

Chapter 3

Ethics, Transparency, and Diversity in Mindfulness Programs

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Introduction

Mindfulness-Based interventions (MBIs) are everywhere: hospitals, psychology clinics, corporations, prisons, and public schools. Mindfulness entered the American cultural mainstream as promoters downplayed its Buddhist origins and ethical contexts, and linguistically reframed it as a secular, scientific technique to reduce stress, support health, and cultivate universal ethical norms. Despite their secular framing, many MBIs continue to reflect their Buddhist ethical foundations. The effects are far-reaching, though largely uninterrogated. This chapter argues that if MBIs are not fully secular, but based on Buddhist ethics (whether explicitly or implicitly), then there should be transparency about this fact—even if transparency comes at the expense of no longer reaping benefits of being perceived as secular. The ethical grounds for transparency may be articulated using principles internal or external to a Buddhist framework: (1) fidelity to the Noble Eightfold Path, including right mindfulness, right intention, and right speech; (2) intellectual integrity, cultural diversity, and informed consent.

Transparency Defined

The scope of this chapter extends to all mindfulness-Based interventions (MBIs), because the term “mindfulness” is remarkably opaque. By design of its popularizers, mindfulness has cultural cachet as a scientifically validated, religiously neutral

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technique of “bare attention,” yet gestures toward a comprehensive worldview and ethical system. Even in its most secular guises, part of the appeal of mindfulness is that it vaguely connotes ancient, quasi-religious wisdom; it seems the cutting edge of low technology to heal what ails modern, hyper-technical society. This chapter advocates full disclosure of all that mindfulness entails—including its Buddhist ethical foundations and range of potential physical, mental, and religious effects—to MBI administrators (e.g., CEOs of hospitals and corporations, prison wardens, public-school superintendents), providers (e.g., nurses, public-school teachers), and clients (e.g., patients, employees, prisoners, school children and their parents). Transparency encompasses the volunteering of material information, negative as well as positive, in a manner that promotes clear understanding. The goal of transparency is not achieved merely by acknowledging that mindfulness has Buddhist roots. This is because historical framing may imply a secularization narrative, suggesting that once-religious practices have since outgrown their religious roots and are now completely secular, much like modern medicine. The position of this chapter is that if MBIs are to benefit from positive cultural associations with the term mindfulness, then program directors and instructors have an ethical obligation to fully own the term.

Buddhist Associations of Mindfulness

Mindfulness-Based interventions are relatively recent inventions, developed by Buddhists and individuals influenced by Buddhism who wanted to bring Buddhist assumptions, values, and practices into the American cultural mainstream. One of the most important figures in this regard is Jon Kabat-Zinn, a Jewish-American molecular biology PhD, “first exposed to the dharma” in 1966 while a student at MIT (2011, p. 286). Kabat-Zinn trained as a Dharma teacher with Korean Zen Master Seung Sahn, and draws eclectically on Soto Zen, Rinzai Zen, Tibetan Mahamudra, and Dzogchen; a modernist version of Vipassana, or insight meditation, modeled after Burmese Theravada teacher Mahasi Sayadaw; as well as hatha yoga, Hindu Vedanta, and other non-Buddhist spiritual resources (Dodson-Lavelle, 2015, pp. 4, 47, 50; Harrington & Dunne, 2015, p. 627; Kabat-Zinn, 2011, pp. 286, 289). Although he still trains with Buddhist teachers and views his “patients as Buddhas,” since “literally everything and everybody is already the Buddha,” Kabat-Zinn stopped identifying as a Buddhist once he realized that he “would [not] have been able to do what I did in quite the same way if I was actually identifying myself as a Buddhist” (Kabat-Zinn, 2010, para. 4, 2011, p. 300). A non-Buddhist public identity made it possible for Kabat-Zinn to introduce Buddhist beliefs and practices into the cultural mainstream without raising worries about Buddhist evangelism.

In 1979, Kabat-Zinn founded the Stress Reduction and Relaxation Clinic, later renamed the Center for Mindfulness in Medicine, Health Care, and Society (CfM), with the signature program Mindfulness-Based Stress-Reduction (MBSR), at the University of Massachusetts Medical School. By the mid-2010s, CfM had enrolled

22,000 patients, certified 1000 instructors, spawned more than 700 MBSR programs in medical settings across more than 30 countries, and become a model for innumerable MBIs in hospitals, prisons, public schools, government, media, professional sports, and businesses (CfM, 2014a, para. 1; Wylie, 2015, p. 19). Kabat-Zinn envisioned MBSR as a way to:

Take the heart of something as meaningful, as sacred if you will, as Buddha-dharma and bring it into the world in a way that doesn't dilute, profane or distort it, but at the same time is not locked into a culturally and tradition-bound framework that would make it absolutely impenetrable to the vast majority of people. (2000, p. 227)

The “particular techniques” taught in MBSR are “merely launching platforms” for “direct experience of the noumenous, the sacred, the Tao, God, the divine, Nature, silence, in all aspects of life,” resulting in a “flourishing on this planet akin to a second, and this time global, Renaissance, for the benefit of all sentient beings and our world” (Kabat-Zinn, 1994a, p. 4, 2003, pp. 147–48; 2011, p. 281). As detailed elsewhere (Brown, 2016), Buddhist teachings infuse MBSR at every level: (1) development of program concept, (2) systematic communication of core Buddhist beliefs, (3) teacher prerequisites, training, and continuing education requirements, and (4) resources suggested to MBSR graduates.

To make MBSR acceptable to non-Buddhists, Kabat-Zinn downplayed its Buddhist foundations. In his own words, Kabat-Zinn “bent over backward” to select vocabulary that concealed his understanding of mindfulness as the “essence of the Buddha’s teachings” (2011, p. 282). Melissa Myozen Blacker, who spent 20 years as a teacher and director of programs at CfM, recalls that “the MBSR course was partly based on the teachings of the four foundations of mindfulness found in the *Satipattana Sutta* ... and we included this and other traditional Buddhist teachings in our teacher training.” Yet, “for the longest time, we didn’t say it was Buddhism at all. There was never any reference to Buddhism in the standard 8-week MBSR class; only in teacher training did we require retreats and learning about Buddhist psychology” (Wilks, Blacker, Boyce, Winston, & Goodman, 2015, p. 48). As scientific publications won credibility for MBSR, Kabat-Zinn gradually began to “articulate its origins and its essence” to health professionals, yet “not so much to the patients,” whom he has intentionally continued to leave uninformed about the “dharma that underlies the curriculum” (2011, pp. 282–83).

Kabat-Zinn has claimed that the “dharma” is itself universal, rather than specifically Buddhist. What he seems to mean, however, is that dharmic assumptions are universally true (Davis, 2015, p. 47). This claim may be undercut by his choice of an “untranslated, Buddhist-associated Sanskrit word” (Helderman, 2016, p. 952). Jeff Wilson argues that “Dharma is itself a religious term, and even to define it as a universal thing is a theological statement” (2015). Indeed, Kabat-Zinn’s intentional lack of transparency about the dharmic “essence” of MBSR with program participants calls into question the concept’s universality.

In developing MBSR, Kabat-Zinn foregrounded the term “mindfulness” because of its potential to do “double-duty.” For audiences unfamiliar with Buddhism, mindfulness sounds like a universal human capacity to regulate attention. But the term

can also serve as a “place-holder for the entire dharma,” an “umbrella term” that “subsumes all of the other elements of the Eightfold Noble Path” (2009, pp. xxviii–xxiv). The term can be traced etymologically to Pāli language Buddhist sacred texts, especially the *Satipatthāna Sutta*, or “The Discourse on the Establishing of Mindfulness.” *Sammā sati*, often translated as “right mindfulness,” comprises the seventh aspect of what is frequently translated as the “Noble Eightfold Path” to liberation from suffering, the fourth of the “Four Noble Truths” of Buddhism (Wilson, 2014, p. 16). When addressing Buddhist audiences, Kabat-Zinn cites “the words of the Buddha in his most explicit teaching on mindfulness, found in the *Mahāsātipatthana Sutra*, or great sutra on mindfulness.” It is the “direct path for the purification of beings, for the surmounting of sorrow and lamentation, for the disappearance of pain and grief, for the attainment of the true way, for the realization of liberation [Nirvana]—namely, the four foundations of mindfulness” (2009, p. xxix). Kabat-Zinn explains that his:

Choice to have the word mindfulness does [sic] double-duty as a comprehensive but tacit umbrella term that included other essential aspects of dharma, was made as a potential skillful means to facilitate introducing what Nyanaponika Thera referred to as the heart of Buddhist meditation into the mainstream of medicine and more broadly, health care and wider society. (2009, pp. xxviii–xxix)

The flexibility of the term mindfulness offered a means, then, of introducing Buddhist concepts into the cultural mainstream.

Much as mindfulness serves as a euphemism for *Buddhadharma*, the term “stress” is a secular-sounding translation of the Buddhist concept of *dukkha*. The promise of “stress reduction” functions in MBSR as an “invitational framework” to:

Dive right into the experience of *dukkha* in all its manifestations without ever mentioning *dukkha*; dive right into the ultimate sources of *dukkha* without ever mentioning the classical etiology, and yet able to investigate craving and clinging first-hand, propose investigating the possibility for alleviating if not extinguishing that distress or suffering (cessation), and explore, empirically, a possible pathway for doing so (the practice of mindfulness meditation writ large, inclusive of the ethical stance of *śīla*, the foundation of *samadhi*, and, of course, *prajñā*, wisdom—the eightfold noble path) without ever having to mention the Four Noble Truths, the Eightfold Noble Path, or *śīla*, *samadhi*, or *prajñā*. In this fashion, the Dharma can be self-revealing through skillful and ardent cultivation. (2011, p. 299, emphasis original)

Stress reduction is thus, in Kabat-Zinn’s view, essentially *dukkha*-reduction.

The term mindfulness might be analyzed linguistically as an instance of synecdoche, a rhetorical trope in which a part of something refers to the whole (Chandler, 2002, p. 132). Avowedly secular MBI teachers make few, if any, overt references to Buddhism. But they do teach the term mindfulness. For instance, Goldie Hawn’s MindUP curriculum insists that “to get the full benefit of MindUp lessons, children will need to know a specific vocabulary,” chiefly the term mindfulness itself (Hawn Foundation, 2011, p. 40). The term functions as a sign that points toward a wider constellation of available meanings. Stephen Batchelor, meditation teacher and advocate of “Secular Buddhism,” observes that “although doctors and therapists who employ mindfulness in a medical setting deliberately avoid any reference to Buddhism,

you do not have to be a rocket scientist to figure out where it comes from. A Google search will tell you that mindfulness is a form of Buddhist meditation” (2012, p. 88). Individuals who experience benefits from a program designated as “mindfulness” may seek to go “deeper” by exploring additional “mindfulness” resources. As people discover associations between mindfulness and Buddhism, they may, by transitive inference reasoning, assign credit to Buddhism for positive experiences (Phillips, Wilson, & Halford, 2009; Waldmann, 2001). Thus, the term mindfulness itself, even when framed with secular language, can point practitioners toward Buddhism.

Ethical Dimensions of Mindfulness

Far from being an ethically neutral set of techniques, MBIs are founded upon Buddhist assumptions about the nature of reality and corresponding ideals for relationships among humans and indeed all sentient beings. CfM-trained MBI teacher Rebecca Crane explains that:

Inherent within mindfulness teaching is the message that there are universal aspects to the experience of being human: centrally, that we all experience suffering, which ultimately comes from ignorance about ourselves and the nature of reality. Mindfulness practice leads us to see more clearly the ways we fuel our suffering and opens us to experiencing our connection with others. (Crane et al. 2012, p. 79)

Brooke Dodson-Lavelle, director of the Mind and Life Institute’s Ethics, Education, and Human Development Initiative, analyzed MBSR alongside other purportedly “secular” meditation programs (Cognitively-Based Compassion Training, or CBCT, and Innate Compassion Training, or ICT). She concludes that despite the “universal rhetoric” and “normative generalizations” employed by all three programs, they are all “culturally and socially conditioned” and “very Buddhist,” though reflecting different Buddhist traditions. Each “promotes a different diagnosis of suffering, an interpretation of its cause, an evaluation of judgment regarding the good, and a path for overcoming that suffering and/or realizing the good.” The programs are “morally substantive as a consequence of the fact that they tell people, at least implicitly, stories about what they *ought* to be thinking, feeling, or doing.” They are “ethically substantive as a consequence of the fact that they establish or encourage particular ways of conceptualizing the self, the good life, and the potential for transformation of the self towards a better kind of life” (2015, pp. 28, 161, 163). The foundational assumptions of each program shape their definitions and prescriptions of morality and ethics.

Buddhist Ethics Implicit in MBIs

The debate among mindfulness advocates is less about whether ethics should be included in the teaching of mindfulness, than whether its teaching should be explicit or implicit. Dodson-Lavelle identifies two competing Buddhist models of human

nature: innatist, or discovery, and constructivist, or developmental. The debate “hinges on whether the qualities of awakening are innate to one’s mind or whether they need to be cultivated” (2015, p. 28). In the former model, it is unnecessary to teach ethics explicitly because the practice of mindfulness itself enables participants to discover their own innate ethical tendencies (Cheung, [forthcoming](#), p. 3; Lindahl, 2015a). Thus, Kabat-Zinn asserts that “mindfulness meditation writ large” is “inclusive of the ethical stance of *sīla*” (2011, p. 299). Margaret Cullen, one of the first 10 certified MBSR instructors, elaborates that the “intention of MBSR” is “much greater than simple stress reduction.” It dispels “greed, hatred, and delusion” (the “three poisons,” according to Buddhist thought) and has “elements of all of the *brahma vihāras*” (the four virtues, or “antidotes”: loving-kindness, compassion, sympathetic joy, and equanimity, that the Buddha reputedly prescribed) “seamlessly integrated into it” (2011, p. 189). Mindfulness teacher Sharon Salzberg emphasizes that mindfulness “naturally leads us to greater loving-kindness” by diminishing “grasping, aversion and delusion” (2011, p. 177). By innatist reasoning, ethical qualities emerge through the practice of mindfulness, with or without explicit ethical instruction.

Many MBI teachers come from an innatist stance and reason that it is not only unnecessary to teach Buddhist ethics explicitly, it is disadvantageous because doing so may exclude potential beneficiaries. MBI teacher (of MBSR and Mindfulness-Based Cognitive Therapy, or MBCT) Jenny Wilks warns that “explicitly Buddhist ethics could potentially offend participants who are atheist, Christian, [or] Muslim” (Wilks in Cheung, [forthcoming](#), p. 7). Omitting openly Buddhist instruction does not worry Wilks because “key Dharma teachings and practices are implicit . . . even if not explicit,” making MBIs “more of a distillation than a dilution”—a form of “highly accessible Dharma” (2014, sect. 4 para. 5, sect. 5 para. 3, sect. 6 para. 3). Wilks elaborates that “although we wouldn’t use the terminology of the three *lakkhanas* [marks of existence: *anicca*, or impermanence; *dukkha*, or suffering; and *anatta*, or no-self] when teaching MBPs [mindfulness-Based programs], through the practice people often do come to realize the changing and evanescent nature of their experiences” (2014, sect. 4 para. 8). Cullen notes that although it is “common to begin with breath awareness,” MBIs progress to “bring awareness to other aspects of experience, such as thoughts and mental states in order to promote insights into no-self, impermanence and the reality of suffering” (2011, p. 192). Bob Stahl, Adjunct Senior Teacher for the CfM Oasis Institute, confirms that “without explicitly naming the 4 noble truths, 4 foundations of mindfulness, and 3 marks of existence, these teachings are embedded within MBSR classes and held within a field of loving-kindness” (2015, p. 2). Thus, MBSR and other secularly framed MBIs presume that mindfulness training can produce ethical benefits.

Reflecting constructivist assumptions that virtues need to be developed, some MBIs teach ethics more explicitly. One common approach is to incorporate “loving-kindness” meditations aimed at cultivating wholesome states of mind. As neuroscience researchers Thorsten Barnhofer and colleagues explain, “the term loving kindness or *metta*, in the Pali language, refers to unconditional regard and nonexclusive love for all beings and is one of the four main Buddhist virtues” (2010, p. 21).

Therapist Donald McCown notes that the “Brahmaviharas [the four virtues] have had a significant impact on the curriculum and pedagogy of the MBIs.” In particular, *mettā*, variously translated as “loving-kindness,” “friendliness,” or “heartfulness,” meditations instill a virtuous “attitude toward oneself, toward one’s experience moment by moment, and toward others. Its emotional charge is powerful.” McCown suggests that “if there is a source for an inherent ethical stance of the MBIs, this may well be it” (2013, p. 52). Although MBSR and MBCT manuals do not include *mettā* meditations, many MBI teachers (including Kabat-Zinn) do complement their teachings in this way. Meditations used in MBIs typically begin by speaking blessings over oneself: “May I be safe and protected from inner and outer harm. May I be happy and contented. May I be healthy and whole to whatever degree possible. May I experience ease of wellbeing.” The “field of loving-kindness” expands first to loved ones and ultimately to “our state,” “our country,” “the entire world,” “all animal life,” “all plant life,” “the entire biosphere,” and “all sentient beings.” “May all beings near and far ... our planet and the whole universe” be “safe and protected and free from inner and outer harm,” “happy and contented,” “healthy and whole,” and “experience ease of well-being” (Kabat-Zinn, n.d., 3.2). In the assessment of historian Jeff Wilson, *mettā* practitioners are:

Not simply taught value-neutral awareness techniques—they are coached to cultivate profoundly universal feelings of compassion and love for all people and every living thing. This perspective on life is not only value laden but is also promoted as both improving the world and as key to one’s own health and happiness. (2014, p. 172)

Even so, purportedly “secular” MBIs, such as Mindful Schools and Inner Kids, often do include *mettā* meditations (described as “heartfulness” or “friendly wishes”) in their curricula (Bahnsen, 2013; Greenland, 2013, sect. 4). Although MBIs may be differentiated by whether they reflect innativist or constructivist assumptions about human nature, and thus whether they teach ethics implicitly or explicitly, many MBIs share an ethical concern.

Mindfulness Defined in Ethical Terms

Influential definitions of mindfulness include an ethical dimension. One of the most widely cited definitions is that popularized by Kabat-Zinn: “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (1994b, p. 4). Amy Saltzman, a pioneer in teaching mindfulness to youth through her Still Quiet Place program, defines mindfulness as “paying attention, here and now, with kindness and curiosity” (2014, p. 2). Neither definition reduces mindfulness to bare attentional training. Rather, they indicate a particular ethical stance of *how* one should pay attention—nonjudgmentally, with kindness and curiosity—and this ethical stance comes from a Buddhist “way of seeing the world” (Dodson-Lavelle, 2015, p. 42). Psychologist Stephen Stratton notes that defining mindfulness as a “curious, nonjudgmental, and accepting orientation to present experiencing” reflects a “comprehensive life view,” not just a “therapeutic technique” (2015, pp. 102–103). Buddhists differ about whether the goal of mindfulness should be non-judgmental

acceptance or ethical discernment (Dreyfus, 2011, p. 51)—but either stance is an ethical one.

MBI training guides provide more details about the “foundational attitudes” that mindfulness teachers should cultivate. The CfM “Standards of Practice” guidelines list: “non-judging, patience, a beginner’s mind, non-striving, acceptance or acknowledgement, and letting go or letting be” (Santorelli, 2014, p. 10). Such attitudes are, according to psychologist Steven Stanley, “related to core virtues found in early Buddhist texts, such as generosity, loving-kindness, empathetic joy and compassion” (2015, p. 99). Buddhist philosopher John Dunne explains that MBSR emphasizes the “letting go” of judgments of the good and bad or pleasant and unpleasant because such thoughts “seem especially relevant to oneself when they are highly charged or value-laden,” and therefore “ensnare us all the more easily” in the attachments that cause suffering (2011, p. 8). As the Buddhist monk Bhikkhu Bodhi clarifies, stopping the causes of suffering requires recognizing humanity’s “proclivity to certain unwholesome mental states called in Pali *kilesas*, usually translated ‘defilements’” (1999). The foundational attitudes instilled by MBI teachers imply Buddhist-inflected value judgments about which states of mind are (un) wholesome.

Marketing materials for MBIs advertise ethical benefits. Indeed, part of the appeal of MBIs is that they appear to offer an inexpensive, secularized practice that instills the same moral and ethical virtues as religion. For example, Goldie Hawn’s signature MindUP curriculum purportedly instills “empathy, compassion, patience, and generosity”—a list of virtues that Hawn derived from, but does not credit to, her training in Buddhist ethics (Hawn Foundation, 2011, pp. 11–12, 40–43, 57; Hawn, 2005, p. 436). The official MindUP website proclaims that the program enhances “empathy and kindness,” “nurtures optimism and happiness” and “increases empathy and compassion” (The Hawn Foundation, 2016, para. 2, 4). Rebecca Calos, Director of Programs and Training for The Hawn Foundation, asserts that “awareness of the mind without judgment” helps children to become “more compassionate” and better able to express “kindness” to others—a conclusion that follows from Buddhist assumptions about the three poisons, four virtues, and interconnectedness of all beings (2012, para. 2, 4, 5). Although rooted in a Buddhist worldview, the program presents its virtues as “secular” and “universal”—an assumption interrogated below.

Transparency Compromised by Secular Framing

MBIs are commonly marketed as completely “secular” or, in sparse acknowledgement of Buddhist roots, as “secularized.” It is rare, however, for program advocates to define the term “secular” or its presumed opposite, “religion,” or to explain what they have removed or changed to make mindfulness secular. Marketers may rely on simple speech acts: the program in question is secular because it is declared to be so. Alternatively, promoters may vaunt empirically demonstrated or scientifically validated effects, given a common assumption that practices are either secular/

scientific or religious/spiritual, but not both. In point of fact, practices can be both secular and religious simultaneously, and concepts of the secular, the religious, the spiritual, and the scientific have often intermingled and co-constituted one another (Asad, 2003; Calhoun, Juergensmeyer, & Van Antwerpen, 2011; Jakobsen & Pellegrini, 2008; Lopez, 2008; Taylor, 2007).

The common idea that mindfulness is secular because it is not religious implies a narrow, Protestant-biased understanding of religion as reducible to verbal proclamations of beliefs. By this reasoning, secularizing a practice consists simply of removing overt linguistic references to transcendent beliefs. For example, mindfulness-in-education leader Patricia Jennings uses a Dictionary.com definition of religion as a “set of beliefs.” Since mindfulness does not “require any belief,” she concludes that it is not “inherently religious” (2016, p. 176). “Religion” may, however, be envisioned more broadly as encompassing not only belief statements, but also practices perceived as connecting individuals or communities with transcendent realities, aspiring toward salvation from ultimate problems, or cultivating spiritual awareness and virtues (Durkheim, 1984, p. 131; Smith, 2004, pp. 179–196; Tweed, 2006, p. 73). A complementary way of describing religion is to identify “creeds” (explanations of the meaning of human life or nature of reality), “codes” (rules for moral and ethical behavior), “cultuses” (rituals or repeated actions that instill or reinforce creeds and codes), and “communities” (formal or informal groups that share creeds, codes, and cultuses)—all of which can be seen in the contemporary mindfulness movement (Albanese, 2013, pp. 2–9). This is important because many people assume that a practice is nonreligious if one participates with the intention of accruing secular, defined as this-worldly, benefits. This view fails to account for the various channels through which participating in religious practices can transform initially secular intentions.

Removal of superficial linguistic or visual markers of “religion” is not the same thing as secularization. Patricia Jennings is one of the first MBI movement leaders to articulate “recommendations for best practices to ensure secularity” in public schools. Jennings suggests that teachers are on safe ground as long as they avoid such obviously religious markers as “using a bell from a religious tradition (such as a Tibetan bowl or cymbals used in Tibetan Buddhist rituals,” “introducing names, words, or sounds that come from a religious or spiritual tradition ... as a focus of attention,” “use of *Sanskrit* names and identifying areas of the body associated with spiritual and religious significance (e.g., *chakras*),” or verbal cues that loving-kindness recitations transmit “any sort of spiritual or metaphysical energy” (2016, pp. 176–77). Removing such religious symbols (all of which are common in public-school mindfulness instruction) makes it more difficult for the casual observer to perceive religious associations. Jennings is explicitly not suggesting that “one should conceal the fact that such associations between practices and religious and spiritual traditions exist,” but her recommendations do not probe the substantive difficulties of extricating mindfulness from Buddhist ethical foundations (p. 177).

Offering MBIs in secular settings heightens the importance of transparency about live associations of mindfulness with Buddhist ethics. This is because the risks of unforeseen ethical violations may be greater when mindfulness is taught in

explicitly secular as opposed to Buddhist contexts. People may reasonably assume that programs offered in settings commonly recognized as secular—such as government-supported schools or hospitals—are themselves secular, or else the programs would not be there. When religious experts teach in the context of religious institutions, people expect instruction in how to perform religious rituals. When those in positions of social or legal power and authority—for instance, public-school teachers, doctors, psychological therapists, prison volunteers, or employers—offer explicitly secular services, individuals may have difficulty recognizing when health-promoting techniques bleed into religious cultivation (Cohen, 2006, pp. 114–135). Similarly, patients may assume that fee-based services offered by psychologists, doctors, nurses, or other professional therapists, as opposed to chaplains, are “medical” rather than “religious.” Whereas consumers expect religious groups to offer free religious services as a strategy to recruit adherents, consumers expect to pay for nonreligious commodities necessary to their health. Consumers tend, moreover, to associate higher prices with higher-value goods and services. If medical insurance or school administrators cover costs, this enhances perceived medical/educational legitimacy.

Scientific Claims Imply Secularity

Assertions that MBIs are secular because scientifically validated warrant special care. This is because “science” conveys legitimating power in modern Western cultures. There is a long history of perceived conflict between “science” and “religion” in cultures influenced by the enlightenment, evolutionary biology, and scientific naturalism, and this history predisposes people to presume that scientifically validated practices are nonreligious (Lopez, 2008). Blurring this presumed binary, scientific research confirms that many religious and spiritual practices produce physical and mental health benefits (Aldwin, Park, Jeong, & Nath, 2014; Koenig, King & Carson, 2012).

Scientific publications reporting empirical benefits lend credibility to claims that mindfulness is secular. This creates an ethical responsibility to be honest about the strengths and weaknesses of the scientific evidence. Neuroscience researchers who are themselves sympathetic to mindfulness express caution about the inflated claims commonly made about the science supporting mindfulness (Britton, 2016; Kerr, 2014). As Dodson-Lavelle acknowledges:

Existing data on the efficacy of mindfulness and compassion interventions in general are, frankly, not very strong. As a number of researchers have pointed out, studies of MBSR and related programs suffer from numerous methodological issues, including inconsistencies regarding the operationalization of ‘mindfulness,’ small sample sizes, a lack of active control groups, evidence that these programs are more effective than controls (when comparisons can be made), deficient use of valid measure and tools for assessment, and often little to no assessment of teacher competence or fidelity. (2015, p. 19)

One difficulty is that “there is no consensus on what the defining characteristics of a ‘mindfulness practice’ even *are* for *any* population” (Felver & Jennings, 2016, p. 3). Another issue is study quality. A systematic review of 18,753 citations excluded all but 47 trials with 3,515 participants, since others lacked the active control groups needed to rule out potential confounds. The meta-analysis concluded that mindfulness meditation programs show moderate evidence of improved anxiety and pain, but low evidence of improved stress/distress and mental health related quality of life. They also found insufficient evidence of any effect of meditation programs on positive mood, attention, substance use, eating habits, sleep, and weight. They found no evidence that meditation programs were better than any active treatment such as medication, exercise, or other behavioral therapies (Goyal et al., 2014). Some studies have even shown that while mindfulness participants self-report decreased stress, biological markers such as cortisol levels actually indicate increased stress (Creswell, Pacilio, Lindsay, & Brown, 2014; Schonert-Reichl et al., 2015). It is ethically problematic to make scientific claims about mindfulness that exceed the evidence, especially given the power of such claims to convince potential participants and sponsors that mindfulness is a fully secular intervention.

Intentional Lack of Transparency

Despite claiming to teach a completely secular technique, some of the leading MBI promoters envision secular mindfulness as propagating Buddhist ethics. The French Jesuit scholar Michel de Certeau draws an insightful distinction between “strategies” employed by those with access to institutional sources of power and “tactics” used by those on the margins (de Certeau, 1984, pp. xi–xxiv; Woodhead, 2014, p. 15). Until recently, most MBI leaders lacked institutional space to act strategically; instead, they developed tactics to introduce Buddhist ethical teachings covertly—through a process described by anthropologists Nurit Zaidman and colleagues as “camouflage,” or carefully timed “concealing and gradual exposure” (Zaidman, Goldstein-Gidoni, & Nehemya, 2009, pp. 599, 616). Exhibiting what scholars call “code-switching” or “frontstage/backstage” behavior, these leaders describe their activities in one way for non-Buddhist audiences and in a very different way for Buddhist co-religionists (Gardner-Chloros, 2009; Goffman, 1959; Laird & Barnes, 2014, pp. 12, 19). For the latter, they refute charges of critics Ronald Purser and David Loy that MBIs reduce a transformative Buddhist ethical system to mere “McMindfulness” (Purser & Loy, 2013); Kabat-Zinn rebuts that MBIs promote the entire *Buddhadharma* (Kabat-Zinn, 2015, para. 6). When speaking to non-Buddhists, the tactics employed by MBI leaders include “disguise,” “script,” “Trojan horse,” “stealth Buddhism,” and “skillful means”—all terms used by MBI promoters themselves.

Instances of these tactics have been detailed elsewhere (Brown, 2016), but may be illustrated as follows. Daniel Goleman boasting of his efforts to code mindfulness

as secular psychotherapy said that “the Dharma is so disguised that it could never be proven in court” (1985, p. 7). Actress and movie producer Goldie Hawn attests that she got Buddhist meditation “into the classroom under a different name” by writing a “script” that replaces the terms “Buddhism” and “meditation” with the euphemisms “neuroscience” and “Core Practice” (2013). Silicon Valley meditation teacher Kenneth Folk self-consciously employs “The Trojan Horse of Meditation” as a “stealth move” to “sneak” Buddhist “value systems” of “compassion and empathy” into profit-driven corporations (2013, para. 13–18). Kabat-Zinn disciple Trudy Goodman describes her approach as “Stealth Buddhism.” Goodman’s “secular” mindfulness classes, taught in “hospitals, and universities, and schools,” admittedly “aren’t that different from our Buddhist classes. They just use a different vocabulary.” Goodman considers it “inevitable” that “anyone who practices sincerely, *whether they want it or not*” will shed the “fundamental illusion that we carry, about the ‘I’ as being permanent and existing in a real way” (2014, emphasis added). Kabat-Zinn describes MBSR as “skillful means for bringing the dharma into mainstream settings. It has never been about MBSR for its own sake” (2011, p. 281). Rather, MBSR and MBCT represent “secular Dharma-based portals” opening to those who would be deterred by a “more traditional Buddhist framework or vocabulary” (Williams & Kabat-Zinn, 2011, p. 12). Psychotherapist and religious studies scholar Ira Helderman observes that clinicians develop a variety of “innovative methods for maneuvering” between “religion” and “secular science or medicine.” Some, like Kabat-Zinn, “incorporate actual Buddhist practices but *translate* them into items acceptable within scientific biomedical spheres” (2016, p. 942, emphasis original). Helderman asks of the translators: “Has the religious really been expunged or is it just in hiding?” (p. 952). He notes that these same “mindfulness practitioners also unveil and market the true Buddhist religious derivation of their modalities when public interest in Asian healing practices suggest that doing so would increase access to the healing marketplace rather than prevent it” (p. 950). Such practitioners envision mindfulness as one thing, namely Buddhism, but present it as something else, a (mostly) secular therapeutic technique—on the premise that mindfulness, however described, is inherently transformative.

Unintentional Lack of Transparency

It seems likely that most MBI advocates lack any intention to deceive. They are themselves convinced that mindfulness is fully secular and universal because its foundational assumptions and values seem to them self-evidently true and good; they themselves have experienced benefits from mindfulness, and scientific research seems to confirm this-worldly benefits. They may nevertheless unintentionally communicate more than a religiously neutral technique. This is because suppositions about the nature of reality can become so naturalized and believed so thoroughly

that it is easy to infer that they are simply true and universal, rather than recognizing ideas as culturally conditioned and potentially conflicting with other worldviews.

Being convinced of the benefits of mindfulness can lead to an inadvertent conflation of Buddhist with universal ideals. For instance, describing the Eightfold Path as a “universal and causal law of nature, not unlike that of gravity” is, as Buddhist scholar Ronald Purser explains, “a faulty analogy ... a category error,” since Buddhist ideals, unlike natural laws, are “cultural artifacts” that reflect particular cultural norms (2015, p. 27). Mindfulness may seem merely to require “waking up” to “see things as they are.” But this reflects the “myth of the given,” that reality can be objectively presented and directly perceived (Forbes, 2015). Meditative experiences always require interpretations of their meaning, and interpretations are framed by worldviews. Although claiming to cultivate general human capacities and to promote universally shared values, MBIs offer culturally and religiously specific diagnoses and prescriptions for what is wrong with the world.

For example, the goal of attenuating desire and cultivating equanimity reflects a culturally specific ideal affect that values “low-arousal emotions like calm” (Lindahl, 2015b, p. 58). Believing that one has an unclouded view of reality can gloss hidden cultural constructs and the favoring of one set of lenses with which to view and interpret reality over another. This reasoning can justify upholding one culturally particular worldview as superior to others. This is not only a culturally arrogant position; it is precisely a *religious* attitude—a claim to special insight into the cause and solution for the ultimate problems that plague humanity.

Internal Grounds for Transparency

The benefits conveyed by mindfulness may seem to justify any intentional or unintentional lapses in transparency. For the sake of argument, assume for a moment that: (1) mindfulness alleviates suffering, (2) scientific research validates benefits, (3) MBIs can only continue in secular settings if mindfulness is presented as secular, (4) people are being deprived of the benefits of mindfulness because of biases against Buddhism or religion, and (5) individuals who would never knowingly visit a Buddhist center can gain an introduction to mindfulness and Buddhist ethics through MBIs, leading them to adopt a more accurate worldview, suffer less, behave more ethically, and come to be grateful for any unexpected religious transformations. By this train of reasoning, the benefits achieved through MBIs confirm that explicit communication of Buddhist ethics is inessential—and perhaps an undesirable obstacle to continuing and increasing cultural acceptance. Arguably, if people benefit from mindfulness, it does not matter whether they associate it with Buddhism or can articulate its ethical foundations.

This chapter takes the position that process matters. Confidence in the worth of mindfulness can create an ethical blind spot to implications of the processes through which mindfulness has been mainstreamed. Unethical processes may taint results,

potentially resulting in more harm than good. The ethical grounds for transparency can be articulated within frameworks internal or external to Buddhism. The Noble Eightfold Path, specifically the aspects of right mindfulness, right intention, and right speech, is relevant precisely because MBIs are an outgrowth of Buddhist ethics (reflecting multiple, sometimes competing Buddhist schools). The goal here is not a comprehensive discussion, a task undertaken by those more qualified to do so in this volume and elsewhere, but more modestly to note Buddhist arguments for transparency.

Right Mindfulness

The term “mindfulness” is shorthand for a Buddhist value on “right mindfulness,” *sammā sati*. Buddhist texts contrast right mindfulness with “wrong mindfulness,” *micchā sati*. Buddhist advocates of transparency worry that mindfulness taught “only as meditative skills or strategies” without “an understanding of ethical action” results in wrong mindfulness, which can exacerbate suffering (Monteiro, Musten, & Compson, 2015, pp. 3, 6). Right mindfulness, in this view, must be “guided by intentions and motivations based on self-restraint, wholesome mental states, and ethical behaviors” (Purser & Loy, 2013, para. 9). Secularly framed MBIs, by contrast, are “refashioned into a banal, therapeutic, self-help technique” that can “reinforce” the “unwholesome roots of greed, ill will, and delusion.” This amounts to a “Faustian bargain”—selling the very soul of mindfulness to enhance its cultural palatability (Purser & Loy, 2013, para. 6).

Right Intention

An argument for transparency can similarly be based on Buddhist understandings of “right intention,” *sammā sankappa*. Meditation teacher Joseph Naft explains that “Right Intention depends on our understanding of the path and its practices and on our ability to actually do those practices” (2010, para. 2). Buddhist monk William Van Gordon and psychologist Mark Griffiths (2015) argue pointedly that “a central theme of Buddhist training is that individuals should approach Buddhist teachings with the ‘right intention’ (i.e. to develop spiritually) and of their own accord”—in contrast to “Kabat-Zinn’s approach of thrusting (what he deems to be) Buddhism into the mainstream and teaching it to the unsuspecting masses (i.e. without their ‘informed consent.’)” (2015, para. 6). By this reasoning, Kabat-Zinn has an “ethical obligation” to make his agenda of mainstreaming *Buddhadharma* through MBSR “abundantly clear to participants” (para. 3). A central concern here is that mindfulness practice developed as a means to make progress along the Noble Eightfold Path. One cannot practice mindfulness with right intention if one does not understand what it can, and by original design should, facilitate.

Right Speech

Those arguing against transparency often frame MBIs as an epitome of skillful speech. For example, one commentator in an online discussion of Goldie Hawn's concealment of the Buddhist origins of mindfulness concludes that she is "trying to reach a bigger audience using skillful [sic] speech. Very Buddhist IMO [in my opinion]" (Tosh, 2012, para. 2). This position alludes to classical Buddhist texts that justify deception when employed to alleviate suffering. By contrast, the historian Jeff Wilson argues that exceptions to this dictum have only applied to Buddhas and advanced Bodhisattvas who are free from self-interest (Wilson, 2014, p. 90); proprietary, trademarked MBIs appear, by contrast, to be invested in the self-interested, commercial, therapeutic market. Sharpening the critique, Dodson-Lavelle calls attention to a Mindfulness in Education Network e-mail listserv on which "regular postings appear that either blatantly or suggestively describe ways in which program developers and implementers have 'masked' or 'hidden' the Buddhist roots of their mindfulness-Based education programs." Dodson-Lavelle elaborates that "the sense is that one needs to employ a secular rhetoric to gain access into educational institutions, and once one's 'foot is in the door,' so to speak, one is then free to teach whatever Buddhist teachings they deem appropriate" (2015, p. 132). The problem, then, is less that MBIs remove Buddhist terminology to make them accessible to broader audiences, but that the adoption of secular rhetoric is disingenuous and incomplete—Buddhist teachings *are* introduced in actual classes, despite secular curricular framing.

Certain MBI promoters have responded to religious controversy by revising their internet presence to obscure Buddhist associations, rather than opting to become more transparent about Buddhist sources and explain what exactly has been done to secularize programming. For example, in 2015, a school board member and parent in Cape Cod, Massachusetts called attention to institutional connections between Calmer Choice (Cultivating Awareness Living Mindfully Enhancing Resilience) and MBSR and Jon Kabat-Zinn, and cited statements by Kabat-Zinn linking MBSR with Buddhism. Prior to the controversy, Calmer Choice directors advertised the program as a "Mindfulness-Based Stress Reduction (MBSR) Program" that was "informed by the work of renowned Dr. Jon Kabat-Zinn" on its IRS Form 990-EZ (Calmer Choice, 2012, p. 2), Calmer Choice's official website (Calmer Choice, 2015d, para. 5, 2015e, para. 5); Facebook (2011a), Twitter (@mindful_youth, 2013), LinkedIn (Jensen, 2015), Disqus (@fionajensen, 2014), GuideStar (Calmer Choice, 2011b), and in interviews of Founder and Executive Director Fiona Jensen (Jensen, 2010, pp. 3, 10, 2013, p. 9). The formal prerequisites for Calmer Choice Instructor Training (as articulated by Director of School and Community-Based Programming Katie Medlar and Program Director Adria Kennedy, and taught at least as recently as the 2013–2014 school year) include "daily practice of formal and informal mindfulness" and "an 8-week Mindfulness-Based Stress Reduction Training course"; suggested readings include Kabat-Zinn's *Wherever You Go* and *Full Catastrophe Living* (Calmer Choice, 2015b, para. 7, 9, 2015c, sect. 3 para. 10).

The Calmer Choice website lists Jon Kabat-Zinn as an “Honorary Board” of Directors member (Calmer Choice, 2015a, para. 12).

In 2016, Calmer Choice responded to a legal memorandum (Broyles, 2016) by backing away from their previous efforts to market the program through emphasizing its associations with the better-known MBSR program and its “renowned” founder, Kabat-Zinn. In the thick of public controversy, Jensen insisted in a newspaper interview: “We don’t teach MBSR, and our instructors aren’t trained in MBSR” (Jensen in Legere, 2016a, Feb. 4, para. 14). In a subsequent interview (after the complaining school board member charged Calmer Choice with “scrubbing” its internet presence), Calmer Choice Board of Directors Chair David Troutman asserted that mentions of MBSR on the Calmer Choice website had been removed because “Calmer Choice does not teach MBSR” and the references had been “inadvertently added by volunteers”—although top administrators Jensen, Medlar, and Kennedy signed several of the internet documents making claims about MBSR and Kabat-Zinn (Troutman, in Legere, 2016b, Feb. 9, para. 7). It is unclear how much Calmer Choice has substantively changed their teacher training program, curriculum, or classroom practices. Rewriting promotional materials to obscure Buddhist associations and silence critics is not equivalent to secularization or honest speech.

There are Buddhist traditions that emphasize that skillful, or right, speech (*sammā vācā*) is honest and non-divisive. Influential Buddhist monk Bhante Gunaratana advises that skillful speech should always be truthful: if even silence may deceive, one must speak the whole truth, a consideration that supports full, as opposed to selective, disclosure of all that mindfulness entails (2001, p. 93). Meditation teacher Allan Lokos explains that “the pillar of skillful speech is to speak honestly, which means that we should even avoid telling little white lies. We need to be aware of dishonesty in the forms of exaggerating, minimizing, and self-aggrandizing. These forms of unskillful speech often arise from a fear that what we are is not good enough—and that is never true” (2008, para. 3). Although addressing individuals, Lokos’s admonition may suggest a reason for the MBI movement to be more self-confident in forthrightly acknowledging what it actually is—without, for instance, exaggerating scientific evidence or minimizing Buddhist ethical foundations.

External Grounds for Transparency

Although non-Buddhists may be uninterested in Buddhist arguments for transparency, there are external grounds upon which there may be broader agreement: namely intellectual integrity, cultural diversity, and informed consent. It would be misleading to describe these principles as purely “secular,” “universal,” or as “Natural Laws,” since, like Buddhist ideals, they have particular cultural histories. Nevertheless, as ideals that have relatively broad traction in many Western cultures, they can productively prompt reflection on the stakes of transparency.

Intellectual Integrity

The first of these principles, intellectual integrity, can be explained relatively briefly, using an analogy to plagiarism. The basic point is that one has an ethical, even if not a legal, obligation to acknowledge one's sources as a matter of honesty and respect for the authors' intellectual property rights. Some may counter that Buddhists "do not have a proprietary claim on mindfulness," but, as Lynette Monteiro, R. F. Musten, and Jane Compson express, "that begs the question of what model then underpins and guides the process of the MBIs" (2015, p. 12). Many Westerners consider "attribution" to be a "moral obligation." Thus, academic and professional institutions in the USA and Europe develop policies which stipulate that "one is permitted to copy another's words or ideas if and only if he attributes them to their original author" (Green, 2002, pp. 171, 175). Analogies may also be drawn to: (1) "theft law," which "prohibits the misappropriation of 'anything of value,'" including "intangible property" if it is "commodifiable" or "capable of being bought or sold"; (2) the "misappropriation doctrine" in "unfair competition" law, namely that "a commercial rival should not be allowed to profit unfairly from the costly investment and labor of one who produces information"; and (3) the legal doctrine of "moral rights," which includes (a) the "right of integrity," which "prevents others from destroying or altering an artist's work without the artist's permission," (b) the "right of disclosure," which "allows the artist the right to decide when a given work is completed and when, if ever, it will be displayed, performed, or published," and (c) the "right of attribution," which is "both positive and negative. An author or artist has the right both to be identified as the author of any work that she has created and to prevent the use of her name as the author of a work she did not create." Each of these analogies suggests that an originator of an idea is entitled to receive "credit" for that idea—in its entirety, without distorting modifications, and without the originator's reputation being used to legitimize the copy—especially when money is at stake (pp. 172, 204, 206, 219). MBIs may be faulted for taking, without adequate attribution, ideas developed by Asian Buddhists, modifying these ideas in ways that may be objectionable to some of their originators, and profiting financially (possibly at the expense of explicitly Buddhist market alternatives) through trademarked programs presented as innovations that embody the "essence" of ancient spiritual wisdom distilled into a modern, secular science.

Cultural Diversity

Mindfulness is often presented as a "values-neutral therapy" that will not conflict with the beliefs of those from any or no religious tradition. According to Buddhist mindfulness teacher Lynette Monteiro, this position is a "fallacy" (2015, p. 1). As a practicing therapist, Monteiro recognizes that "regardless of the intention to not impose extraneous values," therapists, as well as clients, inevitably bring implicit

values to the therapeutic relationship (p. 4). MBIs are both “rooted in a spiritual tradition,” specifically “Buddhism,” and even when formulated as secularized interventions, remain “spiritually oriented and therefore imbued with values.” Buddhist values, which cannot be assumed to be “universal,” are “ever-present and exert a subtle influence on actions, speech and thoughts” (pp. 1, 2). Buddhist ethics are “contained, explicitly or implicitly, in the content of a mindfulness program” and also “modelled or embodied in the person of the MBI teacher.” The “very act of teaching a philosophy derived from an Eastern spiritually oriented practice” risks conflict with the “individual values and faith traditions” of clients (pp. 3, 4). This may be problematic from a Buddhist perspective; Zen teacher Barbara O’Brien observes that right speech entails taking care not to “speak in a way that causes disharmony or enmity” (2016, para. 7). Mindfulness researcher Doug Oman raises a related concern that “dominant approaches to mindfulness” risk “unmindfulness of spiritual diversity” (2015, p. 36). Oman notes that “many MBSR instructors and writings reflect a Buddhist orientation” and that “middle-term and long-term” effects of participating in MBSR seem to include joining Buddhist organizations. Oman questions whether “breath-focused mindfulness meditation that emphasizes sensory awareness is truly belief neutral” given that “for many Christians, it is not breath meditation” but “meditation upon Scripture” that is valued (2012, p. 4, 2015, pp. 51–52). Oman thus identifies an “emerging compassion-related challenge: respecting cultural and religious diversity” (2015, p. 52). As Monteiro sees the challenge, demonstrating “actual respect for the client’s values and ethics” lies not in silence about Buddhist ethics, but rather in transparent communication (2015, p. 5). Transparency offers clients an opportunity to evaluate how their own values match those of the therapist and, if they do not match, whether they want to adopt practices premised upon another religious or cultural system.

The diverse experiences of MBI participants falsify the alleged universality of MBI-promoted values. In Dodson-Lavelle’s teaching experience, the universalist notion that “all beings want to be happy and avoid suffering” has “failed to resonate” with many participants (2015, pp. 17, 96–99, 162). Failure to recognize that MBIs reflect a “very Buddhist way of conceiving of suffering” tends to “flatten the experience of suffering,” and it “delegitimizes participants’ experiences by universalizing the experience of suffering and its causes” (pp. 160–61). Mindfulness teachers should not expect all clients to share a Buddhist perspective. Less than 1% of the US population identifies as Buddhist, compared with 71% Christian (Pew Research Center, 2015). Although there are other indications that some Americans of other or no religious affiliation (23% of adults) have adopted certain Buddhist-inspired beliefs and values, the compatibility of Buddhist and client views cannot be safely assumed.

Compassion Contested

One of the most commonly advertised benefits of mindfulness is that it makes people more compassionate. Implicitly, compassion is a universal, and therefore secular, value (Dodson-Lavelle, 2015, p. 168; Ozawa-de Silva, 2015, p. 1). On its face,

denying that one values compassion would sound perverse. Assuming the goodness and universality of compassion obscures the cultural and religious specificity of: (1) how compassion is defined in Buddhist traditions, (2) the logic that connects mindfulness with compassion, and (3) conflicting understandings of compassion. To simplify, in Buddhism compassion (*karuna*) stems from the idea that life is suffering, and humans should want to alleviate that suffering. Mindfulness cultivates compassion by offering insight into reality, including the causes of suffering, the path to its relief, and the interconnectedness of all beings; thus, understanding one's own suffering makes one more aware of the suffering of others and, reciprocally, wanting others to be free from suffering relieves one's own suffering (Dodson-Lavelle, 2015).

Although many Buddhists and Christians agree in identifying "compassion" as a core value, the two perspectives define the term so differently that it is misleading to identify it as a "universal value." Buddhists and Christians begin with fundamentally different assumptions about the nature of life (suffering vs. good), what is wrong with the world (any attachment vs. only those attachments that lead to disobedience to God's laws), the quality of existence (impermanent vs. eternal), the nature of the self (no-self vs. uniquely created in God's image for enduring relationship with God), and the source of compassion (waking up to understand that everyone shares the same Buddha nature so that compassion for others relieves everyone's suffering including one's own vs. God's sacrificial love demonstrated by Jesus's willingness to embrace suffering and death, which inspires Christians to repent of disobedience to God, turn to Jesus for salvation, and sacrifice their own needs for other ontologically distinct "selves"). The key point here is that it is simplistic and distorting to assert that compassion is a universal value.

Professional Ethical Standards

Anyone motivated by compassion to alleviate the suffering of others might be well advised to respect others' freedom to choose their own cultural, religious, and spiritual resources. Even the Dalai Lama has recognized that "if you bring in Buddhist teachings in a context where the person has no Buddhist leanings, it raises sensitive issues of religion and spirituality" because "you are trying to change someone's basic outlook on life" (Dalai Lama in Kabat-Zinn & Davidson, 2011, p. 120). Professionals whose responsibilities include therapeutic relationships with patients or clients have more formal ethical duties. Doug Oman warns that many MBI teachers have failed to meet their "professional obligations to recognize, respect, and seek competency in addressing religious diversity," including "proactive respect for diverse traditions" (2012, p. 4). Oman notes that "the ethical codes of most human service professions require respect for religious diversity as one form of respect for cultural diversity" (2015, p. 52). For example, the Joint Commission on Accreditation of Healthcare Organizations, which oversees the accreditation of 19,000 US health care organizations, since 2004 has required health care teams to perform spiritual assessments that determine "the *patient's* denomination, beliefs, and what spiritual

practices are important to the *patient*”—not the care provider (Warnock, 2009, p. 469, emphasis added). The Joint Commission standard for hospitals is that “the hospital respects, protects and promotes patient rights,” including the patient’s “cultural and personal values,” and “accommodates the patient’s right to religious and other spiritual services” (2016, sect. RI.0.01.01. EP6,9). The *Code of Ethics for Nurses with Interpretive Statements* (2001) specifies that “an individual’s lifestyle, value system, and religious beliefs should be considered in planning healthcare with and for each patient” (Warnock, 2009, p. 476). Nurse Carla Warnock argues that health care providers should at a minimum “respect and value each individual as a whole, including their culture and any religion or faith they may practice,” and urges that the principles of “informed consent” be followed in implementing any “spiritual interventions” (2009, 477).

Cassandra Vieten and Shelley Scammell delineate guidelines for psychotherapists and mental health professionals in a handbook on *Spiritual & Religious Competencies in Clinical Practice*. First in the list of 16 competencies identified is that “psychologists demonstrate empathy, respect, and appreciation for clients from diverse spiritual, religious, or secular backgrounds and affiliations.” Additionally, “psychologists are aware of how their own spiritual or religious background and beliefs may influence their clinical practice and their attitudes, perceptions, and assumptions about the nature of psychological processes” (2015, p. xi.). Vieten and Scammell explain that “people typically aren’t aware of their own biases,” yet “we each hold implicit biases that have been conditioned by our upbringing, region, class, and culture and by the media” (p. 23). They analogize that “worldviews function like sunglasses. They filter our perceptions” (p. 37). The therapist may perceive “a ‘truth’ about life that’s a given” whereas the “client holds a completely different truth” (p. 38). The American Psychological Association’s *Ethical Principles for Psychologists and Code of Conduct* states that “psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status” (2010, p. 4). Based on these principles, Vieten and Scammell conclude that “it’s unethical to force, recommend, or even encourage religious or spiritual practices in a hospital, clinic, or health care setting” (p. 116). Any “proselytizing or presenting your own spiritual or religious worldview in the context of therapy, even when done with the best of intentions, is never appropriate” (p. 117). It is important, moreover, to “become aware of your biases and know that you may also have implicit conditioning that you aren’t aware of in relation to religious or spiritual issues” (p. 131). Therapists have an affirmative responsibility, then, to make intentional efforts to recognize their own biases and to actively respect the potentially divergent perspectives of their clients.

It is therefore ironic that this same handbook promotes mindfulness meditation for therapists and their clients, apparently taking its universality as a given. Vieten and Scammell assert that “mindful awareness ... allows us to see things as they actually are more clearly.” The text advises its readers: “Right now, take ten full breaths while keeping your attention on your breathing. Actually stop reading and try it” (p. 127). The authors continue: “We highly recommend that you engage in

some sort of mindfulness training ... cultivating a mindful stance as a therapist will increase your ability to conduct effective therapy with all of your clients, including those with diverse religious and spiritual backgrounds and beliefs” (p. 129). The authors admit, moreover, that “some of the books we most often recommend” to clients include “Rick Hanson and Richard Mendius’s *Buddha’s Brain* (2009),” an explicitly Buddhist guide to mindfulness meditation (p. 152). Vieten and Scammell’s promotion of mindfulness exemplifies the ethical blind spot created by confidence in its benefits. The authors assume that mindfulness, by contrast to other religious and spiritual perspectives or practices, offers an unobstructed window onto reality that is universally helpful in any therapeutic situation.

Cultural Appropriation and Cultural Imperialism

The MBI movement risks inadvertent cultural appropriation and cultural imperialism: in extracting, and potentially distorting, cultural resources from a socially less privileged group of cultural “others” and imposing those resources on still less privileged “others,” for the primary benefit of the socially dominant group (King, 1999, p. 2; Purser, 2015, p. 24). Middle to upper class European Americans have played a primary role in adapting and marketing mindfulness, using financial and social capital to develop, fund, administer, and teach MBIs. In advertising mindfulness as secular and universal, MBI leaders often claim to extricate the mindfulness technique from the so-called “cultural baggage” of Asian Buddhism (Williams & Kabat-Zinn, 2011, p. 14). The adoption of secular rhetoric to make mindfulness acceptable in the public square is “capable of violence,” and can be a “deliberate imposition,” an “agent of socialization for a competing worldview,” and an “aspect of colonizing assimilation” (Delaney, Miller, & Bisono, 2007; Dueck & Reimer, 2009, p. 220; Stratton, 2015, p. 103; Walsh & Shapiro, 2006, p. 228). Universalist rhetoric privileges the perspectives of mindfulness promoters, many of whom are white and economically privileged, as “objective and representative of reality,” “standing outside of culture, and as the universal model of humans” (DiAngelo, 2011, p. 59; Ng & Purser, 2015, para. 4). Film studies theorist Richard Dyer defines hegemony as the “expression of the interests and world-views of a particular social group or class so expressed as to pass for the interest and world-view of the whole of society” (1993, pp. 93–94). In the case of MBIs, the interests and worldviews of socially privileged European American Buddhists hegemonically pass for universal truths and values needed by all of society.

There are two dangers here: the first involves the relationship between the MBI movement and Asian Buddhists. Religious studies scholar Jane Iwamura argues that socially powerful groups often achieve “hegemonic strength through channels that appear benign on their surface” (2011, pp. 7, 115). Positive orientalist stereotypes, for instance of Asians as possessing more wisdom and spiritual insight, can most easily “go unchallenged and unseen” (p. 5). Making matters worse, “the particular way in which Americans write themselves into the story is not a benign, nonideological act; rather, it constructs a modernized cultural patriarchy in which Anglo-

Americans reimagine themselves as the protectors, innovators, and guardians of Asian religions and culture and wrest the authority to define these traditions from others” (p. 21). Lauding the wisdom of Asian Buddhists for developing mindfulness, yet insisting that Asian Buddhists lack proprietary rights, has the effect of licensing appropriation and redefinition to serve the interests of MBI leaders.

The second danger involves the relationship between the MBI movement and those denoted as its special beneficiaries. Iwamura uses the term “Virtual Orientalism” to describe American interactions with Asian cultures that involve racialization and cultural stereotyping, or the blunting of distinctions among individuals (Iwamura, 2011, pp. 6–7). Iwamura’s analysis may be extended to interpret mindfulness programs targeted at nonwhite populations as participating in dual racialization and cultural stereotyping of both Asian Buddhists and American people of color, and as implying a cultural evolution narrative. MBI leaders often vaunt their benevolence in bestowing the benefits of mindfulness on people of color and lower social class. For example, CfM director Saki Santorelli boasts that:

We embedded an MBSR Clinic into a large community health center caring for underserved, underrepresented populations in Worcester, Massachusetts, providing access via free childcare and transportation. Participants included African Americans; Latinos from central, south, and Caribbean-rim countries; and native and immigrant Caucasians, all with income levels below the national poverty line. We have taught mindfulness to prison inmates and correctional staff in prisons across Massachusetts. Mindfulness is being taught to diverse populations of school-age children in the cities of Oakland, Baltimore, New York, Minneapolis, and Los Angeles—to name a few. (2016, p. 2)

Implicitly, MBIs can carry a hefty financial price tag. An 8-week MBSR class taught at CfM headquarters runs between \$545 for someone with a household income below \$40,000 up to \$725 if one’s household income reaches \$50,000 (CfM, 2014b, para. 3). Offering free or reduced-priced access to mindfulness training thus extends opportunities to those who are otherwise disenfranchised.

Financial accessibility is, however, only one factor, or there would be no need to note the racial and ethnic composition of the groups served. Such references may suggest that people of color or recent immigrant status are more in need of mindfulness because they are naturally less able to self-regulate. In support of this interpretation, mindfulness-in-schools programs are disproportionately targeted toward “inner-city schools” with large populations of African-American and Latino children. Promotional videos typically feature such schools as being transformed by mindfulness into oases of non-stressful academic achievement, kindness, and optimism. For example, the film *Room to Breathe* portrays a white woman, Mindful Schools Executive Director of Programs Megan Cowan, teaching mindfulness to African-American and Latino children in a San Francisco public middle school after overcoming the so-called “defiance” of students who failed to share Cowan’s academic and social goals (Long, 2012). Implicitly, disadvantaged children have caused their own problems, and it is their responsibility to muster interior resources to become successful neoliberal subjects in an educational and social environment structured by racism and poverty (Ng & Purser, 2015, para. 8; Reveley, 2016, p. 497). As American Studies scholar, education policy analyst, and mindfulness

advocate Funie Hsu has argued, students may receive the message that they alone, rather than systemic social injustices, are to blame for their suffering. Hsu finds it particularly worrisome that mindful school programs target low-income “students of color, especially black and brown boys” in a manner that “mystifies the structure of social oppression” and perpetuates “racial disciplining based on negative stereotypes” (Hsu, 2014, sect. 4, para. 7–9). Such a perspective condescends to racial and ethnic others as having unenlightened cultural practices. Mindfulness missionaries might be criticized for failing to respect the students’ own cultural and religious strategies for confronting systemic injustices, instead imposing a white authority figure’s preferred contemplative tradition in order to promote her goals of study and competitive individualism, regardless of the students’ own goals or priorities. Yet many of those targeted by MBIs already have deeply cherished religious traditions and spiritual resources that they consider efficacious in coping with life’s challenges. Indeed, African-American and Latino communities are statistically more religiously active—and predominantly Christian—than the non-Hispanic, white American populations who generally administer MBI programs (Kosmin & Keysar, 2009).

The language used to frame mindfulness-in-schools programs suggests reformer anxiety to protect society—and the reformers’ own children—from the consequences of “un-mindful” misbehavior. For instance, clinical psychologist Patricia Broderick’s *Learning to Breathe* mindfulness curriculum is marketed as an antidote to “disruptive behavior in the classroom, poor academic performance, [and] out-of-control emotions” that might provoke “acting out by taking drugs, displaying violent behavior or acting in by becoming more depressed” (2013, para. 1, 3). A clinical study linked from the Mindful Schools website collected self-report survey data from Baltimore City “low-income, minority” public-middle-school students, “99.7% African-American, and 99% eligible for free lunch”; the study purports to show the utility of mindfulness in reducing “trauma-associated symptoms among vulnerable urban middle school students” (Mindful Schools, 2016, note 29; Sibinga, Webb, Ghazarian, & Ellen, 2016, p. 1). Implicit in such curricula and study designs is an obliquely racial narrative, in which students of color are more “vulnerable” to losing control, and a tangentially religious narrative in which Christianity has failed America’s children—the nation’s future. “Secularized” Buddhism offers hope for salvation as mindfulness rescues children, especially minority children who are portrayed as threats to themselves and to those around them, and thus rescues America’s future through the “bridge figure of the child” (Iwamura, 2011, 20).

Informed Consent

The term “informed consent” has its origins in health care tort law. It was coined in 1957 in the medical malpractice case of *Salgo v. Leland Stanford Jr. University*; the patient awoke from a medical procedure paralyzed, having consented to the procedure without being informed that paralysis was a known, though rare, risk (Faden & Beauchamp, 1986, p. 125). The World Medical Association *Declaration of Lisbon*

on the Rights of the Patient affirms that patients have the “right to give or withhold consent to any diagnostic procedure or therapy—even if refusing treatment is life-threatening (World Medical Association, 1981/2015, p. 2). The principle of informed consent is broadly applicable not only to health care but also to other situations in which a person’s rights of personal autonomy and self-determination are at stake. The basic idea is that service-providers have an affirmative ethical obligation to give clients access to full and accurate information needed to make the decisions they want to make. Providers should facilitate the process by which individuals are empowered to base decisions on their own “personal values, desires, and beliefs, to act with substantial autonomy.” Informed decision-making requires understanding both short- and long-term consequences of decisions and extends not only to medical risks and benefits, but also to “long-range goals and values,” including religious commitments (Faden & Beauchamp, 1986, pp. 302, 307).

Ethical theorists Ruth Faden and Tom Beauchamp articulate criteria that must be met for informed consent to be achieved. These are: “(1) a patient or subject must *agree* to an intervention based on an *understanding* of (usually disclosed) relevant *information*, (2) consent must *not be controlled* by influences that would engineer the outcome, and (3) the consent must involve the intentional giving of *permission* for an intervention” (1986, p. 54, emphasis original). Faden and Beauchamp emphasize several aspects of the informed consent process. Patients must understand the nature of proffered interventions; for an act to be “intentional, it must correspond to the actor’s conception of the act in question” (Beauchamp, 2010, p. 66). The actor must also understand the “foreseeable consequences and possible outcomes that might follow as a result of performing and not performing the action.” The provider’s “manipulative underdisclosure of pertinent information” to influence a decision violates these ethical principles (Faden & Beauchamp, 1986, pp. 300, 8).

Applying the principles of informed consent to MBIs, mindfulness instructors have an affirmative ethical obligation to supply full and accurate information needed for participants to give truly informed consent. Clients must understand the nature of mindfulness meditation, including its origins and ongoing associations with Buddhism, and be made aware of any alternative treatments that might be more suitable. Clients must also understand the potential for adverse effects and religious effects of participating in programs that are marketed as safe and secular. Mindfulness researcher Willoughby Britton, an Assistant Professor of Psychiatry and Human Behavior at Brown University, urges that informed consent must include “thorough and honest disclosure” of the “nature, probability and magnitude of both benefits and harms,” which, given differing potentials of MBIs for various participants with diverse conditions, often requires “face-to-face consultation that is tailored to each participant” (2016, p. 106). Any lack of transparency on the part of providers for the purpose of encouraging participation—even if motivated by a compassionate desire to relieve suffering—is unethical. Psychologists and Buddhists Edo Shonin, William Van Gordon, and Mark Griffiths argue that “there is a need and duty to make service-users (and the wider scientific community) fully aware of the underlying intentions of MBIs and/or of the extent to which it can realistically be said that MBIs are actually grounded in traditional Buddhist practice” (2013, p. 3). Ronald Purser similarly

suggests that “one reason why Kabat-Zinn and his MBSR teachers are so adamant that ethics remain ‘implicit’ in their curriculum is that it is part of this camouflage strategy.” MBSR participants “believe they are receiving medically and scientifically based therapies, when in reality they are gradually being introduced to religious practices, without full disclosure or informed consent.” The intentionally cultivated “dual identities” of mindfulness “may have legal implications in terms of an evasion of professional accountability and a potential violation of informed consent laws.” Purser concludes that this sort of “stealth Buddhism” is “an ethical issue” of “truth in advertising” (2015, pp. 25–26).

Adverse Effects

MBI providers have an ethical responsibility to volunteer full information about what might happen when people practice mindfulness meditation, including the potential for unexpected or adverse effects. Certain of the same Buddhist teachings that encourage meditation also predict difficult experiences. According to Britton, varied experiences with meditation are “well documented in Buddhist texts” (Britton, 2014, para. 22). Mind and Life Institute Research Associate Chris Kaplan gives the example of a *sutta*, a canonical discourse attributed to the Buddha or one of his disciples, “where monks go crazy and commit suicide after doing contemplation on death” (Kaplan in Rocha, 2014, para. 28). Certain modern Buddhist meditation teachers interpret the classical texts as advising that experiential knowledge of suffering, or *dukkha ñanas*, are an inevitable stage in the path toward enlightenment. Psychologist and Buddhist meditation teacher Ron Crouch thus reasons from his reading of Buddhist texts and from his experiences teaching meditation that it is an ethical obligation of instructors to “tell students up front about the negative effects of meditation” so that they can make “an informed choice about whether to proceed or not”; failure to do so is, in Crouch’s view, “just dangerous” (Crouch, 2011, para. 22). In considering the relevance of such warnings about meditation practiced in overtly Buddhist contexts to secularly framed MBIs, it is important to keep two factors in mind. First, prominent MBI leaders intend for MBIs to function as portals to deeper meditation experiences. Second, some MBI participants do, through this exposure, find their way to explicitly Buddhist meditation.

It is not only Buddhists who warn of potentially negative experiences from meditation. As early as 1977, the American Psychiatric Association (APA) issued a position statement calling for “well-controlled studies” that include evaluation of “contraindications, and dangers of meditative techniques” (p. 6). As meditation has become more popular, adverse effects have been noted with sufficient frequency that the APA *Diagnostic and Statistical Manual of Mental Disorders* (DSM) added to its 1994 edition the diagnostic category of “Religious and Spiritual Problems” to account for meditative and other spiritual experiences that resemble mental illness (Farias & Wikholm, 2015, loc. 2201; Vieten & Scammell, 2015, p. 65).

Most scientific studies of mindfulness meditation, whether in Buddhist or MBI contexts, do not look for adverse effects. Britton explains that varied effects are “not

well documented in the scientific literature because nobody is asking about them” (Britton, 2014, para. 22). According to Miguel Farias, Director of Studies in Psychological Research at the University of Oxford, “it’s difficult to tell how common [negative] experiences are, because mindfulness researchers have failed to measure them, and may even have discouraged participants from reporting them by attributing the blame to them” (Farias in Foster, 2016, para. 12). Psychologist Stephen Stratton urges that “adequate informed consent will be helped by future research into the negative effects related to mindfulness and contemplative practices” (2015, p. 113).

Despite the lack of systematic study, there is a growing body of empirical evidence of adverse effects from mindfulness and other forms of meditation. Reporting on 17 primary publications and five literature reviews of reported meditation side effects, psychologist Kathleen Lustyk and colleagues identify potential risks to mental, physical, and spiritual health, and recommend participant screening procedures, research safety guidelines, and standards for researcher training (Lustyk, Chawla, Nolan, & Marlatt, 2009). After reviewing 75 scientific articles on meditation, including mindfulness, psychotherapists Alberto Perez-de-Albeniz and Jeremy Holmes concluded that “meditation is not free from side effects, even for long-term meditators or experienced teachers. Nor is it free of contraindications” (2000, p. 55). Psychiatrist John Craven advises that meditation is contraindicated for patients with a “history of psychotic episodes of dissociative disorder,” “schizoid personality traits,” “hypochondriacal or somatization disorders,” or who are otherwise “likely to be overwhelmed and decompensate with the loosening of cognitive controls on the awareness of inner experience” (1989, p. 651). It is not only psychologically disturbed patients who report negative effects; it is just that they may be less capable of managing them. Craven reports that the most frequent negative effects of meditation are “nausea, dizziness, uncomfortable kinesthetic sensations and mild dissociation,” as well as “feelings of guilt,” anxiety-provoking “powerful affective experiences,” “fear and anxiety,” “grandiosity, elation,” “bragging about experiences,” as well as “psychosis-like symptoms, suicide and destructive behaviour” (p. 651). Other researchers have reported “difficult thoughts or feelings” (Lomas, Cartwright, Edginton, & Ridge, 2014, p. 201), “depersonalization and derealization” (Epstein & Lieff, 1981, pp. 137–38), “anxieties, intense ecstasies and moments of depersonalization” (Dunne, 2011, p. 15), “fragmentation of the self which can manifest itself as dissociation, grandiosity, terror, or delusion” (Blanton, 2011, p. 143), acute psychotic episodes, agitation, weeping, screaming, paranoia, bizarre behavior, and suicide attempts (Walsh & Roche, 1979, p. 1085). One meditator interviewed by Mind and Life Institute Research Associate Tomas Rocha recounted: “I had a vision of death with a scythe and a hood, and the thought ‘Kill yourself’ over and over again” (Rocha, 2014, para. 2). Negative effects of meditation thus range from mildly uncomfortable to life-threatening.

The “Varieties of Contemplative Experience” (VCE) study led by Willoughby Britton and Jared Lindahl (2017) recruited Western (85 percent from the U.S.) meditators (n = 60) in the Theravāda, Zen, and Tibetan Buddhist traditions who reported experiences described as “challenging, difficult, distressing, functionally

impairing, and/or requiring additional support.” Catalogued experiences include: fear, anxiety, panic, or paranoia (reported by 82 percent of respondents); depression, dysphoria, or grief (57 percent); change in worldview (48 percent); delusional, irrational, or paranormal beliefs (47 percent); physical pain (47 percent); re-experiencing of traumatic memories (43 percent); rage, anger, or aggression (30 percent); agitation or irritability (23 percent); and suicidality (18 percent). Symptom duration ranged from days to more than ten years, with a median of 1–3 years; most subjects (73 percent) indicated a moderate to severe level of impairment, and 17 percent required inpatient hospitalization. Although the study did not address MBIs and excluded children, respondents reported “challenging or difficult experiences under similar conditions” as MBIs: “in the context of daily practice [28 percent]; while meditating less than 1 hour per day [25 percent], or within the first 50 hours of practice [18 percent]; and with an aim of health, well-being or stress-reduction.” Practitioners encountered difficulties with practices “not dissimilar from the primary components” of MBIs, such as “mindfulness of breathing” (Lindahl, Fisher, Cooper, Rosen, & Britton, 2017).

Adverse effects have been reported for both short-term and long-term meditators, in both MBI and Buddhist contexts. Psychiatrists Mark Epstein and Jonathan Liefiff have observed through their clinical work with hundreds of meditators that even the “early stages of meditation practice” can produce “explosive experiences,” some of which are “pathological” (1981, pp. 138, 144). Psychotherapists Ilan Kutz and colleagues assessed 20 participants in a 10-week MBI who were also receiving psychotherapy. These introductory, secularly framed meditation classes were for some “difficult and disquieting,” provoking feelings of “agitation and restlessness,” “pain-fear-anger,” loneliness, sadness, emptiness, “feelings of defenselessness, which in turn produced unpleasant affective experiences, such as fear, anger, apprehension and despair,” sometimes “accompanied by sobbing during the meditation session” (1985, pp. 215–16). Four of twenty subjects reported a “dramatic unveiling” of latent memories of “incest, rejection, and abandonment” in “intense, vivid forms” (p. 215). Psychologist Deane Shapiro assessed 27 long-term meditators following a Vipassana retreat; 17 (63%) reported at least one adverse effect, and two (7%) “suffered profound adverse effects ... of such intensity that they stopped meditating.” Reported experiences include: boredom and pain, confusion, depression, severe shaking, feeling more judgmental of others, increased negative emotions, more emotional pain, increased fears and anxiety, disorientation, feeling spaced out, decreased attentional clarity, less motivation in life, feeling more uncomfortable in the real world, “loss of self,” and “egolessness which brought deep terror and insecurity.” Even meditators with the most extensive experience were no less likely to report adverse effects. Shapiro concludes by urging “the critical importance of being sensitive to the adverse influences in short, as well as long term meditators” and of not allowing Buddhist “belief systems” to predispose meditation enthusiasts to see “growth where there may in fact be harm occurring” (1992a, pp. 62, 64–65, 66). The risks of adverse effects pertain to both beginning and advanced meditators.

When presented as a secular, universal intervention, equally safe and appropriate for anyone, the risks of negative experiences from mindfulness practice may be

heightened. Jenny Wilks, who teaches both Buddhist and secularly framed mindfulness, warns that “secular mindfulness teachers may not be aware of the kinds of things that can come up for people practicing meditation—both problematic spiritual emergencies and profound insights—and won’t know how to guide people with these” (2014, sect. 3 para. 5). The term “spiritual emergencies” was coined by Stanislov and Christina Grof in 1989 as a classification for acute psychospiritual crises that they observed to be commonly induced by meditation or other intense experiences (Grof & Grof, 1989). Psychologists Miguel Farias and Catherine Wikholm describe meditation as a “Buddha Pill” in that it affects individuals differently and can bring about unwanted or unexpected side-effects (2015, loc. 3352). They ask, “Is meditation then a Buddha pill? No, it isn’t in the sense that it does not constitute an easy or certain cure.” But, they also answer, “yes, in the sense that, like medication, meditation can produce changes in us both physiologically and psychologically, and that it can affect all of us differently. Like swallowing a pill, it can bring about unwanted or unexpected side-effects in some individuals, which may be temporary, or more long-lasting” (loc. 3356).

Some MBI leaders are more careful than others to inform participants about the risks of adverse effects. MBSR training offered through the CfM does, to its credit, identify “Screening Criteria for Exclusion from the Stress Reduction Program”: “suicidality,” “psychosis,” “PTSD,” “depression or other major psychiatric diagnosis,” “social anxiety,” and substance “addiction.” Participants sign an informed consent form only after an interviewer explains one-on-one that risks include “feelings of sadness, anger, fear,” and that a “history of trauma, abuse, significant recent loss or major life changes, or addiction to substances may heighten these reactions” (Blacker et al., 2015, pp. 37–38; Santorelli, 2014, pp. 6–7). Such screening procedures do not prevent adverse effects, but they do at least reduce the likelihood that those with histories of severe psychological disorders will enroll. Other MBIs, including school-based programs, may not make similar disclosures. For example, Calmer Choice promotes itself as a “universal prevention program” that is designed to stop “violence, suicide, and self-destructive behaviors in young people” (Calmer Choice, 2015e, para. 2, 2016, para. 3). Such advertising raises ethical questions given that other mindfulness programs (including MBSR, which is a prerequisite for Calmer Choice instructors; Calmer Choice, 2015b, para. 7) recognize suicidality and serious emotional problems as exclusionary criteria, and given that children (especially those who have suffered trauma at home) may be especially susceptible and ill-prepared to respond to the challenges of meditation (Sibinga, Webb, Ghazarian, & Ellen, 2016).

Mindfulness teachers, including instructors of secularly framed MBIs, should disclose information about the risks of meditation. Once informed, individuals may conclude that the potential benefits of meditation outweigh the potential harms, but they need to be made aware of both in order to make informed decisions about whether to begin or continue meditating. Transparency about the Buddhist foundations of mindfulness is directly relevant to transparency about the potential for unexpected or adverse effects because certain of the same Buddhist teachings that encourage mindfulness also predict difficult experiences. Moreover, MBIs are often

intended to be, and/or in effect become, doorways to overtly Buddhist meditation. Thus, adverse effects and religious effects should be considered in tandem.

Religious Effects

Ethical obligations to disclose potential effects of mindfulness extend to religious effects. It is no secret among mindfulness teachers that secular mindfulness can be a doorway to religion and spirituality, including Buddhism. Thupten Jingpa, translator for the Dalai Lama, reflects that: “one of the interesting things about mindfulness, is that the initial emphasis on the secularization of the language really makes it less threatening to many people. It offers a very, very, skillful route to get to that experience, and then as people’s experience deepens, there is no denying the fact that it does open to deeper spirituality” (Shonin & Van Gordon, 2016, p. 280). A number of Buddhist meditation teachers have published accounts of witnessing an increase in the number of people taking explicitly Buddhist classes or coming on Buddhist retreats after being introduced to mindfulness through an MBI (Goodman, 2014; Blacker in Wilks et al., 2015, p. 54; Britton, 2011, para. 37; Kabat-Zinn, 2010, para. 32; Wilks, 2014, sect. 4 para. 4). For example, Stephen Batchelor notes that “on every Buddhist meditation course I lead these days, there will usually be one or two participants who have been drawn to the retreat because they want to deepen their practice of ‘secular mindfulness’” (2012, p. 88). Batchelor suggests that an “unintended consequence” of even an 8-week secular MBSR course can be that it opens for participants “unexpected doors into other areas of their life, some of which might be regarded as the traditional domains of religion” (pp. 88–89). As one MBSR graduate attested, “I took an 8 week Mindfulness-Based Stress Reduction Course 2 years ago without knowing anything about Buddhism ... That program spurred my curiosity and here I am learning all about the Four Noble Truths” (JKH, 2015). Mindfulness teacher Barry Boyce suggests that a “natural outgrowth of the mindfulness movement is that there are more candidates who might want to get involved with more rigorous training in the various Buddhist traditions” (Wilks et al., 2015, p. 54). Pediatrician and mindfulness teacher Dzung Vo explains how public-school mindfulness programs play a role in this movement. In Vo’s “experience working with mindfulness with children and youth, a lot of the benefit is not immediate, obvious, or concrete. So much of it is about planting seeds, and I sometimes see the flowers bloom many months later.” School programs prepare youth to be “open and interested in exploring mindfulness more deeply” when given opportunities outside the school context. Thus, school programs can be “skillful means, and ways of opening more ‘dharma doors’” (2013, para. 1–2, 5). The “skillfulness” of using secular language to open dharma doors might be questioned from a Buddhist ethical framework (as suggested above); from a non-Buddhist framework, disclosure of potential religious and spiritual effects is essential for informed consent.

Social science research confirms anecdotal observations of a correlation between secularly framed MBIs and religious and spiritual experiences. Psychologist Jeffrey

Greeson and colleagues conducted quantitative survey research on 600 MBSR participants (2011, $n = 279$; 2015, $n = 322$). Most participants enrolled wanting improved mental health (90%), help managing stress (89%), and improved physical health (61%); half (50%) agreed that “exploring or deepening my sense of spirituality” motivated enrollment (2011). After 8 weeks, 54% reported that the course had deepened their spirituality, including personal faith, meaning, and sense of engagement and closeness with some form of higher power or interconnectedness with all things—aspects of spirituality that overlap with religion (2011). The authors conclude that mental health benefits from MBSR can be attributed to increases in daily spiritual experiences (2011, 2015). Other studies similarly correlate MBSR participation with increased spirituality scale scores (Astin, 1997; Carmody & Kristeller, 2008).

Psychological studies, employing interview and survey methodologies, indicate that mindfulness practice draws some participants toward Buddhism. Psychologist Timothy Lomas and colleagues conducted in-depth interviews of 30 meditators, most of whom first tried meditation for secular reasons, such as stress management. But, the authors conclude, “meditation became their gateway to subsequent interest in Buddhism,” and over time “meditation and Buddhism had become inextricably linked” (Lomas, Cartwright, Edginton, & Ridge, 2014, p. 201). Psychologist Dean Shapiro used written surveys to study Vipassana retreat participants before and after (1 month and 6 month intervals) their retreat experience; questions explored reasons participants first started meditating, length of meditation experience, and current intentions and religious identifications. Shapiro found that intentions of mindfulness practitioners changed over time, shifting along a continuum from self-regulation, to self-exploration, to self-liberation (from the “egoic self,” understood in Buddhist terms). Longer-term meditators were less likely to be religious “Nones” or monotheists and more likely to identify as Buddhist or with “All” religions (1992b, p. 34). Many people assume that one’s initial intentions in participating in a practice determine whether the practice is for that person “secular” or “religious.” Psychologist Shauna Shapiro and colleagues clarify that “intentions” are “dynamic and evolving, which allows them to change and develop with deepening practice” (Shapiro, Carlson, Astin, & Freedman, 2006, p. 376). This helps explain empirical findings of a transition from secular to Buddhist motivations.

The presumed distinction between “secular” and “Buddhist” mindfulness may be so fragile as to dissolve upon examination. As historian Anne Harrington and philosopher John Dunne put it, “therapeutic mindfulness today sits on an unstable knife edge between spirituality and secularism, therapeutics, and popular culture” (2015, p. 630). Farias and Wikholm argue that it is a “common myth” that “we can practise meditation as a purely scientific technique with no religious or spiritual leanings.” They base this conclusion on research showing that:

Meditation leads us to become more spiritual, and that this increase in spirituality is partly responsible for the practice’s positive effects. So, even if we set out to ignore meditation’s spiritual roots, those roots may nonetheless envelop us, to a greater or lesser degree. Overall, it is unclear whether secular models of mindfulness meditation are fully secular. (2015, loc. 3293)

Psychologist Stephen Stratton similarly concludes that the “distinction between the secular and the religious and/or spiritual when it comes to meditation in general and mindfulness in particular” may be “simplistic” (2015, p. 113). Marketing mindfulness as secular, implicitly defined as resulting in empirically validated effects, may both veil and heighten religious effects by inducing participation by those who might otherwise object to joining in a Buddhist practice.

There are ethical implications of the blurring of secular and spiritual mindfulness. Stratton asks: “Can the potential for religious-spiritual effects be ethically omitted from a description of this therapeutic technique?” He answers that “such an omission seems difficult to defend” (2015, p. 105). According to Stratton, “a more culturally aware perspective might suggest that religious-spiritual dimensions are always potentially present, even in overtly secular processes. Reflecting ethically, it seems more reasonable to consider the degree of religious-spiritual influence, not its presence or absence. It is unwise to assume that no religious-spiritual process is engaged when using secularized meditational practices in applied or research settings” (p. 113). Stratton notes that some Christian groups, particularly “Fundamentalist and Evangelical Christians” may avoid “any meditation beyond explicitly Christian prayer-based forms” for “religious-spiritual reasons” and that “counselors and researchers need to remain aware of the influence of these cultural dynamics for ethical practice. Awareness of this multicultural influence strongly suggests the need for religious-spiritual assessment for those who are introduced to therapeutic meditative practices in counseling” (p. 106). Stratton urges “increased attention to informed consent for meditational and prayer-based practices. It seems realistic to provide education about religious-spiritual effects that may arise while participating in interventions that include meditational practices, even when secularized” (p. 113). In the absence of such disclosures, consent to participate in mindfulness cannot be described as informed.

Encouraging mindfulness practice by advertising secular benefits may be ethically problematic if there is reason to expect that doing so might lead people to embrace ideas (about the ultimate nature of life and of the self or of the cause and solution for suffering) and goals (such as relinquishing attachments and dispelling illusions) that some people might reject if they understood them up front. Some participants or guardians who have signed formal consent forms may not have done so had they been given more information about the history of mindfulness meditation and its current cultural and religious associations.

Coercion

When mindfulness is presented as a secular, universal intervention beneficial to everyone, informed consent processes may be bypassed entirely. Employers may mandate participation, much as they would require attendance at other workshops designed to enhance productivity (Foster, 2016, para. 18). Prisoners may be indirectly pressured by offers of privileged treatment—accommodations in a quieter wing of the building and specially prepared vegetarian meals—in exchange for their

willingness to participate in meditation retreats (Bowen, Bergman, & Witkiewitz, 2015, 1458). Goldie Hawn has stated that it is her goal to see MindUP or similar programs “absolutely mandated in every state ... that’s our mission.” (2011, para. 67). Public-school students are not asked whether they want to opt out of math class; anecdotal evidence suggests that school administrators do not always make it easy for parents to opt their children out of mindfulness, giving the reason that it is a secular enrichment activity—and implying that no one rational would abstain for religious reasons. Certain school mindfulness programs are designed to permeate the entire school day, to be a “lifestyle” or “way of teaching and being,” permeating the “overall school culture,” rather than a self-contained curriculum such as math (Brown, 2015, para. 4; Calmer Choice, 2015e, para. 7). When mindfulness activities are scattered throughout the day—a few minutes of meditation several times daily, accompanied by frequent reminders to maintain a mindful attitude at all times—opting out is practically impossible without withdrawing from social institutions altogether.

Many MBIs are offered in public institutions that serve vulnerable populations from diverse cultural and religious backgrounds. In such settings, promoting mindfulness as a secular, universal intervention may be culturally and religiously disrespectful, divisive, and coercive. For example, public-school students are a “‘captive’ audience,” in a vulnerable position because of compulsory attendance, the impressionability of youth, and the institutional authority of teachers (Justice William O. Douglas in *Engel v. Vitale*, 1962, para. 11). School children, like other vulnerable populations, such as prisoners, employees in economically precarious working environments, those who are ill enough to need hospital or hospice services, and particular racial and ethnic minorities, merit special protection of autonomy (National Commission, 1979). This is because vulnerable populations might feel undue pressure to accept offered services although they lack substantial understanding of those services or their potential effects both short- and long-term (Miller, 1983, p. 11). Yet, these are the very groups targeted by a number of MBIs.

Differentials in power and knowledge inherent to the educational, medical, prison, and corporate systems give those in privileged positions an affirmative ethical obligation to investigate religious dimensions of interventions, volunteer information about potential conflicts between interventions and prior religious convictions or practices, and avoid direct or indirect religious indoctrination. The risks of undue coercion are intensified when mindfulness is sponsored by those in positions of social authority who command respect, trust, and/or obedience. Hierarchical relationships, for instance therapist–patient, employer–employee, and teacher–student, encourage social inferiors, namely patients, employees, and students, to trust information given by social superiors, namely their therapists, employers, or teachers. Group instruction, especially on institutional grounds, can exert an indirect, coercive pressure to conform to what the instructor (or sponsoring authority) says to do and peers can be observed as doing. Even if participation is voluntary, individuals may feel pressured to participate. Despite the existence of

opt-out provisions, it can be socially costly for social inferiors to appear to question their superiors' wisdom or to deviate from the behavior of their peers.

Conclusion

Many Americans, scholars included, tend to base their evaluations of MBIs on the starting assumption that they are fully secular. To illustrate, philosopher Andreas Schmidt defends MBIs against charges that they “constitute an illegitimate promotion of a particular worldview or way of life.” Schmidt’s argument pivots on his presuppositions that MBIs are devoid of (1) metaphysical assumptions, (2) ethical standards, or (3) contested values. He asserts without evidence that “while MBIs in healthcare and schools draw on and resemble traditional Buddhist meditative practices in various ways, they do not make any metaphysical or religious assumptions and are specifically designed to be secular” (2016, p. 451). Furthermore, MBIs are:

Not committed to substantive ethical standards about what is good, bad, right or wrong. While such practices often include compassion exercises, I think the ability to be compassionate and mindful of those around one should again be considered a general moral and social *skill* rather than a particular, contentious ethical viewpoint. (p. 452, emphasis original)

If these premises are incorrect, then Schmidt’s ethical reflections instead suggest that MBIs violate philosophical principles of “liberal neutrality”: that “public policies should not aim to promote particular conceptions of the good” (p. 452). Although Schmidt concludes that “MBIs should avoid strong ethical commitments,” this chapter has made a case that the embeddedness in MBIs of metaphysical assumptions, ethical standards, and contested values (such as compassion) instead indicates the need for transparency about implicit ethical commitments (p. 450).

None of this analysis is meant to argue against offering optional MBIs—provided that participation is truly voluntary and based upon fully informed consent. In public institutions such as schools where social authorities have power to influence culturally and religiously diverse populations, lunch-time or after-hours programs avoid much of the risk of coercion (*Good News Club v. Milford Central School*, 2001). The key here is transparency: about the origins and live associations of mindfulness with Buddhist ethics, and the potential for adverse and/or religious effects—even when initial motivations for practice appear purely secular. Training programs for MBI teachers should address the responsibility of teachers to be transparent about these issues, as well as to disclose any personal affiliations with Buddhist concepts, values, practices, or communities. Mindfulness programs have been able to “reap the benefits of being perceived as a secular therapy” (Lindahl, 2015b, p. 61), but the cost has often been a lack of transparency about goals and/or potential outcomes. There are ethical grounds, both internal and external to Buddhism, for reconceiving of transparency as an essential element of MBIs in secular contexts.

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