Ethics and Secular Mindfulness Programs: Sila as Victim of the Fallacy of Values-neutral Therapy

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Preamble

Contemporary mindfulness offers significant benefits to the alleviation of suffering especially in the realm of mental health. Its rapid growth has been accompanied with important reflections, commentaries and concerns about the faithfulness of secular programs to Buddhist teachings. The focal theme of these concerns is the risk that secularized mindfulness dilutes Buddhist teachings, misrepresents Buddhist concepts and may lead to actions that cause harm. These concerns are based in the observation that a crucial aspect of mindfulness, ethics, is withheld from the design of programs. This presentation will focus on three aspects of clinical mindfulness in which ethics must be explicit and explore the reluctance to include it explicitly.

Three aspects needed to create an ethics-based mindfulness intervention are the embodied ethics of the teacher, content that cultivates ethics through a process of moral development and diligence in ensuring the practices are employed as intended. The reluctance to develop mindfulness-based interventions with an explicitly stated ethics framework originated in early claims that overtly stated ethics would prevent the acceptance of mindfulness in clinical settings. Furthermore, in clinical settings, there is an assumption that interventions are value-neutral which bolsters this reluctance. However, values are ever-present

and exert a subtle influence on actions, speech and thoughts. Encouraging this discussion of the importance of an ethics-based mindfulness intervention is not only important to the healthy growth of contemporary mindfulness but can be an opportunity to challenge this fallacy of a value-neutral system in clinical treatment.

Ethics in mindfulness-based interventions (MBIs) remains a central topic in Buddhist and therapeutic circles. The debates about ethics focus on the reluctance to include overtly the Buddhist model of ethics in secular programs. In this presentation, I examine three issues:

(1) the uninvestigated claims that explicit ethics imposes external values as a rationale for a reluctance to include them in mindfulness teachings. This point disregards the reality that MBIs are spiritually oriented and therefore imbued with values,
(2) the three areas in which ethics plays a significant role in MBIs: cultivating the teacher, developing teachings and consideration of those who are taught, and
(3) that values are inescapable as MBIs are intrinsically a cultivation of character through intra- and interpersonal as well as societal change.

(1) Let me start where I believe the reluctance is rooted: the assumption that therapeutic interventions are value-neutral. The assumption that therapies and interventions are or should be value-neutral actually represent an historical division of psychology away from a study of character and into an objective, actuarial science with a focus on measures of personality. In fact, there is sufficient evidence currently that no therapeutic approach is value-neutral (Hathaway, 2011).

However, the assumption that psychological interventions, including MBIs, can be value-neutral continues to hold sway. This is despite evidence that the clinician and client bring their unique patterns of values into the therapeutic space (Jackson, Hansen, & Cook-Ly, 2013; Patterson, 1959). Alan Tjeltveit suggests that the adherence to value-neutrality arose from viewing therapy as a scientific endeavor. Logical positivists argue that there is no truth-value in ethical statements. Therefore, they say, it is cognitively meaningless to try an understand values in therapy and which values ought to be present. Tjeltveit also presents strong arguments that psychologists' resistance to philosophical reflection (as opposed to relying on scientific findings) has been a primary obstacle to understanding ethics and values in psychotherapy.

Tjeltveit organizes the examination of ethics into 6 intertwined dimensions of professional ethics, theoretical ethics, virtue ethics, social ethics, clinical ethics, and cultural ethics. Typically in debates around the need to include ethics in

MBIs the dimensions of professional and clinical ethics are appealed to as proof that the ethical component does not need to be explicit in the teachings because they are already there. For example, Kabat-Zinn claims the Hippocratic oath is sufficient for ensuring ethics are upheld in MBSR because all teachers adhere to this oath. While this may be necessary to galvanize a commitment to do no harm, it is certainly not sufficient. It does not ensure that individual or organizational values will not influence and shift the application of ethics, changing what it means to do no harm.

An auxiliary problem is the difficulty in defining MBIs as secular when they are rooted in a spiritual tradition.

Where therapies traditionally have diverged along the lines of secular and spiritually oriented interventions, MBIs have integrated a spiritually oriented approach into a therapeutic model with a considerable level of success in clinical efficacy (Baer, 2003; Eberth & Sedlmeier, 2012; Khoury et al., 2013). Historically, this is not unusual. John Dunne & Anne Harrington discuss in their recent American Psychologist article that there is a historical tradition of using meditation for secular goals (Benson, Suzuki etc.)

Insofar as MBIs are classified as mindfulness-based or –informed all mindfulness approaches have roots in Buddhism. In that sense, they can be considered a class of therapy as well as spiritually oriented approaches. This raises some

risks. The degree to which a clinician values secularized or religious frameworks carries risks for the client. It may strip the spirituality away and mischaracterize the concepts. It may advocate for a spiritual perspective that the client may not desire. Hathaway (2011) used the APA Code to explore the application of APA guidelines to a spiritually oriented intervention. He found a lower level of acknowledgment of religiousness among psychologists and a bias against conventional religion. This was likely to affect questions asked on intake and generate a tendency to interpret spiritual experiences as pathology. Alternatively, difficulties can also arise from the clinician's own religious beliefs that may result in discarding evidence-based approaches for "stand-alone explicitly religious interventions" (p. 68). Defining spiritual interventions also is challenging. There is considerable overlap among the techniques. Is meditation a secular, trans-theistic or spiritual intervention? Furthermore, many value-laden approaches such as finding meaning in life, relaxation, social justice, and acceptance of self and others also overlap with secular goals in therapy. Hathaway's exploration of how to integrate the APA Ethics Code with religion-derived practices is detailed and important but outside the scope of this presentation. In his conclusion, he called for accountable practice that requires clarity in any use of spiritually oriented approaches as a clinical intervention. To achieve this in MBIs the dimensions of ethics in mindfulness-based interventions need to be examined.

(2) Now let's examine the dimensions of an MBI in which ethics and values play a significant role.

Recent responses to our paper (Monteiro, Musten and Compson, 2015) "Traditional and Contemporary Mindfulness" explored the complexities of integrating Buddhist and contemporary mindfulness including the issue of explicit versus implicit ethics. Rationales for implicit ethics suggest that to do otherwise would result in an imposition of values and principles that may not be resonant with MBI participants. Explicit teaching of ethics may violate higher order ethics that proscribe against it, especially in clinical settings. Cullen (2011) explained that the implicit form is consistent with the Buddha's pedagogy of discovering for oneself how unethical actions lead to suffering; also, that explicit ethics may run contrary to individual values and faith traditions.

On the other hand, critics of implicit ethics (which they use as synonymous with absence of ethics) suggest that the exclusion of ethics unhinges the core elements of mindfulness from its roots. Amaro (2015) noted that Kabat-Zinn's (2011) rationale for such an approach is "vague" and lends itself to a "dubious principle upon which to structure a pedagogical approach" (p. 67). We (Monteiro et al., 2015) indicated that regardless of the intention to not impose extraneous values, the very act of teaching a philosophy derived from an Eastern spiritually oriented practice has lead us into that arena. Furthermore, to do so without transparency raises other higher-order ethical issues of informed consent and

patient care (which we have heard about already – Dr. Gunther Brown's presentation).

However, such implications of implicit/explicit values conveyed in therapy are not solely the bête noir of MBIs. Ajahn Amaro (2015) noted that it is equally important to investigate the "subtle influences that are already with us, in the Judeo-Christian conditioning of the West, particularly in relation to such issues as the concepts of right and wrong as well as the broader topic of ethics" (p. 64). These points are consistent with the explorations of the fallacy of values-neutrality in therapy and the implicit ethics and values embodied by the therapist and therapeutic models (Burns, Goodman, & Orman, 2013; Hamilton, 2013) which are discussed next.

As I mentioned already, likely much of the debate about explicit or implicit ethics in MBIs is rooted in the historic aim of medicine and psychology to be objective and scientific. If therapies are viewed as moral encounters (Burns et al., 2013) the process of treatment lies in the client's examination of disconnection between ideal and actual values, a state that leads to distress (Fisher, 2011; Leiter, Jackson, & Shaughnessy, 2009). Influenced by the assumption of value-neutrality as a form of respect for the client's own values, therapies have adopted a stance of objectivity and neutrality to avoid unduly influencing or detracting from these values. It is understandable, therefore, that the desire to avoid an overt ethical framework in MBIs arises from this historic paradigm of therapy as

values-neutral and a way of not interfering with or negating the participants' own values.

Nevertheless, having noted the fallacy of values-neutrality, it is important to examine the role of ethics and values in a mindfulness-based program. These are present in three dimensions (Monteiro et al., 2015). First, ethics is contained, explicitly or implicitly, in the content of a mindfulness program. While Buddhists precepts may not be formally referenced in an MBI, the theme of restraint by not doing harm to self and others is implicit in the process of cultivating awareness of one's actions and their consequences (Mikulas, 2015). Recent debates have focused on the consequences of implicitly conveying ethics in MBIs and the appropriateness of assuming Buddhist ethics are universal (Amaro, 2015; Monteiro et al., 2015).

Second, ethics is modelled or embodied in the person of the MBI teacher (Evans et al., 2014; van Aalderenet al., 2014). There are many such training programs. They typically require pre-existing meditation practice, attendance at (usually Buddhist) retreats, and an ongoing personal contemplative practice (Crane, Kuyken, Hastings, Rothwell, & Williams, 2010). The primary aim in teacher training is to cultivate an embodiment of the principles, including ethics (Grossman, 2015), that support the character of what is called in Buddhism, the "Noble Person" (Harvey, 2000, 2013a, 2013b). Healthcare professionals such as physicians, psychologists, social workers, nurses, etc., who train as MBI teachers

would carry this along with the additional, though not contradictory, set of ethical guidelines of their specific professional practice.

The third dimension is related to the clientele who seek out a mindfulness program. One of the major concerns of Buddhist practitioners and scholars of contemporary mindfulness applications is that it may be misappropriated by agencies whose ethics (or ways of embodying their ethics) are questionable (police, military, corporations) (Titmuss, 2013). In this regard, the issue of ethics is a crucial one, not only as it relates to the teacher's own ethics, but the intention of the program and oversight of its eventual use. However, it is important to remember that the individual client always does present with their own system of desires and intentions that can lead to misappropriation.

(3) Now let's turn to mindfulness programs as moral development.

Each of these dimensions - content, teacher, and clientele - is fertile ground for the cultivation of what Amaro (2015) called a holistic mindfulness. While all the need for caution discussed earlier may be appropriate in how one constructs, models, and instructs mindfulness, what is missed in these concerns of imposing extraneous values is that neither the participant nor teacher arrives tabula rasa; their ethics and values are already present. The influences of Eastern spiritually oriented practices are present in the content of an MBI. The personal preferences, perspectives of well-being and even the subtle influences of Judeo-

Christian mores are entwined in the world-views of the teacher. And, a rarely considered reality but crucial nevertheless, each participant comes to mindfulness with their own set of ethics, values, and perspectives of well-being.

While the deconstruction of secularized mindfulness has focused on the content of MBIs, i.e., the debate around implicit and explicit ethics, a far more complicated picture emerges when content, teacher, and client are taken as a three-fold interaction of already existing values and ethics. Thus, perhaps the allure of implicit ethics is simply an historic artefact of the fallacy of values-neutral therapy; it may even be a misguided effort to maintain respect for the client by inadvertently shifting from client to protocol. In fact, actual respect for the client's values and ethics lies not in the red herring of values-neutrality, but rather in the more challenging process of how to cultivate well-being as an aspect of character.

That is, the roots of the intervention, its spiritual framework, and the clinician's values as informed by those roots all must be transparent in relationship. To do less is to circle back, negate the nonhierarchical relationship in healing, sustain the fallacy of a values-neutral system, and maintain the split between personality factors and character.

Viewed through the lens of character, mindfulness is the cultivation of the Noble Person (Harvey, 2013a). In Western psychology, for researchers and clinicians

the dominant paradigm of best practice is supported by scientific psychology and an actuarial measure of personality, which has eclipsed the development of character as a goal in therapy. However, the work of Seligman and colleagues (Peterson & Seligman, 2004), as well as positive psychology, is reclaiming the cultivation of character and virtues.

If we view an MBI as an arc of moral development, then the cultivation of the Noble Person fits well into this paradigm. We begin with participants who are in the clutches of their delusion, craving, and anger. As the program and its practices progress, they and we as teachers are faced with choice point after choice point to turn towards and transform our suffering or continue to simmer in the anger, greed, and ignorance.

Bhikkhu Bodhi (2013) described the spiritual training of the Buddha as a two-fold process of self-transformation and self-transcendence. The former requires the uprooting of unwholesome seeds or tendencies and the cultivation of wholesome ones; selfishness gives way to generosity; anger to compassion; ignorance to wisdom. The latter, self-transcendence, requires rising above the grasping ego; the sense of “I,” “me,” and “mine” give way to inclusiveness and interconnectedness. These are lifetime endeavours.

If we trust in the capacity of participants in MBIs to take cognitive and experiential responsibility for their well-being, then we also trust in their capacity for insight in

how their ethics and values guide them. In fact, if we are to embrace the Kabat-Zinn's paradigm shift towards the wholeness of the person, it is imperative to see it relationally. Mindfulness practice as intra-personal cultivation of well-being is intricately bound with the cultivation of character. While there is concern that introducing character invites old concepts of moral weakness, the holistic view of the individual and relationships mitigates that fear by creating an environment where strengths and weaknesses become the source materials to develop insight. Interpersonally, the practice of mindfulness must offer a larger vision than changing individual suffering. Seen as cultivating the character of the Noble Person, MBIs fall into the realm of moral psychology. Its concerns therefore cannot be limited to symptomatic relief. They must encompass the welfare of society by healing the conceptual and structural divisions within it. That begins with an honest examination of its own life.

References

Amaro, A. (2015). A Holistic Mindfulness. *Mindfulness, 6*(1), 63-73. doi: 10.1007/s12671-014-0382-3

Baer, R. A. (2003). Mindfulness training as a clinical intervention: a conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*, 125-143.

Bodhi, B. (2013). Nourishing the roots: essays on Buddhist ethics. *Access to Insight*. Retrieved from Access to Insight http://www.accesstoinsight.org/lib/bodhi/wheel259.html website:

Burns, J. P., Goodman, D. M., & Orman, A. J. (2013). Psychotherapy as moral encounter: a crisis of modern conscience. *Pastoral Psychology, 62*, 1-12.

Crane, R., Kuyken, W., Hastings, R., Rothwell, N., & Williams, J. M. (2010). Training Teachers to Deliver Mindfulness-Based Interventions: Learning from the UK Experience. *Mindfulness, 1*(2), 74-86. doi: 10.1007/s12671-010-0010-9

Cullen, M. (2011). Mindfulness-Based Interventions: An emerging phenomenon. *Mindfulness, 2*, 186-193.

Eberth, J., & Sedlmeier, P. (2012). The effects of mindfulness meditation: A meta-analysis. *Mindfulness, 3*, 174-189.

Evans, A., Crane, R., Cooper, L., Mardula, J., Wilks, J., Surawy, C., . . . Kuyken, W. (2014). A Framework for Supervision for Mindfulness-Based Teachers: a Space for Embodied Mutual Inquiry. *Mindfulness*, 1-10. doi: 10.1007/s12671-014-0292-4

Fisher, J. W. (2011). The four domains model: Connecting spirituality, health and well-being. *Religions, 2*, 17-28.

Grossman, P. (2015). Mindfulness: Awareness Informed by an Embodied Ethic. *Mindfulness, 6*(1), 17-22. doi: 10.1007/s12671-014-0372-5

Hamilton, R. (2013). The frustrations of virtue: the myth of moral neutrality in psychotherapy. *Journal of Evaluation in Clinical Practice, 19*, 485-492.

Harrington, A. & Dunne, J. (2015). American Psychologist, 70(7), 621-631

Harvey, P. (2000). *An introduction to Buddhist ethics*. Cambridge UK: Cambridge University Press.

Harvey, P. (2013a). Dukkha, non-self, and the teaching on the four "Noble Truths". In S. M. Emmanuel (Ed.), *A Companion to Buddhist Philosophy* (pp. 26-25). Chichester, West Sussex UK: John Wiley & Sons.

Harvey, P. (2013b). *An introduction to Buddhism: Teachings, history and practices* (2nd ed.). Cambridge UK: Cambridge University Press.

Hathaway, W. L. (2011). Ethical guidelines for using spiritually oriented interventions. In J. D. Aten, M. R. McMinn & E. L. Worthington, Jr. (Eds.), *Spiritually oriented interventions for counseling and psychotherapy.* (pp. 65-81). Washington, DC: American Psychological Association.

Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism, 12*(1), 281-306.

Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., . . . Hofmann, S. G. (2013). Mindfulness-based therapy: a comprehensive meta-analysis. *Clinical Psychology Review, 33*, 763–771.

Leiter, M. P., Jackson, N. J., & Shaughnessy, K. (2009). Contrasting burnout, turnover intention, control, value congruence and knowledge sharing between Baby Boomers and Generation X. *Journal of Nursing Management, 17*(1), 100-109. doi: 10.1111/j.1365-2834.2008.00884.x

Mikulas, W. (2015). Ethics in Buddhist Training. *Mindfulness, 6*(1), 14-16. doi: 10.1007/s12671-014-0371-6

Monteiro, L., Musten, R. F., & Compson, J. (2015). Traditional and contemporary mindfulness: Finding the middle path in the tangle of concerns. *Mindfulness, 6*(1), 1-13.

Peterson, C., & Seligman, M. E. P. (2004). *Character, Strengths and Virtues*. Oxford UK: Oxford University Press.

Titmuss, C. (2013). The Buddha of mindfulness. The politics of mindfulness. http://christophertitmuss.org/blog/?p=1454. Retrieved from http://www.christophertitmuss.org website:

Tjeltveit, A. C. (1999). *Ethics and values in psychotherapy*. London: Routledge.

van Aalderen, J. R., Breukers, W. J., Reuzel, R. P. B., & Speckens, A. E. M. (2104). The role of the teacher in mindfulness-based approaches: a qualitative study. *Mindfulness, 5*, 170-178.