in the Abhidhamma. In addition to being descriptive, it is also prescriptive, acting as a manual for action and change with the goal of minimizing suffering.

The topic of contemporary Western psychology is then covered, including its evolution from behaviourism and psychoanalysis to the cognitive revolution and the emergence of existential and humanistic therapies. Mindfulness-based therapies are highlighted in particular because they mark a significant advancement in the incorporation of Buddhist practices into clinical settings. Because of its unique fusion of behavioural science with acceptance and mindfulness techniques, Acceptance and Commitment Therapy (ACT) is used as the main case study. This makes it a good fit for comparison with Buddhist psychology.

The goal of the thesis is to demonstrate the areas of overlap between ACT and Abhidhamma, namely in their shared emphasis on attentive awareness, the identification of harmful thought patterns, and their orientation toward change and values. At the same time, significant distinctions become apparent. While ACT takes a practical and utilitarian approach to thoughts and emotions, the Abhidhamma views the mind as a stream of fleeting events that may be precisely categorized. Ethics also has a distinct function. Since wholesome and unwholesome states directly influence well-being, mental development and ethical cultivation are inextricably

linked in the Abhidhamma. According to ACT, each person defines their own values and applies them according to the circumstances.

While ACT encourages clients to adopt a self-as-context attitude that enables them to distance themselves from ideas and emotions, Abhidhamma draws attention to the transient and conditioned nature of experience, reducing attachment to fixed notions of self. Lastly, there are differences in the extent of transformation. While ACT strives to develop psychological flexibility so that people may live meaningfully even in the face of continual obstacles, Abhidhamma seeks to bring about genuine change by gradually reducing greed, anger, and illusion.

By examining these similarities and differences, the thesis contributes to a deeper understanding of how human beings can observe, shape, and transform their minds. ACT provides a practical model of psychological flexibility, while Abhidhamma offers a detailed ethical and phenomenological framework. These will be explored in detail in the chapters that follow.

The comparison's consequences for modern practice are also taken into account in the study. It examines how Buddhist insights might enhance therapeutic work by offering phenomenological clarity, depth, and ethical orientation, as well as how Western psychology's empirical methods can assist in assessing and modifying conventional approaches for a variety of situations. Therefore, the goals of the research transcend mere description. This study aims to encourage fruitful cross-cultural dialogue that can advance both scholarly research and the real-world application of psychological wellbeing

Structure of the Thesis

The thesis is organised into eight chapters, each building on the previous one to create a clear progression from background to comparison and application.

Chapter One situates the study within the historical development of psychology and the long-standing dialogue between Buddhist traditions and Western therapeutic thought. It outlines the background and rationale for the research, clarifies the aims and objectives of the thesis, and introduces contemporary Western therapeutic approaches with particular emphasis on

Acceptance and Commitment Therapy (ACT). The chapter also establishes the significance of Abhidhamma as a sophisticated analytical and ethical framework for understanding mental processes, thereby justifying its selection as the Buddhist system under examination.

Chapter Two focuses exclusively on Abhidhamma. It traces the historical and doctrinal foundations of the Pāli Canon and explains how Abhidhamma emerged as a distinctive and systematic approach to mind, causality, and transformation. The chapter examines its therapeutic orientation, core mental elements, and categories of analysis, presenting Abhidhamma on its own terms rather than through a Western interpretive lens. This chapter lays the conceptual groundwork necessary for later comparative analysis.

Chapter Three reviews the existing literature on Buddhism and psychotherapy. While prior studies have identified general points of resonance, such as the use of mindfulness or non attachment, this chapter demonstrates that relatively little scholarship engages directly with Abhidhamma as a structured therapeutic and analytical system alongside a specific Western modality. By identifying both the contributions and limitations of existing research, the chapter clarifies the conceptual gap that the present study seeks to address.

Chapter Four outlines the methodological approach of the thesis. It explains the nature of the comparative analysis, the criteria used for comparison, and the interpretive stance adopted in examining two historically and culturally distinct systems. The chapter also addresses the limits of comparison, potential category errors, and relevant ethical considerations, ensuring conceptual clarity and scholarly rigour.

Chapter Five examines Acceptance and Commitment Therapy (ACT) in detail. It traces the historical development of ACT, outlines its theoretical foundations, and explicates its six core processes. The chapter also reviews empirical literature supporting its clinical efficacy. This provides a clear and stable account of ACT as a contemporary Western therapeutic model, preparing the ground for systematic comparison.

Chapter Six presents the central comparative analysis of the thesis. It examines points of convergence, including attentional training, engagement with mental processes, and ethical orientation, while also analysing key divergences such as differing conceptions of the self, the

aims of practice, and underlying views of mind and embodiment. The chapter also critically evaluates the limits of integration, resisting reductive or assimilative interpretations.

Chapter Seven explores possibilities for integration and application. Drawing on case-based reflection and contextual analysis, it considers how insights from Abhidhamma might inform contemporary therapeutic practice, while attending carefully to cultural, ethical, and practical considerations. The chapter does not propose a synthesis but instead examines how dialogue between traditions may enrich practice without erasing their differences.

Chapter Eight concludes the thesis by summarising the key findings, discussing their implications for both Buddhist studies and psychology, and outlining directions for future research.

The thesis thus progresses from theoretical and historical underpinnings to comparison and real-world application, seeking to strike a balance between respect for the original sources and current applicability.

Chapter 2: The Abhidhamma Perspective

Introduction

This chapter examines the Abhidhamma as a systematic model of mind and behaviour within the Theravāda tradition and argues that it may be understood as an early form of structured psychological analysis. While remaining grounded in its doctrinal and soteriological context (Bodhi, 2000; Gethin, 1998; Ronkin, 2005), the chapter interprets key Abhidhamma concepts in terms relevant to contemporary psychological inquiry, including attentional processes, affect regulation, cognitive bias, behavioural conditioning, and self-related processing. Such interpretive bridges do not imply theoretical equivalence or historical continuity; rather, they serve as heuristic translations that clarify functional mechanisms within the Abhidhamma's analytic system (Jacobs, 2017; Kelly, 2023).

The chapter pursues three interrelated objectives:

- (1) to situate the Abhidhamma within the structure of the Pāli Canon,
- (2) to examine its classification of consciousness (*citta*) and mental factors (*cetasika*) as a process-based account of experience, and
- (3) to demonstrate how these classifications operate as a practical psychology oriented toward transformation.

By foregrounding the Abhidhamma's diagnostic, process-oriented, and temperament-sensitive framework, this chapter establishes the conceptual foundation necessary for the later comparative analysis with Acceptance and Commitment Therapy.

Also the Abhidhamma is presented as both a doctrinal system and a therapeutic framework. The discussion begins with the historical and textual background of the Pāli Canon, then turns to the Abhidhamma's mapping of the mind, systematic account of mental processes. It subsequently considers how these teachings function as therapeutic methods within Buddhist practice, before examining the Abhidhamma as a practical manual designed to accommodate different dispositions. In this way the chapter sets the Abhidhamma on its own terms while also preparing

the ground for later comparative analysis with modern psychology.(Bodhi, 2000; Gethin, 1998; Jacobs, 2017; Kelly, 2023)

Historical and Doctrinal Context

To appreciate the significance of the Abhidhamma it is important to place it within the larger framework of the Pāli Canon or Tipiṭaka. The Pāli Canon is regarded within the Theravāda tradition as preserving the earliest record of the Buddha’s teachings, (Gethin, 1998; Norman, 1983; von Hinüber, 1996) and has been preserved through a long process of oral and written transmission. Within the Theravāda tradition, the Abhidhamma is understood as the analytic and philosophical core of the Canon (Bodhi, 2000; Ronkin, 2005; Cousins, 1983). It represents a way of arranging and interpreting the Buddha’s teaching that reflects both spiritual insight and the historical context in which the texts were transmitted (Bodhi, 2000; Cousins, 1983; Ronkin, 2005).

Structure and Significance of the Canon

The Pāli Canon is more than a collection of preserved texts. Its structure embodies a comprehensive system of ethical training, contemplative practice, and psychological reflection. Within this threefold framework, the Vinaya and Sutta Pitakas provide the ethical and discursive foundation for practice. Most significant for this thesis, the Abhidhamma *Piṭaka* dissects the processes of the mind with exceptional detail, providing a taxonomy of consciousness and mental factors that functions as both a diagnostic tool and a therapeutic guide (Bodhi, 2000; Gethin, 1998; Harvey, 2013).

This threefold structure is often described as the “three baskets” or *piṭaka*:

- The *Vinaya Piṭaka*, which regulates the conduct of monks and nuns.
- The *Sutta Piṭaka*, which preserves the discourses of the Buddha and his disciples.
- The *Abhidhamma Piṭaka*, which offers systematic analysis of mind and experience.

The *Sutta Piṭaka* is further divided into five Nikāyas: the *Dīgha Nikāya* (long discourses), the *Majjhima Nikāya* (middle-length discourses), the *Saṃyutta Nikāya* (connected discourses), the

Āṅguttara Nikāya (numerical discourses), and the *Khuddaka Nikāya* (the minor collection, which includes works such as the *Dhammapada*, *Jātaka*, and *Theragāthā*). Each of these collections contributes to the preservation of doctrine through different literary and pedagogical forms, ranging from dialogues and sermons to verse and parable (Gethin, 1998; Harvey, 2013).

These divisions perform complementary functions. The *Vinaya* ensures ethical conduct and communal harmony. The *Suttas* nurture moral vision and provide practical guidance through narrative and dialogue. The *Abhidhamma* carries the analytical project further, categorising experience into ultimate phenomena (*dhammas*) such as consciousness (*citta*), mental factors (*cetasika*), and material phenomena (*rūpa*). In doing so, it develops the doctrinal material of the *Suttas* into a finely detailed framework for investigating the mind. This framework is at once descriptive and prescriptive. It charts the structures of consciousness while also pointing to the methods of purification and transformation needed to bring an end to suffering. (Bodhi, 2000; Ronkin, 2005)

The *Abhidhamma*'s emphasis on conditionality and classification can be understood as a Buddhist form of psychology. Its categories provide a clear way of distinguishing between wholesome and unwholesome states, between mental patterns that perpetuate suffering and those that lead to release. This is why modern scholars such as Jacobs (2017) and Kelly (2023) have interpreted the *Abhidhamma* as offering insights that resonate with contemporary therapeutic approaches. They argue that the *Abhidhamma*, while arising in a very different historical and cultural context, shares with modern therapies the concern to identify, analyse, and transform unwholesome mental patterns.

With its linguistic accessibility and carefully organised structure, the Pāli Canon represents much more than a religious archive. It is a systematised body of knowledge that combines ethical, psychological, and practical dimensions. Within this structure the *Abhidhamma* stands out as the analytical core. It provides not only a precise map of the mind but also a practical guide for working with *dukkha*. The next section turns to this therapeutic orientation, considering how the *Abhidhamma* and related Buddhist teachings frame healing, transformation, and the nature of the self.

Systematic overview

In early Buddhist teaching, the Three Marks of Existence (*Tilakkhaṇa*) , *anicca* (impermanence), *dukkha* (unsatisfactoriness), and *anattā* (non-self) which constitute the foundation of wisdom (*paññā*). These characteristics describe the universal features of all conditioned phenomena (*sāṅkhata dhamma*) and are understood not merely as philosophical propositions but as experiential insights realised through direct observation (Bodhi, 2000; Harvey, 2013).

The Buddha emphasised that liberation arises from seeing reality as it truly is (*yathābhūta ñāṇadassana*) (Gethin, 1998; Analayo, 2003). Insight into impermanence reveals that all phenomena arise and cease. What is subject to change cannot provide lasting satisfaction, and what is impermanent and unsatisfactory cannot be regarded as a stable self. These insights undermine delusion (*avijjā*) and weaken craving (*taṇhā*), forming the basis for liberation.

Anicca, or impermanence, highlights that all conditioned processes are transient. Body, feeling, and thought are not fixed entities but dynamic events arising and dissolving moment by moment. Recognising this impermanence shifts one's relationship to experience, reducing attachment and fostering equanimity.

Together, the Three Marks provide a structural framework for understanding experience within Buddhist psychology. They serve as foundational principles for insight practice and ethical transformation.

The Abhidhamma Analysis of Momentariness

The Abhidhamma presents the most detailed exploration of *anicca* within Buddhist thought. It describes all experience as a continuous series of mind moments (*citta*), each arising and passing away in rapid succession. According to this analysis, there is no enduring consciousness moving through time; instead, consciousness arises momentarily, conditioned by the preceding moment, and gives rise to the next.

Each *citta* arises together with a set of mental factors (*cetasika*), such as feeling (*vedanā*), perception (*saññā*), and volition (*cetanā*). These mental factors share the same object and arise and fall together with the *citta*. Therefore, both consciousness and its accompanying mental elements are momentary. The *Abhidhammattha Saṅgaha* summarises this process by saying, “Citta and its factors arise and fall faster than a flash of lightning.” (Bodhi, 2000; Ronkin, 2005)

This analysis serves a profound purpose. It is not meant as metaphysical speculation, but as a precise map of experience to help the meditator see impermanence directly. When one pays close attention, one can begin to notice that a thought, a feeling, or a perception does not stay, it arises, lingers briefly, and disappears. This momentary nature of phenomena is *anicca* in its purest sense.

In Abhidhamma psychology, consciousness is understood not as a continuous substance but as a rapid succession of discrete mental events. This structured sequence, known as the *citta-vīthi* (course of consciousness), describes how perception unfolds when a sense object contacts a sense faculty. A passive life-continuum (*bhavaṅga*) is momentarily interrupted, attention turns toward the object, sensory consciousness arises, and a series of functional moments follow, receiving, investigating, and determining the object’s nature. These preparatory stages culminate in the ethically significant *javana* phase, where volitional response and karmic intention occur, before the object is briefly registered and the stream returns to the resting continuum. All of these moments arise and cease in rapid succession, revealing consciousness as conditioned, momentary, and impermanent (Bodhi, 2000; Ronkin, 2005).

The *citta-vīthi* model may be read as an early account of information processing. A stimulus interrupts the resting continuum (*bhavaṅga*), attention is oriented, perceptual registration occurs, appraisal unfolds, and volitional activation culminates in action tendencies during the *javana* phase. This sequence resembles contemporary descriptions of stimulus appraisal and response selection, although the Abhidhamma frames the process ethically rather than neurologically. Its concern lies in identifying the precise phase at which intentionality and karmic shaping occur, thereby locating the point of possible transformation.

Dukkha – The Recognition of the Human Condition

The recognition of *dukkha* lies at the very centre of the Buddha's teaching. It is the foundation upon which the entire structure of Buddhist philosophy and practice is built. The term does not simply refer to suffering in the ordinary sense, but to a fundamental feature of conditioned existence. It represents the unease, instability, and imperfection that mark all experiences subject to birth, change, and decay. For the Buddha, the recognition of *dukkha* was not a matter of intellectual speculation but an immediate and transformative insight into the nature of life itself. (Harvey, 2013; Bodhi, 2000)

The Three Dimensions of Dukkha

The Abhidhamma and the later commentarial literature distinguish three interrelated dimensions of *dukkha*. The first, *dukkha-dukkha*, refers to the ordinary experiences of physical and mental pain. It includes all forms of discomfort, from bodily illness to emotional grief. The second, *vipariṇāma-dukkha* refers to the pain that arises from change. Even pleasurable experiences are marked by this form of *dukkha*, for their impermanence ensures that they inevitably give way to loss. The third and most subtle form is *saṅkhāra-dukkha*, the pervasive unease that pervades all conditioned existence simply because it is impermanent and devoid of a lasting essence. (Bodhi, 2000)

These three dimensions of *dukkha* are already implicit in the Buddha's first discourse, the *Dhammacappavattana Sutta*, where suffering is introduced not as a single phenomenon but as a spectrum of experiential instability. *Dukkha-dukkha* is reflected in the Buddha's explicit reference to birth, aging, illness and death as painful experiences. *Vipariṇāma-dukkha* is illustrated through the teaching that association with what is disliked and separation from what is liked are themselves forms of suffering, indicating that pleasure inevitably carries the seed of loss due to impermanence nature of life. *Saṅkhāra-dukkha* is suggested more implicitly in the Buddha's summary statement that the five aggregates subject to clinging are *dukkha*, pointing to a pervasive unsatisfactoriness inherent in conditioned existence as such later Abhidhamma systemizes these insights, clarifying how suffering operates at the level of immediate pain,

affective instability, and structural unreliability of all conditioned phenomena (SN 56.11; Bodhi, 2000; Gethin, 1998; Harvey, 2013).

This last dimension, *saṅkhāra-dukkha*, is central to the Buddha's insight. It reveals that even in the absence of overt suffering, there is a latent instability in all phenomena. Pleasure, achievement, and even moments of peace carry within them the seed of loss, because they are subject to arising and passing away. The recognition of this truth is not meant to produce despair but to cultivate a deeper understanding of reality as it truly is. The Buddha's vision of *dukkha* is therefore not pessimistic but realistic, offering a foundation for wisdom and liberation rather than resignation.

In the Buddha's first discourse, the *Dhammacakkappavattana Sutta* (SN 56.11), the Four Noble Truths present a structured account of *dukkha* and its cessation. The first truth identifies *dukkha* as a pervasive feature of conditioned existence; the second locates its origin in craving (*taṇhā*) and ignorance (*avijjā*); the third affirms the possibility of cessation; and the fourth outlines the Noble Eightfold Path as the method of realisation (Bodhi, 2000). Within the Abhidhamma, *dukkha* is analysed not only as an existential condition but as a psychological process arising through attachment to the five aggregates. This framework transforms the recognition of *dukkha* from a descriptive diagnosis into a practical model of transformation grounded in insight and mental cultivation.

Anattā – The Realisation of Non-Self

Anattā (non-self) is the third mark of existence and refers to the absence of any permanent, unchanging essence within experience. In the early discourses, the Buddha avoided metaphysical claims about whether a self exists, instead directing attention to the five aggregates (*pañcakkhandha*): form, feeling, perception, mental formations, and consciousness. These aggregates constitute the entire field of experience, yet none is permanent, autonomous, or fully controllable. When examined closely, each is seen to arise and cease due to conditions. The sense of “I” or “mine” arises through identification with these impermanent processes (Bodhi, 2000; Harvey, 2013).

Within the Abhidhamma, this insight is analysed with greater precision. All conditioned phenomena (*saṅkhata dhamma*), including moments of consciousness (*citta*) and their associated mental factors (*cetasika*), arise and cease instantaneously. The apparent continuity of a self is understood as a conceptual construction produced by the rapid succession of momentary events. Even agency and intention are conditioned mental factors rather than expressions of an enduring subject. In this way, *anattā* is not a denial of experience but a clarification that experience lacks an independent, permanent owner.

The realisation of *anattā* occurs through direct observation of mental and physical processes. As identification with impermanent phenomena weakens, attachment diminishes. The doctrine thus functions not as metaphysical speculation but as a practical insight central to the Buddhist path of liberation.

Psychologically interpreted, the Three Marks function as perceptual retraining principles. Insight into impermanence (*anicca*) destabilises rigid cognitive schemas; recognition of unsatisfactoriness (*dukkha*) undermines affect-driven grasping; and the analysis of non-self (*anattā*) challenges fixed identity constructions. Together, they weaken habitual self-referential processing and reduce attachment-based reactivity. The Abhidhamma operationalises these insights through detailed moment-to-moment analysis of mental events.

The Interrelation of Anattā, Anicca, and Dukkha

Anattā completes the triad of the Three Marks of Existence. It is the natural conclusion that follows from *anicca* and *dukkha*. Because all phenomena are impermanent (*anicca*), they cannot provide lasting satisfaction (*dukkha*). And because they are both impermanent and unsatisfactory, they cannot belong to a permanent self (*anattā*).

Thus, these three truths form a single vision of reality. To see one deeply is to see all three. The Abhidhamma provides the analytical map; direct experience provides the verification. In this way, *anattā* is not a belief but the culmination of insight, the clear seeing that frees the mind from illusion.

The Buddha's teaching of *anattā* is not a doctrine to be believed but an experience to be realised. It shows that the self is neither eternal nor annihilated, but a pattern of changing conditions. The Abhidhamma explains this through momentary consciousness and mental factors, while modern science observes similar processes in the dynamic construction of identity. The essential point is the same: when there is no clinging to a fixed "I," the mind rests in freedom.

The realisation of *anattā* is not the loss of self but the discovery that there was never a separate self to lose.

The Noble Eightfold Path (Ariya Aṭṭhaṅgika Magga)

The Noble Eightfold Path stands as the practical expression of the Buddha's teaching. It represents not only a moral and philosophical framework but also a therapeutic method aimed at transforming the roots of human suffering. The Path brings together wisdom (*paññā*), ethical conduct (*sīla*), and mental discipline (*samādhi*) into an integrated approach to spiritual and psychological healing. Each element of the Path is interdependent and mutually reinforcing. Together, they address the entire range of human experience: understanding, intention, speech, action, livelihood, effort, mindfulness, and concentration.

The Noble Eightfold Path comprises:

- (1) Right View (*sammā-diṭṭhi*),
- (2) Right Intention (*sammā-saṅkappa*),
- (3) Right Speech (*sammā-vācā*),
- (4) Right Action (*sammā-kammanta*),
- (5) Right Livelihood (*sammā-ājīva*),
- (6) Right Effort (*sammā-vāyāma*),
- (7) Right Mindfulness (*sammā-sati*),
- (8) Right Concentration (*sammā-samādhi*).

Psychologically interpreted, these dimensions regulate cognition (view and intention), behaviour (speech, action, livelihood), motivational energy (effort), attentional training (mindfulness), and stabilisation of awareness (concentration). The path therefore integrates cognitive restructuring, behavioural regulation, and attentional discipline within a unified framework.

From a therapeutic perspective, the eight-fold path is both diagnostically and curative. It identifies the distorted perceptions and unwholesome patterns that distant *dukkha* and offers methodical way to uproot them. The Buddha approach is neither dogmatic nor prescriptive; instead, it invites direct investigation and personal experience. The path is described as a middle way that avoids the extremes of indulgence and asceticism, pointing instead to balance, clarity and mindful engagement with life. In this sense, the Eightfold Path functions as form of cognitive and ethical therapy that restructures the foundations of thoughts and behaviours (Bodhi, 2000; Gethin, 1998).

Defining Therapeutic Techniques in the Buddhist Framework

In the context of this thesis, therapeutic techniques within Buddhism can be understood as practical methods aimed at alleviating mental and existential distress by transforming the underlying causes of craving and ignorance. The Buddha's teaching does not separate philosophy from therapy. Every aspect of his path is designed to bring about a change in perception and consciousness. The goal is not merely the suppression of symptoms but the complete eradication of the conditions that sustain suffering.

These techniques range from ethical restraint and mindfulness to deep meditative insight. Yet, what makes them distinctively Buddhist is that they rest upon the understanding of *anicca* (impermanence), *dukkha* (unsatisfactoriness), and *anattā* (non-self). Each practice is directed toward seeing phenomena as they truly are, conditioned, transient, and without ownership. Through this insight, the practitioner develops wisdom that leads to liberation.

The Buddha's Therapeutic Silence

A unique dimension of the Buddha's therapeutic method can be found in what is often referred to as his "noble silence." This is seen in his response to certain metaphysical questions known as the *avyākata* or "undeclared" questions. These included inquiries such as whether the universe is eternal, whether the self exists after death, or whether the enlightened being continues to exist after liberation. The Buddha consistently refused to answer such questions, not out of ignorance but out of compassion.

In the *Cūḷa-Māluṅkyaputta Sutta* (MN 63), the Buddha illustrates this approach through the parable of the poisoned arrow. A man wounded by an arrow refuses treatment until he knows who shot it, what kind of bow was used, and of what wood the shaft was made. Before his questions can be answered, he dies. The Buddha uses this image to convey that metaphysical speculation distracts from the immediate task of removing the arrow of suffering. The problem of *dukkha* is urgent and existential. It demands insight, not speculation.

This silence is therefore deeply therapeutic. It redirects attention from abstract theorising to direct experience. It teaches that healing arises through understanding the nature of mind and its attachments, rather than through intellectual debate. The Buddha's restraint was an expression of compassion, for he knew that unanswerable questions only perpetuate confusion and delay liberation. His silence becomes an act of wisdom, a skillful means (*upāya*) that restores the mind to simplicity and awareness. (Collins, 1998)

Dependent Origination as Diagnostic and Transformative Framework

The principle of *paṭiccasamuppāda*, or dependent origination, lies at the core of Buddhist psychology. It reveals the dynamic process through which suffering arises and can be undone. The formula “When this is, that is; with the arising of this, that arises; when this is not, that is not; with the cessation of this, that ceases” expresses a universal law of interdependence. Every phenomenon arises due to causes and ceases when those causes are removed.

In its twelvefold form, dependent origination traces the chain of conditioned existence from ignorance (*avijjā*) to aging and death (*jarāmarāṇa*). Ignorance gives rise to volitional formations (*saṅkhāra*), which condition consciousness (*viññāṇa*). Consciousness leads to name-and-form (*nāma-rūpa*), the psychophysical organism. From this arise the six sense bases, contact, and feeling. Feeling gives rise to craving (*taṇhā*), which leads to clinging (*upādāna*), becoming (*bhava*), birth (*jāti*), and finally to decay and death (*jarā-marāṇa*).

This structure functions as both a diagnostic and transformative model. Diagnostically, it reveals the causal mechanism of suffering, showing that the problem lies not in external conditions but in the mental process of grasping. Therapeutically, it points to the possibility of reversal. By removing ignorance through insight and mindfulness, the entire chain of suffering collapses. The

doctrine therefore operates as a psychological map that identifies the precise links where intervention can occur.

Dependent origination can also be understood as a model of cognitive and emotional conditioning. It describes how perception leads to reaction, how feeling becomes craving, and how craving crystallises into attachment and identity. The insight that every link in this chain is conditioned and impermanent provides the foundation for mental freedom. Awareness at the point of feeling and craving allows one to observe rather than react, breaking the cycle of habitual response.

From a psychological perspective, dependent origination can be interpreted as a model of cognitive-affective-behavioural conditioning. The sequence from contact (*phassa*) to feeling (*vedanā*), craving (*taṇhā*), and clinging (*upādāna*) resembles what contemporary psychology would describe as affect-driven decision structures and habit loops. Feeling tones bias perception; craving strengthens reinforcement pathways; repeated grasping consolidates behavioural patterning. The Abhidhamma does not posit an autonomous agent behind these processes. Rather, it describes an impersonal chain of conditioned events that can be interrupted through mindful awareness. These parallels serve as functional bridges, not theoretical equivalences.

Mapping the Mind: Consciousness and the 108 Thought-Feelings

The Abhidhamma refines the Buddha's teaching on mind into a detailed psychological system. It describes consciousness not as a single entity but as a series of momentary events that arise and cease according to specific conditions. The term *citta* refers to a unit of consciousness, and each *citta* arises accompanied by various mental factors (*cetasika*). The combination of these elements gives rise to distinct thought-feeling moments that shape experience.

According to Theravāda Abhidhamma texts such as the *Abhidhammattha Saṅgaha*, consciousness is classified into one hundred and eight types of *citta* (Narada Thera, 1956/1993; Bodhi, 2000; Karunadasa, 2010) or thought-feeling processes. These represent the different ways consciousness can manifest, ranging from the most wholesome and luminous states to the most deluded and unwholesome. They include moments of sensory awareness, emotional tone, moral

evaluation, and volition. Together, they map the entire field of human experience, revealing its structure and variability.

This classification serves a practical purpose. By observing the arising and passing of these thought-feelings, one learns to recognise the patterns of mind that sustain *dukkha*. Each moment of consciousness is seen as conditioned, impermanent, and void of a permanent self. Understanding the nature of these processes allows the practitioner to replace unwholesome states such as greed, hatred, and delusion with wholesome ones such as mindfulness, compassion, and wisdom. The mapping of the mind in this way provides not only theoretical clarity but also practical guidance for meditation and ethical living.

The unwholesome mental factors (*akusala cetasikas*) may be interpreted functionally as maladaptive affective and cognitive patterns. Greed (*lobha*) reflects attachment-driven attentional bias; hatred (*dosa*) corresponds to aversive reactivity; delusion (*moha*) involves distorted perception and cognitive obscuration. These factors shape appraisal, emotional regulation, and behavioural impulses. The Abhidhamma's classification therefore serves a regulatory function: by identifying constituent mental processes, it enables systematic observation and intentional cultivation of alternative patterns. Again, these translations clarify mechanism without collapsing doctrinal distinctiveness.

Implications for Practice and Liberation

The recognition that consciousness is momentary transforms the practice of meditation. Instead of seeking control over thoughts or emotions, the practitioner learns to observe their impermanence. Every perception, feeling, and intention is seen as part of an unfolding process that is both lawful and empty of ownership. The insight into this moment-to-moment arising and ceasing is the foundation of wisdom. It reveals that there is no need to grasp or resist experience, for all phenomena are self-liberating when seen clearly.

This awareness has both ethical and psychological dimensions. Ethically, it cultivates compassion, since one recognises that all beings are caught in the same conditioned flow of *samsāra*. Psychologically, it brings about equanimity, for the practitioner no longer takes

pleasure or pain as absolute. The understanding of mind as process leads naturally to freedom from the compulsion to fix or defend an imagined self.

The Abhidhamma as a Therapeutic Manual: Methods for Diverse Minds

The Abhidhamma may be regarded as a complete manual of mental training. It analyses the structure of consciousness with remarkable precision and offers a broad range of techniques suited to different temperaments and capacities. The Buddha's compassion is reflected in this diversity of method. He recognised that human beings vary in disposition, background, and aptitude, and therefore require distinct approaches to liberation.

A distinctive feature of Theravāda practical psychology is its classification of temperaments (*carita*), which guides the selection of meditation subjects. This model recognises stable dispositional tendencies and prescribes counterbalancing contemplative practices. Individuals dominated by sensual desire (*rāga-carita*) are advised to cultivate contemplation of unattractiveness (*asubha*); those inclined toward aversion (*dosa-carita*) are guided toward loving-kindness (*mettā*); those characterised by confusion or discursive proliferation (*moha* or *vitakka-carita*) are directed toward mindfulness of breathing (*ānāpānasati*). Faith-oriented temperaments (*saddhā-carita*) benefit from recollections (*anussati*), while analytically inclined types (*buddhi-carita*) are encouraged to contemplate death (*marāṇasati*) or the elements (*dhātu-manasikāra*).

This framework represents a form of clinical personalisation within the Theravāda tradition. Rather than applying a single method universally, the Abhidhamma calibrates practice to dispositional structure. Intervention is thus tailored to dominant affective and cognitive tendencies, anticipating contemporary models of individualised case formulation in clinical psychology

For those inclined toward intellectual analysis, the Abhidhamma provides a systematic framework for understanding the mind in terms of causes and conditions. For those drawn to devotion and emotion, the cultivation of loving-kindness (*mettā*) and compassion (*karuṇā*) serves as a direct means of transforming mental states. For others, meditations on impermanence and

non-self become the doorway to insight and wisdom. Although the pathways differ, the aim remains the same, the cessation of suffering through direct understanding of reality.

The Abhidhamma thus functions as both psychology and therapy. It maps the full range of mental states, identifies the roots of unwholesome behaviour, and prescribes methods for cultivating wholesome qualities. Its analysis of consciousness and mental factors provides the theoretical foundation for mindfulness-based practice, while its ethical framework ensures that insight is grounded in compassion. In this sense, the Abhidhamma stands not only as a philosophical achievement but also as a structured contemplative framework.

Having established the Abhidhamma as a structured and therapeutic system within the Buddhist tradition, the discussion now turns toward how such ideas have been studied, interpreted, and expanded in modern scholarship. This involves tracing the ways in which Buddhist psychology entered academic discourse, examining how its insights have influenced contemporary understandings of the mind, and considering the points of tension that arise when ancient wisdom is placed within scientific and clinical frameworks. The exploration then moves from theoretical reflection to practical application, investigating how modern therapeutic models have evolved and where meaningful dialogue between traditions can take place. In doing so, the study gradually builds toward a detailed comparison between the Abhidhamma's vision of mental transformation and the methods developed in contemporary therapeutic approaches, before considering how these insights may be integrated in practice to support psychological and spiritual well-being.

Chapter 3: Literature Review

Introduction

This chapter situates Abhidhamma and Acceptance and Commitment Therapy within a sustained comparative dialogue. Its aim is to clarify how each tradition conceptualises suffering, mental processes, and psychological transformation, and to identify where responsible conversation can occur without collapsing their distinct aims. The review proceeds in three movements. First, it maps the modern reception of Buddhism in Western thought, with attention to the ways this shaped the field now called Buddhist psychology. Second, it examines the development of mindfulness in clinical science, distinguishing mindfulness-based programmes from mindfulness-integrated approaches and considering ethical questions of cultural and religious appropriateness. Third, it positions Acceptance and Commitment Therapy as the specific Western comparator for this thesis, explaining why a process-based and pragmatically framed therapy is methodologically suitable for a disciplined comparison with Abhidhamma.

Throughout, the emphasis falls on order, hierarchy, and purpose. Rather than collecting parallels indiscriminately, the review establishes a structured pathway from broad historical receptions to the particular conceptual gap this thesis addresses. The chapter concludes by stating the contribution of the present study and by signalling the methodological commitments that guide the analysis in the next chapter.

Early Western receptions and the making of Buddhist modernism

Modern Western encounters with Buddhism did not begin with clinical science. They were shaped by wider intellectual movements that sought rational, esoteric, or universal cores in world philosophies and religions. In this environment, Buddhism was often presented as a tradition that could be harmonised with science and interior inquiry. These presentations encouraged readers to find in Buddhism an inner psychology of attention and meditation, while de-emphasising the ethical and soteriological architecture that frames classical analysis of mind.

A second stream of reception came through early depth psychology. While some psychoanalytic writers equated ego stability with psychological health and therefore risked pathologising the

idea of non-self, others pursued more open conversations that helped to “psychologise” Asian sources for Western audiences. These dialogues were valuable yet selective. They tended to read Buddhist concepts through therapeutic concerns about identity, integration, and adaptation, and thus brought with them assumptions that do not map neatly onto classical Buddhist aims. One consequence of these intertwined receptions was a durable modernist portrait of Buddhism as a technique for cultivating experience, rather than as a rigorously analytical framework embedded in a path of ethical cultivation and wisdom.

This background matters for the present thesis because it helps explain the relative neglect of Abhidhamma in psychological conversations. The focus on introspection and meditation experience, useful as it has been, has sometimes overshadowed the Abhidhamma’s more demanding analysis of momentariness, conditionality, and ethical valence. These patterns of reception were not accidental, but part of a broader historical transformation often described as Buddhist modernism.

Buddhist modernism has been widely examined as a reformulation of Buddhist traditions under the pressures of colonial critique, scientific rationalism, and global intellectual exchange (McMahan, 2008; Lopez, 2008). In this process, Buddhism was often presented as rational, empirical, and compatible with modern science, while ritual, cosmology, and monastic institutional structures were deemphasised. Meditation and interiority were foregrounded as universal techniques of self-cultivation, aligning Buddhist practice with modern psychological discourse.

McMahan (2008) argues that this modernist reframing selectively emphasised experiential and therapeutic dimensions of Buddhism while reinterpreting traditional doctrines in naturalistic or psychological terms. Lopez (2008) further notes that attempts to align Buddhism with scientific paradigms frequently involved interpretive compression, presenting complex traditions as precursors to contemporary cognitive or neuroscientific models. While such reinterpretations facilitated global transmission and dialogue, they also reshaped how Buddhism is encountered within psychology.

This historical development helps explain the relative marginalisation of Abhidhamma within clinical and psychological conversations. Where modernist portrayals privilege meditative phenomenology and pragmatic techniques, Abhidhamma's detailed taxonomic and ethical architecture may appear overly scholastic or doctrinal. Yet it is precisely this analytic precision that makes Abhidhamma relevant for structured comparison with contemporary psychological systems.

Behaviourism, the cognitive turn, and the conditions for third-wave therapies

The mid-twentieth century in psychology was dominated by behaviourism. By privileging observable behaviour and bracketing inner constructs, behaviourism set a powerful empirical standard while constraining the vocabulary available for speaking about attention, memory, or subjective transformation. The later cognitive turn reintroduced internal representation and information processing, allowing psychologists to model perception, attention, and working memory with increasing precision. This shift opened conceptual space for approaches that could treat awareness, intention, and appraisal as targets of systematic study rather than as leftovers of introspection.

Against this background, a family of therapies emerged that later came to be described as a third wave. What distinguishes these developments is not a turn away from science, but a turn toward process. Instead of treating distress solely as a set of symptoms to be inhibited or a set of beliefs to be corrected, these therapies emphasise the way people relate to their own experience, and the possibility of changing that relation in ways that improve functioning and quality of life. In this respect they provided a natural meeting point for certain modern receptions of Buddhist practice, especially where practice was framed in terms of attention training, acceptance, and non-reactivity.

Mindfulness in clinical psychology

Mindfulness-based and mindfulness-integrated approaches

Within clinical science, it is important to distinguish mindfulness-based programmes from mindfulness-integrated approaches. Mindfulness-based programmes such as Mindfulness-Based

Stress Reduction and Mindfulness-Based Cognitive Therapy are manualised courses with clearly defined curricula, training pathways, and targeted outcome domains. The evidence base is strongest for stress-related outcomes and for relapse prevention in recurrent depression. By contrast, mindfulness-integrated cognitive behaviour therapy embeds formal mindfulness practice and cultivation of equanimity within a broader, often transdiagnostic, behavioural model. Its evidence base is promising and expanding, though younger and more heterogeneous than that of the mindfulness-based programmes.

This differentiation matters for the present study. It prevents over-generalisation about “mindfulness” and clarifies those distinct models, methods, and evidential claims are at work across the literature.

Cognitive mechanisms of change

A substantial body of work examines attention and working memory as mechanisms by which mindfulness training may exert its effects. Findings across populations suggest improvements in sustained attention, executive control, and working memory after both brief and intensive training, including under conditions of stress. These results do not answer philosophical questions about the nature of mind, but they do help specify psychological processes that plausibly mediate some observed benefits. This mechanistic focus will later support the function-level comparison undertaken in this thesis, since both Abhidhamma and contemporary therapies analyse patterns of attention, appraisal, and reactivity when they seek to explain the arising and cessation of suffering.

Secular presentation, critique, and meaning-making

Mindfulness has often been presented in secular form. That move has clear practical benefits and has enabled widespread adoption in health and education. At the same time, several lines of critique have urged caution. One cautions against decontextualisation, noting that extracting techniques from their ethical and communal frameworks may alter both their meaning and their effects. Another critiques the commodification of practice in ways that obscure ethical commitments or structural conditions that contribute to suffering. A pedagogical response has been to develop resources for meaning-making that can be used in secular settings without

importing doctrine. For example, reflective and poetic materials can help practitioners articulate and hold experience without prematurely reducing practice to symptom management. The broader lesson for this thesis is not that secular mindfulness is illegitimate, but that conceptual clarity about aims, limits, and context is essential when engaging traditions across domains.

Critical scholarship has raised sustained concerns regarding the secular adaptation of mindfulness. Purser (2019) argues that what he terms “McMindfulness” risks detaching contemplative practices from their ethical and social frameworks, transforming them into tools for stress reduction that leave structural causes of suffering unexamined. Some sources similarly suggest that when mindfulness is reframed primarily as a productivity or resilience intervention, its orientation shifts from transformative insight toward performance optimisation.

From a pedagogical perspective, Sharf (2015) cautions that modern constructions of mindfulness often universalise introspective experience while overlooking the doctrinal and communal contexts that originally shaped such practices. These critiques do not invalidate clinical mindfulness programmes. Rather, they underscore the importance of conceptual clarity regarding aims and boundaries. When mindfulness is abstracted from its ethical and soteriological grounding, its psychological function may remain intact, but its interpretive horizon changes.

For comparative work, this distinction is crucial. It raises the question of whether dialogue occurs at the level of techniques, psychological mechanisms, or ultimate aims. Without such differentiation, references to “Buddhist mindfulness” risk conflating historically distinct traditions and methodological commitments.

Cultural and ethical adaptation

Responsible use of contemplative practices in clinical settings requires attention to cultural appropriateness and religious diversity. In the clinical literature, one finds examples of religiously adapted cognitive behavioural protocols that integrate clients’ own religious language in psychoeducation, cognitive restructuring, and behavioural activation. There are also practical guidelines and service models for adapting mindfulness work with Muslim communities, including attention to language, intention, and normative frameworks, and for engaging Christian clients who wish to relate secular mindfulness to their own spiritual practices.

These adaptations underscore two ethical points. First, client autonomy must remain primary: religious content is introduced only when the client desires it and in a manner consistent with the client's community and values. Second, therapists and teachers should avoid implying that Buddhist soteriology is a default horizon for clinical work. The conceptual vocabulary of Buddhist traditions can be useful for reflection and professional formation, but it should not be smuggled into treatment under the guise of neutrality. In this thesis, these concerns motivate a cautious and bounded approach to application, developed later in the discussion of possibilities and limits.

Abhidhamma in modern scholarship

Within Buddhist studies, the Abhidhamma has been recognised as a rigorously systematic analysis of experience. It classifies momentary mental events, examines their causal relations, and evaluates their ethical quality. This is not a detached taxonomy. It is embedded in a path of practice in which ethical cultivation and meditative discipline prepare the ground for wisdom. The analysis of mind is always more than description. It is oriented toward the cessation of suffering through insight into impermanence, conditionality, and non-self.

Despite this sophistication, Abhidhamma has often been underrepresented in interdisciplinary conversations with psychology. When Abhidhamma is mentioned, it is sometimes treated as an early stage in the history of psychology rather than as a living analysis with its own internal logic, conceptual rigour, and evaluative horizon.

This thesis therefore treats Abhidhamma as a descriptive and evaluative map of mind within a path. It resists translating its categories into contemporary constructs too quickly, and it avoids using Abhidhamma simply to legitimate modern practices. Instead, it asks what Abhidhamma and a modern therapy each say about how suffering arises and how it can be transformed.

The relative underrepresentation of Abhidhamma in interdisciplinary psychology reflects both practical and conceptual factors. First, the Abhidhamma's technical vocabulary and highly structured classifications demand sustained doctrinal engagement, which may deter researchers seeking immediately operationalisable constructs (Cousins, 1983; Ronkin, 2005). Second, its

explicit ethical orientation and soteriological telos do not map easily onto clinical frameworks focused on symptom reduction or functional improvement.

Furthermore, contemporary psychological discourse has often privileged phenomenological description over taxonomic analysis. Whereas Abhidhamma dissects experience into momentary units (*citta and cetasika*) and evaluates their ethical valence, modern therapies typically frame distress in terms of cognitive distortions, behavioural avoidance, or affect regulation. Jacobs (2017) and Kelly (2023) note that although Buddhist ideas frequently appear in psychotherapy research, detailed engagement with Abhidhamma's analytic categories remains rare.

Therefore, when Buddhism is invoked in ACT-related literature, references commonly draw upon Zen aphorisms, Tibetan contemplative practice, or contemporary mindfulness movements rather than early Abhidhamma analysis. This leaves unexplored how a rigorously systematised Buddhist psychology might stand in disciplined dialogue with contemporary process-based therapy.

Acceptance and Commitment Therapy and the Process-based turn

Within contemporary psychotherapy, Acceptance and Commitment Therapy exemplifies the process-based turn. Rather than matching therapy protocols to diagnostic syndromes, process-based approaches identify and target modifiable processes that cut across conditions. In ACT, the core construct is psychological flexibility, understood as the capacity to contact the present-moment more fully and to persist or change behaviour in the service of values. Crucially, ACT's philosophy of science is functional contextualism. It treats thoughts and feelings in terms of their function in behaviour rather than their representational truth. Techniques such as acceptance, defusion, present-moment awareness, self-as-context, values clarification, and committed action are introduced flexibly in response to the client's behavioural patterns.

Two features recommend ACT as the Western comparator in this thesis. First, it offers a coherent, explicit account of cognition, language, and behaviour that can be discussed at the level of function without presupposing a particular metaphysics. Second, it deliberately brackets ontological questions, defining its horizon in terms of workable behaviour and quality of life.

ACT is situated within a broader constellation of third-wave behavioural therapies that include Dialectical Behaviour Therapy (Linehan, 1993), Mindfulness-Based Cognitive Therapy (Segal, Williams, & Teasdale, 2002), and Compassion-Focused Therapy (Gilbert, 2009). What unites these approaches is a shift from symptom elimination toward altering the individual's relationship to internal experience.

ACT distinguishes itself through its philosophical grounding in functional contextualism and Relational Frame Theory (Hayes, Barnes-Holmes, & Roche, 2001). Rather than assessing cognition primarily in terms of representational accuracy, ACT evaluates thoughts and feelings according to their behavioural function within context. Psychological flexibility is that the capacity to remain in contact with present experience while pursuing valued action. This is treated as a modifiable process cutting across diagnostic categories (Hayes & Hofmann, 2018).

This process-based orientation makes ACT particularly suitable for disciplined comparison with Abhidhamma. Both systems articulate structured accounts of mental events, analyse patterns of reactivity, and aim to transform the individual's relation to experience. Yet they differ in philosophical assumptions, ethical scope, and ultimate aims. Recognising both alignment and divergence requires conceptual precision rather than thematic enthusiasm.

Recent developments in psychotherapy increasingly move toward process-based models that seek to identify core mechanisms of change across diagnostic categories (Hayes & Hofmann, 2018). Within this framework, constructs such as cognitive fusion, experiential avoidance, attentional rigidity, and values misalignment are treated as dynamic processes rather than static symptoms. ACT's emphasis on analysing the functional role of these processes parallels, at a structural level, Abhidhamma's concern with identifying and classifying mental events according to their causal and ethical significance.

Where Abhidhamma dissects experience into momentary mental factors (*cetasikas*) and evaluates their role in sustaining or weakening suffering, ACT isolates behavioural and linguistic processes that maintain psychological inflexibility. The comparison therefore operates not at the level of surface techniques but at the level of analytic strategy: both systems attempt to map

mechanisms of suffering in order to intervene upon them. This structural resonance justifies the methodological pairing undertaken in this thesis.

ACT, Buddhism, and the Scope of Existing Comparative Work

A growing body of scholarship has explored resonances between Acceptance and Commitment Therapy and Buddhist thought, particularly in relation to mindfulness, non-attachment, and the alleviation of suffering. Hayes has reflected on parallels between ACT and Buddhist ideas at a general level, emphasising shared pragmatic concerns such as reducing attachment to internal experience, without grounding these reflections in specific Buddhist doctrinal systems. Comparative studies have examined connections between ACT and Buddhist traditions, including Zen and contemporary mindfulness practices (Hayes et al., 1999; Hayes & Hofmann, 2018).

While this literature has been influential in identifying areas of conceptual overlap, it has typically approached Buddhism as a broad philosophical or contemplative backdrop rather than as a differentiated and historically situated system of psychological analysis. Therefore, references to Buddhism in ACT related scholarship often remain selective, drawing primarily on later meditative traditions or modern interpretations of mindfulness.

Notably absent from this body of work is sustained engagement with Abhidhamma as a systematic psychological and ethical tradition. The Abhidhamma offers a highly developed analytical account of mind, causality, and transformation that differs in important respects from the meditative frameworks most commonly referenced in ACT related literature. The absence of Abhidhamma from existing comparisons leaves key questions unexamined concerning the depth, limits, and implications of aligning contemporary Western therapeutic techniques with early Buddhist models of mental functioning and liberation.

Orientations and limits

It is helpful to keep several orientations distinct while noting where dialogue may be fruitful.

1. **Mindfulness-based programmes** cultivate attentional and metacognitive skills in structured courses with specific outcome targets, especially stress-related outcomes and relapse prevention.
2. **Mindfulness-integrated cognitive behaviour therapy** embeds formal practice within a transdiagnostic CBT model that includes interoceptive exposure and cultivation of equanimity.
3. **Acceptance and Commitment Therapy** alters the function of inner events so that behaviour can be guided by chosen values in the presence of difficulty, with flexibility rather than symptom absence as the primary aim.
4. **Abhidhamma** analyses the arising and cessation of suffering within an ethical and causal framework aimed at liberation through wisdom.

These horizons are not interchangeable. The risk in comparative work is to treat surface echoes as grounds for equivalence. The opportunity is to ask, at a functional level, how awareness, appraisal, reactivity, self-relation, ethics, and action are analysed and cultivated in each system, and to clarify how different ultimate aims shape the use and interpretation of similar practices.

Conceptual Challenges in Cross-Traditional Comparison

Comparative work between Buddhist traditions and contemporary psychotherapy faces methodological challenges that extend beyond thematic resonance. Traditions arise within distinct epistemological, ethical, and soteriological frameworks. Abhidhamma operates within a liberation-oriented project grounded in karmic causality and ethical cultivation. Contemporary psychotherapy operates within a clinical framework oriented toward symptom reduction, functional improvement, and empirically measurable outcomes. As McMahan (2008) and Sharf (2015) note, modern discourse frequently translates Buddhist concepts into psychological language without examining shifts in meaning. Responsible comparison therefore requires analytic restraint, conceptual differentiation, and explicit methodological criteria.

Research gap and contribution

Existing comparisons between Buddhism and psychotherapy frequently rely on undifferentiated references to “Buddhism” as a singular philosophical entity. Such generalisation obscures

doctrinal diversity across Theravāda, Mahāyāna, and Vajrayāna traditions, as well as distinctions between analytic Abhidhamma systems and later contemplative developments (McMahan, 2008; Lopez, 2008).

Within ACT scholarship, parallels are often drawn between psychological flexibility and non-attachment, or between self-as-context and non-self (Hayes et al., 1999). While heuristically suggestive, these comparisons rarely engage Abhidhamma's technical analysis of conditionality, ethical valence, and momentariness. Without sustained doctrinal grounding, such analogies risk remaining impressionistic rather than analytic.

This thesis therefore proceeds by differentiating traditions before comparing them. It resists translating Buddhist terminology into therapeutic constructs prematurely, and it avoids assuming that conceptual resonance implies structural equivalence.

Yet two gaps remain. The first is the relative absence of sustained, non-reductive comparisons between Abhidhamma and a single, clearly defined modern therapy. Many studies collect thematic parallels but do not hold the frameworks in disciplined dialogue using each tradition's internal categories. The second is the tendency, when integration is proposed, to blur ethical and teleological horizons. Soteriology is sometimes assumed to be translatable into clinical outcome without loss, and clinical utility is sometimes assumed to confirm philosophical claims. Both moves risk category error.

The present study addresses these gaps by comparing Theravāda Abhidhamma and Acceptance and Commitment Therapy at the level of function and orientation. Each is examined on its own terms first. Only then are potential resonances and boundaries traced across dimensions such as suffering, mental processes, awareness, selfhood, ethics, aims of practice, and change. The aim is not synthesis but clarification: to show where dialogue is genuinely illuminating, where limits are necessary, and how conceptual discipline protects both traditions from reduction or appropriation.

Conclusion and transition to method

This chapter has provided the architecture needed for a disciplined comparison. It has shown how modern receptions of Buddhism shaped the landscape in which mindfulness entered clinical science, how the behaviourist and cognitive turns prepared the conditions for process-based therapies, and how mindfulness has been developed, evidenced, and critiqued in diverse contexts. It has restored Abhidhamma to the centre as an analytic and evaluative psychology embedded in a path, and it has positioned ACT as a coherent Western comparator whose functional and pragmatic stance allows for careful dialogue without implying hidden equivalence.

The methodological implications of this review are clear. Comparative inquiry should proceed at the level of function, respect the ethical and teleological horizons of each system, and resist prematurely translating one conceptual vocabulary into the terms of the other. Chapter Four therefore outlines a qualitative, comparative, and theoretical framework that formalises these commitments, defines the analytical dimensions guiding the comparison, and specifies safeguards against reductionism, category error, and cultural misrepresentation.

Chapter 4: Methodology

Introduction

This study employs comparative conceptual analysis (Gethin, 1998; Lopez, 2008) to examine Buddhist Abhidhamma psychology in dialogue with Acceptance and Commitment Therapy (ACT). The analysis compares mechanisms of suffering, cognitive–affective processes, attentional patterns, behavioural regulation, and self-related processes at the functional level, rather than at the level of metaphysical or doctrinal claims.

The inquiry proceeds through a qualitative, theoretically grounded design. Its purpose is to explain how comparison across traditions is conducted, to justify the selection of frameworks and primary sources, and to articulate the methodological safeguards that prevent conceptual reductionism, category error, and cultural misrepresentation. The chapter also outlines the principles that guide the analysis and clarify the limits of cross-tradition comparison.

The methodology advances a structured form of comparison that brings Abhidhamma psychology and Acceptance and Commitment Therapy into dialogue at the level of psychological function. Each framework is examined as a coherent account of suffering, mental processes, ethical orientation, and psychological change. The analysis focuses on the how each system explains the arising of distress, the organization of cognition and affect, and the conditions under which transformation becomes possible. In doing so, the study allows meaningful comparison while preserving the conceptual integrity of each framework.

These methodological commitments shape the structure of the thesis as a whole. Chapters Two and Three establish the doctrinal, historical, and conceptual foundations of Abhidhamma psychology and situate the study within existing scholarship. Chapter Five presents Acceptance and Commitment Therapy as a contemporary psychological model and examines its theoretical assumptions and process-based mechanisms on its own terms. Chapter Six undertakes the comparative analysis, applying the analytical dimensions outlined in this chapter. Chapter Seven then considers questions of application, with attention to context, limits, and ethical grounding.

The chapter is guided by three methodological questions that advance the central argument of the thesis. First, how can Abhidhamma psychology and Acceptance and Commitment Therapy be

compared at the level of psychological function, including mechanisms of suffering, cognitive and affective processes, and behavioural regulation, without undermining the conceptual coherence of either framework. Second, how do the differing orientations of a soteriological model of mind and a contemporary clinical model shape psychological interpretations of suffering, change, and wellbeing. Third, under what conditions can Abhidhamma contribute to contemporary psychological reflection, particularly in relation to mental processes, ethics, and wellbeing, while remaining grounded in its original context.

By framing the methodology in this way, the chapter establishes comparison as an analytic tool that supports argument rather than description. It sets the conditions for a psychologically focused and conceptually careful comparison, which is developed in the chapters that follow.

Research Design

The research design of this thesis is qualitative, comparative, and theoretical in orientation. It is qualitative in that it focuses on conceptual structures, interpretive frameworks, and underlying psychological assumptions rather than on numerical data or experimental outcomes. Analysis proceeds through close reading of primary texts, critical engagement with secondary scholarship, and systematic interpretation of key psychological concepts as they are articulated within each tradition.

The study adopts a comparative design that places Abhidhamma psychology and Acceptance and Commitment Therapy in structured dialogue. The purpose of this comparison is not to establish equivalence, compatibility, or shared origin, but to examine how each framework conceptualizes key psychological constructs. These include the nature of suffering, the organisation of cognitive and affective processes, patterns of behavioural regulation, the formation and function of self related experience and the conditions under which psychological change occurs. By organising the comparison around these constructs, the analysis makes it possible to identify both areas of functional similarity and points of substantive difference, without translating one framework into the conceptual language or explanatory assumptions of the other.

The study is theoretical rather than empirical. It does not involve clinical trials, participant observation, or original experimental research. Abhidhamma and Acceptance and Commitment

Therapy are examined as internally coherent conceptual systems expressed through texts, models, and interpretive traditions. This theoretical focus is appropriate to the aims of the thesis, which seek conceptual clarification, philosophical coherence, and careful boundary setting, rather than the evaluation of clinical efficacy or therapeutic outcomes.

Rationale for a Comparative Approach

A comparative method is appropriate because both Abhidhamma and Acceptance and Commitment Therapy address the pervasive fact of suffering, identify patterns that sustain it, and describe paths of transformation. They do so with different vocabularies, normative orientations, and historical aims. Comparison clarifies two dimensions simultaneously. It shows functional resonances, such as the role of awareness and the shift from control of content to a changed relationship with experience. It also shows fundamental divergences that concern ontology, ethics, and the ultimate aims of practice.

Cross traditional work is exposed to familiar risks. These include oversimplification, conceptual stretching, selective appropriation, and the uncritical projection of one set of categories onto another. In response, the present study adopts a non-reductive stance.

Each framework is first examined on its own terms, using its internal categories and explanatory logic. Comparison is undertaken only after this independent analysis. The purpose of comparison is not synthesis, but understanding and clarification, directed toward illuminating how each system accounts for core psychological processes and patterns of change. In particular, the comparative analysis focuses on how Abhidhamma psychology and Acceptance and Commitment Therapy conceptualise suffering, cognitive and affective processes, behavioural regulation, ethical orientation, and the conditions under which psychological transformation occurs.

Selection of Frameworks

Abhidhamma Psychology

Abhidhamma psychology is selected as the Buddhist framework because it offers an exact and systematic account of mind and mental processes within early Buddhism. Whereas the *sutta*

literature often communicates psychological insight through narrative, instruction, or exhortation, Abhidhamma develops an analytical taxonomy of mental events, ethical qualities, and causal relations. This level of analysis makes it suitable for dialogue with Western models that value classification, process analysis, and functional explanation.

The study draws on the Theravāda Abhidhamma as available in English translation, together with major commentarial works and contemporary scholarship. These sources are not treated as speculative metaphysics. They are treated as a psychology that remains inseparable from an ethical and liberative project. Mental states are described in terms of their phenomenological features, their causal efficacy, and their ethical valence. Abhidhamma therefore supplies a detailed account of momentary processes, conditionality, and transformation, while preserving the normative orientation that distinguishes Buddhist psychology from secular therapeutic models.

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy is selected because it is a distinct development in contemporary psychotherapy. As a third wave behavioural therapy, it shifts emphasis from symptom elimination and cognitive control to acceptance, psychological flexibility, and values oriented action. This orientation makes it a constructive conversation partner for Buddhist analysis, which also questions the centrality of control and promotes a change in relationship to experience.

Acceptance and Commitment Therapy is grounded in functional contextualism and in Relational Frame Theory. It offers a theory of cognition, language, and behavioural regulation that allows it to be considered as a structured psychological model rather than a toolkit of techniques. It is treated here as a Western therapeutic system in its own right and not as a secular or implicit form of Buddhist practice. Selecting this framework allows a focused comparison that is rigorous and suitably limited.

Sources and Data

Primary sources include Abhidhamma Piṭaka treatises and major commentarial exegesis consulted in authoritative English translations, alongside contemporary scholarship on Abhidhamma psychology. On the Western side, the study engages foundational texts of Acceptance and Commitment Therapy written by its principal developers, together with peer reviewed literature that discusses its theoretical foundations and clinical applications. Secondary sources include scholarship in Buddhist psychology, comparative philosophy of mind, and critical work on mindfulness and psychotherapy. Sources are selected for scholarly credibility and relevance to the research questions, and they are used to clarify the concepts under examination rather than to assume easy compatibility between traditions.

A note on translation and interpretation is required. Where the study relies on translations from Pali, possible shifts in nuance are acknowledged, and claims are moderated by reference to multiple commentaries and to contemporary academic analyses of key terms. This caution is intended to keep the argument anchored in the original doctrinal context while remaining accessible to readers who work in English.

Analytical Framework

The comparative analysis in this thesis employs a method of comparative conceptual analysis rather than general thematic comparison. This method is appropriate where the aim is to examine how distinct psychological frameworks conceptualise key processes and concerns, rather than to establish empirical equivalence or historical influence. Comparative conceptual analysis allows concepts to be examined in relation to their internal logic, functional role, and explanatory purpose, while preserving the conceptual integrity of each system (Gethin, 1998; Lopez, 2008).

The analysis is structured around a set of defined analytical dimensions from the literature review and from attention to concerns that are central within both Abhidhamma psychology and Acceptance and Commitment Therapy. These dimensions include the analysis of suffering, accounts of mental processes, the role and function of mindfulness or awareness, understanding of selfhood, ethical orientation and values, the aims of psychological practice, and the relation

between mind and body. Together, these dimensions provide a coherent and psychologically focused basis for comparison. These dimensions operationalise the research questions introduced earlier in this chapter and are applied systematically in Chapter Six to structure the comparative analysis.

Each framework is examined separately, using its own conceptual vocabulary and underlying assumptions. Comparison is undertaken only after this independent analysis and is directed toward the level of psychological function and orientation rather than toward metaphysical claims. This sequencing enables the identification of genuine points of resonance and divergence, while avoiding assumptions of equivalence or shared ontology.

Methodological Rigour

Although the present study is conceptual rather than empirical, methodological rigour is maintained through criteria adapted from qualitative research frameworks, particularly those articulated by Lincoln and Guba (1985) and Tracy (2010). These criteria are applied in ways appropriate to comparative conceptual analysis.

Credibility is supported through transparent sourcing and sustained engagement with primary texts and authoritative secondary scholarship. Interpretive claims are grounded in clearly identified sources, and where relevant, alternative interpretations are acknowledged. Transferability is addressed by clearly delimiting the scope of the study and specifying the conceptual and contextual boundaries within which the analysis applies, allowing readers to assess the relevance of the findings to other comparative or interdisciplinary contexts.

Dependability is ensured through the consistent application of a clearly articulated analytical framework across both traditions. The dimensions of comparison are explicitly defined, and the sequence of independent analysis followed by comparison is maintained throughout the thesis.

Confirmability is supported by maintaining an explicit audit trail of comparative decisions, including the rationale for selecting analytical dimensions and the criteria used to assess similarity and difference. Reflexivity is exercised through ongoing attention to the researcher's

interpretive position, particularly with respect to cross-cultural comparison and the risk of conceptual projection.

Together, these practices support a level of rigour appropriate to conceptual and comparative scholarship, ensuring that the analysis remains transparent, disciplined, and critically accountable (Lincoln & Guba, 1985; Tracy, 2010).

Avoiding Reductionism and Category Error

A guiding commitment of the study is the avoidance of reductionism. Buddhist psychology is not treated as an early form of scientific psychology or as a proto therapy. Acceptance and Commitment Therapy is not treated as a modern expression of Buddhist insight. Each system is understood as a historically situated response to suffering with its own epistemology, ethics, and aims.

Apparent similarities are therefore examined rather than assumed. For example, the theme of non-self in Abhidhamma and the stance of self as context in Acceptance and Commitment Therapy are considered functionally analogous in some respects, particularly in the loosening of rigid self-identification. Their underlying assumptions, justification, and ultimate aims, however, differ and must remain distinct. This caution serves conceptual clarity and protects the integrity of each framework.

Ethical and Cultural Considerations

Comparison between religious and therapeutic traditions raises ethical and cultural concerns. There is a risk of instrumentalising Buddhist concepts for clinical ends in ways that ignore their ethical and liberative context. This study resists such use. Abhidhamma is not a neutral descriptive science of mind. It is an ethical and analytical framework that belongs to a path of practice oriented to the cessation of suffering.

The legitimacy of Western clinical aims is also recognised. Alleviation of distress, improved functioning, and enhanced wellbeing within ordinary life are appropriate goals within their own domain. The study does not conflate soteriological and therapeutic aims, and it does not prioritise

one over the other. Instead, it clarifies how differing aims shape the formation and application of psychological practices.

Cultural sensitivity is maintained by acknowledging that Abhidhamma arises within a monastic and ethical environment that differs from contemporary clinical settings in its assumptions, practices, and intended outcomes. Concepts such as mindfulness, non-self, and purification are therefore examined in their original doctrinal and ethical locations before any comparison is undertaken. In discussions of application, attention is directed toward context, intention, and the limits of translation across traditions. Ethical responsibility here means comparison with conceptual integrity and cultural humility rather than avoidance of comparison.

Limitations of the Study

The study is primarily theoretical. It does not include original empirical research or clinical trials. Its focus on Theravāda Abhidhamma and on Acceptance and Commitment Therapy limits the scope of its conclusions and does not claim to represent other Buddhist traditions or psychotherapies. The thesis considers possibilities for application, yet it does not seek to construct an operational therapeutic synthesis. These limits follow from the aims of the research and are not flaws in design. The hope is to contribute conceptual clarity, methodological rigour, and careful insight to the conversation between Buddhist psychology and modern psychotherapy.

Conclusion

This chapter has presented the methodological foundations of the study and the principles that govern its comparative inquiry. The thesis adopts a qualitative, comparative, and non-reductive approach that treats Abhidhamma and Acceptance and Commitment Therapy as internally coherent systems that address suffering and transformation from different historical, ethical, and epistemological horizons. The method does not assume compatibility or opposition in advance. It establishes the conditions that allow careful comparison while preserving the integrity of both traditions.

These commitments function as safeguards and as guides. By examining each framework on its own terms and by distinguishing functional resonance from theoretical equivalence, the study

avoids reductionism, category error, and cultural misrepresentation. The chapters that follow are structured by these commitments. Chapter Five presents Acceptance and Commitment Therapy without recourse to Buddhist categories. Chapter Six develops the comparative analysis through the dimensions identified above. Chapter Seven explores application in a cautious manner with explicit attention to context and to limits. The method therefore does more than support the analysis. It shapes the thesis as a whole. It frames comparison as a practice of clarification rather than synthesis and understanding rather than appropriation.

Chapter 5: Western Therapeutic Approaches: Acceptance and Commitment Therapy (ACT)

Introduction

This chapter examines Western therapeutic approaches relevant to the present study, with particular emphasis on Acceptance and Commitment Therapy (ACT). ACT is selected as a representative contemporary psychotherapeutic model that addresses psychological suffering through process-based intervention rather than symptom focused modification.

ACT is especially relevant to the present thesis because it offers a structured set of therapeutic techniques aimed at engaging with mental processes such as avoidance, rumination, and behavioural rigidity. These concerns place ACT among a group of Western psychotherapeutic approaches that address suffering not solely through cognitive correction but through changes in awareness, behaviour, and experiential stance. While ACT has sometimes been discussed alongside mindfulness-integrated therapies it remains firmly embedded within Western behavioural science and does not advance metaphysical or soteriological claims.

The purpose of this chapter is to present ACT as a coherent Western system of therapeutic techniques, grounded in its own historical, theoretical, and empirical context. The chapter does not undertake comparative analysis with Abhidhamma. Instead, it establishes a clear descriptive and critical account of ACT on its own terms, thereby providing a stable foundation for the comparative analysis developed in Chapter Six.

The presentation of ACT in this chapter directly addresses the research questions outlined in Chapter Four by clarifying how a contemporary Western therapeutic framework conceptualises mechanisms of suffering, cognitive-affective processes, attentional regulation, behavioural change, and self-related functioning. Establishing these constructs in ACT provides the analytic basis for the comparative examination undertaken in Chapter Six.

Rationale for the Selection of ACT

Western psychotherapy encompasses a wide range of therapeutic models, including psychodynamic therapy, traditional cognitive-behavioural therapy (CBT), dialectical behaviour therapy (DBT), mindfulness-based cognitive therapy (MBCT), and compassion-focused approaches. ACT is selected for focused examination in this thesis because it offers a comprehensive and theoretically integrated account of therapeutic techniques that explicitly target psychological suffering at the level of process rather than symptom category.

ACT differs from earlier cognitive-behavioural approaches in its explicit rejection of cognitive restructuring as a primary therapeutic mechanism. Rather than disputing the accuracy or rationality of thoughts, ACT emphasizes altering the function of thoughts in relation to behaviour (Hayes et al., 1999). This shift reflects a broader movement within Western psychotherapy toward process-based models that prioritize psychological flexibility as a central outcome (Hayes & Hofmann, 2017).

Although ACT emerged from behavioural science and contextual psychology, scholars have noted affinities with Stoic philosophy, particularly the teachings of Epictetus and Marcus Aurelius concerning the distinction between external events and one's responses to them, the acceptance of experiences beyond one's control, and the cultivation of actions guided by values and virtue. These philosophical themes resonate with ACT's emphasis on psychological flexibility and willingness to experience difficult internal events while engaging in meaningful action (Robertson, 2019).

Empirical research supports this process-based emphasis. Meta-analytic and clinical studies indicate that ACT is effective across a wide range of psychological difficulties, including anxiety, depression, substance use, and chronic pain, suggesting that its focus on underlying processes rather than symptom-specific targets is clinically viable (Twohig & Levin, 2017). In addition, applied research in occupational and health psychology demonstrates that ACT-based interventions improve psychological well-being and functioning through changes in psychological flexibility rather than through symptom reduction alone (Bond et al., 2003; Bond et al., 2006). Furthermore, ACT explicitly addresses the role of experiential avoidance, the

tendency to avoid or suppress unwanted internal experiences, as a key mechanism in the maintenance of suffering (Hayes et al., 2006). This focus on avoidance, awareness, and behavioural engagement makes ACT particularly suitable for a thesis concerned with therapeutic techniques and their underlying assumptions about mental processes.

The selection of ACT does not imply that it is representative of all Western therapeutic approaches. Rather, it is treated here as a well-articulated and influential example of contemporary Western psychotherapy that engages directly with issues of suffering, meaning, and behavioural transformation.

Historical Development of Acceptance and Commitment Therapy

Acceptance and Commitment Therapy emerged in the late twentieth century within the broader development of behavioural and cognitive psychotherapy. Early behavioural approaches were grounded in learning theory and focused primarily on observable behaviour and environmental contingencies. Psychological change was pursued through conditioning, reinforcement, and exposure, with limited attention to the subjective quality of internal experience. Subsequent cognitive therapies, particularly cognitive behavioural therapy, shifted the focus toward internal processes, treating maladaptive beliefs and automatic thoughts as central causal factors in emotional distress (Beck, 1976). Therapeutic change was understood to occur through identifying, evaluating, and modifying distorted cognitive content.

Although these approaches demonstrated substantial empirical success, both experimental research and clinical practice increasingly revealed their limitations. Studies on thought suppression and emotional control indicated that deliberate efforts to eliminate unwanted internal experiences often produced paradoxical effects, increasing their frequency or emotional intensity over time (Wegner, 1994). Clinicians also observed that many clients continued to experience distress despite successful cognitive restructuring, particularly in contexts involving chronic anxiety, trauma exposure, and persistent pain. (Barlow, Allen, & Choate, 2004; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). These observations suggested that psychological suffering could not always be resolved through strategies aimed at correcting or controlling internal content.

Acceptance and Commitment Therapy developed primarily through the work of Steven C Hayes and colleagues as a response to these challenges. Drawing on behavioural principles and contextual philosophy, ACT proposed that psychological suffering is not primarily caused by the presence of distressing thoughts or emotions themselves, but by rigid patterns of avoidance, struggle, and over identification with internal experience (Hayes et al., 1999). From this perspective, attempts to control internal events often narrow behavioural repertoires, reinforcing patterns of withdrawal and inflexibility that sustain distress over time.

This reconceptualization represented a significant departure from content focused on cognitive therapies. ACT did not deny the relevance of cognition, but reframed thoughts as behavioural events shaped by learning history and context rather than as representations requiring correction. Therapeutic techniques were therefore designed to alter how individuals relate to their thoughts and emotions, reducing their functional dominance rather than disputing their validity. Early clinical applications of ACT demonstrated that meaningful behavioural change could occur even when distressing internal experiences remained present, provided individuals developed greater flexibility in responding to them. (Hayes et al., 2006; Hayes et al., 2012). Over time, ACT came to be identified as part of the so called third wave of behavioural therapies, a group of approaches that incorporate mindfulness, acceptance, and contextual sensitivity while remaining grounded in empirical psychology (Hayes, 2004). These approaches share a common emphasis on process rather than symptom categories, and on cultivating adaptive engagement with internal experience rather than eliminating it. The emergence of ACT thus reflects a broader shift within Western psychology toward recognising that psychological well-being may depend less on the successful control of inner life and more on the capacity to respond flexibly, openly, and effectively to the conditions of lived experience.

Functional Contextualism

Acceptance and Commitment Therapy is grounded in functional contextualism, a pragmatic philosophy of science concerned with understanding behaviour in relation to context, history, and purpose rather than in isolation from its conditions (Biglan & Hayes, 1996). Within this framework, psychological phenomena are not treated as discrete mental entities possessing intrinsic meaning. Instead, thoughts, emotions, and actions are understood as events that arise

within dynamic relational contexts shaped by learning history, situational contingencies, and social environments.

A central principle of functional contextualism is the prioritisation of workability over truth. Psychological processes are not evaluated according to whether they accurately represent reality, but according to whether they enable effective and adaptive action in a given context. From this perspective, a thought does not require correction or validation in order to be therapeutically relevant. What matters is the role it plays in shaping behaviour and whether engagement with that thought expands or constrains the individual's capacity to live in accordance with chosen life directions (Hayes et al., 2012).

This philosophical orientation underpins ACT's departure from content focused cognitive therapies. Rather than challenging the accuracy of beliefs or attempting to replace maladaptive thoughts with more rational alternatives, ACT seeks to modify the functional relationship between individuals and their internal experiences. Thoughts and emotions are approached as aspects of behaviour that can exert varying degrees of influence depending on context and response, rather than as causal representations that must be corrected for change to occur.

Functional contextualism also informs ACT's approach to explanation and evidence. Explanatory value is assessed in terms of predictive and practical utility rather than theoretical completeness. This emphasis aligns ACT with a broader behavioural tradition that privileges empirical observation and experimental manipulation over speculative accounts of mental structure. Therefore, ACT remains closely tied to observable outcomes such as behavioural engagement, psychological flexibility, and quality of life, even when addressing complex experiential phenomena.

At the same time, this orientation entails a deliberate bracketing of ontological and metaphysical questions concerning the nature of mind, self, or reality. ACT does not seek to establish what the self ultimately is, nor does it attempt to resolve philosophical debates regarding consciousness or personal identity. Instead, it adopts a pragmatic stance in which such questions are set aside in favour of therapeutic effectiveness. This positioning situates ACT firmly within an instrumental

therapeutic framework, oriented toward facilitating adaptive functioning rather than offering a comprehensive account of human existence.

This combination of pragmatic restraint and functional focus contributes to ACT's flexibility and applicability across diverse clinical contexts. It also establishes clear conceptual boundaries that become significant when ACT is later examined alongside traditions that do not bracket ontological inquiry but rather treat it as central to therapeutic transformation.

Relational Frame Theory

Relational Frame Theory (RFT) provides the behavioural account of language and cognition that underpins Acceptance and Commitment Therapy (Hayes, Barnes-Holmes, & Roche, 2001). Developed within the tradition of contextual behavioural science, RFT seeks to explain uniquely human psychological phenomena such as symbolic thought, self-reflection, and abstract reasoning without appealing to mental representations as explanatory entities. Instead, it conceptualises language as a learned pattern of relational responding shaped by social and environmental contingencies.

According to RFT, humans acquire the capacity to relate stimuli arbitrarily; meaning that relations between events are not determined solely by their physical properties but by learned contextual cues. This ability enables complex cognitive functions, including evaluation, comparison, and narrative construction. Through relational framing, individuals can derive meaning across time and context, allowing them to recall past experiences, imagine future scenarios, and form conceptual identities. These capacities are highly adaptive and central to human learning and social functioning.

At the same time, RFT proposes that these same linguistic capacities give rise to distinctive forms of psychological suffering. Because relational frames are easily extended and generalised, individuals may become entangled in verbal constructions that persist independently of immediate experience. Thoughts about the past or future can acquire the same functional impact as present events, leading to patterns of rumination, worry, and anticipatory anxiety. Similarly, evaluative language can produce rigid self-narratives that shape behaviour long after the original learning context has changed.

Within this framework, suffering is intensified when verbal relations are treated as literal truths rather than as contextual events. Thoughts such as self-judgements, fears, or memories may come to dominate behaviour, narrowing behavioural repertoires and reinforcing avoidance. From an ACT perspective, it is not the presence of language or cognition itself that is problematic, but the degree to which verbal processes exert inflexible control over action.

Therapeutic techniques derived from RFT therefore aim to alter the functional impact of language rather than its content. ACT does not seek to eliminate verbal thought or suppress symbolic processes. Instead, it cultivates skills that enable individuals to observe thoughts as products of relational framing, reducing their automatic authority over behaviour. By weakening the dominance of verbal cognition and restoring sensitivity to contextual contingencies, ACT seeks to increase psychological flexibility while preserving the adaptive functions of language.

This account of language and cognition provides a theoretical foundation for ACT's emphasis on acceptance, defusion, and present-moment awareness. It also reinforces ACT's broader commitment to pragmatic intervention, focusing on how cognitive processes function within lived experience rather than on whether they accurately represent reality. In this way, Relational Frame Theory situates ACT within a behavioural explanation of suffering that remains empirically grounded while addressing complex experiential phenomena.

Psychological Flexibility as the Central Therapeutic Aim

Psychological flexibility constitutes the central organising construct of Acceptance and Commitment Therapy and serves as its primary therapeutic aim. Psychological flexibility is commonly defined as the capacity to remain in contact with present-moment experience while engaging in behaviour that is guided by personally meaningful values (Hayes et al., 2006). This definition reflects ACT's emphasis on responsiveness rather than control, and on adaptive engagement with experience rather than the regulation or elimination of distress.

Within contemporary psychological terminology, ACT targets a set of transdiagnostic processes including affect regulation, attentional control, cognitive fusion and defusion, experiential avoidance, metacognitive awareness, self-related processing (self-as-context), behavioural regulation, and values clarity. These constructs provide the functional vocabulary through which

ACT's therapeutic techniques can be analysed and compared across traditions. As a therapeutic construct, psychological flexibility integrates acceptance, awareness, and action into a unified model of psychological functioning. Acceptance involves openness to internal experience without excessive struggle, awareness refers to present-moment attentiveness, and action concerns behavioural engagement aligned with values. Together, these dimensions describe a mode of functioning in which individuals are able to respond flexibly to internal and external demands rather than being governed by habitual or avoidant patterns.

Psychological inflexibility, by contrast, is characterised by experiential avoidance, cognitive fusion, rigid self-concepts, and disengagement from valued activity (Kashdan & Rottenberg, 2010). From an ACT perspective, these patterns do not merely accompany psychological distress but actively contribute to its persistence. Distress becomes problematic not because unpleasant thoughts or emotions are present, but because individuals respond to them in ways that restrict behavioural options and reinforce avoidance. Suffering is thus understood as a dynamic process rather than as a fixed condition or diagnostic category.

This process-oriented account of distress enables ACT to adopt a transdiagnostic framework. Psychological difficulties are not treated as discrete pathologies requiring disorder specific interventions, but as variations of inflexible responding that manifest across different contexts and symptom presentations. Therapeutic work therefore targets underlying processes such as avoidance and fusion rather than focusing exclusively on symptom reduction.

By framing suffering in this way, ACT shifts the therapeutic focus from the elimination of unwanted internal experiences to the cultivation of behavioural engagement and quality of life. Therapeutic success is not defined by the absence of distress, but by increased capacity to live meaningfully in its presence. This reorientation has significant implications for how progress is understood and evaluated within Western psychotherapy, privileging functional outcomes, resilience, and sustained engagement over symptom-based measures alone.

These constructs correspond to the analytic dimensions introduced in Chapter Four, particularly affect regulation, attentional control, behavioural regulation, and self-related processing, thereby operationalising the research questions within a Western therapeutic framework.

Core Therapeutic Techniques in Acceptance and Commitment Therapy

Acceptance and Commitment Therapy operationalises psychological flexibility through six interrelated therapeutic processes. These processes function together as a coherent framework rather than as discrete techniques applied in a fixed sequence. In clinical practice, they are introduced flexibly and responsively, depending on the individual's patterns of avoidance, fusion, and behavioural restriction. Each process targets a specific aspect of psychological inflexibility while contributing to the broader aim of increasing adaptive engagement with experience.

Overview of the Six ACT Processes

The six core processes of Acceptance and Commitment Therapy can be summarised as follows:

- Acceptance — willingness toward internal experience, reducing experiential avoidance and supporting affect regulation
- Cognitive defusion — altering the functional impact of thoughts, reducing cognitive fusion and strengthening metacognitive awareness
- Present-moment contact — cultivating attentional control and situational responsiveness
- Self-as-context — enabling flexible self-related processing
- Values clarification — identifying meaningful behavioural directions and enhancing values clarity
- Committed action — supporting sustained behavioural regulation guided by values

Together these processes cultivate psychological flexibility as a transdiagnostic mechanism of therapeutic change.

Taken together, these techniques aim to alter the individual's relationship to internal experience, reducing the dominance of avoidance and rigid cognitive patterns while supporting values-guided action.

The six ACT processes provide concrete operationalisations of the functional dimensions identified in Chapter Four, enabling systematic comparison with Abhidhamma models of mental transformation.

Acceptance

Acceptance techniques aim to cultivate openness and willingness toward internal experiences, including distressing thoughts, emotions, and bodily sensations. Rather than encouraging resignation or passivity, acceptance in ACT involves an active stance of allowing internal events to occur without excessive struggle or attempts at control (Hayes et al., 1999). This approach reflects the recognition that many forms of psychological distress are intensified by efforts to suppress, avoid, or eliminate unwanted experiences.

Empirical research has consistently demonstrated that experiential avoidance is associated with increased psychopathology across a wide range of conditions, including anxiety, depression, and trauma related disorders (Chawla & Ostafin, 2007). From an ACT perspective, avoidance narrows behavioural options and reinforces patterns of withdrawal, thereby maintaining distress over time. Acceptance techniques seek to interrupt this cycle by fostering a more flexible relationship with internal experience, allowing individuals to engage in meaningful action even when discomfort is present.

Acceptance does not aim to reduce the frequency or intensity of unpleasant experiences directly. Instead, it reduces the secondary suffering generated by resistance and struggle, thereby expanding the individual's capacity for adaptive behaviour.

Cognitive Defusion

Cognitive defusion techniques address the tendency to become fused with thoughts, treating them as literal truths that must be believed, acted upon, or avoided. Rather than disputing the accuracy or rationality of cognitive content, defusion strategies aim to alter the functional impact of thoughts by changing how individuals relate to them (Hayes et al., 2012).

When cognitive fusion is present, thoughts exert excessive control over behaviour, often leading to avoidance, rumination, and rigid decision making. Empirical studies indicate that higher levels of cognitive fusion are associated with increased distress and reduced psychological flexibility (Gillanders et al., 2014). Defusion techniques help individuals observe thoughts as transient mental events, reducing their automatic authority and allowing behaviour to be guided by contextual factors and values rather than by verbal constructions alone.

In this way, defusion complements acceptance by weakening the grip of language on behaviour without attempting to suppress or eliminate cognitive processes.

Contact with the Present-moment

ACT incorporates mindfulness-based practices to cultivate contact with the present-moment. These techniques emphasise non-judgemental awareness of immediate experience, including thoughts, emotions, bodily sensations, and environmental cues (Baer, 2003). Present-moment awareness counteracts habitual patterns of rumination about the past and anticipatory anxiety about the future, both of which are understood in ACT as products of verbal cognition.

From a therapeutic perspective, contact with the present moment enhances sensitivity to contextual contingencies, allowing individuals to respond more flexibly to current circumstances. Research suggests that increased present-moment awareness is associated with improved emotional regulation, reduced reactivity, and greater psychological well-being Brown & Ryan (2003).

Within ACT, mindfulness is not treated as an end in itself but as a process that supports acceptance, diffusion, and values-guided action by anchoring attention in lived experience rather than in abstract verbal narratives.

Self as Context

The process of self as context involves cultivating a perspective from which individuals can observe their experiences without identifying with them. Rather than defining the self in terms of fixed narratives, roles, or evaluations, self as context refers to a consistent perspective from which experiences are noticed as events occurring within awareness (Hayes et al., 2012).

This perspective reduces attachment to rigid self-concepts that can constrain behaviour and reinforce avoidance. When individuals are strongly identified with evaluative self-narratives, distressing thoughts and emotions may be experienced as defining or threatening, leading to defensive responses. Self as context allows experiences to be observed without becoming fused with identity, thereby increasing behavioural flexibility.

ACT approaches self as context pragmatically rather than metaphysically. The process is valued for its functional effects in reducing the dominance of self-narratives and expanding behavioural options, not for its implications regarding the ultimate nature of selfhood. In this way, self as context supports psychological flexibility while remaining consistent with ACT's instrumental therapeutic framework.

Values Clarification

Values clarification involves identifying freely chosen life directions that provide coherence, motivation, and meaning to behaviour. In Acceptance and Commitment Therapy, values are distinguished from goals in that they function as ongoing orientations rather than as specific outcomes to be achieved or completed (Wilson & Murrell, 2004). Whereas goals are finite and measurable, values operate as guiding principles that inform choices and actions across changing circumstances.

Within ACT, values clarification serves a central motivational function. Acceptance and mindfulness-based processes alone may reduce struggle with internal experience, but without a clear sense of direction, behavioural change may remain limited or unsustained. Values provide the context in which acceptance becomes purposeful rather than passive, orienting individuals toward engagement with life rather than withdrawal from discomfort.

Values based techniques are designed to help individuals articulate what matters most to them, independent of avoidance driven agendas. This process encourages reflection on patterns of behaviour and their alignment with chosen life directions, supporting more deliberate and meaningful action. Empirical research indicates that values clarification enhances commitment to behavioural change and supports sustained engagement even in the presence of distress or difficulty (Dahl, Plumb, Stewart, & Lundgren, 2009).

ACT approaches values pragmatically rather than normatively. Values are not prescribed or evaluated according to external moral standards, nor are they grounded in an account of selfhood or identity. Instead, values are treated as functional constructs that organise behaviour and support psychological flexibility within lived experience.

Committed Action

Committed action translates values into concrete behavioural steps. This process involves setting behavioural goals, taking action in valued directions, and maintaining engagement over time while remaining responsive to changing circumstances (Hayes et al., 2012). Committed action emphasises persistence and adaptability rather than rigid adherence to predetermined plans.

Within ACT, committed action is understood as an ongoing process rather than a one-time achievement. Behavioural change often involves encountering discomfort, uncertainty, or setbacks, and ACT explicitly incorporates willingness to experience such challenges in the service of meaningful living. This emphasis distinguishes committed action from avoidance driven behaviour change, which may collapse in the presence of distress.

Research suggests that engagement in values consistent behaviour is associated with enhanced well-being, greater life satisfaction, and improved psychological functioning (Ciarrochi, Kashdan, & Harris, 2016). By linking action to personally meaningful values, ACT supports sustained behavioural engagement even when internal experiences remain difficult.

Committed action thus integrates the preceding therapeutic processes. Acceptance reduces resistance to internal experience, defusion weakens the dominance of unhelpful thoughts, present-moment awareness enhances responsiveness and self as context loosens rigid identity

patterns. Together, these processes support values-guided action that is flexible, purposeful, and resilient.

- Acceptance — targets experiential avoidance and supports affect regulation
- Defusion — reduces cognitive fusion and enhances metacognitive awareness
- Present-moment awareness — strengthens attentional control and reduces reactivity
- Self-as-context — expands flexible self-related processing
- Values clarification — enhances motivational orientation and values clarity
- Committed action — facilitates sustained behavioural regulation

These processes collectively operationalise psychological flexibility as a transdiagnostic mechanism of change and provide the functional basis for the comparative analysis undertaken in Chapter Six.

Clinical Scope and Applications

Acceptance and Commitment Therapy has been applied across a wide range of clinical populations, including anxiety disorders, depressive disorders, chronic pain, trauma related conditions, and substance use disorders (Hayes et al., 2006; Twohig & Levin, 2017). Its effectiveness across diverse presentations reflects its process-based formulation, which targets common mechanisms such as experiential avoidance, cognitive fusion, and behavioural inflexibility rather than disorder specific symptom profiles.

Because ACT conceptualises psychological distress in terms of underlying processes rather than diagnostic categories, it lends itself naturally to transdiagnostic application. This approach allows clinicians to address shared patterns of suffering that manifest across different conditions, supporting flexible intervention strategies that can be adapted to individual contexts. Empirical research has demonstrated that improvements in psychological flexibility are associated with positive outcomes across a range of clinical domains, lending support to ACT's theoretical emphasis on process driven change.

Beyond traditional mental health settings, ACT has been adapted for use in educational, organisational, and health psychology contexts. Applications in workplace stress management,

chronic illness adjustment, and behavioural health promotion illustrate the versatility of its therapeutic techniques and their relevance beyond clinical symptom reduction (Bond & Bunce, 2003). In these settings, ACT is often employed to enhance resilience, engagement, and well-being rather than to treat diagnosable psychopathology.

At the same time, the breadth of ACT's application raises important questions regarding the assumptions embedded within its framework. Its emphasis on individual values, personal meaning, and behavioural choice reflects a secular and culturally situated understanding of well-being. While this orientation supports accessibility across diverse contexts, it also invites reflection on the normative assumptions that inform what counts as meaningful action or psychological health. These considerations do not undermine ACT's clinical utility but highlight the importance of situating its techniques within broader cultural and ethical contexts.

This awareness of both scope and boundary reinforces the need for careful comparative analysis. By recognising the strengths and limits of ACT's applicability, the thesis is positioned to examine how Western therapeutic techniques operate alongside, and in contrast to, traditions that approach suffering and transformation through different conceptual frameworks. Where this chapter treats ACT's stance as methodologically neutral, Chapter Six will make explicit the implicit naturalistic and linguistic commitments that orient its account of mind and change. This functional framing is clinically appropriate; however, it also sets ACT's ethical horizon in pragmatic rather than soteriological terms, a distinction clarified comparatively in Chapter Six.

Methodological Positioning and Limits

At this stage of the thesis, Acceptance and Commitment Therapy is examined as a Western therapeutic system on its own conceptual and practical terms. The aim is not to evaluate ACT against external philosophical or religious frameworks, but to establish a clear understanding of its therapeutic techniques, underlying assumptions, and intended outcomes. This approach reflects a methodological commitment to descriptive clarity prior to comparison.

While ACT incorporates acceptance and mindfulness-based practices, these techniques are embedded within a framework oriented toward functional outcomes, behavioural engagement, and quality of life. ACT does not present itself as an existential or spiritual path, nor does it seek

to address questions concerning ultimate meaning, liberation, or the ontological nature of suffering. Its therapeutic goals are defined pragmatically, focusing on increasing psychological flexibility and supporting effective functioning within everyday life.

This positioning entails clear conceptual boundaries. ACT deliberately brackets metaphysical and soteriological questions, treating them as outside the scope of therapeutic intervention. Questions concerning the nature of self, the ultimate sources of suffering, or the conditions for irreversible transformation are not taken up within the ACT framework, not because they are denied, but because they are regarded as irrelevant to its clinical aims. This restraint reflects ACT's grounding in behavioural science and its commitment to empirical applicability.

The methodological separation adopted in this chapter is therefore intentional. By presenting ACT independently and without premature comparison, the thesis avoids conceptual conflation and reductive equivalence. This approach ensures that ACT is neither misrepresented nor evaluated according to criteria it does not claim to satisfy. It also establishes the conditions for a disciplined comparative analysis in Chapter Six, where similarities and divergences between Western therapeutic techniques and Abhidhamma can be examined with precision and fairness.

By clarifying both the scope and the limits of ACT at this stage, the thesis prepares the ground for a comparative discussion that respects the integrity of each system while addressing their differing orientations toward suffering, transformation, and therapeutic change.

Conclusion

This chapter has examined Acceptance and Commitment Therapy as a contemporary Western therapeutic approach characterised by a process-based orientation, experiential techniques, and values-guided behavioural change. By situating ACT within its historical development, theoretical foundations, and clinical applications, the chapter has provided a detailed account of its core therapeutic techniques and underlying assumptions about psychological suffering and change.

ACT has been shown to conceptualise distress not as a discrete pathology to be eliminated, but as a pattern of inflexible responding shaped by experiential avoidance, cognitive fusion, and

behavioural restriction. Its central therapeutic aim of psychological flexibility reframes change in terms of adaptive engagement with experience rather than symptom reduction, grounding therapeutic success in functional outcomes and quality of life.

Throughout this chapter, ACT has been presented on its own conceptual and methodological terms. No attempt has been made to evaluate its techniques against alternative philosophical or soteriological frameworks. This restraint has been intentional, allowing ACT to be understood as it presents itself: a pragmatic, empirically grounded therapeutic system oriented toward improving human functioning within everyday contexts.

The following chapter builds upon this foundation by undertaking a systematic comparative analysis between Western therapeutic techniques, as exemplified by ACT, and the therapeutic techniques articulated within the Abhidhamma tradition. By establishing conceptual clarity in advance, the thesis is positioned to examine both convergence and divergence with precision, while respecting the distinct aims and assumptions of each tradition.

The descriptive neutrality adopted in Chapter Five is methodological: it enables ACT to be presented on its own terms, without importing external philosophical or religious assumptions. Chapter Six therefore treats ACT's neutrality as a clinical stance rather than a metaphysical vacancy, making explicit its pragmatic naturalism and linguistic functionalism before contrasting these with Abhidhamma's soteriological ontology. This sequencing avoids both assimilation and strawman critique.

This methodological separation is further supported by Hayes's own clarification that ACT was not consciously derived from Buddhist traditions. As Hayes notes, "There was no conscious attempt to base ACT on Buddhism per se, and my own training in Buddhism was limited" . Acknowledging this point reinforces the importance of treating ACT as a Western behavioural therapy grounded in contextual science, rather than as a secularised form of Buddhist practice.

Chapter 6: Comparative Analysis

Introduction

This chapter presents a detailed comparative analysis of the Abhidhamma tradition and Acceptance and Commitment Therapy, examining how each system understands mind, suffering, ethical orientation, and transformation. Both frameworks engage closely with lived experience and accord central importance to present-moment awareness in addressing suffering. However, they arise from distinct historical, philosophical, and methodological contexts, and they pursue different ultimate aims.

Abhidhamma developed within early Buddhist thought as a systematic analytical framework oriented toward liberation through insight into the conditioned nature of phenomena. Its analysis of experience is embedded within a soteriological project in which understanding the causal structure of mind and mental processes is inseparable from the cessation of suffering. Acceptance and Commitment Therapy, by contrast, emerged within contemporary clinical psychology as a pragmatic therapeutic approach grounded in behavioural science. Its primary aim is to enhance psychological flexibility, enabling individuals to engage more adaptively with experience in the service of wellbeing and valued living.

Abhidhamma analysis is practice-proximal: it elaborates the Four Noble Truths within the path of *sīla*, *samādhi*, and *paññā*, distinguishing *samatha* as stabilising attention and enabling purification of mind (*citta-visuddhi*) from *vipassanā* as insight into conditionality and non-self. The analytic categories of Abhidhamma therefore function as tools for transformation rather than as theoretical constructs. Despite these differences, both systems share a concern with how suffering arises through patterns of cognition, affect, and identification, and both emphasise the transformative potential of direct engagement with present experience. This shared concern makes comparative dialogue both possible and illuminating. At the same time, such comparison requires methodological care. Abhidhamma is not a proto-psychological system awaiting modernisation, nor is Acceptance and Commitment Therapy a secularised form of Buddhist practice. Each framework operates within its own conceptual boundaries and addresses different dimensions of human experience.

Accordingly, this chapter does not attempt synthesis or reduction. Instead, it undertakes a structured comparative analysis that traces points of convergence and divergence across several dimensions, including suffering, cognition, mindfulness and awareness, selfhood, ethical orientation, epistemological foundations, temporal structure, and the nature of change. Particular attention is given to how immediacy is situated within a broader causal framework, and how present-moment awareness functions differently within each system.

Although Abhidhamma offers highly technical analyses of mind and mental factors, these are not abstractions for their own sake. They arise directly from the structure of the Four Noble Truths and the threefold training of *sīla*, *samādhi*, and *paññā*. The purpose of analysis is always pragmatic: to diagnose suffering and to cultivate the conditions for its cessation.

This chapter directly addresses Research Questions 1–3 by comparing the mechanisms through which Abhidhamma and Acceptance and Commitment Therapy conceptualise suffering; the interaction of cognition, affect, and attention; patterns of behavioural regulation; and the ethical orientation embedded within each system. It further examines the constraints and explanatory scope of each framework, clarifying their respective contributions to understanding psychological transformation.

Suffering as a Shared Orientation

Both Abhidhamma and Acceptance and Commitment Therapy begin from the recognition that human experience is deeply marked by suffering or distress. In Abhidhamma, suffering (*dukkha*) is not limited to episodes of pain or psychological discomfort. It is understood as a pervasive characteristic of conditioned existence itself, a framing articulated in the first of Four Noble Truths. The Abhidhamma elaborates this foundational insight by analysing how suffering arises through conditions (*samudaya*), how its cessation is possible (*nirodha*), and how systematic cultivation of understanding and practice leads toward that cessation (*magga*). Within this framework, suffering encompasses not only overt distress but also the instability inherent in impermanence and the unsatisfactoriness of conditioned formations. Even experiences conventionally regarded as pleasant are implicated, insofar as they arise dependently and are subject to change (Bodhi, 2000).

Acceptance and Commitment Therapy likewise challenges the assumption that suffering is abnormal or inherently pathological. Psychological distress is framed as a natural consequence of human cognition and language, particularly when individuals attempt to avoid or control unwanted internal experiences. Processes such as experiential avoidance and cognitive fusion are identified as central mechanisms through which suffering is intensified rather than alleviated (Hayes et al., 2012).

While this shared orientation toward suffering establishes an important point of convergence, the two systems diverge in how suffering is understood at a causal and analytical level. In Abhidhamma, suffering is analysed in relation to dependent origination, where ignorance and craving condition experience moment by moment. The emphasis is not on suffering as a discrete psychological problem, but on its emergence from experiential misapprehension of the conditioned nature of phenomena as they are lived and enacted. Consequently, the alleviation of suffering is inseparable from insight into impermanence, non-self, and conditionality as they are directly experienced.

Acceptance and Commitment Therapy, by contrast, explains suffering primarily in functional terms. Distress is understood to arise from rigid patterns of cognition and behaviour that limit responsiveness to present experience. Rather than addressing ignorance in an ontological sense, ACT focuses on transforming the individual's relationship to thoughts and emotions in ways that support flexibility and valued action. The divergence, therefore, lies not in whether suffering is pervasive, but in how its causes are conceptualised and what constitutes an effective response.

Analysis of Mind and Cognitive Processes

Abhidhamma is distinguished by its detailed analysis of consciousness. Mental life is understood as a stream of discrete moments, each arising and passing away dependent on specific conditions. For example, anger is analysed as a moment of consciousness accompanied by *dosa* and associated unwholesome mental factors such as ill will and rigidity; insight practice examines the conditions under which this constellation arises rather than attempting to suppress it. Consciousness does not exist as a unified or enduring entity but as a succession of events accompanied by mental factors that shape ethical quality and experiential tone. This analytical

framework dismantles the assumption of a central agent and replaces it with a dynamic causal process (Karunadasa, 2010). Classical Abhidhamma situates this analysis within a two-mode training framework. Practices of *samatha* stabilise and quiet the mind, corresponding to purification of mind (*citta-visuddhi*), while *vipassanā* penetrates conditionality through insight into impermanence, suffering, and non-self. This distinction clarifies that Abhidhamma analysis is not a purely theoretical psychology but a practice-proximal framework designed to support specific forms of contemplative development. This distinction clarifies that Abhidhamma analysis supports specific contemplative operations, including attentional stabilisation, metacognitive observation, and the progressive weakening of reactivity. Acceptance and Commitment Therapy likewise challenges the notion of a controlling mind. Thoughts and emotions are treated as transient events rather than authoritative representations of reality. Cognitive fusion refers to the tendency to become entangled with mental content, responding to thoughts as if they were literal truths. Therapeutic practice aims to loosen this fusion, enabling individuals to respond more flexibly to experience.

The divergence here lies in the purpose of analysis. In Abhidhamma, examining mental processes serves a soteriological function. By discerning the conditioned and impermanent nature of experience, insight arises that undermines ignorance and weakens the basis of suffering. In Acceptance and Commitment Therapy, analysis is pragmatic and instrumental, aimed at identifying unworkable patterns and supporting adaptive engagement with life. Both deconstruct ordinary assumptions about mind, but they do so in service of different horizons of transformation.

Mindfulness, Sense Cognition, and Mirror-Like Knowing

Mindfulness plays a central role in both frameworks, though its function is articulated differently. In Abhidhamma, mindfulness (*sati*) is a wholesome mental factor that enables clear comprehension of phenomena as they arise and pass away. It operates within an ethical and cognitive framework that supports insight into impermanence, non-self, and conditionality (Analayo, 2003). For example, *vedanā* may give rise to craving when pleasant feeling is appropriated as “mine,” whereas sustained mindfulness (*sati*) together with clear comprehension (*sampajañña*) allows the arising of feeling to be observed without reactive appropriation. In

psychological terms, this resembles processes described in ACT as decentering or cognitive defusion, where experience is contacted without automatic behavioural escalation.

Abhidhamma further distinguishes sharply between non-conceptual sense cognition and subsequent conceptual processes. Sense consciousness apprehends its object directly, without recognition, evaluation, or narrative elaboration. Eye consciousness, for example, cognises only visible form; conceptual designation arises later through mental consciousness and associated mental factors (Bodhi, 2000). This distinction is central to Abhidhamma accounts of insight, where practice involves attending to experience prior to conceptual proliferation.

This mode of knowing is frequently illustrated through the simile of a mirror. Like a mirror, sense cognition reflects phenomena as they arise without distortion or appropriation. The simile does not imply a substantial observer but highlights the absence of agency and self-reference at the level of bare awareness. Later commentarial sources emphasise that insight develops through sustained observation of this immediate arising and passing away, seeing phenomena *yathābhūta*, as they actually occur (Buddhaghosa, trans. Ñāṇamoli, 2011). The simile functions pedagogically; it does not posit an enduring witness or epistemic substrate.

Acceptance and Commitment Therapy likewise encourages present-moment awareness and non-judgemental observation of experience. However, it does not distinguish levels of consciousness with the same analytical precision found in Abhidhamma. ACT operates within the broad assumptions of contemporary psychology, treating perception and cognition as integrated psychological processes shaped by learning history, language, and contextual contingencies. Awareness is therefore approached functionally, as a trainable capacity that enables individuals to disengage from unhelpful cognitive patterns such as fusion and experiential avoidance, rather than as an object of fine-grained phenomenological analysis (Hayes et al., 2012).

The comparison reveals both resonance and divergence. While both frameworks value clarity of awareness and reduced identification with mental content, Abhidhamma situates awareness within a detailed causal ontology that differentiates types of consciousness and mental factors. Acceptance and Commitment Therapy, by contrast, treats awareness as a therapeutic capacity grounded in psychological models of perception and cognition, oriented toward practical efficacy

rather than systematic analysis of mental events. This difference in how awareness is conceptualised anticipates the contrasting accounts of selfhood and identification examined in the following section.

Abhidhamma analysis is not descriptive alone; it is intended to support a shift in perception. By dissecting experience into momentary events and mental factors, practitioners learn to observe experience without reification. This framework enables the development of specific insights, such as the perception of arising and passing away.

Selfhood, Decentering, and the Scope of Analysis

Both Abhidhamma and Acceptance and Commitment Therapy discourage fixation on metaphysical assertions about selfhood and instead direct attention toward how identification functions in lived experience. The concern in both cases is not to establish an abstract theory of the self, but to examine the processes through which suffering is generated and sustained.

Acceptance and Commitment Therapy avoids metaphysical claims about the existence or non-existence of self, focusing instead on the pragmatic consequences of identification. The notion of self as context is introduced as an experiential stance from which thoughts and emotions can be observed rather than taken as defining. This form of decentering reduces the impact of distressing cognitions while preserving functional agency and coherence in daily life (Hayes et al., 2012).

A comparable restraint is evident in early Buddhist teaching. The Buddha consistently refrains from speculative assertions about selfhood when such inquiry does not conduce to the cessation of suffering, most clearly articulated in the *Cūḷa-Māluṅkyovāda Sutta* (MN 63). Abhidhamma does not begin with a metaphysical denial of self, but with a phenomenological investigation of experience, examining how appropriation and clinging give rise to distress (Gethin, 1998).

The divergence emerges in the scope of analysis that follows. In Acceptance and Commitment Therapy, decentering provides a stable and workable perspective sufficient for therapeutic aims. In Abhidhamma, analysis continues beyond this point. Even subtle modes of observation and

standpoint are subjected to examination. Insight progressively reveals that the sense of an observer itself arises dependently. The trajectory does not stabilise a functional perspective but gradually undermines all forms of self-reference.

Immediacy, Conditionality, and Temporal Structure

To maintain relevance for psychological analysis, conditionality is treated here primarily as a model of moment-to-moment experiential causation, describing how perception, affect, cognition, and behavioural tendencies condition one another within lived experience.

Abhidhamma places decisive emphasis on immediacy. Each moment of experience arises and passes away in the present, and insight is realised through direct seeing of phenomena as they occur. The Dhamma is described as *akalika*, not bound by temporal delay, indicating that understanding and liberation are not deferred to a future time but are realised here and now through wisdom. Present experience therefore constitutes the sole side of transformation.

At the same time, immediacy in Abhidhamma is inseparable from conditionality. Present experience does not arise in isolation but depends upon a complex configuration of conditions, including prior mental formations, habitual tendencies, and affective dispositions. Wisdom does not negate this causal structure; rather, it reveals it. Through insight, the conditioned nature of experience becomes evident, and the processes that sustain suffering are exposed precisely in their immediate arising.

Temporality in Abhidhamma is thus structured through dependent origination rather than linear succession. Moments condition subsequent moments without the persistence of a substantial entity.

This framing highlights conditionality as an explanatory model of psychological continuity, describing how affective and cognitive patterns are maintained or interrupted through immediate experiential processes.

Abhidhamma also describes continuity beyond a single lifespan as the continuation of causal processes rather than the persistence of a self. For the purposes of the present analysis, this

notion primarily illustrates the same logic of conditioning that operates moment by moment in lived experience. Crucially, the relevance of rebirth within this analysis lies not in metaphysical speculation, but in its function as an extension of the same causal logic that operates moment by moment in present experience. Whether considered across moments or across lifetimes, the structure of conditioning remains the same. Wisdom (*paññā*) interrupts this structure immediately when ignorance is uprooted, rendering the temporal horizon irrelevant to liberation itself. These causal descriptions are presented here as phenomenological models of experiential conditioning rather than as claims requiring scientific validation.

Acceptance and Commitment Therapy likewise privileges present-moment engagement, but its treatment of immediacy remains deliberately functional. Present experience is the primary site of intervention, without extending analysis into broader temporal or ontological structures. The distinction between the two systems lies not in whether immediacy matters, but in how immediacy is situated within a theory of causation and transformation. Abhidhamma embeds immediacy within a causal paradigm that explains both continuity and its cessation, whereas Acceptance and Commitment Therapy confines its analysis to what is therapeutically actionable within the scope of a single life.

Ethics, Values, and the Functional Self

In early Buddhist contexts, ethical cultivation is embedded within the *Vinaya* framework and basic training in *sīla*, which regulates conduct, reduces agitation, and stabilises attention. Mindfulness is therefore not ethically neutral but established within disciplined behaviour that supports purification of mind and the development of insight.

Ethical cultivation occupies a central place in Abhidhamma analysis. Mental states are evaluated according to their ethical quality, with wholesome states understood to support the cessation of suffering and unwholesome states perpetuating further conditioning. Ethical discernment is not an external moral code imposed upon experience, but an intrinsic dimension of the analysis of mind itself. Actions, intentions, and mental factors are assessed in relation to their causal consequences within the framework of dependent origination and non-self (Bodhi, 2000). In this sense, Abhidhamma frames ethics in causal terms: actions and mental states are understood as wholesome or unwholesome according to their conditional consequences rather than as

expressions of a metaphysical moral essence for suffering and clarity, rather than as expressions of a metaphysical moral essence.

Within the classical framework, ethical training (*Sila*) is deliberately cultivated at the outset of the path in order to restrain harmful action, calm reactivity, and stabilize attention. This ethical discipline is indispensable for the development of mindfulness and the purification of mind. However, Abhidhamma does not locate ethical transformation in moral identity or character formation. Rather, ethical conduct is understood to become firmly established when insight weakens or uproots self-referential clinging and ignorance, thereby removing the causal condition for unwholesome action.

This sequencing is made explicit in classical schemata such as the Seven Purifications, which structure the path as a progressive refinement of conduct, mind, and understanding. Ethical purification (*sīla-visuddhi*) is presented as the first stage, establishing restraint in bodily and verbal action and calming reactive tendencies. This ethical stability supports purification of mind (*citta-visuddhi*), through which attention becomes settled and workable. Only on this basis do purification of view and the subsequent stages of insight unfold. Within this framework, wisdom does not bypass ethical cultivation but presupposes it, and at later stages secure it by removing the conditions for unwholesome action. The Seven Purifications thus clarify how ethical training and insight function together as a single causal process rather than as competing approaches this ethical universality serves a specific purpose. By locating ethical significance in causal processes rather than in a self who owns actions, Abhidhamma avoids grounding morality in character, essence, or authenticity. Liberation does not depend on becoming a better or more authentic self, but on the progressive weakening of ignorance and self-referential clinging. Classical narratives such as the case of Angulimāla illustrate this principle. Despite a history of extreme violence, Angulimāla's transformation is made possible not through moral identity reconstruction but through insight that dismantles *sakkāya-diṭṭhi*, the view of a self to be defended or redeemed. Ethical transformation follows from the dissolution of self-fixation rather than from attachment to a moral identity.

A well-known episode from Angulimala narrative further underscores the role of *sila* once insight has been established. After his ordination, Angulimāla assists a woman experiencing

severe difficulty in childbirth by making a statement of truth grounded in his ethical restraint, affirming that since entering the monastic life he has intentionally caused no harm. The significance of this act lies not in ritual efficacy or personal merit, but in the causal alignment of truthfulness, non-violence, and disciplined conduct. From an Abhidhamma perspective, the episode illustrates how *sīla*, once stabilised through insight, expresses itself as spontaneous ethical responsiveness and compassionate action in the world. Acceptance and Commitment Therapy approaches ethics through a different, though partially convergent, route. Rather than appealing to a universal moral ontology, ACT places values at the centre of therapeutic practice. Individuals are encouraged to clarify what matters to them and to organise their actions around these commitments. Values function as orienting guides that support psychological flexibility, coherence, and engagement with life, without invoking claims about an enduring or essential self (Hayes et al., 2012). Ethical orientation in ACT is therefore pragmatic and context sensitive, shaped by what promotes wellbeing and reduces suffering within a given life situation.

The divergence between these ethical frameworks is clarified by contemporary philosophical critique. Following Heather Kempton (2026), authenticity is treated here not as the expression of an inner essence but as a dynamic, relational pattern of self-narration and ethical responsiveness. These claims are applied comparatively to contrast Abhidhamma's causal ethics with ACT's values-based ethical framing, which functions pragmatically rather than metaphysically. Two claims are central to this position. First, essentialist accounts of a "true self" are conceptually incoherent when examined in light of impermanence and non-self. Second, in practical terms, authenticity is better understood as context-responsive coherence, expressed through values-congruent action and ethical attunement, rather than as the disclosure of an inner core.

Applied comparatively, these claims illuminate a structural boundary between Abhidhamma and Acceptance and Commitment Therapy. In ACT, values function as a stabilising framework that supports coherent action and ethical commitment in the absence of metaphysical selfhood. This orientation is intentional and therapeutically effective. In Abhidhamma, by contrast, ethical responsiveness is grounded in causal understanding rather than in authenticity or values coherence. As insight weakens self-referential clinging, ethical conduct arises without reliance on a regulating centre of identity. Kempton's analysis thus helps clarify why ACT's values-based

ethics and Abhidhamma's causal ethics, while superficially aligned in their rejection of essentialism, remain grounded in fundamentally different ethical logics (Kempton, 2026).

Crucially, Abhidhamma accords decisive priority to wisdom in ethical transformation. Ethical cultivation supports liberation, but it is not treated as a prerequisite grounded in moral identity or personal authenticity. The interruption of suffering occurs through direct insight into non-self, realised through mindfulness and clear comprehension. When self-referential clinging is deconstructed, suffering ceases immediately, even as ethical refinement continues to unfold in its wake. This emphasis reflects Abhidhamma's understanding of the Dhamma as *akalika*, not bound by temporal delay. Ethical transformation follows insight rather than securing it.

This comparison does not diminish the value of values-based practice in therapeutic contexts. Rather, it clarifies the distinct ethical logic at work. Both Abhidhamma and Acceptance and Commitment Therapy function as forms of medicine for suffering, offering frameworks for understanding causal connections between intention, action, and experience. Yet Abhidhamma situates ethical transformation within a universal causal ontology aimed at liberation, while ACT situates it within a pragmatic framework aimed at psychological flexibility. Recognising this distinction preserves the integrity of both systems and marks a clear limit to their integration.

Metaphysical Commitments and Philosophical Assumptions

Abhidhamma remains grounded in contemplative practice; its categories are tools for insight, not metaphysical assertions to be defended. Abhidhamma makes its philosophical commitments explicit and integral to its analytical project. Core principles such as dependent origination, impermanence, and non-self are not advanced as speculative metaphysical doctrines, but as conclusions to be verified through systematic analysis and meditative insight. These commitments function as explanatory frameworks for understanding the arising and cessation of experience, rather than as abstract ontological claims detached from practice. Abhidhamma metaphysics is inseparable from phenomenological investigation, grounded in the careful examination of how phenomena are experienced and how suffering is conditioned and released. (Karunadasa, 2010)

Within this framework, metaphysical reflection is not an end in itself but a tool for clarifying causal structure. Claims about impermanence or non-self are meaningful only insofar as they illuminate lived experience and weaken ignorance. The truth of these claims is not established through theoretical argument alone, but through direct insight into the momentary and conditioned nature of phenomena. Abhidhamma thus occupies a distinctive position in which metaphysical analysis, ethical cultivation, and contemplative practice form a unified explanatory and transformative system.

Acceptance and Commitment Therapy, by contrast, presents itself as metaphysically neutral. It avoids explicit claims about the ultimate nature of reality or the ontological status of selfhood, focusing instead on what can be observed, measured, and pragmatically altered within experience. However, this apparent neutrality does not imply the absence of philosophical assumptions. ACT operates within an implicit naturalistic framework that treats psychological processes as functions of embodied cognition and emphasises the constitutive role of language in shaping experience. In contemporary therapeutic and spiritual discourses, metaphysical questions are frequently bracketed not because they have been resolved, but because they are regarded as irrelevant to functional or practical outcomes. Explanatory commitments are therefore adopted instrumentally, to the extent that they support efficacy, rather than as claims about the ultimate nature of reality (McMahan, 2008).

These implicit assumptions shape the scope and limits of ACT's theoretical claims. By privileging functional efficacy and behavioural flexibility, ACT evaluates its concepts according to therapeutic usefulness rather than ontological adequacy. This orientation is deliberate and appropriate to its clinical aims. Yet it also means that questions concerning the deeper structure of causality, the nature of continuity, or the ultimate grounds of ethical responsibility are left unexamined or treated instrumentally.

By contrast, Abhidhamma places such questions at the centre of its analytical project. Causality, continuity without self and ethical responsibility are not bracketed for pragmatic reasons but systematically examined as conditions shaping suffering and its cessation. This difference does not indicate a deficiency in ACT but reflects a divergence in explanatory ambition: ACT restricts

its scope to what is therapeutically actionable, whereas Abhidhamma extends its analysis toward a comprehensive causal understanding oriented to liberation.

Acknowledging this asymmetry enhances comparative clarity. Acceptance and Commitment Therapy is not devoid of philosophical commitments, but these commitments remain implicit, pragmatic, and methodologically constrained. Abhidhamma, by contrast, brings its foundational assumptions into explicit analytical focus and subjects them to experiential verification. This difference does not imply that one framework is more legitimate than the other, but it underscores that they operate at different explanatory depths. Recognising this distinction helps prevent reductive assimilation and clarifies why dialogue between Abhidhamma and Acceptance Therapy must remain methodologically disciplined and attentive to differences in explanatory scope.

Transformation and Its Limits

The most decisive divergence between Abhidhamma and Acceptance and Commitment Therapy concerns nature and scope of transformation itself. In Abhidhamma, transformation is understood as a qualitative shift in perception arising from insight into the conditioned nature of phenomena. Through wisdom, ignorance is progressively weakened and, at specific stages, permanently uprooted. This results in an irreversible alteration in how experience is apprehended, such that certain forms of suffering can no longer arise. Transformation in this sense is not reducible to improved coping strategies or emotional regulation but reflects a structural change in cognition grounded in insight into impermanence, non-self, and dependent origination.

At the same time, Abhidhamma does not dismiss behavioural or attentional cultivation. Ethical conduct (*sīla*) and meditative discipline (*samādhi*) play essential roles as intentional forms of behavioural and attentional training. They stabilise conduct, refine attention, and weaken coarse forms of unwholesome conditioning, thereby establishing the psychological and ethical conditions necessary for insight to arise. Classical Abhidhamma analysis distinguishes clearly between these preparatory forms of cultivation and insight (*paññā*). Practices associated with

calming and stabilising the mind (*samatha*) suppresses defilements and reduces reactivity, but they do not in themselves uproot ignorance. Their function is supportive rather than liberative.

Liberation proper occurs through insight practice (*vipassanā*), in which phenomena are seen directly as impermanent, unsatisfactory, and non-self. At this level, transformation is not merely regulative but structural. Insight dismantles specific forms of ignorance and wrong view, resulting in irreversible changes at distinct stages of awakening. Once a particular distortion has been uprooted, its corresponding pattern of suffering cannot reassert itself. For this reason, Abhidhamma articulates a model of change that includes degrees and thresholds of transformation, culminating in the cessation of specific forms of suffering rather than their ongoing management. Behavioural restraint and attentional stability continue to function after insight, but they no longer serve as the primary mechanism of change, they express and support a transformation whose causal roots have already been altered.

Acceptance and Commitment Therapy adopts a fundamentally different model of transformation. Change is framed in terms of psychological flexibility, defined as the capacity to remain in contact with present experience while engaging in behaviour aligned with chosen values. This capacity is inherently dynamic and context sensitive. It must be cultivated and maintained through ongoing practice, and it fluctuates in response to situational, emotional, and cognitive conditions. ACT does not claim that insight permanently removes the conditions for suffering. Instead, it offers a sustainable framework for responding skillfully to distress as it arises within the ordinary circumstances of life.

These differing models of change reflect distinct orientations rather than competing deficiencies. Abhidhamma addresses suffering at the level of its deepest causal roots, aiming at liberation through insight. Acceptance and Commitment Therapy addresses suffering at the level of lived functioning, aiming to enhance adaptability, engagement, and psychological coherence. Each framework is internally coherent within its own aims and assumptions, yet they are not interchangeable.

Recognising this distinction guards against category error. Abhidhamma should not be reduced to a therapeutic method focused on behavioural modification or symptom management, as doing

so obscures its soteriological aim and the central role of wisdom. Conversely, Acceptance and Commitment Therapy should not be construed as a secular path to liberation, as it deliberately brackets metaphysical and ontological claims in favour of pragmatic effectiveness. Meaningful comparison requires acknowledging that the two systems operate at different levels of transformation, even where their practices and language occasionally converge.

The following table summarises the principal points of convergence and divergence identified in this chapter, clarifying the comparative structure across the major analytical dimensions.

Table 1

Comparative Dimensions of Convergence and Divergence between Abhidhamma and Acceptance and Commitment Therapy

Dimension	Abhidhamma	Acceptance and Commitment Therapy (ACT)	Convergence	Key Divergence
Primary Aim	Liberation through insight into impermanence, non-self, and conditionality (cessation of suffering).	Enhancement of psychological flexibility to support valued living and wellbeing.	Both aim to reduce suffering through transformation of experience.	Liberation (soteriological) vs. adaptive functioning (clinical).
Understanding of Suffering	Suffering (<i>dukkha</i>) arises through dependent origination, rooted in ignorance and craving.	Distress arises through cognitive fusion, experiential avoidance, and rigid behavioural patterns.	Suffering is natural and conditioned.	Ontological/causal roots vs. functional/behavioural mechanisms.
Model of Mind	Stream of momentary cittas accompanied by mental factors (<i>cetasikas</i>); no enduring self.	Psychological processes shaped by language, cognition, and learning history.	Mind is processual, not a fixed entity.	Fine-grained phenomenological analysis vs. behavioural functional model.
Role of Analysis	Dissects experience to weaken reification and enable insight	Identifies unworkable cognitive patterns to increase	Analysis supports transformation.	Insight into conditionality vs. pragmatic restructuring of

	knowledges (e.g., arising and passing away).	flexibility.		behaviour.
Samatha / Regulation	Samatha stabilises attention and purifies mind (citta-visuddhi).	Mindfulness and acceptance practices stabilise attention and reduce reactivity.	Attentional training reduces reactivity.	Supportive preparation for insight vs. therapeutic skill-building.
Vipassanā / Insight	Direct insight uproots ignorance and transforms perception irreversibly.	No claim of irreversible insight; change is ongoing and contextual.	Both cultivate decentering from thoughts.	Structural uprooting of ignorance vs. dynamic flexibility.
Mindfulness (Sati)	Wholesome mental factor observing phenomena without appropriation (with sampajañña).	Present-moment awareness enabling defusion and acceptance.	Reduced identification with mental content.	Embedded in ethical-causal ontology vs. functionally defined therapeutic skill.
Ethics	Wholesome/unwholesome defined by causal consequences within dependent origination; embedded in sīla and Vinaya training.	Values chosen by client to guide meaningful action; context-sensitive and pragmatic.	Behavioural orientation matters for transformation.	Universal causal ethics vs. individualised values framework.
Selfhood	No enduring self; observer itself examined and deconstructed.	“Self-as-context” enables decentering but preserves functional agency.	Identification with thoughts reduced.	Progressive dismantling of observer vs. stabilised observing stance.
Temporal Structure	Moment-to-moment conditioning; liberation interrupts causal chain.	Present-focused intervention within lifespan; no ontological claims about continuity.	Present-moment central.	Comprehensive causal ontology vs. pragmatic present-moment scope.
Metaphysical Commitments	Explicit commitments (impermanence, non-self, dependent	Metaphysically neutral; operates within implicit naturalistic psychology.	Both pragmatic in orientation.	Explicit philosophical depth vs. methodological bracketing.

	origination), verified in contemplative practice.			
Nature of Transformation	Irreversible shifts at stages of awakening; uprooting of specific defilements.	Ongoing cultivation of psychological flexibility; fluctuation expected.	Transformation through changed relationship to experience.	Final cessation vs. sustained adaptability.

Table 1 summarises the principal areas of convergence and divergence between Abhidhamma and Acceptance and Commitment Therapy (ACT) across the analytical dimensions examined in this thesis. The table serves as a heuristic overview and should be interpreted in conjunction with the detailed discussion presented throughout Chapter Six.

Conclusion

This chapter has undertaken a sustained comparative analysis of Abhidhamma and Acceptance and Commitment Therapy, examining how each system approaches suffering, cognition, mindfulness, selfhood, ethics, temporality, and transformation. While significant resonances emerge, particularly in their emphasis on present-moment awareness and the deconstruction of rigid identification, these similarities unfold within fundamentally different explanatory and transformative horizons.

Abhidhamma situates suffering within a comprehensive causal analysis grounded in dependent origination, where insight into impermanence and non-self directly interrupts the conditions that sustain distress. Transformation, within this framework, is oriented toward irreversible change through wisdom, culminating in the cessation of specific forms of suffering. Acceptance and Commitment Therapy, by contrast, adopts a pragmatic and functional approach, aiming to cultivate psychological flexibility that enables adaptive engagement with experience without claiming finality or liberation. Finality here is doctrinally specific (tied to the cessation of particular defilements) rather than a general claim about hedonic stability.

The comparison developed in this chapter demonstrates that these differences are not merely matters of emphasis or cultural framing but reflect distinct orientations toward what transformation itself entails. Abhidhamma addresses suffering at the level of its deepest causal roots, while Acceptance and Commitment Therapy addresses suffering at the level of lived functioning within ordinary life. Each system is coherent within its own aims and assumptions, yet neither can be fully assimilated to the other without distortion.

By maintaining methodological restraint and resisting reductive synthesis, this chapter clarifies both the possibilities and the limits of dialogue between classical Buddhist analysis and contemporary therapeutic practice. This comparative clarity establishes the conditions under which Abhidhamma-informed perspectives may illuminate modern contexts without being reduced to therapeutic technique, and under which therapeutic models may engage contemplative insights without overextending their scope. On this basis, the following chapter turns from conceptual comparison to carefully delimited considerations of application and integration, mindful of the boundaries established here.

In direct response to the research questions, the findings delineate convergence at the level of process, particularly in the cultivation of decentering, present-moment awareness, and the weakening of rigid identification, while clarifying divergence in the scope and ambition of transformation. Abhidhamma orients toward liberation through the irreversible uprooting of ignorance, whereas Acceptance and Commitment Therapy aims at the cultivation of psychological flexibility within the conditions of ordinary life. Recognising both convergence and divergence preserves methodological integrity and establishes the conceptual boundaries necessary for responsible dialogue between contemplative and therapeutic frameworks.

Chapter 7: Integration and Application

Introduction

The preceding chapters have progressively refined the conceptual space within which dialogue between the Abhidhamma system and contemporary Western psychotherapy may responsibly occur. Chapter Six presented the comparative analysis, identifying both resonances and divergences between Abhidhamma and Acceptance and Commitment Therapy (ACT). Building on this, the present chapter explores the conceptual, epistemological, and ethical limits that constrain any attempt at integration. Together, these discussions demonstrated that while dialogue is possible, it must remain conditional, asymmetrical, and conceptually disciplined.

Against this background, the present chapter turns to the question of integration and application. Its purpose is not to propose a unified theoretical framework, nor to translate Abhidhamma into a psychotherapeutic model. Rather, it examines how Abhidhamma-informed perspectives may be engaged in contemporary contexts without being reduced to techniques, detached from their doctrinal grounding, or instrumentalised in ways that undermine their integrity.

Integration is therefore understood here not as synthesis, convergence, or mutual transformation, but as selective and asymmetrical engagement. Abhidhamma functions as a descriptive and interpretive resource that may illuminate contemporary psychological practice while remaining conceptually autonomous (Ronkin, 2005; Karunadasa, 2013). Application, as developed in this chapter, remains illustrative rather than prescriptive. It operates at the level of interpretation and reflection rather than intervention and is always bound by the limits articulated in the preceding discussion.

Throughout this chapter, application is articulated in psychological terms. Abhidhamma-informed reflection is considered in relation to attentional sensitivity, metacognitive awareness, affect regulation, behavioural conditioning, ethical decision-making, therapist self-regulation, and values clarification. These constructs are not equated with Abhidhamma categories but provide a shared functional vocabulary through which disciplined dialogue can occur.

Rethinking Integration and the Meaning of Application

Discussions of integration between Buddhism and psychotherapy frequently assume that integration entails harmonisation or compatibility. Within such approaches, Buddhist concepts are often presented as precursors to, or confirmations of, contemporary psychological insights. While these interpretations have contributed to the growing visibility of Buddhist ideas in clinical and popular discourse, they have also been subject to sustained critique for selective appropriation and conceptual flattening (Sharf, 1995; McMahan, 2008; Purser, 2019).

In light of these critiques, integration cannot be understood as the merging of foundational assumptions or the transfer of methods from one domain to another. Abhidhamma is a comprehensive doctrinal system embedded within a soteriological framework, whereas psychotherapy is a pragmatic discipline oriented toward alleviating distress and improving functioning within lived contexts. These differences are not incidental but constitutive of each system.

Integration, as proposed here, is therefore best understood as conceptual dialogue rather than synthesis. Abhidhamma insights are allowed to inform contemporary understanding without being reformulated as therapeutic mechanisms or subjected to validation criteria external to their original context (Ronkin, 2005). This dialogical approach preserves doctrinal integrity while enabling meaningful engagement.

In this sense, “application” refers not to implementation or intervention, but to the disciplined use of Abhidhamma as a conceptual and reflective resource. It operates at the level of interpretation, shaping how experience is understood rather than prescribing how it should be altered. This clarification establishes the framework within which the remainder of the chapter proceeds.

Abhidhamma as a Descriptive and Interpretive Framework

A central claim of this thesis is that Abhidhamma retains enduring relevance as a descriptive map of mental experience, even when its ultimate soteriological aim is bracketed. This relevance

lies in its analytical precision and sustained attention to conditionality, rather than in any capacity to function as a diagnostic or therapeutic system (Gethin, 1998; Karunadasa, 2010).

Abhidhamma analysis approaches experience as a succession of momentary events arising in dependence upon conditions. Mental states are not treated as enduring traits, inner entities, or expressions of an underlying self, but as transient phenomena characterised by ethical valence and causal efficacy (Bodhi, 2000; Karunadasa, 2013). This mode of analysis encourages close observation of how experience unfolds and how patterns of suffering are sustained through habitual responses.

In contemporary contexts, this descriptive orientation can enrich reflective understanding by providing a vocabulary for articulating subtle distinctions in experience that are often flattened within psychological discourse. Rather than reclassifying mental states as problems to be resolved, Abhidhamma invites attention to their conditioned nature and temporal dynamics. Used in this way, it sharpens awareness without reifying experience or importing normative therapeutic goals.

Seen in this light, the significance of Abhidhamma's detailed analysis of the mind extends beyond historical or doctrinal interest. In contemporary contexts, psychological discourse often fragments mental life into discrete functions, mechanisms, or outcomes, shaped by clinical, neuroscientific, or behavioural priorities. Abhidhamma offers a contrasting mode of inquiry, one that attends to the texture of experience as it unfolds moment by moment, without reducing it to symptoms, traits, or instrumental goals. Its in-depth dissection of mental processes does not aim to resolve modern psychological problems, but it does provide a framework of conceptual depth that can challenge reductive tendencies and enrich contemporary reflection on the nature of human experience.

It is important to note that Abhidhamma analysis does not operate in isolation from practice. Within the Theravāda tradition, Abhidhamma is situated within the broader path structure of *sīla*, *sīlasīla*, *samādhi*, and *paññā*, and within the progressive framework of purification described in classical manuals such as the *Visuddhimagga*. Its analytical precision serves practical cultivation rather than abstract theorisation, informing ethical restraint, attentional training, and insight into

conditionality. Recognising this embeddedness prevents Abhidhamma from being misread as a value-neutral analytic psychology.

Within the Theravāda framework, Abhidhamma does not function independently of practice. It operates within the threefold training of *sīla* (behavioural regulation and ethical restraint), *samādhi* (attentional stabilisation), and *paññā* (insight into conditionality), and is structured through the progressive logic of the Seven Purifications. Mindfulness (*sati*) is therefore established within ethical discipline rather than treated as psychologically neutral attentional training. This embeddedness is essential for avoiding the misrepresentation of Abhidhamma as a freestanding analytic system detached from cultivation.

Therapeutic Contexts and Clinical Sensitivity

Within clinical psychotherapy, Abhidhamma-informed perspectives may contribute indirectly to therapeutic understanding. Therapists trained in contemplative traditions frequently report difficulty articulating the fine-grained structure of mental experience. Abhidhamma's systematic classifications can provide conceptual support for such reflection, enhancing sensitivity to the ways in which habitual patterns of response shape suffering.

For instance, a therapist experiencing frustration toward a client presenting with repetitive avoidance might interpret this reaction not as a fixed trait or moral failing, but as a momentary constellation of aversive mental factors conditioned by prior contact and appraisal. Framed in this way, the response becomes an object of metacognitive awareness rather than identification. Such reflection can support affect regulation and ethical self-regulation in the practitioner without requiring the adoption of Buddhist doctrine. Here, Abhidhamma functions as an interpretive lens that reduces reification and enhances attentional sensitivity.

This analytical sensitivity was historically embedded within a structured pedagogy of cultivation. In the Theravāda commentarial tradition (*Visuddhimagga*; *Vimuttimagga*), teachers assessed temperament (*carita*) and prescribed meditation subjects accordingly: *asubha* contemplations for *rāga*-oriented dispositions, *mettā* for aversion-dominant temperaments, *ānāpānasati* for discursive or delusion-prone patterns, recollections for faith-oriented dispositions, and contemplations of death or elements for analytically inclined types. Although this mapping is

commentarial rather than canonical, it demonstrates that Abhidhamma analysis functioned within a personalised training model rather than as abstract taxonomy.

At the canonical level, dependent origination (e.g., SN 12.15) corrects distortions of eternalism and nihilism, framing psychological imbalance as misapprehension of conditionality. Together, these strands show that Abhidhamma's descriptive framework was embedded within an adaptive, pattern-sensitive path logic. A cautious functional analogy may be drawn with ACT's process-based tailoring of interventions to dominant processes such as experiential avoidance, cognitive fusion, or attentional rigidity. This analogy remains heuristic rather than structural, highlighting shared responsiveness to psychological patterning without implying doctrinal equivalence.

In the context of ACT, parallels can be drawn between Abhidhamma's analysis of conditioned suffering and ACT's emphasis on experiential avoidance and psychological inflexibility (Hayes et al., 1996; Hayes, Strosahl, & Wilson, 2012). Both traditions highlight the role of attachment to internal experiences in sustaining distress. However, these parallels must not be overstated. Abhidhamma does not aim to increase functioning or flexibility within worldly life, nor does ACT seek to dismantle ontological assumptions about selfhood. Within these constraints, a cautious functional analogy may nonetheless be noted. Just as ACT emphasises personalised engagement with psychological processes rather than uniform techniques, classical Buddhist pedagogy tailored cultivation to individual dispositions. This comparison remains heuristic rather than structural and is intended to illuminate parallel concerns with responsiveness to psychological patterns, not to suggest equivalence between doctrinal systems or therapeutic models.

Contemporary Buddhist psychology scholarship has similarly argued that Buddhist frameworks can inform psychotherapy without being reduced to decontextualised techniques (Jacobs, 2017). Jacobs emphasises attentional processes, ethical framing, and reflective discipline as areas of constructive dialogue, while cautioning against the instrumental extraction of practices from their doctrinal context. This position aligns with the asymmetrical and bounded integration articulated here.

ACT is retained in this chapter not as a representative of psychotherapy as a whole, but as a limiting case. Its inclusion serves to demonstrate how far Abhidhamma-informed reflection can

travel within modern therapeutic discourse before conceptual divergence becomes decisive. In this sense, ACT marks the outer edge of possible dialogue rather than a direction for synthesis (Kirmayer, 2015).

The present discussion does not aim to propose a clinical model or intervention. Instead, it articulates a conceptual horizon within which applied engagements may be evaluated. Abhidhamma-informed perspectives may shape how therapists understand experience, but they should not be imposed upon clients as explanatory frameworks or therapeutic norms.

Similarly, in practitioner education settings, trainees often conflate thoughts with facts, leading to rigid responses and overidentification with internal narratives. An Abhidhamma-informed distinction between initial sensory contact and subsequent conceptual proliferation can enrich understanding of how cognitive fusion operates at a process level. This parallel with ACT's work on defusion remains functional rather than doctrinal; it illustrates how attentional clarity and decentering may be strengthened through refined descriptive awareness.

Education, Training, and Professional Formation

Beyond direct clinical application, Abhidhamma may play a particularly valuable role in education and professional training. Contemporary psychotherapy increasingly recognises the importance of therapist self-awareness, ethical reflexivity, and the capacity to tolerate uncertainty as core professional competencies (Germer, Siegel, & Fulton, 2013).

Abhidhamma's analytical discipline supports these capacities by encouraging sustained attention to the impermanent and conditioned nature of mental states. In training contexts, it can function as a reflective framework rather than a belief system. Its emphasis on conditionality helps practitioners avoid reifying emotions, diagnoses, or professional identities, thereby fostering discernment rather than certainty.

In supervision contexts, this may manifest as increased tolerance of uncertainty and reduced attachment to diagnostic certainty. Viewing clinical impressions as conditioned and revisable rather than definitive can support reflective practice and ethical decision-making. In this way,

Abhidhamma-informed reflection contributes to therapist self-regulation and values clarity without functioning as a therapeutic technique.

This pedagogical application aligns with broader movements toward reflective practice in healthcare and counselling professions. Here, Abhidhamma does not supply techniques or outcomes but cultivates modes of attention and ethical sensitivity that shape professional formation (Gethin, 1998).

Community and Contemplative Applications

Abhidhamma-informed perspectives may also find expression in non-clinical settings such as contemplative education, ethical leadership programmes, and community-based wellbeing initiatives. In such contexts, engagement with Buddhist frameworks is often more explicit, allowing for deeper exploration of ethical and contemplative dimensions (McMahan, 2008).

Even here, however, the risk of misrepresentation remains. Abhidhamma is not a neutral system of personal development. Its analytical structure is inseparable from ethical commitments and a soteriological horizon. Application in community contexts must therefore remain transparent about origins and limits, resisting the presentation of Abhidhamma as a universal psychology applicable across all settings without remainder (Sharf, 1995; Purser, 2019).

Ethical and Cultural Responsibility

Any application of Abhidhamma in contemporary contexts raises ethical questions concerning interpretation, translation, and disciplinary location. While Abhidhamma is historically embedded within Buddhist traditions, Buddhism itself cannot be reduced to a single category such as “religion.” It has been variously understood and practiced as philosophy, contemplative discipline, ethical system, and soteriological path, as well as within institutional religious forms. Recognising this plurality is essential for avoiding both essentialised accounts of Buddhism and overly rigid distinctions between “religious” and “secular” domains (McMahan, 2008).

Buddhism is not a singular, static entity but a plurality of historical, doctrinal, and cultural expressions. The present analysis focuses specifically on the Theravāda Abhidhamma system.

When concepts are translated into secular psychological discourse, interpretive shifts inevitably occur. Acknowledging this plurality supports reflexivity and guards against essentialised representations.

Responsible engagement with Abhidhamma therefore requires attentiveness not only to preservation of context, but also to the interpretive shifts that occur when Buddhist frameworks are taken up within modern psychological discourse. When Abhidhamma concepts enter secular or clinical settings, they are inevitably reframed by new epistemic priorities, institutional demands, and assumptions about mind and self. Ethical responsibility lies not in denying these shifts, but in making them explicit and subject to critical reflection.

From this perspective, reflexivity becomes central. Practitioners and scholars must remain aware of how translation choices, conceptual re-framing, and disciplinary aims shape what Abhidhamma comes to mean in applied contexts. Such reflexivity guards against both decontextualisation and romanticised appeals to authenticity. It also supports a mode of dialogue that neither treats Abhidhamma as a value-neutral analytic system nor confines it within a singular religious identity.

In therapeutic and educational settings alike, Abhidhamma-informed perspectives should therefore function as interpretive resources rather than normative frameworks imposed upon others. Ethical engagement, understood in this way, does not require fixing Buddhism's identity in advance, but rather maintaining transparency about the conditions under which its concepts are being reinterpreted and applied.

Recognising the Limits of Application

Despite its descriptive richness, Abhidhamma cannot be fully operationalised within contemporary psychotherapy. Its ultimate aim lies beyond the scope of therapeutic practice, and its ontological commitments resist assimilation into empirical or clinical frameworks. Attempts to extend application beyond these limits risk distorting the internal logic of the system and obscuring its doctrinal orientation (Ronkin, 2005; Purser, 2019).

The refusal to extend application further is not an absence of theoretical ambition but a deliberate methodological choice. In comparative work across religious and psychological traditions, overextension often signals conceptual misunderstanding rather than depth. By maintaining restraint, this chapter preserves the integrity of both Abhidhamma and psychotherapy, while still demonstrating the conditions under which meaningful engagement remains possible.

Conclusion

This chapter has argued that Abhidhamma-informed perspectives may be engaged in contemporary contexts when integration is understood as selective, asymmetrical, and bounded. Abhidhamma's contribution lies not in its conversion into psychotherapy, but in its capacity to offer a precise and ethically attuned map of mental processes that can illuminate contemporary practice without being reduced to it. Its enduring value lies in the depth and coherence of its analysis of mental life, which continues to offer a critical point of reference for contemporary attempts to understand mind and suffering.

In psychology-facing terms, the contribution of this chapter lies in clarifying how Abhidhamma-informed reflection may support attentional sensitivity, metacognitive awareness, ethical discernment, therapist self-regulation, and process-level personalisation, without being converted into clinical technique. The dialogue with ACT demonstrates that convergence occurs at the level of functional processes such as decentering, affect regulation, and behavioural conditioning while divergence remains decisive at the level of ontological commitments and ultimate aims. By articulating these boundaries explicitly, this thesis advances a model of interdisciplinary engagement that is disciplined, reflexive, and psychologically coherent.

Chapter 8: Conclusion

Introduction

This thesis examined the relationship between the Abhidhamma system and contemporary Western psychotherapy through a focused comparative analysis, with particular attention to Acceptance and Commitment Therapy. Rather than assuming either compatibility or incompatibility, the study adopted a deliberately cautious approach. It moved from historical and doctrinal foundations to comparison, then to the careful establishment of conceptual boundaries, and finally to limited consideration of application.

The central question guiding the research was whether Abhidhamma, a system fundamentally embedded in a soteriological framework oriented toward liberation from suffering, can meaningfully inform contemporary psychological thought without being reduced to it. Previous scholarship has shown that encounters between Buddhism and psychology often move too quickly toward assimilation, frequently abstracting Buddhist concepts from their doctrinal, ethical, and historical contexts (Gethin, 2004; McMahan, 2008; Sharf, 2015). This thesis has argued that dialogue between Abhidhamma and Western psychotherapy is both possible and valuable, but only when it remains limited, asymmetrical, and conceptually disciplined.

This concluding chapter brings together the major findings of the study, reflects on their implications for Buddhist studies and psychotherapy, acknowledges the limitations of the research, and outlines directions for future inquiry. Its aim is not simply to summarise but to provide integration, evaluation, and closure.

Summary of the Thesis Argument

The thesis began by establishing the historical and doctrinal foundations of Abhidhamma, emphasising its role as a systematic analysis of experience oriented toward liberation from suffering. Chapter Two demonstrated that Abhidhamma is neither a speculative metaphysical system nor a form of early scientific psychology. Rather, it is a carefully structured analytical framework designed to illuminate impermanence, non-self, and conditionality through detailed examination of mental and physical phenomena (Karunadasa, 2010; Ronkin, 2005). Within this

framework, analysis serves an explicitly ethical and soteriological purpose, where understanding is inseparable from transformation.

Chapter Three reviewed relevant literature across Buddhist studies, psychology, and interdisciplinary research. This review revealed a recurring pattern of selective engagement. While resonances between Buddhist practices and modern therapeutic approaches, particularly mindfulness and acceptance-based models, are frequently noted, sustained engagement with Abhidhamma on its own terms remains limited (Dunne, 2011; Williams, 2009). The literature review highlighted tendencies toward decontextualisation and pragmatic appropriation, underscoring the need for a more careful comparative framework.

Chapter Four outlined the methodological framework guiding the study. It clarified the rationale for comparative analysis while explicitly rejecting both reductionism and synthesis. By distinguishing descriptive, functional, and soteriological levels of analysis, the chapter established the methodological boundaries that shaped the thesis as a whole. This framework directly addressed well documented concerns within comparative religion and psychology regarding category error and anachronism, and provided the conceptual discipline necessary for responsible cross traditional inquiry (Fitzgerald, 2000; Lopez, 2008).

Chapter Five examined Acceptance and Commitment Therapy on its own terms, situating it within contemporary Western psychological discourse. By outlining ACT's theoretical foundations, clinical aims, and core processes, the chapter established a clear understanding of the therapeutic model prior to comparison. This separation ensured that ACT was not prematurely interpreted through Buddhist categories, preserving methodological clarity.

Chapter Six presented the central comparative analysis between Abhidhamma and Acceptance and Commitment Therapy. This analysis identified meaningful points of convergence, including attention to moment to moment experience, close examination of mental processes, and ethical concern with the alleviation of suffering. At the same time, it revealed significant divergences in ontology, epistemology, and ultimate purpose. ACT's pragmatic orientation toward psychological flexibility and values based action, grounded in functional contextualism, differs fundamentally from Abhidhamma's analysis of conditioned phenomena oriented toward

liberation (Gethin, 1998; Hayes et al., 2012). These divergences were treated not as problems to be resolved, but as defining features requiring careful interpretation.

Chapter Seven addressed the limits and conditions of application. Rather than proposing Abhidhamma as a therapeutic system, the chapter explored cautiously delimited contexts in which Abhidhamma informed perspectives might illuminate contemporary practice in descriptive, educational, and reflective ways. Application was framed as illustrative rather than prescriptive, and consistently constrained by the conceptual and methodological boundaries articulated throughout the thesis (McMahan, 2008; Sharf, 2015).

Integration of Findings

Taken together, the findings of this study support a central claim: Abhidhamma offers a highly refined and systematic map of mental processes that can inform contemporary psychological reflection without being absorbed into psychotherapeutic frameworks. Its value lies not in being transformed into therapy, but in its capacity to deepen understanding of experience, conditionality, and the dynamics of suffering.

The study demonstrates that meaningful engagement does not require synthesis. On the contrary, the most productive dialogue emerges when differences are preserved rather than resolved. By maintaining a clear distinction between descriptive analysis and soteriological commitment, the thesis shows that Abhidhamma can remain doctrinally intact while still contributing to contemporary discussions of mind and wellbeing (Karunadasa, 2010).

This position avoids two common extremes. On one side lies the tendency to instrumentalise Buddhist concepts for therapeutic efficiency. On the other lies the assumption that doctrinal systems must remain sealed off from modern relevance. The space between these positions is where careful, ethically responsible dialogue becomes possible.

Implications for Psychology

This study contributes to psychology by clarifying how dialogue with Abhidhamma sharpens understanding of several core psychological mechanisms. At the level of function, the

comparison with Acceptance and Commitment Therapy illuminates how experiential avoidance, cognitive fusion and defusion, attentional control, and self-related processing may be conceptualised within a broader descriptive framework of conditioned experience. While Abhidhamma does not operate within empirical psychological methodology, its fine-grained analysis of moment-to-moment mental events offers a structured vocabulary that parallels contemporary accounts of attentional regulation, affective reactivity, and behavioural conditioning.

First, the dialogue clarifies mechanisms of suffering. Both Abhidhamma and ACT identify patterned attachment to internal experience as central to distress. Read functionally, dependent origination can be understood as a model of cognitive–affective–behavioural conditioning, while ACT articulates similar processes in terms of experiential avoidance and cognitive fusion. The comparison therefore sharpens psychological understanding of how reactivity becomes self-reinforcing without collapsing doctrinal differences.

Second, the comparison illuminates attentional and metacognitive processes. Abhidhamma's account of *sati* and *sampajañña*, situated within ethical discipline, offers a refined model of attentional monitoring and contextual awareness. In ACT, parallel processes appear as defusion and self-as-context. While these are not equivalent constructs, the comparison clarifies how decentering operates at the level of function across traditions.

Third, the dialogue clarifies personalisation of intervention. The temperament-based (*carita*) tailoring of contemplative practice within the Theravāda tradition parallels ACT's process-based tailoring of therapeutic work. The analogy is functional rather than metaphysical; it demonstrates that responsiveness to dominant psychological processes is central in both systems.

Taken together, these insights position Abhidhamma not as an alternative therapy, but as a disciplined interpretive framework that enriches psychological reflection on mechanisms of change, ethical framing, and attentional cultivation.

Direct Response to the Research Questions

With respect to Research Question One, the study demonstrates that at the level of psychological function, both Abhidhamma and ACT articulate models of conditioned reactivity in which cognitive, affective, and attentional processes interact to sustain distress. However, they diverge in explanatory scope and ultimate aim.

In relation to Research Question Two, the comparison shows that convergence occurs at the level of process, particularly in decentering, attentional regulation, and behavioural responsiveness, while divergence emerges in ontological commitments and soteriological orientation.

Regarding Research Question Three, the study establishes that Abhidhamma may contribute to contemporary psychology as an interpretive resource when engagement remains asymmetrical, bounded, and transparent, without reduction to technique or claim of clinical efficacy.

Contributions to Scholarship

This thesis makes several contributions to existing scholarship. Within Buddhist studies, it offers a sustained engagement with Abhidhamma that resists both romanticisation and psychologisation. By situating Abhidhamma firmly within its historical, doctrinal, and soteriological context, the study reinforces its status as a distinct analytical tradition rather than a precursor or supplement to modern psychology (Gethin, 2004; Williams, 2009).

Within comparative and interdisciplinary studies, the thesis provides a methodological model for engaging religious and psychological systems without collapsing their differences. Its emphasis on limits, asymmetry, and conceptual bracketing contributes to ongoing debates about how cross-cultural comparison can proceed without distortion (Fitzgerald, 2000; Lopez, 2008).

For contemporary psychotherapy, the study suggests that engagement with contemplative traditions need not rely solely on technique extraction. Abhidhamma informed perspectives may enrich reflective practice, ethical sensitivity, and phenomenological awareness, even when they are not translated into clinical interventions (Monteiro et al., 2015).

In summary, the central contribution of this thesis lies in articulating a model of disciplined, asymmetrical comparison in which Abhidhamma and contemporary psychology are treated as equal analytic partners at the level of function, while remaining distinct in ontology and purpose. By foregrounding mechanisms rather than metaphysical claims, and by explicitly delineating limits of application, the study offers a psychology-facing framework for engaging contemplative traditions without reduction or appropriation.

Limitations of the Study

Several limitations must be stated clearly. This thesis makes no claims regarding clinical efficacy, treatment outcomes, or the operationalisation of Abhidhamma as a therapeutic intervention. It does not propose that Abhidhamma techniques be implemented within psychotherapy, nor does it attempt empirical validation of doctrinal constructs. The comparative scope is restricted to Acceptance and Commitment Therapy and to the Theravāda Abhidhamma system; other Buddhist traditions and therapeutic models may yield different findings. Finally, the study is conceptual rather than empirical in method, and its conclusions are therefore interpretive rather than experimentally demonstrable.

Directions for Future Research

The findings of this thesis open several avenues for future research. Comparative work might extend beyond ACT to examine other process-based or contemplative informed therapies. Further scholarship could explore how Abhidhamma categories are translated, taught, and adapted in modern settings, particularly in relation to ethical and pedagogical concerns.

From a broader interdisciplinary perspective, future research may investigate how descriptive frameworks from contemplative traditions can coexist with empirical methodologies without being subordinated to them. Such work would benefit from collaboration across Buddhist studies, philosophy, psychology, and clinical practice (McMahan, 2008).

Final Reflections

This thesis has argued that the relationship between Abhidhamma and contemporary psychotherapy is best understood not as a project of integration, but as a disciplined dialogue grounded in respect for difference. Abhidhamma does not require validation through psychological utility, nor does psychotherapy require metaphysical endorsement to remain effective.

By clarifying mechanisms, limits, and conditions of engagement, this thesis situates the dialogue between Abhidhamma and contemporary psychology within the discipline of psychology itself, demonstrating how contemplative analytic traditions can inform psychological theory without being absorbed into it.

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