

Reform Buddhism & Clinical Mindfulness: A Study in Cultural Adaptation

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Introduction & Summary

Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) are similar medical interventions. Together, they constitute what we may call Clinical Mindfulness.

Formally, this emerges from Clinical Psychology. In terms of social history, it is related to contemporary Buddhism in the Euro-American culture-area. This in turn arises from the Reform Buddhism that developed from the 19th century on, (and also owes something to the ‘therapy movement’ of the 1950s and ’60s).

Clinical Mindfulness has solid scientific credentials and proven applicability. Much of it is straightforward *śamatha-vipaśyanā* meditation. It also has distinctive features — and it leaves out core Buddhist teachings.

Is this then simply a half-realized presentation of Buddhist meditation? This paper suggests it is not, but instead represents a new development for a new context. This fresh approach can alleviate suffering in situations where standard Buddhist practice could never be accepted.

Equally, Clinical Mindfulness is a dynamic new field. It continues to develop. The cross-fertilization between psychology and contemporary Buddhism, from which it emerged, continues to enrich both sides.

Having first offered some basic assumptions, the paper reviews modern Buddhist history. It then outlines Clinical Mindfulness, its origins and importance. Finally, it offers some thoughts on how to realize the full potential of this exciting development.

Assumptions: Tradition, Culture and Adaptation

A social group shares patterns of thinking (categories, attitudes, values, goals) and of behavior (interpersonal, familial, organizational). A set of such shared patterns is a culture.

Much cultural patterning is unconscious: people neither recognize nor can readily explain it. Some is explicit: texts, oral or written, embody categories and symbols which support higher-level explanatory frameworks. Such category- and symbol-systems, which can be shared across cultures, are traditions.

A river changes, yet remains constant; a tradition likewise. Consider science.

The Newtonian corpus remains central. Formally, we define it as Newton did. Yet Newton’s thought was conditioned by revelation, numerology and alchemy. He offered 17th-century Protestant élites an arcane summation of their religious worldview. By the 19th century, in contrast, his work underpinned common sense across an emerging global culture where God was sidelined, and what had been an abstract, philosophical narrative was now woven into the fabric of life.

Similarly, contemporary pharmaceutical researchers, sifting through millions of compounds remotely, may describe experimentation in terms formally reconcilable with those of Hooke and Boyle, but they conceive and undertake their work differently. And physiologists in East Asia may experiment on animals as Euro-

Americans do, but then they dedicate one day a year to the animals' spirits¹.

Thus, as a tradition develops across cultures and over time, adherents live it in new ways. Each tradition must manage this process.

In today's dominant global culture, this presents a particular challenge. Certain default assumptions are strongly entrenched. The autonomous and unvarying world is assumed to be the source of all meaning: we arrange our words and thoughts to reflect it; truth is accurate reflection; accordingly, a given proposition must always carry the same force.

So, having learned them in a direct translation of the Sanskrit/Pali, we may see the elements of the pañcaskhandha, for instance, as objective categories comparable to those of modern science. However, the Buddha said that if people told him x existed or did not exist, then he would agree² — and his contemporaries would hardly have listed the same existents as scientifically trained people today. He also advised against the use of specialized language in transmitting the dharma and instead encouraged people to use expressions that came naturally³, while himself freely exploiting and subverting contemporary terminology and cultural references.⁴

We can assume therefore that the pañcaskhandha series emerged naturally from habits of thought and speech common across the Buddha's culture. But the thought-world of Magadhans two-and-a-half millennia ago was clearly not that of any modern people.

So there is for instance no English word that 'means' vijñāna, certainly not 'consciousness'. Nor can the original vijñāna correspond at all closely with that of the homophonous terms in contemporary Thai, Burmese or Sinhala: that would be possible only if all the other categories in those languages, in relation to which the meaning of vijñāna emerges in use, had also been held constant. Today, therefore, the pañcaskhandha is a specialized, complex formulation, requiring careful analysis and deep reflection.

In what sense, then, is today's Buddhism the same as the Buddha's? The tradition itself offers an answer. It sees a person as a set of processes linked in a chain of conditioned origination. That would go for a group, too, or a linked series of groups such as carry on a tradition. On that basis, it does not matter that, since social, technical and linguistic forms and usages change continually, the categories, which each Buddhist group relies on to understand the formal teaching, must also change. Meanings need not be held constant in a mechanical way, defined immutably by fixed forms of words. It is necessary only that Buddhist discourse can still help towards experiential ends equivalent to those it has always served.

To meet that requirement, the pañcaskhandha analysis must be invested with a meaning that works for people now, i.e. can truly help in improving their and others' quality of experience. Likewise the smṛtiprasthāna-sūtra: this is no mere technical instruction, to be understood intellectually and then implemented precisely by an act of will; instead, it points a way that we can follow by putting our heart into it. As the East Asian strand of the tradition teaches, we 'eat the painted cakes'⁵.

Thus, exploring what Buddhism has to say in a non-Buddhist culture is a two-way process. The first stage starts with the original texts and with what contemporary

¹ Professor Denis Noble (personal communication)

² Saṃyutta Nikāya III, 138

³ sakāya niruttīyā Vin II, 139. See *What the Buddha Thought* by RF Gombrich Equinox 2009 Ch 10

⁴ See the works of Richard Gombrich *passim*

⁵ What we find in the texts of the tradition does not directly satisfy our spiritual hunger: it is not like a rice-cake, which we can simply consume. Instead it is like a painted cake. Nonetheless, "except for the pictured cakes, there is no medicine for satisfying hunger." See, e.g. <http://www.mro.org/mr/archive/22-1/articles/paintedcakes.html>.

Buddhists do and say. From this material, one seeks to tease out patterns of language and behavior that can have equivalent impact in the new cultural context. But if Buddhist doctrines and practices rest on universal truths of human existence, they must emerge naturally from the life-experience of any population, even one that thinks and behaves quite differently from earlier Buddhists. So a successful transmission to a new population must, in a second stage, also involve a process of rediscovering the Dharma afresh from the perspective of the new culture.

We start with established Buddhist culture and work towards a new one. In so doing, we then find ourselves going back the other way, starting from the new culture and developing within it an understanding that makes sense in its own right within that culture —and so re-illuminates the tradition. The net result is to reframe both the culture which is now assimilating Buddhism and the Buddhist tradition as a whole. Thus, post-Buddhist China differs from China before Buddhism — and the Buddhism that Europeans explore today would be different without the Chinese component.

Cross-cultural transmission is a subtle and complex process. So, meditation today may be in a way what it has always been and in a way different. The lived reality may today relate to other aspects of a practitioner's experience much as it did for earlier practitioners — and at the same time the linguistic and conceptual categories that support the practice must inevitably differ in detail, as may the emotional tone, and doubtless some of the precise behaviors too.

Reform Buddhism

As Western people have striven to assimilate Buddhist wisdom, people from established Buddhist cultures have reacted to influences from the West. Over the last two centuries, a process of cross-cultural accommodation has ensued.

Developments in Asian Buddhism, led principally by Asians of Buddhist culture with a modern ('Westernized') education, have been described as Buddhist Modernism⁶ and 'Protestant Buddhism'⁷. These Asian developments can also be considered in relation to the connected activities of Buddhist-inclined Westerners.⁸ In this perspective, we may see 'Reform Buddhism' as a trans-cultural outgrowth of the tradition. Reform Buddhism has contributed much to Clinical Mindfulness.

The 19th & Early 20th Centuries: Background & Overview

The 19th century saw dramatic change across Asia. This was reflected in Asia's Buddhist traditions. The standard analysis⁹ suggests that:

- ◆ Those traditions and their adherents were initially:
 - ✦ quite closely bound up with mythological and magical materials and practices;
 - ✦ sparing in their use of classical texts, (principally for chanting);
 - ✦ led largely by monks, whom the laity sought to serve, and strongly focused on maintaining monastic communities;

⁶ See Heinz Bechert's *Buddhismus, Staat und Gesellschaft* (1966)

⁷ See Gombrich's and Obeyesekere's *Buddhism Transformed* pp 201 ff.

⁸ David McMahan speaks of 'forms of Buddhism that have emerged out of an engagement with the dominant cultural and intellectual forces of modernity... a cocreation of Asians Europeans and Americans': *The Making of Buddhist Modernism* (Oxford: Oxford University Press, 2008 pp 5-6

⁹ Helen Hardacre has analyzed this phenomenon in relation to Japan, for instance in *New Directions in the Study of Meiji Japan* (Brill 1997). A review of similar trends in Chinese Buddhism by Eyal Aviv of Harvard is in the forthcoming edition of the Journal of the OCBS (JOCBS: see www.ocbs.org). In relation to Theravada, Richard Gombrich and Gananath Obeyesekere (*op cit.*) have analyzed trends in Sinhalese Buddhism from the 19th century.

- ✦ often understood as fulfilling a ritual function; and
- ✦ split into culturally-distinct religious streams, each with in its own norms, sometimes a little ethnic-particularist and backward-looking.
- ◆ Reformers aimed:
 - ✦ to purge superstition;
 - ✦ to use classical texts as the touchstone for a progressive rediscovery and remolding of the tradition;
 - ✦ to bring laypeople forward as Buddhist leaders and to make serving society an explicit, key goal;
 - ✦ to understand meditation as vital to that social function; and
 - ✦ to promote Buddhism world-wide as a universal, relatively secular system of philosophy and practical psychology with contemporary resonance.

This contrast can be overstated. The reform movement built on long-established tendencies.

The *Vimalakīrtinirdeśa* indicates a movement towards laicization in Indian Buddhism from early in the Common Era. That movement strengthened in China.¹⁰ As early as the sixteenth century, Southeast Asian rulers, seeking to control the Sangha, exhibited a new focus on textual learning.¹¹ Also, lay leadership, and lay involvement in meditative practice, can be seen in areas of traditional Southeast Asian Buddhism.¹²

Yet the modern period saw a distinct break. The world was transformed by the technological change and particularly the mass literacy that accompanied the development of capitalist economies and class societies. Printing and public education gave laypeople direct access to the foundational texts of their traditions; examination systems trained them to read texts for themselves. Meanwhile, economic growth forced change. Feudal thinking and practice lost currency: it was no longer sufficient to proclaim an unvarying, unquestionable truth rooted in popular cosmology.

The process and the effects were everywhere comparable. While what happened in Buddhist Asia can be seen in part as an effort to adopt approaches that had been successful in Europe, it must also represent an independent adjustment to global change.

To exploit expanding commercial opportunities, new élites had formed. Some of these people had begun to see religion as arising from rational individuals' natural reactions to the mysterious cosmos¹³, reactions validated by their authenticity. As with European Romanticism and non-conformist Protestantism, so here this allowed considerable license.

Among other things, it helped these new-élite Buddhists to justify their status to themselves in a distinctively modern way. In Europe, the theology of salvation had served this purpose; in Buddhist countries, the rhetoric of karma/samsāra could similarly buttress a meritocratic narrative.¹⁴

¹⁰ Twitchett, Denis, and Fairbank, John. *The Cambridge History of China, Volume 8, Part 2*. 1998. p. 949

¹¹ See my colleague Khammai Dhammasami's as yet unpublished thesis

¹² See Kamala Tiyanich's *Forest Recollection* University of Hawaii Press, 1997. Also the works of Nicola Tannenbaum

¹³ This approach to religion was common in progressive circles world-wide. In the *New York Times* of 9th November 1930, Einstein wrote:

The individual feels the futility of human desires and aims and the sublimity and marvelous order which reveal themselves both in nature and in the world of thought. ...The beginnings of cosmic religious feeling already appear at an early stage Buddhism ... contains a much stronger element of this. [T]his kind of religious feeling...knows no dogma and no God conceived in man's image.

¹⁴ See Weber, Tawney. The Protestant buttressing of commercial élite status has long established parallels in Buddhism.

It also allowed Asian reformers to claim the authority of science, the great meta-narrative of modernity. The objective reality invoked by science had, they could claim, an additional, psychological dimension, which people could with guidance explore for themselves; Buddhism provided such guidance.¹⁵

Here, Asians found common ground with Western dissidents. Since the Romantic period, European culture had been split: struggling to reconcile scientific reason and the society it molded with the need for psychological balance, many had rejected conventional ideas. Of these, a few wanted no part of the scientific revolution; many struggled to redefine it so as to allow for psychological realities that otherwise tended to be dismissed as merely subjective.¹⁶

Thus Reform Buddhists often suggested that the psychological categories of Sūtra, Abhidharma and later Buddhist Philosophy might be objective, equivalent to physical categories. Meditation, accordingly, sometimes came to be presented technically, as an almost algorithmic process: follow this procedure and you will induce an elevated state of being. Moreover, techniques are by definition instrumental, so meditation was linked to practical gains, such as improved performance in work and family roles.

Protagonists & currents

The interfaith movement owes much to innovative groups in Anglo-American dissenting Protestantism, such as the New England Transcendentalists, with their idealized, non-theistic religion of cosmic consciousness. The 1893 Parliament of Religions in Chicago reflected their values. The Buddhists made a great impact, particularly Anagārika Dharmapāla and Soyen Shaku (whose translator was DT Suzuki¹⁷).

These were Reform Buddhists: modernizing Asians who collaborated with Europeans inspired by Buddhist texts. They were influential across the Buddhist world:

- ◆ In Thailand, Prince Vajirañāna-varorasa studied Western science and social organization intensively before launching his reforms. He abandoned the Traiphum cosmology and sought to anchor the institutions and the practices of Thai Buddhism in an intellectual engagement with canonical texts based on sound scholarship, both Eastern and Western.
- ◆ In Japan, the Meiji Restoration disrupted established Buddhist institutions and practices; upholders of the tradition like Soyen Shaku had to revalidate it in a context of rapid, radical modernization.
- ◆ In China, Master Taixu's reform plans involved: reducing numbers of monks;¹⁸ purging Buddhism of superstition, and validating it by reference to Science,¹⁹ and adapting Pure Land doctrine to the cause of social reform.²⁰
- ◆ In South Asia:
 - ✦ Henry Olcott, a can-do American, combined with Mohottiwatte Gunananda Thera, a Sinhala monk who had adapted the preaching style of the Christian missionaries, to propagate a Buddhism that drew heavily on the work of TW Rhys Davids, an idealistic Pali scholar from a dissenting Protestant background.

¹⁵ See the section on Buddhism and Science in Olcott's *Buddhist Catechism* Also, Taixu, as per note 19 below

¹⁶ See William James

¹⁷ *Teaching Mindfulness* (McCown, Reibel and Singer) Springer 2010 p 40

¹⁸ Pittman, Don A. *Toward a Modern Chinese Buddhism*. Hawai'i UP. Honolulu, 2001 p238

¹⁹ Taixu, "Science and Buddhism" *Lectures in Buddhism* Paris, 1928

²⁰ pg. 427, Taixu, "On Establishing a Pure Land on Earth." *Complete Works*. Taipei 1956.

- ✦ Dharmapāla, an ethnic and cultural nationalist from the new Sinhala élite, joined with Sir Edwin Arnold, pillar of the British establishment and world-wide popularizer of modern Buddhism, in setting up the Mahābodhi Society.
 - ◆ Most importantly for our topic, in Burma:
 - with the gradual ... encroachment of the British, ...the Le-di Hsa-ya-daw... by writing and preaching about meditation... inspired the imagination of the Buddhist masses... [and] set up and serviced one of the earliest Buddhist missionary organizations.... In 1914 he wrote... *A Commentary on... Meditation*, ‘for the benefit of European Buddhists’²¹
- His movement, though native to Burma, was adapted to modern circumstances: ...the meditation center is open to both monks and unordained laity for short... but intensive courses in meditation using methods which focus mainly on the body ...²².
- Hitherto, meditation had been (by different accounts, in different places) a monkly specialism or a diffuse element of peasant culture. Now, it was a skill to be taught to the new middle classes by sudden immersion (the focus on the body facilitated this).
- ◆ The Thai Forest tradition²³ followed a similar course. By the period of Ajahn Chah, these Southeast Asian developments had come to exercise considerable influence.²⁴

Thus Reform Buddhists sought to revive the tradition. Their approaches varied, e.g.:

- ◆ Some promoted Buddhism as a religious identity.
- ◆ Others stressed interfaith activism and/or secularism.

In the first category were Asian monks like Ledi Sayadaw and nationalists like Dharmapāla, and also some pioneering Western monks:

- ◆ Allan Bennett (Bhikkhu Ānanda Metteyya, 1872 - 1923) opened The Training Of The Mind with a summary of the Reform-Buddhist program:
 - The Religion of the Buddhas is... a Practical Philosophy. It is not a collection of dogmas which are to be accepted and believed... but a series of statements and propositions which, in the first place, are to be intellectually grasped and comprehended; in the second, to be applied to every action²⁵
- ◆ Anton Gueth (Nyānatiloka Mahāthera, 1878 - 1957) wrote The Word of the Buddha: an Outline of the Ethico-philosophical System of the Buddha in the Words of the Pali Canon. The title indicates how that program was to be implemented by interpreting foundational texts in modern terms.
- ◆ Siegmund Feniger (Nyānaponika Mahāthera 1901-1994), who continued Nyānatiloka’s scholarly work, studied meditation under Mahasi Sayadaw Thera before publishing his classic The Heart of Buddhist Meditation. This introduced the influential formula ‘register and dismiss’ to describe what later Clinical Mindfulness would later call non-judgmental awareness.

The second group is more diffuse:

- ◆ Initially, one important strand was close to the Theosophical Society.
 - ✦ Olcott²⁶ articulated the early Reform Buddhist program in his ‘Buddhist Catechism’ and stimulated organizational initiatives like the YMBA.

²¹ *Traditions of Buddhist practice in Burma* (Gustaaf Houtman) p 31

²² *Ibid* p 2

²³ See Kamal Tiyavanich, *op cit*.

²⁴ They would be important for Clinical Mindfulness via Jack Kornfeld and Jon Kabat-Zinn, to mention only two

²⁵ <http://www.astronargon.us/?cat=17>

²⁶ Cf. Stephen Prothero *The White Buddhist: The Asian Odyssey of Henry Steel Olcott* by Indiana University

- ✦ Under the influence of Annie Besant’s Theosophy, the Indian wing of the Mahabodhi Society gave currency to a loose, generalized definition of Buddhism (not unlike what we see in 1960s America). Babasaheb Ambedkar used the latitude this offered to develop his social activism.
- ◆ Shri Goenka’s Burmese-inspired Vipassanā movement took root in that same Indian context. Wary of Hindu-fundamentalist opposition, Goenka presented meditation as a religiously-neutral, quasi-scientific technique: just something you can do, which you’ll find beneficial. So his approach is strictly behavioral (and quite tough): participants on his courses sit for long periods with fairly minimal preparation. This approach has converged strikingly with important western developments (see on).
- ◆ While the thinking and practice of most modern Thai and Burmese masters diverges from the Buddhism of many Southeast Asian laypeople, with its focus on merit-making, such divergences are generally passed over in silence. Buddhadāsa Bhikkhu, by contrast, was rather direct. Author of the pamphlet *No Religion*, he established a context for such secular-Buddhist Britons as Christopher Titmuss and Stephen Batchelor, who helped establish Gaia House (see on).

These two categories were fluid. Dharmapāla emerged from Olcott’s syncretistic movement but developed a militant, somewhat ethnic-particularist Buddhist agenda. Suzuki, emblematic of Japanese Buddhism, was nationalist in the 1930s and internationalist in the 50s.

Rhetorical necessity, if nothing else, often led both tendencies to adopt similar positions. Presenting meditation as a behavioral technique would be an example.

There is a contrast with Tibetan Buddhism, which emerged later onto the global scene. His Holiness the 14th Dalai Lama is a great reformer, and has adapted many Reform-Buddhist tropes. The Tibetans have also offered meditation to all comers. But for Tibetan Buddhists, the link between ritual and meditation is highly developed and Madhyamaka philosophy is central, particularly among the Gelugs.

The earlier impulse outlined above draws heavily on Southern Buddhist traditions. In best scientific (and Protestant) style, Reform Buddhism has traced the tradition back to its earliest strata and so has given particular respect to the Pali material. The Zen component is distinctive, but it shares a similar behavioral bias.

Clinical Mindfulness, as we shall see, comes out of Behaviorism. So it finds the behavioral framing of meditation congenial. But it has no need to extend the definition of science so as to confer some objective reality upon the inner life (relying instead on the behavioral indices of psychological activity).

Preliminary Reflections

Scientific reality is all about objectivity. Objects, in this context, are measurable, so their existence is mathematical as much as palpable. They are defined by processes of change that are likewise reducible to mathematics and therefore mechanical. Such a reality is hardly conceivable, anywhere, before about 1500.

For today’s average scientific man, life and consciousness are narrowly

Press. (and Tricycle, Fall 1996 pp. 13-19, and <http://aryasangha.org/olcott-prothero.htm>): [Olcott said] “If Buddhism contained a single dogma that we were compelled to accept, we would not have ... remained Buddhists ten minutes.” Olcott remained disturbed by “the shocking ignorance of the Sinhalese about Buddhism.” ... Like Olcott, pioneering Buddhologists such as Rhys Davids (whom Olcott eagerly read) tended to ... praise the ancient wisdom of the East and to condemn its modern manifestations — to view Asian religious traditions much like Calvin viewed the human race: as fallen from some Edenic past.

distributed across the universe, which is largely inert. Before 1500, common sense everywhere saw the universe itself as in some way living, conscious and inhabited by non-material beings.

That universe differs from the modern, scientific one, even if the latter does contain quarks. Intellectually, gods and quarks may be alike, as hypothetical entities; psychologically, they differ as an encounter differs from an observation.

One can overstate this: as populations have increased and social systems become more complex, all cultures have developed a more materialist perspective. Still, the contemporary sense of objective reality has no direct parallel in pre-scientific culture.

Thus, the Buddha's positions were rational-empirical — but not in the contemporary manner. He sought to trigger psychological shifts in an audience whose psychology was not modern. The then-dominant ideology underpinned an agrarian social structure with a notion of karmic birthright, and with a hierarchy of access to spiritual power that corresponded to closed knowledge-systems and initiatory language-games; the Buddha's common-sense practicality served to undermine that ideology.

So, yes, the Buddha is undogmatic and encourages personal enquiry — and the validity that can be claimed for Buddhist analyses is compatible with scientific understanding. But a scientific term refers to measurements that anyone can make at any time whereas, to appreciate the categories of the *pañcaskhandha* or *pratīyasamutpāda*, people need to work on themselves with a sincere wish to improve their and others' experience. Similarly, a technical procedure is effective by virtue of the formal precision with which it is applied whereas meditation involves putting your heart into it (*śraddhā*).

It may therefore not always be helpful to frame a Buddhist formula as objectively true, or a Buddhist practice as technically effective. What matters is the understanding and the experience that can arise in particular ways for particular people as they work with the formula and cultivate the practice. That lived reality may have a truth and an efficacy more valuable than anything to do with objects or techniques.

If one neglects the challenge of transmitting meanings from remote cultures and instead assumes we have direct access to the Buddha's words, then one may reason that the analyses and instructions found in the texts, if not erroneous, must be correct according to today's conventional thinking. But that may prove an adaptation too far: *upāya-akauśalya*. For instance, it may tempt us to think that those who formally acknowledge Buddhist truths are 'objectively' better placed than those who do not. In sharpening the contrast between damnation and salvation, guilt and righteousness, Protestant Christianity sought to cope with the psychological tensions inevitable in a period of wrenching socio-economic change. Something similar may occasionally apply with Reform Buddhism.

The 20th Century Psychological Revolution

By the 20th century, many in the West found the dialectic of guilt and righteousness obsessional and intolerable. The effort of industrialization had caused people to repress their spontaneous feelings; this had generated great psychological distress, expressed in two world wars; people needed to escape their demons. The psycho-analytic movement, centered round Freud and Jung, testified and ministered to that need. It started a process that culminated in post-war America.

Therapy and Buddhism:

Consider a Californian movie scene. Danny de Vito yells at Steve Martin, reaches a climax and subsides. Steve Martin says: “Well, you certainly *are* in touch with your anger.”

People call this ‘psychobabble’, suggesting it masks a failure to face issues. But Steve Martin has avoided getting trapped in de Vito’s quarrel, and has directed de Vito’s attention to his emotional disturbance.

Taxed with the difficulties that his policies were causing, President Bill Clinton similarly responded “I feel your pain.” Again, the attention shifts from the world to how people process their experience. This very Buddhist shift is proper to the language of therapy.

19th-century convention had distinguished between a few sorry souls who were ‘mad’ and the ‘normal’ majority: the ‘normal’ never reflected on their state of mind (such reflection indicated you might not be normal). Psycho-analysis had started to undermine this view. Then, events in the 1940s had indicated that madness was widespread; and in the 1950s, everybody contemplated the prospect that our leaders, supposed pillars of sanity, might soon destroy humanity. Psycho-therapy blossomed.

It became part of everyday life, something anyone might undertake, a service to buy. To reduce cost and increase availability, therapy was delivered in a group setting, so people became used to talking openly about mental states. New habits of language developed.

Management training began to incorporate content drawn from therapy. So-called T-groups shifted the emphasis from combating specific ills to becoming generally stable and well-motivated. The Human Relations School argued such training was necessary for people to work well. Abraham Maslow proposed a hierarchy of needs, suggesting that people were most productive when motivated to achieve psychological balance (called ‘self-realization.’).²⁷

In parallel, there was a new surge of interest in Buddhism, particularly Zen. Suzuki, Watts and others stressed the primacy of experience; Kerouac and the ‘beats’ incorporated some of their material into a cult of spontaneity associated with Jazz music.

In time, these two developments cross-fertilized. Some of the T-group ethos and procedures transferred across to Reform-Buddhist foundations like the Insight Meditation Society; therapists, meanwhile, began to try meditation.

Altered states:

In the 1960s, young people in the industrialized world were often materially secure but psychologically stultified. There was a widely felt need to break out of rigid, meaningless convention; risk aversion was low and strong, positive experiences seemed potentially available; accordingly, many in the post-war generation imagined they could and must create a new, radically different, more humane culture.

Conditioned, as they saw it, into abstract, bloodless, self-conscious over-rationality, they wished to live spontaneously. So, physically altered states of consciousness seemed attractive. There was much experimentation with psychotropic agents, particularly LSD.

Interest in meditation grew from a similar impulse. Here was another physical, behavioral way to generate ‘peak’ experiences, which opened the body to sensation and the mind to intuition.

The new life these people sought did involve thinking differently. But that sometimes seemed a mere by-product of altered consciousness. Indeed, there was

²⁷ A. H. Maslow “A Theory of Human Motivation” *Psychological Review*, issue 50 (1943) pp 370-396.

some revulsion against too much thinking, which was identified with the oppressive mindset that prevented people from living directly, in momentary experience. Abstract rationality seemed apt to leave a spiritual void, which consumerism could not hide. As a result, the population seemed almost possessed by a disembodied power ('the system'). The solution they saw was to reconnect with feelings.

Some were anti-rationalists, who valued sensation above all. Others, while deprecating the crasser attitudes and behaviors of *homo oeconomicus*, wished to reconcile reason with intuition.

So, one outgrowth of the 60s movement focused on a re-framing of science. Information Technology came to be seen as a new and better way of applying reason, which would free humanity from the need to dominate and abuse nature.

Another, not dissimilar line of development led again to Buddhism. This tradition seemed to offer a way of cutting through the puzzles: just practice, sit and breathe — and the intellectual and psychological clouds would dissolve. Reason was part of this process, but somewhat separate from (and subordinate to) experience, which depended on behavior.

So the 1950s and 60s gave western Buddhism a new impulse. While it remained intellectual, it became less philosophical, more behavioral. Like the IT crowd, these Buddhists sought a practical outlet for their reasonable impulse towards change.

Meditation Centers:

A complex economy, where productive functions are highly differentiated, gives a society that emphasizes functional roles (manager, professor) over intimate relationships (parent, elder). Here, age-old models of spiritual mentorship are difficult to maintain.

One solution is to reframe the mentor as primarily an expert. That goes along with a technical understanding of meditation.

It is perhaps on that basis that some Reform Buddhist groups have prospered. Key examples would be the Insight Meditation Society in the US²⁸ and Gaia House in the UK.²⁹

These organizations are clearly Buddhist, drawing particular inspiration from early Buddhism, but they link to no specific lineage and involve monks only peripherally. They offer 'all-comers' courses/retreats. For those new to meditation, preparation is minimal. After a general explanation of the process, people sit silently in a group. Practice is interspersed with feedback, both in the group and one-to-one with retreat leaders.

This secular, largely post-Protestant or post-Jewish approach is behavioral and technical.

Simply sitting, concentrating, registering-and-dismissing, etc. is supposed to induce a new pattern of experience. Correctly applied, the technique produces the result.

Personal relationships across the group are encouraged and charismatic teachers prized. But the technique is central: teachers are experts who promote its correct understanding and application.

As a practitioner progresses, more Buddhist background may be introduced, e.g. by way of abhidharma. This is not necessarily seen as an occasion for self-

²⁸ This was founded in Barre, Massachusetts, USA in 1975 by Joseph Goldstein, Sharon Salzberg, and Jack Kornfield

²⁹ This grows from an initiative of Christopher Titmuss and Christina Feldman in 1976. Stephen Batchelor has been a major influence.

examination and debate, more perhaps as a technical description of how things are.

Habitues of these centers can advance to a deep, practical understanding of *śamatha-vipaśyanā*, and indeed of Buddhism, but initially (as in the Goenka approach) they must work hard to acquire the habit from a standing start. Where in a temple or Dharma Centre one might start with a body of doctrine and a collective devotional impulse, this more secular environment offers a model of on-the-job training with individual responsibility.

There is a contrast with Tibetan Buddhist institutions. The Tibetans set great store on ritual, lineages and charismatic leaders. They generally work hard to maintain their cultural specificity, and those that become most obviously acculturated, like Trungpa Rinpoche's Shambala movement, tend to espouse the romantic/poetic side of the 60s culture rather than the behavioral/reasonable side.

Tibetan Buddhism has gone from strength to strength. Today, the large and growing volume of American university research into Buddhism is overwhelmingly concentrated upon Tibetan sources. Meanwhile, formal Zen and Theravada have perhaps lost a little of their appeal.

Thus some polarization is evident. Religious Buddhism thrives particularly in its Tibetan form. The secular model of the Mindfulness Centers works well where religious overtones are unacceptable.

That model has been influential in the development of Clinical Mindfulness. Yet Clinical Mindfulness differs in important respects.

Clinical Mindfulness:

Mental illness is a great and growing burden. The World Health Organization says that Major Depressive Disorder (MDD) is the second biggest health challenge world-wide after heart disease.³⁰

In the United States, approximately 20-25% of women and 12% of men will experience major depression at least once in their lifetimes, which will completely incapacitate them for a significant period; sufferers typically undergo repeated episodes; around 3.4% of people with chronic, recurrent depression commit suicide.³¹

Over recent decades, the incidence of depression has been rising and the average age of first onset has been falling³². In the UK, 13 million working days are lost annually to depression, anxiety and stress.³³

Behavioral Therapy:

How to understand this, and what to do about it? The default position of modern medicine is that the body is a machine; diseases correspond to physical or chemical malfunction. So, depression represents a deficiency of neurotransmitters, which anti-depressant drugs can remedy.

But life-circumstances, and people's reactions to them, are clearly relevant: the incidence of mental illness rises with stress levels. Non-biological therapies are

³⁰ Murray, C. J. & Lopez, A. D. (1997) Alternative projections of mortality and disability by cause 1990-2020: global burden of disease study. *Lancet*, **349**, 1498-1504

³¹ Barlow DH. *Abnormal psychology: An integrative approach (5th ed.)*. Belmont, CA, USA: Thomson Wadsworth; 2005, pp. 248-49

³² See James O (1998) Britain On The Couch: Treating A Low Serotonin Society: Why We're Unhappier Than We Were In The 1950s – Despite being Richer London: Arrow
Also: Klerman GL Weissman MM (1989) *Journal American Medical Association*, 261 (15) p2229-35

³³ Flaxman PE and Bond FW, Acceptance and Commitment Therapy In The Workplace, in Baer RA (2003) *Mindfulness-Based Treatment Approaches: Clinician's Guide To Evidence And Applications*, Academic Press: San Diego p377

therefore important.

The elaborate psycho-analytic theories derived from Freud, Jung, etc. led to highly personalized therapy. This was hardly suited to mass application, such as became necessary after the Second World War, from which thousands returned with significant psychological impairment. Interest turned instead to what psychology could offer.

Experimental psychology has focused on what is observable, i.e. behavior. At first, behaviorism dealt with animals: Pavlov and Skinner trained them using ‘operant conditioning’, i.e. reward and punishment. In the late-1940s, this approach was extended to therapy for war veterans. But the analysis and manipulation of physical behavior has only applicability in case of mental problems.

After that, there was an effort to establish objective facts about how people experience their mental processes. The movements of the mind could then be reconceptualized as cognitive behavior.³⁴

Aaron Beck found that we tend to have “automatic thoughts.” They come into our minds unbidden and we react to them unthinkingly.³⁵ Dysfunctional mental processes become entrenched.

His approach, Cognitive Behavioral Therapy (CBT), encourages people to distance themselves from their mental contents. Suppose the belief arises that “I can’t do anything right.” The mind then tends to dwell on instances of failure. So the first stage is to switch focus, so that the mind moves from thinking “I do nothing right” to focus instead on the recognition “I have had a thought that ‘I do nothing right’”. By this process of ‘decentering’, one can start to evaluate one’s thoughts and beliefs realistically. Then, by an exercise of intellect and will, one may be able to adopt new, more suitable cognitive strategies.

CBT proved more effective than previous ‘talking therapies’ and was also quicker and cheaper. Soon, it was widely used.

CBT has come to be known as the Second Wave of behavioral therapy. Over the last 20 years, a Third Wave has developed, which has converged with the growth of Meditation Centers.

This posits that the best way to change cognitive behavior may be indirectly. There is no need to aim specifically to replace dysfunctional mental contents. Instead, we can simply learn to recognize and explore skilfully whatever thoughts and feelings arise. By training ourselves, and particularly by maintaining awareness of the body, we can become more conscious of our momentary experience, and this will allow us to get a distance on automatic thoughts, so we can avoid getting carried away. Then it becomes natural for us, in the moment, to exercise choice over how we respond. Thus our cognitive behavior will change.

This approach emerged from 40 years of CBT. At the same time, the resemblance to *śamatha-vipaśyanā* did not escape notice.

Medical professionals who had learned Buddhist meditation could see that similar training programs were being developed from two quite different perspectives. Meditation Centers offered all comers a secularized mindfulness package (which, moreover, bore traces of the surrounding, therapy-imbued culture); similarly, in CBT sessions, patients learned to observe their cognitions, assumptions, judgments and beliefs with a view to changing them and so recovering from mental

³⁴ Data processing helped. From the 1960s, using standardized forms, carefully designed and rigorously applied, psychologists could gather and analyze masses of patient reports to establish objective facts about cognitive behavior.

³⁵ Beck, Aaron (1997). "The Past and the future of Cognitive Therapy". *Journal of Psychotherapy Practice and Research* 6 (4): pp276-284

distress.

The practices were converging. But the discourses differed. How to marry them?

Clinical Mindfulness

It took time. The first stage was to incorporate meditation practices into a medically respectable therapy that needed no elaborate psychological theory to justify it. A Professor at the University of Massachusetts Medical School found a way some 30 years ago.

Jon Kabat-Zinn had learned *śamatha-vipaśyanā* as a young man. As a consultant physician in Boston, he realized it had much to contribute to modern medicine.

Accordingly, he developed a program for patients with chronic pain. He called it Mindfulness-Based Stress Reduction (MBSR).

It is based on mindfulness of the body — following the breath, some gentle yoga stretches and a ‘body scan’, in which attention is directed to the different areas of the body, first successively and then together. As well as being aware of bodily sensations, participants are encouraged to prize them — an important early exercise involves eating a raisin with full appreciation. There are also elements of psycho-education, where participants discuss their symptoms, and difficulties in coping with them, while the leader offers input. This is a group-training; group-members are encouraged to discuss their experience and bond together.

Over 17,000 have gone through the University of Massachusetts’ immensely influential MBSR program. It has been adapted for use in prisons, schools, workplaces, nursing homes and in family and community settings. It has also stimulated neuroscientific and physiological research, which has shown for instance how following the breath can retrain neural pathways³⁶. But until the turn of the 21st century, it remained something of a medical curiosity: it worked, yes, but there was no compelling theory as to how.

The 2002 publication of Mindfulness-Based Cognitive Therapy[^] for Depression by Segal, Williams and Teasdale marked a significant advance.

- ◆ MBCT offered a cognitive model of relapse in depression, postulating that:
 - ✦ Negative mood-states prefigure relapse but do not cause it.
 - ✦ What triggers relapse is an inappropriate reaction to low mood when it arises.
 - ✦ Specifically, when patients go into problem-solving mode, they become vulnerable:
 - assuming they must take steps to banish the low mood, they become agitated; and then,
 - unable to achieve the desired result, they ruminate and fall into despair.
 - ✦ If patients can learn not to over-react in this way, they can more easily avoid relapse.
- ◆ It then described a training program, based heavily on MBSR, designed to test that model.

This is a manualized program: the manual defines who will deliver the training

³⁶ Daniel J. Siegel *Mindfulness training and neural integration* in the journal *Social Cognitive and Affective Neuroscience* 2007 December; 2(4): 259–263.

[^] (abbreviated to MBCT)

and what they will do. With identically qualified people delivering identical training, it is assumed that each instance of the program is identical: it is a standardized treatment, a reproducible experiment. So it can be tested in Randomized Controlled Trials.

One of the book's authors, Mark Williams, led a major series of such trials. The results were positive. The UK's National Institute for Clinical Excellence (NICE) has accordingly recommended MBCT as a primary treatment for preventing relapse in depression.³⁷

In his introduction to the latest edition, Kabat-Zinn highlights how here, for the first time, the efficacy of mindfulness is demonstrated in scientific terms. A hypothesis as to how it works has been successfully tested. In this way, Buddhist practices have been integrated into the mainstream of contemporary psychology.

Wider Implications

Limiting Language

Moreover, Clinical Mindfulness points towards an overall explanation for the ever-increasing psychological dysfunction in (post-)industrial societies. It suggests that:

- ◆ the reason why people in such societies find it hard to maintain psychological balance is that they are conditioned to live life as a series of problem-solving episodes; and that
- ◆ such dysfunctional conditioning is now built into everyday thinking and ordinary language, so that it is as difficult as it is important for us to decondition ourselves.

Mark Williams' 2008 paper *Mindfulness, Depression and Modes of Mind*³⁸ explains this.

- ◆ It first extends the standard definition of (clinical) mindfulness as 'non-judgmental moment-to-moment awareness', to offer:
the awareness that emerges as a by-product of cultivating three related skills:
 - intentionally paying attention to moment-by-moment events ... in the internal and external world,
 - noticing habitual reactions to such events, often characterized by aversion or attachment...,
 - cultivating the ability to respond to events, and to our reactions to them, with an attitude of open curiosity and compassion... of non-judgment and acceptance... 'letting go' of negative thoughts and unattainable self-guides
- ◆ Then it contrasts mindfulness with 'discrepancy-based processing,' glossed as 'doing mode,' which involves:
the pursuit of goals... [where t]he fundamental unit of analysis is ... a triple: the current state, the goal ..., and actions to diminish the difference
People are conditioned to operate in doing mode, but when it comes to managing their own mental states this incapacitates them.
For external problems (e.g. getting the car to the garage for servicing)... the checking mechanism does not itself affect the external circumstances (checking how far it is to the garage does not affect the actual distance left

³⁷ National Clinical Practice Guidelines, Number 23; London, HMSO 2005 (updated 2009)

³⁸ Springer Science+Business Media, LLC 2008

to travel). However, when the same mode is activated as a way to reduce distress, several aspects can make things worse.

First, checking the degree of discrepancy and finding a mismatch (comparing how I feel with how I'd like to feel) can actually increase distress....

Second, attempts to 'problem-solve' using ruminative/analytic processing act to reduce problem-solving ...

Third, some operations aimed at directly reducing distress, e.g. attempts to avoid or suppress the [distressing] thoughts, feelings and images, make subsequent intrusion by those contents more likely ...

Finally, the known effect of mood on memory makes it more difficult to retrieve information that might provide an alternative perspective ...

Generalizing, Williams observes that this illustrates certain limitations of language-based mental processes:

[I]n doing mode, ideas (often language based) are taken to be true. By contrast... the invitation during meditation is to observe what happens if the products of inner language are not reinforced....

[W]hat is thought about is no longer the central concern. [This] gives the opportunity to learn... that relating to the world from inside language interferes with open contact with the present moment... [W]hen we engage in thinking, we lose contact with the present. ...[F]or all its advantages, thinking narrows perception....

[O]ne of the core functions of language (predicting and evaluating), when applied to private events (thoughts and images, body sensations and emotional feelings), results naturally in experiential avoidance (not wanting to feel or think certain things that are already present).

...[T]hinking, reason-giving, emotional control... narrow the relevant stimulus-functions in any situation to those that emerge from within language itself. Meditation provides a context in which, by seeing language from a de-centered or 'de-fused' perspective, the person can make contact with a broader range of events... to help regulate and inform behavior.

This restrained formulation makes a limited case to a specialist audience. In more general terms, we might say that in a competitive, self-consciously meritocratic culture, social pressures commonly impel people to frame their lives in narrowly functional terms.

To be successful and so gain social recognition and material benefits, we must become effective problem-solvers, i.e. must adopt an abstract, instrumentalized pattern of thinking suitable for solving technical problem. If ever we should fail in this endeavor, we would by implication be worthless. Thus Williams' patients' experience is that thinking means identifying entities with fixed characteristics which can be manipulated for measurable ends, and constitutes a continuing obligation. They tend constantly to worry whether they are doing well enough, and, to cope with this insecurity, adopt the cognitive behaviors identified with success, which increase their distress³⁹. They need an alternative.

MBCT offers one. The program encourages participants to register and dismiss. When anger arises, they learn, the reaction need not be to be to think about the object of the anger or the fact "I am angry." Instead, one may simply recognize that

³⁹ See, e.g. Earley, J. and Weiss, B. (2010) "Self-Therapy for Your Inner Critic", Pattern System Books. Some may project such critical voices outward, onto others. They are then prey to self-aggrandizement.

‘there is anger’ — just as there may be a cloud passing across the sky. The reflex of constant self-reference is unnecessary and unhelpful. As Kabat-Zinn puts it: your thoughts are just thoughts ... they are not ‘you’ or ‘reality’⁴⁰

Thus participants may start to attain a useful understanding of *taṇhā* (“I can let go of the problem-solving drive”), *anātmā* (“I needn’t keep referring everything to me”) and *śūnyatā* (“These things I worry about — there’s no need to see them all as so terribly real”). Without referring to classical Buddhist formulations, MBCT can still lead people towards the relevant experience.

It therefore corresponds to Stage 2 in the cross-cultural transmission process discussed above (page 1). It offers an object lesson in using elements of non-Buddhist culture to build a new pattern of Buddhist understanding.

A User-Friendly and Successful Approach

Clinical Mindfulness is designed by professionals trained in a caring role. They recognize that they are asking participants to change deep-seated habits and that limited time is available to help them do so. So every effort is devoted to producing positive experiences and coping with adverse reactions.

Compare this, for instance, with a traditional Zendo, where novices are expected to maintain the posture for long periods without much support. Classically, indeed, the support provided is negative — those who slump are beaten.

In Clinical Mindfulness, the participant is invited rather than challenged. A friendly, supportive atmosphere is maintained. If people cannot manage cross-legged, they can sit on a chair. ‘Guided meditation’ voice-overs are provided to help them along the way.

Participants learn not to be too hard on themselves. Trainers are experienced in noticing signs of distress and helping overcome it. Doubts and worries are recognized and validated, and at the same time every encouragement is given not to dwell on them but instead to focus on building the practice.

Thus nurturing is a key theme. That reflects the institutional setting — participants receive a paid service to help them overcome mental distress. It is also embedded in the theory. MBCT aims to foster approach over avoidance, terms which carry a specialist meaning here.

Consider a psychological experiment. Subjects must first trace with a pencil the unbroken path that a cartoon mouse should take through a maze; a little later, their creativity is tested. The maze puzzle is easy: nobody fails. But it is drawn in two different ways: beyond the maze is a mouse-hole, outside which is either some cheese or a threatening owl. If their picture has featured the owl, subjects score 50% lower on their creativity test. This effect is attributed to the engagement of different systems in the brain. In an evolutionary perspective, those systems are associated with two different patterns of physiological as well as behavioral functioning. Avoidance is the primordial reaction to danger: fight or flight. Mindfulness is understood to strengthen the alternative, approach mode by developing interest, curiosity, warmth and goodwill.⁴¹

This theoretical framework is critical. It goes beyond the model of relapse in depression and grounds the wider application of mindfulness.

The positive results of mindfulness training lend it weight. In the UK, the Mental Health Foundation issued an immensely influential report in January 2010

⁴⁰ *Full Catastrophe Living* pp 69-70

⁴¹ *The Mindful Way Through Depression* p124

entitled *Be Mindful*⁴². It reports that: 72% of General Practitioners think it would be helpful for their patients with mental health problems to learn mindfulness meditation skills. And consequently: (37%) of General Practitioners say they sometimes suggest to patients they might benefit from learning to meditate.

Mark Williams' books are best-sellers, as were Kabat-Zinn's before. The Oxford Mindfulness Centre (OMC), which I had the privilege of founding, has gone from strength to strength

Conclusion: Perspectives

It was not just for marketing reasons that Buddhists in China came to formulate and frame the dharma in new and distinctive ways. For the potential of mindfulness, or of Buddhism generally, to be realized in a radically different culture to which it is unfamiliar (as China was then and the West is now), some 'second-stage' adaptation is needed.

This will always be a gradual process of trial and error, which will involve continual checking back against earlier incarnations of the tradition. There will also be breakthroughs, when a specific, identifiable, culturally appropriate reframing of the tradition will gain wider acceptance than earlier Buddhist formulations and practices have been able to achieve.

Clinical Mindfulness is like that. All sorts of Buddhist institutions across Europe and America are now offering MBSR or similar courses.

The development is timely. Interest in Buddhism is not growing as it used to. For instance, recruitment to UK University Buddhist Societies has been falling⁴³. Also, the appeal of the Meditation Centers is no longer growing so strongly. The big figures in this movement are still from the 1960s; and, while many Centers continue to attract spiritual seekers, their expansion is hardly sufficient to meet the extent and depth of need revealed in the Mental Health Foundation report.

It is important, therefore, to consider carefully what Clinical Mindfulness offers. On that basis, it may be possible to identify how this movement is likely to develop further.

The Base

Scientific

A training system which closely parallels Buddhist meditation has emerged within a solid scientific discipline. Rigorous trials confirm both its beneficial effects and certain hypotheses as to how they arise. This clarifies the relationship of Buddhism to science.

Those involved in Clinical Mindfulness do not compare the categories which describe it to those of physics. Nor, incidentally, do they claim that all correlations between brain scans and meditative behavior are in and of themselves significant.

Instead, experimental design and statistical analysis give weight to their findings. On that basis, they are in a position to describe in unmistakable, contemporary terms truths central to the Buddhist tradition — and simultaneously to advance relevant and testable hypotheses as to the significance of neuroscience data.

Institutional

Wherever Buddhism has spread, it has sought not to replace existing belief-

⁴² <http://www.mentalhealth.org.uk/publications/be-mindful-report/>

⁴³ This was discussed at the Annual General Meeting of the Network of Buddhist Organizations this year

structures and institutions but to complement and build on them. Whilst revealed religions may have sought to sharpen distinctions between ‘right’ and ‘wrong’ structures of thought and of society, Buddhism has instead given priority to what will work in reducing suffering.

Clinical Mindfulness clearly fits that pattern. It not only offers genuine opportunities to develop mindfulness but also slots into established frameworks and so is uniquely accessible.

It is a medical intervention. So it is recognized to produce measurable benefits with a probability that is significant but limited and imperfectly predictable. The professionals who offer it are thus protected from excessive challenges and so can more easily work for their clients.

Outside of such a predefined social context, many people may find it less easy to work on themselves. If, in addition, they are presented with a practice, Buddhist Meditation, that may appear somewhat alien, the difficulty is apt to increase.

In such cases, there is a danger that newcomers may effectively be challenged to make the practice work for them or to count themselves a failure⁴⁴. This reduces the number who can benefit. The Clinical Mindfulness approach avoids such pitfalls.

Building on the base

So it offers a sound base to build on. How to do that?

The Buddha’s own approach was to operate within the existing discourse (in his case largely Brahminical). Something similar is called for now.

It may be tempting to import Buddhist doctrine wholesale, but that will not always be skillful. Instead, it is necessary to see where conventional thought/behavior has problems in its own terms, and to offer refinements that make sense in those terms.

The details are beyond the scope of a paper like this. But it is possible to identify certain perspectives that may merit further exploration.

First, it is worth noting the social structures of Clinical Psychology. The distinction between therapist and patient is sharply defined: basically, patients have a problem, therapists a solution. Among therapists, proper clinical psychologists are distinct from those with a simple certificate. Among psychologists, the tone is set by the academics who do research. So, what patients are told is limited compared to what the professionals say among themselves. And that reflects the academics’ inevitable concerns about how they are seen among their peers who do not work on Mindfulness. This limits the range of formulations and approaches that people will accept. For instance, there is some reluctance to generalize from the experience of mindfulness.

Thus it is central to the experience that thoughts and feelings need not be understood as ‘mine’, and often indeed are perhaps not best understood that way. This implies a radical revision of most people’s core assumptions. But suppose that, in a discussion session on a Clinical Mindfulness course, participants seek to explore that revision. They will most likely be encouraged instead to deepen their experience of ‘decentering’. This bias in favor of behavior and against language is obviously helpful at an early stage in getting people, particularly depressive patients, to focus on their practice; but in the end it is limiting.

Consider the theory of ‘doing mode’. Certain linguistic-cognitive habits lock people into ‘doing mode’ even when it is positively damaging. These center round people’s sense that the world, which is primary, consists of fixed entities, such that

⁴⁴ It is possible to fall into this position without actually intending it. (It is also possible to adopt it consciously; then the effort is not to help people cope with suffering but to take a self-selected minority to unimagined heights.)

subjects, who are secondary, are defined by their function of manipulating those entities to measurable ends. Here again core assumptions are called into question.

It would be natural to make explicit the connection between the limitations of ‘doing mode’ and the understanding that flows from ‘decentering’. A fuller sense of *anātmā* would then develop. In a long-term perspective, this would surely be in everyone’s interests (including patients’). But in the short term it would be too difficult for many, so, understandably, it tends to be avoided.

Generally speaking, we can see that mindfulness undermines much basic thinking that is embedded in our modern, global culture. The theory and practice of Clinical Mindfulness are extremely helpful in illuminating this circumstance — and, at the same time, the problem remain embedded within Clinical Mindfulness itself.

After all, Clinical Mindfulness, like western Reform Buddhism, develops from a late (post-) Christian cultural context. Patterns from that context can spill over in subtle ways, which may be difficult to identify and compensate for.

Guided meditations offer a very simple illustration. They can obviously be helpful for people who need support. Equally, they can come to resemble communal prayer.

More importantly, the raisin exercise (see page **Error! Bookmark not defined.**) is generally understood as helping people to value the gift of sensory experience. This approach can generate a sense of gratitude and so can underpin a generally positive orientation. Equally, though, to prize sensory experience as such can also foster a certain self-exaltation, (which may compensate for — and thus entrench — an underlying sense of victimhood).

A similar issue would seem to arise in relation to self-compassion. This concept figures largely in the theoretical literature of Clinical Mindfulness. It arose initially from American Reform-Buddhist authors, who sought to address the problem of the ‘inner critic’ on the basis of the *brahmavihāras*.⁴⁵

Of course, it is a precondition for *maitrī* meditation that one be able to connect with one’s spontaneous liking for oneself, and with one’s natural impulse to feel and do okay. Equally, though, to establish self-compassion as a distinct, explicit goal risks falling into the *ātmavāda* (and highlights a classically Western sense of the self as being simultaneously of overriding importance and in some way impaired, essentially an object of compassion).

The basic difficulty here would seem to be that, until the middle way is made explicit, the law of excluded middle will hold sway. Until it is understood that *prīti* can (and must) arise in relation to *duḥkha*, one is condemned to veer between grim, depressing realism and defiant, emotional positivity.

⁴⁵ See, e.g. Kristin D. Neff *The Development and Validation of a Scale to Measure Self-Compassion* in: *Self and Identity*, 2: 223–250, 2003