

Traditional and Contemporary Mindfulness: Finding the Middle Path in the Tangle of Concerns

**Lynette M. Monteiro, R.F. Musten &
Jane Compson**

Mindfulness

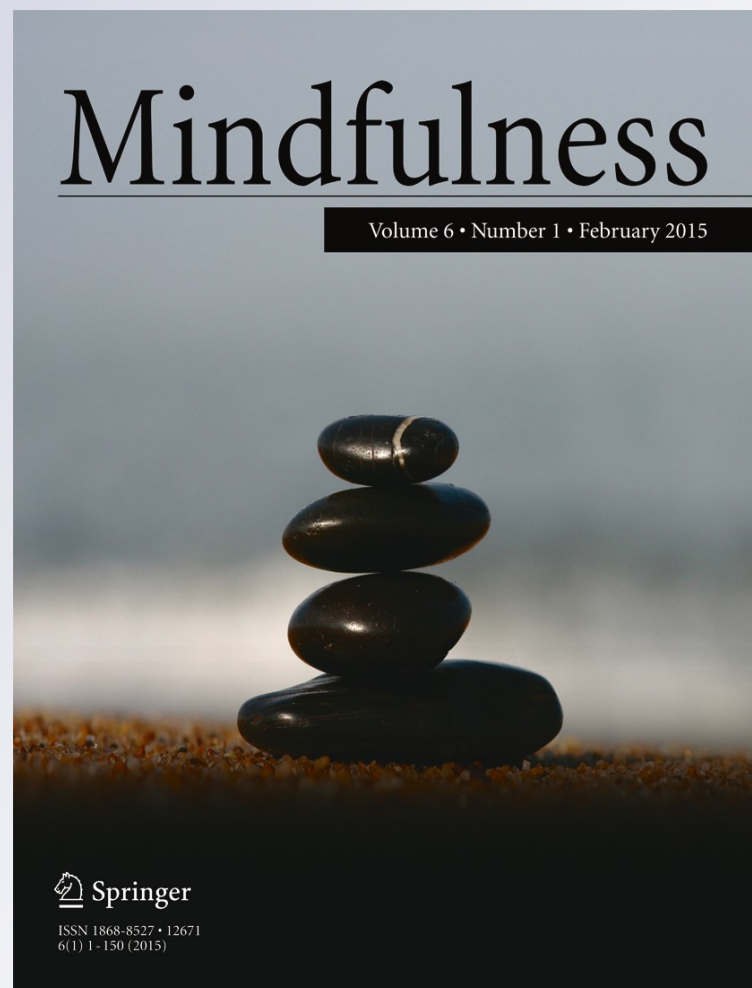
ISSN 1868-8527

Volume 6

Number 1

Mindfulness (2015) 6:1-13

DOI 10.1007/s12671-014-0301-7



Your article is protected by copyright and all rights are held exclusively by Springer Science +Business Media New York. This e-offprint is for personal use only and shall not be self-archived in electronic repositories. If you wish to self-archive your article, please use the accepted manuscript version for posting on your own website. You may further deposit the accepted manuscript version in any repository, provided it is only made publicly available 12 months after official publication or later and provided acknowledgement is given to the original source of publication and a link is inserted to the published article on Springer's website. The link must be accompanied by the following text: "The final publication is available at link.springer.com".

Traditional and Contemporary Mindfulness: Finding the Middle Path in the Tangle of Concerns

Lynette M. Monteiro · R.F. Musten · Jane Compson

Published online: 29 April 2014
© Springer Science+Business Media New York 2014

Abstract Contemporary mindfulness has grown through innumerable secular and clinical programs. This rapid growth has raised two main concerns from the Buddhist community: the accuracy of the teachings and the impact of not explicitly including ethics as part of the teachings. Specific concerns include a potential weakening of the concept of Right Mindfulness and, as a corollary, misunderstanding the intent mindfulness as being a technique for symptomatic relief. With respect to the absence of explicit ethics in the teachings, concerns are expressed that this omission risks misappropriating mindfulness practices so that they do more harm than good. This article explores the main criticisms expressed by Traditional Mindfulness community and assesses the validity of these criticisms. The dialogue between traditional and contemporary mindfulness practitioners is an opportunity to examine the conceptual integrity of mindfulness-based interventions (MBIs) with respect to what comprises Right Mindfulness, assess whether MBIs include the factors that can extend them beyond symptomatic relief, and reflect on the issues related to teaching ethics as part of an MBI program. Because ethics is viewed in Traditional Mindfulness as a foundation for a meditative practice, it is explored in detail for its potential contribution to MBIs.

Keywords Mindfulness · Buddhism · Secular · Mindfulness-based interventions · Ethics

L. M. Monteiro (✉) · R. Musten
Ottawa Mindfulness Clinic, 595 Montreal Road, Suite 301, Ottawa,
ON K1K 4 L2, Canada
e-mail: lynette.monteiro@gmail.com

J. Compson
Interdisciplinary Arts and Sciences GWP 329, University of
Washington at Tacoma, Tacoma, WA 98406, USA
e-mail: jcompson@uw.edu

Introduction

Contemporary mindfulness with its origins in Buddhist practices has become a rapidly expanding phenomenon, especially in the secular domains of health care and general wellness. Elements of the spiritually based concepts were adapted with a language that is amenable to secular and especially clinical models of developing well-being. This adaptation of a 2,600-year-old tradition of practice has not been without complications in the development of contemporary mindfulness not least because there are many different schools and sub-schools of Buddhism. Even using the term “Buddhism” to describe traditions oriented around the teachings of the historical Buddha can be problematic (see, for example, Smith 1962). In this paper, the term traditional Buddhism is not intended to imply that there is “one Buddhism” or to privilege one particular interpretation as “traditional.” Rather, it is used to denote a context of explicit orientation toward systems of training and practice that are deliberately oriented around teachings derived from the Buddha; however, that is conceived. This term “traditional” is used in contrast to the term “contemporary.” Mindfulness-based interventions now include clinical and nonclinical applications, both typically secular. For ease of reference, the term “contemporary” is used to refer to all forms of mindfulness programs that are not explicitly based in Buddhist practice. Clinical mindfulness programs are subsumed in the contemporary category. Whereas both the traditional Buddhist and contemporary views of mindfulness share a functional intent (to alleviate suffering), the contemporary view also draws from a variety of secular traditions concerned with healing intra- and inter-relationships and also has developed along medical and psychological clinical paths (Shapiro and Carlson 2009). More recently, this proliferation of mindfulness programs has raised alarms in the traditional mindfulness communities, and contemporary applications have been criticized for the way in which they define and use the concept

of mindfulness. As well, deep concerns have been voiced about programs offering mindfulness practices to corporations whose profit-driven vision and philosophy are perceived to be antithetical to the Buddhist principles of mindfulness. This latter venture is of growing concern to the philosophers, scholars, and teachers of traditional paths who caution against the potential of using the practice as a means to an end without challenging the questionable aspects of the end itself. These concerns are expressed not so much as a call for doctrinal purity but a fear that through misunderstanding what mindfulness practice entails, its intent could be misappropriated.

This article explores the complex nature of a growing and sometimes-fraught debate between traditional Buddhist and contemporary communities. The primary focus of the article is to explore the validity of criticisms that contemporary mindfulness is incomplete in its conceptualization of mindfulness compared to traditional definitions. These critiques suggest that something important is lost when the practices are decontextualized. The complexity and variety of conceptualizations of the term in traditional mindfulness are briefly addressed before moving on to a consideration of whether contemporary forms of mindfulness are incomplete. When taught in the context of Buddhist traditions, mindfulness training is accompanied by explicit training about ethical conduct (*sīla*). The second focus of this article, then, is on the criticism that the absence of an explicitly taught ethics may result in a misappropriation of the practices of mindfulness. The validity of the concerns that mindfulness is, in this context, misguided and can result in negative outcomes will be explored with reference to two specific issues. The first issue concerns whether or not ethics should be explicitly taught as part of contemporary mindfulness programs' curriculum. The second concerns the ethics of teaching mindfulness to organizations such as corporations and the military whose vision may be perceived as incongruous with one of the key values associated with Buddhism, preventing harm (*ahiṃsā*).

The complexity of all these areas—the varieties of Buddhisms, Western psychologies, treatment models, ethics, and the worldviews they represent—makes this a complicated and daunting task. Kabat-Zinn (2011) describes the origins of Mindfulness-Based Stress Reduction (MBSR), the root program from which most mindfulness-based interventions (MBIs) are derived, as influenced by Theravāda teachings but also including concepts such as nonduality, bearing witness, and innate wisdom that are more traditionally associated with Māhāyāna schools (see also Cullen 2011). This combination of elements from systems of thought and practice which may be considered by some to be incompatible at the doctrinal level (Bodhi 2011) makes the process of assessing the validity of concerns complex, all the more so when the critics themselves also approach the topic from the standpoints of diverse systems of thought. However, these critiques and criticisms of contemporary mindfulness are useful as an

opportunity to pause and appraise the conceptual integrity of MBIs and ways in which they may need to further develop.

Buddhist Roots of Contemporary Mindfulness

Mindfulness has a long spiritual past and short secular history. Its past is a traditional, spiritual one originating in the Axial Age (800–200 BCE; Armstrong 2001, 2009) when a collection of worldviews emerged that considered liberation from suffering an integral process of life. Buddhist teachings emerged in this spiritually and philosophically fertile period giving rise to a set of ideas by the historical Buddha that in Richard Gombrich's view would make the world a better place if it were taught to every child (Gombrich 2009/2013). Gombrich also points out that the teachings of the Buddha have undergone vast changes as they moved through these two and a half millennia and over an extensive geographical space. Thus, it would be surprising if Buddhism emerged from this nexus of time and space as a monolithic philosophy. In fact had that occurred, it would be in contradiction of its primary teaching that all things are impermanent. Nevertheless, Gombrich notes that there is a core trunk and roots that give rise to these many branches and sprigs and the majority of the Buddhisms tend to trace their origins to the core tenets of the Buddha's philosophy. Dunne (2011) points out that this scriptural or conceptual tracing to the roots of Buddhist teachings is not as much an issue of declaring a unitary or universal Buddhism but rather a way of establishing the authenticity of the concepts and principles.

Common to all the various manifestations of Buddhism is the teaching of the Eightfold Path, one "limb" of which is mindfulness. The Eightfold Path represents the fourth of four noble truths taught by the Buddha, namely the path to the cessation of suffering. The eight limbs or aspects of the path describe different categories within the domains of wisdom (view, intention), engaged action in the world (speech, action, livelihood), and mental or meditative development (effort, mindfulness, concentration). These eight limbs can be understood as descriptions of behavioral domains. Within each category, any person can behave in ways that lead to more suffering for themselves and/or others, or in ways which lead to the alleviation of suffering. What makes an action "right" (*sammā*) is that it is conduct that leads to the alleviation of suffering; its opposite is "wrong" (*micchā*). Behavior or attitudes leading to the cessation of suffering are described as skillful or wholesome (*kusala*); their negative counterparts are unwholesome or unskillful. From the perspective of Buddhist traditions, unskillful actions are ultimately rooted in psychological motivations of greed, hatred, and delusion, which represent the "three poisons" (see, for example, the Sammaditthi Sutta in Nanamoli and Bodhi 2005). In Buddhist traditions, the Eightfold Path is often depicted as a wheel with

eight spokes—this helps to communicate the important idea of the interdependence of each of the domains. Just as if one of the spokes of a wheel is bent or broken, stresses and strains are put on other spokes and the wheel becomes out of kilter, so unwholesome behavior in one domain negatively impacts behavior in another and vice versa and progression toward the cessation of suffering is impeded. The Eightfold Path becomes “Noble” (*ariya*) when the practitioner has developed skillful conduct to such an extent in all of the categories that he or she is inexorably bound to attaining the cessation of suffering (Gethin 1992/2001).

Another way of looking at this is that the eight categories of the Eightfold Path are descriptions of capacities or potentialities shared by all human beings. Certain actions and courses of training help to transform thoughts and actions into these categories to those leading inexorably to the cessation of suffering; the eight limbs then have a normative component and are now described as “Right” insofar as they lead toward this realization and Noble insofar as this realization is successful. Gethin describes the Eightfold Path as the “distillation of spiritual practice.” That is, all other kinds of Buddhist practices can be subsumed under these categories because it represents both the culmination of spiritual practice (in its Noble manifestation) and the course by which this is attained.

Gethin makes another important point that has particular significance for this discussion, namely that the Eightfold Path is best understood as descriptive of naturally occurring causality, a law of nature (Gethin 1992/2001; p. 220). In other words, whether or not it is taught or recognized, certain activities in these eight categories lead to suffering and others to its alleviation. This causal law is not an invention of the Buddha or of any other teacher, any more than gravity, for example, was the invention of Newton. Human beings are universally subject to this causal law, whether they recognize it or not. Buddhist traditions offer a course of training that helps to align one’s conduct in accordance with this structure of reality and attain liberation from suffering, but there is no reason in principle why familiarity with explicitly “Buddhist” teachings are a necessary condition for such liberation. This perspective that the outcome of the training transcends Buddhist teachings becomes particularly important to understanding the ways in which mindfulness has been adapted for secular applications.

Consideration of right mindfulness (*sammā sati*) in its context within the Eightfold Path, then, helps to shed light on how it is viewed within Buddhist traditions. We see that as one stage in the Eightfold Path, it is embedded in a sequence of practices that result in emergent properties of wisdom, ethics, and concentration (Hanh 1999; Thanissaro 2012). It should be noted that various scholars have discussed Buddhist ethics, and a detailed review is outside the scope of this article. In these discussions, ethics and morality tend to be interchangeably used. Other terms include action-guide, virtue,

and moral virtue (Harvey 2000; Keown 2001). When taught or apprehended only as meditative skills or strategies without practices of developing other aspects of the path, such as right view or right action, it is referred to as wrong mindfulness or *micchā sati*. In principle, right mindfulness can have wholesome (*kusala*) or unwholesome (*akusala*) intention and serve to discern the same in actions, speech, and thoughts; this concept of wholesome/unwholesome becomes a crucial part of the debate over the exclusion of explicit ethics in contemporary mindfulness programs. Thus, in the context of traditional mindfulness, the cultivation of attention and concentration through meditative practices is viewed as necessary but not sufficient for right mindfulness to develop. Furthermore, a meditative practice is necessary but not sufficient for discernment, wise action, or wisdom to arise.

However, despite being one of the root principles, the diversity of approaches in Buddhism also pervades the definitions and attempts to interpret the term mindfulness itself. The 2011 special edition of *Contemporary Buddhism* (see also Williams & Kabat-Zinn 2013) explores the multi-faceted interpretations and perspectives of mindfulness. Its contents reflect the complexities of mindfulness which has evolved both as a Buddhist concept and as a multiplicity of psychotherapeutic and secular applications. As one solution, Dunne (2011) proposes capitalizing the word mindfulness to serve as a reminder that it is a nuanced, multi-layered, and contextually dependent term.

Robert Scharf (2013) addresses the development of contemporary understanding of mindfulness as it occurred over recent years. With the rise of “Buddhist modernism,” he claims that practice became less about the transformative power of experiencing suffering or *dukkha* and more about using meditation and mindfulness practices as a therapeutic means to enrich one’s emotional life. He argues that contemporary understanding of mindfulness as “bare attention” and “present-centered awareness” arose from a Theravāda revival in the early twentieth century, drawing its authority from the *Satipaṭṭhāna-sutta* (a scriptural discourse on the foundations of mindfulness) and a selection of Pali sources (for discussions of present-centered mindfulness and non-judgmental awareness, see also Dreyfus 2011; Gethin 2011). Adopted ultimately by the Burmese meditation teacher Mahāsi Sayadaw, this system of meditation practice was an effort to teach laypersons the path to liberating insight without the need for skilled concentration or the experience of absorption (*jhāna*). These perspectives on practice were radical proposals in the face of conventional practice that focused on *dukkha* and resulted in the shift in emphasis to the concept of *sati* and a focus on moment-to-moment, non-judgmental awareness of the contents of the mind. More importantly, this approach, which according to Scharf evolved into insight meditation, did not require the typical underpinnings of traditional Buddhism: renunciation of lay life, familiarity with Buddhist philosophy

or the *Abhidhamma* (the massive technical investigation of Buddhist psychological theory), long retreats, or specific teachers. Once exported to the Western world, this laicization of Buddhist practice may well have sown the seeds that have grown into the current burgeoning practice of contemporary mindfulness.

Contemporary Mindfulness: Structure and Function

To understand the nature of contemporary mindfulness and its current fit with Buddhist principles, it will be useful to explore its overarching structure and specific applications. Approximately 30 years old, contemporary mindfulness is as diverse in its philosophy and approaches as the Buddhisms and enjoys a multiplicity of definitions (Baer et al. 2009). Born into a world that expects quick relief from distress and is focused on capital gain, it is constantly adapting the traditional concepts and practices to integrate these principles into Western approaches to wellness, most commonly to psychotherapy. Specifically, contemporary mindfulness has adapted meditation practices from traditional contexts to fit Western models of effecting change and dealing with stress and dissatisfaction.

Germer et al. (2013) describe three ways in which psychotherapies can integrate mindfulness into their process. Collectively labeled “mindfulness-oriented psychotherapies,” the first describes psychotherapeutic approaches in which the therapist is a mindfulness practitioner (mindful therapist), the second is where the therapy can be informed by the principles of Buddhism (mindfulness-informed), and the third category refers to therapies that use specific elements of mindfulness such as meditation (mindfulness-based psychotherapies). Shapiro and Carlson (2009) categorize MBSR (Kabat-Zinn 1990) and Mindfulness-Based Cognitive Therapy (MBCT; Segal et al. 2012) as among the most commonly known and established modalities, with Mindfulness-Based Relapse Prevention (MBRP), Mindfulness-Based Eating Awareness Training (MB-EAT), and others as emerging treatment modalities. Although Dialectical Behavioral Therapy (DBT; Linehan 1993) and Acceptance and Commitment Therapy (ACT; Hayes et al. 2011) are included in this categorization, this article will focus on MBIs that specifically trace their origin to the original MBSR and which have a connection to Buddhist principles of practice. Recent developments in the context of military training, such as Mindfulness-Based Mind Fit Training (MMFT; Jha et al. 2010), can also be included among the emerging forms of MBIs.

Despite their diversity, mindfulness-based interventions can be viewed broadly as an integration of three approaches or stances to the cultivation of well-being (Fig. 1; see also Monteiro 2012). The first component is composed of various contemplative practices that are spiritual and/or religious. These practices can serve to center us, bring us away from

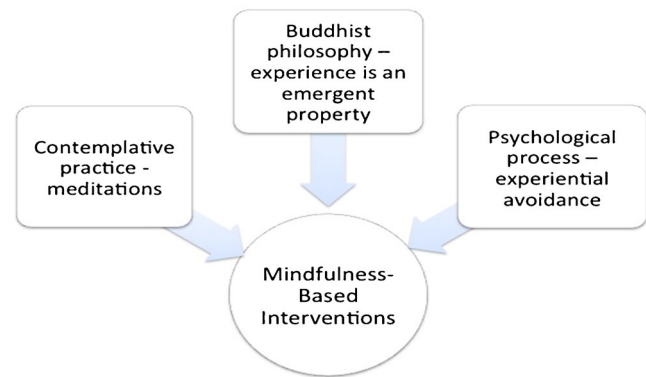


Fig. 1 Components of mindfulness-based interventions

mental dispersal, and connect us with our immediate experience. Expressed through religious rites or secular rituals, they also can involve everyday activities to cultivate a specific mode of attentiveness (vis The Center for Contemplative Mind in Society at www.contemplativemind.org). In most MBIs, forms of sitting and walking meditations are adapted as the basic contemplative practices for participants.

The second component is the understanding of how we experience the flow of events in our body/mind. Buddhist philosophy proposes that our mental dispersal and stances to our experiences (anger, clinging, confusion) are at the root of our suffering (Rahula 1974). Because we are swept away by desiring what is not available, rejecting what is, and being confused about the nature of our experience, our attention is dispersed; we fail to use our perceptive skills constructively. As we clarify the nature of our experience, we are able to make better (wholesome) choices and work for the benefit of all beings not just ourselves. Although the original program (MBSR) drew from Buddhist-based concepts of dealing with suffering by cultivating experiential awareness, these concepts are also found in psychotherapeutic approaches such as focusing therapy (Gendlin 1981/2007).

The third component addresses the intention of the treatment process, a shift away from experiential avoidance. Western psychological theories of ill health (or dysfunction) are primarily based in the operant process of avoiding the discomfort of our immediate experience (Cayoun 2011). We engage in behaviors that reduce our discomfort and thereby reinforce the avoidance of experiencing the moment. As we switch from strategy to strategy, the consequence is a dysregulation of our internal (emotional, physiological) and external (behavioral) systems that prevent making consistent and healthy choices. While the protocols of the specific program will vary, MBI programs have the common intention to reduce mental dispersal, which can encourage avoidance of our experience, so that we have a direct contact with our unfolding experience. Ultimately, the practice leads to taking responsibility for our own experience and cultivating the wisdom to manage it skillfully.

Structurally, MBIs will have many factors in common: Programs that are held weekly for 8–12 weeks engage in dialogues between teacher and participant that explore the experiential aspects of practice (called an inquiry) and delivery to groups of eight or larger. Some practices are similar: meditations such as the body scan, awareness of breath, loving-kindness, and mindful movements. They may differ in the details of the curriculum that are mandated by the intent of the program (relapse prevention, behavioral activation/inhibition, or self-discovery).

The commonality of this structure of most MBIs has allowed for a large number of investigations into the efficacies of treatment approaches and explorations of the way in which mindfulness components function together. This research into the mechanisms and effectiveness of MBIs has grown exponentially in the last 5 years (Black 2014). However, the traditional mindfulness communities have not always greeted the volume and intensity of this scientific approach positively. Many have found deconstructing mindfulness into its mechanisms and active components disconcerting; Wallace (2012) describes this as part of a scientific materialism which, in his view, is inconsistent with the teachings of Buddhism. Nevertheless, such analyses are necessary, especially in clinical applications, to assess if an intervention is useful, beneficial, and does not harm (see Coffey et al. 2010 for an example of investigating the mechanisms of mindfulness). Meta-analyses examining the efficacy of MBIs have reported interesting patterns of effectiveness. Eberth and Sedlmeier (2012) suggest that although MBSR is variable in its impact, it has an overall positive effect in reducing stress more than the improvements obtained from meditation alone. Comparing the impact of stress reduction to depression relapse prevention programs, Fjorback et al. (2011) found support for the differential impact of MBSR and MBCT on stress reduction and depression relapse. These patterns of clinical effectiveness lend support to the idea that despite the possibility that though contemporary mindfulness may not completely comprise all the elements of right mindfulness as conceived within Buddhist traditions, benefits in terms of the alleviation of suffering are still possible.

Two Streams, One Intention

Traditional and contemporary mindfulness likely have enjoyed more mutual exchange of knowledge and practice applications than might have been acknowledged. They share the overarching intention to alleviate suffering in the world as it is now, and there is considerable overlap in their activities if not their methodology. Olendzki (2011) and Bodhi (2008) have elucidated the path of mindfulness as embedded in and inextricable from the Buddhist Eight-Fold Path of liberation and purification of mind. Conventionally, the current practice of traditional mindfulness is associated with two primary

teachings, the *Ānāpānasati* and *Satipa ṭṭhāna* Suttas (Analayo 2003; Goldstein 2013b). Together they give instructions on how to cultivate a meditative practice and awareness of our experiences in body/mind. This practice arises from a ground of ethical foundations, and the intention of practice is to transform our fundamental inclination from greed, anger, and delusion to generosity, compassion, and wisdom. Considered a highly adaptive religion, Buddhism has equally been influenced by the cultures it infiltrated, and by exposure to Western philosophies of social justice, socially engaged Buddhism (although not universally accepted) has emerged as a means to challenge the institutional and structural templates that sustain twenty-first century forms of suffering (Loy 2003). Modern Buddhism includes addressing topics such as living with chronic illness (Bernhard 2010), happiness (Ricard 2008), work (Salzberg 2013), and other topics traditionally considered the purview of Western psychology.

Within the fields of psychology, medicine, and research, mindfulness-based interventions have been embraced as a paradigm shift, offering a new perspective to professionals who have struggled with cultivating mental well-being in its sociocultural complexities. The intention of psychotherapeutic approaches is to mitigate the suffering of mental illness or distress caused by unpredictable life events, and some psychological theories have benefitted from an infusion of mindfulness perspectives. While interventions such as cognitive behavioral therapy (CBT) have been immensely successful in reducing the suffering from many forms of mental illness, its development as MBCT (Segal et al. 2012) has not only expanded therapeutic benefits but also addressed some tautologies and circularities of its predecessor. In MBCT, for example, taking a stance toward thoughts as impermanent allows a fruitful resolution to the trickiness of CBT's thought challenging and its potential of triggering a spiral into rumination. Mindfulness-based interventions have adapted to and influenced conventional perspectives of the individual's capacity to heal through their own wisdom. Mindfulness approaches also have given new perspectives to organizational psychology and its work to change organizational cultures (Bush and Goleman 2013).

Clearly, both streams are devoted to and deeply moved by the suffering in the world, sharing a common intention to transform faulty perceptions and mistaken ways of experiencing phenomena. Both communities are concerned with the welfare of the individual as well as stewardship of the global community. Although the approaches used by contemporary mindfulness practitioners are based in Western psychological models of effecting change, they retain the essence of traditional forms (meditative practices) and content (concepts of impermanence, emergent self, transformation of negative mental states, and non-attachment) (Coffey et al. 2010; Grabovac et al. 2011). Conversely, traditional approaches to mindfulness have gained a nuanced language that is more

psychologically informed and relevant to the present ethos of work and life (Maex 2011; Monteiro 2003).

Despite this cross-fertilization, contemporary mindfulness has been the focus of several serious criticisms and some helpful critiques. Critics take issue with the definition of mindfulness and the use of terminology such as bare attention, non-judgmental awareness, present-centered perspectives, and non-dual conceptualizations. More serious criticisms focus on the absence of ethics or *sila* in the MBI curriculum and express concerns that this omission may result in concepts such as non-judgmental awareness fostering a range of negative stances from self-indulgence to passivity. The next section will explore some of these critiques and criticisms.

Buddhist Perspectives of Contemporary Mindfulness: Critiques and Criticisms

Many of these debates arise from a fundamental difference in world views between religion and science which Wallace (2012) describes as a history of “confrontations” and “collaborations.” For the most part, critiques of MBIs tend to be helpful in clarifying the source terminology and pointing out the risks of new(er) adaptations. Buddhist scholars (Dreyfus 2011; Dunne 2011; Gethin 2011) have discussed how the meaning and nuances of terms such as bare attention, non-judgmental awareness, and present-centeredness differ between Buddhist traditions. They counsel caution against adopting a minimalist definition of mindfulness and express optimism for innovations that fuller perspectives can bring to iterations of contemporary mindfulness. These critiques of the way in which contemporary mindfulness uses Buddhist terminology are especially important in pointing out how adaptations or interpretations also may unwittingly generate less potent theoretical models (Gethin 2011) and therefore only offer symptomatic relief.

Bhikkhu Bodhi (2011) cautions that merging techniques that arise out of incompatible conceptual frameworks may result in confusion about the intent of practice. For example, Bodhi holds that the acceptance of the concept of nonduality by Māhāyāna Buddhism is incompatible with Theravāda Buddhism’s framework that derives the rationale for ardent practice from the duality of *saṃsārā* (the repeating cycle of rebirth) and *Nibbāna* (the extinguishing of ill will, greed, and delusion), that is, the contradictions and confusions of the world as it is serves as the impetus and gives urgency to cease the cycle of rebirth. In Bodhi’s interpretation, the quest for an underlying unity to the contrasts found in the world as it is results in a transcendence that addresses the mind’s desire for a “comprehensive unity.” Bhikkhu Bodhi’s cautionary message, albeit based in Buddhist doctrinal differences, argues for congruence between a conceptual framework and the practices it generates. This need for consistency is equally

applicable to the transmigration of traditional mindfulness into the secular domain. Grossman and Van Dam (2011) also point out several contextual complexities that give rise to the trials and tribulations of transporting mindfulness into a Western scientific mode of investigating efficacies of clinical treatments.

Other scholars such as Wallace (2008) and Olendzki (2008) have noted that in the pursuit of the techniques of mindfulness and other forms of meditation, contemporary understanding of mindfulness may be confusing to beginning practitioners. Reducing mindfulness to attention in the absence of an understanding of ethical action results in the practice becoming Wrong Mindfulness (*micchā sati*). Criticisms have focused on this particular implication that the stripped-down model of contemporary mindfulness places MBIs at risk of cultivating Wrong Mindfulness which can have very negative outcomes (see Purser and Loy 2013; Ricard 2009; Senauke 2013; Titmuss 2013). The example of the sniper is often used to show how bare attention in itself cannot be called mindfulness as the outcome of this type of attention has unwholesome results (i.e., killing someone and therefore violating a primary ethic to do no harm). However, there are a number of issues underlying this simplified example, including the difference in how each Buddhist tradition interprets the act of killing; this is discussed in detail below.

The often-fierce criticisms of MBIs have focused on a single theme: the omission of immediately apparent ethics in the teaching of MBIs. This omission and its consequences have led to questioning whether contemporary mindfulness reflects the principles of modern Buddhism. Purser and Loy (2013) raise concerns that secularized forms of mindfulness used as mindfulness-based interventions for mental health and well-being have “denatured” a spiritual practice and risk reducing it to a parody of its intentions. There are also concerns that without a clear understanding of the intention of practice as the transformation of greed, hatred, and delusion, it may be subverted to fostering or sustaining oppression; that is, employees of a corporation, through a misunderstanding of the practice of non-judgmental awareness, could be lulled into passivity and may fail to have insight into the greed, hatred, and delusion that drives their organization (and themselves). This could therefore lead employees to tolerate oppression by their corporate employer (Titmuss 2013). More specifically, Titmuss (2013) expressed concerns that by defining mindfulness as a form of nonjudgmental awareness, not only were there risks of reinforcing passivity and maintaining oppression but also the very intention of the practice as one that transforms greed, hatred, and delusion is lost.

Earlier response to these types of criticisms, practitioners of contemporary mindfulness have indicated that overtly connecting mindfulness-based interventions (MBIs) to a Buddhist model limits the generalization and potential acceptance of these beneficial practices (Kabat-Zinn 2011). Moreover,

Kabat-Zinn points out that it is not necessary to evoke the Buddhist model of liberation in order to convey the concepts that underpin it. Other arguments against retaining the Buddhist rubric of mindfulness include debates on whether Buddhism has sole propriety rights to the concept of mindfulness and its dissemination (Goldstein 2013a). McCown et al. (2010) suggest that rather than a spiritual life being secularized, ordinary life may have been made sacred with the shift away from a religious spirituality and claim that this is the ground in which secular mindfulness practices have taken root.

The emerging groundswell of protest from traditional mindfulness practitioners over the rights and use of mindfulness practices has been strong and—perhaps in the face of the rapid growth of minimally trained practitioners who lead courses—appropriate. Some of the criticisms reflect concerns that Buddhist concepts have been misunderstood or misappropriated; in particular, the absence of ethics as part of the teachings is found to be distressing. Therefore, it would be appropriate here to examine whether the teachings of contemporary mindfulness are consistent with the concept of right mindfulness and require teaching explicit ethics in MBI programs.

Contemporary Mindfulness: Nothing Added, Something Left Out

The usefulness of contemporary, primarily clinical, mindfulness is not as much in question as is its faithfulness to the Buddhist path of practice it claims as its root. Gethin (2011) and Segall (2013) note that mindfulness approaches can be viewed as skillful means or *upaya*. It is a useful and beneficial response to suffering that is consistent with the social, cultural, and psychological context of its audience. Again, the diversity of Buddhist thought is important here. *Upaya* is a Māhāyana concept which allows for a dynamic, contextual approach to actions (Keown 2001). The Theravāda tradition has less leeway with actions that violate the precepts being seen as fundamentally wrong and due to negative mental states (see Gethin 2004 for comparison to the Māhāyana concept of the *Boddhi-sattva*). However, the concerns expressed by traditional mindfulness practitioners that the adaption to secular and clinical forms may have resulted in important concepts being lost can offer an important critique of the underpinnings of contemporary mindfulness. To address these concerns, MBIs can be examined to determine the degree to which they reflect the Buddhist teachings from which they were derived. The intent is not to determine whether contemporary mindfulness is an authentic branch of an ancient variegated tree but rather if it has developed in a manner consistent with its Buddhist influences, as best it can in its own landscape and climate. The three main areas of criticisms of the MBIs can be formulated

as inquiries which explore (1) their adherence to fundamental elements of right mindfulness, (2) their inclusion of practices that lead to insight into the roots of suffering, and (3) their inclusion of the ethical component of mindfulness. These form a useful framework to explore the validity of the criticisms.

Elements of Right Mindfulness The first assessment is whether MBIs meet the criteria for Right Mindfulness. This assessment is challenging because MBIs were not developed based in a specific Buddhist tradition's model of mindfulness. Tracing the origins of Mindfulness-Based Stress Reduction, Kabat-Zinn (2011) drew initially from the Theravāda tradition and integrated concepts from other traditions such as Chan (Zen). While assessing MBIs against the framework of a Theravāda model seem a narrowing of criteria, its meditative practices (e.g., awareness of breath and loving-kindness meditations) are closest to this tradition.

The term “mindfulness” occurs eight times in the root Buddhist teachings: as an element of the Eight-Fold Path, a mental factor, part of the four foundations of mindfulness, a faculty, and a power (Bodhi 1999). When examined closely, MBIs (notwithstanding the debates about bare attention) do contain the initial aspects of right mindfulness described by Bodhi (2008) such as bare attention, awareness of the interpretative process of experience, serving as a grounding practice, and cultivating serenity and insight. Furthermore, Cullen (2011) notes that the formal practices taught in MBSR are based on the four foundations of mindfulness; however, it is likely that some MBI programs incorporate this teaching more explicitly than others.

Thus, there appears to be some support that MBIs contain the practice elements of right mindfulness. However, from the perspective of Buddhist practice, this is short of the complete process of developing Right Mindfulness. That is, MBIs may not include practices that lead to the cultivation of wholesome mental factors (Olendzki 2008, 2011) which are examined further in the next section.

Meeting Obstacles The second assessment is to determine whether it is consistent with other aspects of practice that culminate in Right Mindfulness (*sammā sati*). Having established the foundations of mindfulness (body, feelings, mind, and the phenomena of mind), traditional mindfulness practice works with the obstacles and supports for liberation from suffering: the five hindrances and the seven factors of enlightenment (Bodhi 2008). Silananda (2002) explains that encountering the hindrances (sense desire, anger, sloth-and-torpor, restlessness-and-worry, and doubt) leads to the potential of cultivating “wise” reflections. Not only is the practice to note the presence of a hindrance, it is also to note its absence (not arising or having been abandoned successfully) thereby cultivating a Middle Path between experiential avoidance and

indulgence. The seven factors (mindfulness, investigation, energy, rapture, calm, concentration, and equanimity) serve as antidotes to the hindrances and support the development of clear awareness. Through clear awareness, the discernment of the arising and disappearing of wholesome (*kusala*) and unwholesome (*akusala*) mental states is possible.

In contemporary MBI programs, exploration of the hindrances is likely to arise through inquiry into obstacles encountered by the participants during their weekly practice. Typically, the second class of an 8-week program focuses on the obstacles to practice and the participants' mental stance to the occurrence of such obstacles (e.g., anger, confusion, preferences for past positive experiences). This is where (in the absence of proper teacher training) a poor grasp of concepts such as bare awareness, nonjudgmental awareness, non-duality, and so on are likely to misguide the participants into bypassing their experience rather than connecting with it. To what degree such misunderstandings and any concomitantly affected guidance occurs in MBIs is unknown and may be a topic for future research. There is little or no mention of the seven factors of enlightenment in MBIs. Thus, the critiques that contemporary mindfulness would benefit from a deeper understanding of these Buddhist concepts and take a cautious approach to adaptations are perhaps warranted.

Ethics The final and perhaps the thorniest assessment is the seeming absence of the explicit teaching of ethics in the MBI curriculum. It is important to note here that most debates around the absence of ethics confound ethics as the content of an MBI program, as embodied by the teacher, and as manifested by the choice of recipient of MBIs (such as corporations and the military). In the debate between traditional and contemporary practitioners, the absence of explicitly taught ethics is challenging for contemporary mindfulness practitioners to justify. Typically, clinical treatment settings have well-established guidelines against professing individual ethics or morals and imposing such views on what might be psychologically vulnerable populations. There is also a history of viewing psychological treatment as value-neutral. Thus, it is not surprising that the use of the term "ethics" in the context of describing a moral stance (especially one that comes from a sectarian practice) would be cause for concern in clinical settings (that is not to say that psychotherapies are not ethical and value-laden, however ethics in a clinical setting are primarily intended as protective and not prescriptive).

Nevertheless, in the matrix of the Eight-Fold Path, the practice of Right Mindfulness begins with developing an intimate awareness of body, feelings, the nature of mind, and the constituents of mental experience (Anlayo 2003; Gunaratana 2012; Silananda 2002). It is in the latter two contemplations that mindfulness as a process of discerning wholesome (*kusala*) and unwholesome (*akusala*) mental experiences is cultivated; it carries the implication of a choice

that is morally favorable rather than being technically proficient. When mindfulness becomes discernment between unwholesome and wholesome states of mind and a support of wholesome speech, thoughts, and action, the practitioner can be said to have cultivated right mindfulness.

Reflecting on the choice to keep the teachings of ethics implicit, Kabat-Zinn (2011) states that each person carries the responsibility both personally and professionally to attend to the quality of their inner and outer relationships; as well, the ethical foundation of MBSR rests on its affiliation with professions that hold their own ethical guidelines. At the same time, he indicates that this must be supported by "explicit intentions regarding how we conduct ourselves both inwardly and outwardly (p. 295)." This call for explicit intentions that guide the conduct of an MBI teacher opens the possibility that an equally explicit dialogue can occur as part of an MBI curriculum.

The most severe criticisms leveled at MBIs are that the model of contemporary mindfulness is incomplete because of the absence of explicitly taught ethics (Purser and Loy 2013; Titmuss 2013). Specifically, there are concerns that excluding ethics (*sila*), an essential aspect of mindfulness, results in a misunderstanding of the intent of a mindful practice which the critics claim is more than symptomatic relief or tolerance for stress. As noted above, Kabat-Zinn (2011) responds to earlier concerns about the exclusion of ethics by indicating that personal and professional ethical guidelines are intrinsic to the delivery of MBI programs. He also argues that because there is a societal tendency to be incongruent with respect to inner and outer moral stances, an implicit teaching of *sila* is preferable. Why this would be so was not further articulated in the article and perhaps is ground for future reflections.

The final assessment of whether and how MBIs meet the criteria of conveying the cultivation of ethics in their teachings remains somewhat unresolved. On the one hand, leaving the complexities of developing wise mindfulness to develop through an implicit pedagogy may be risky given the large number of variables involved in the teaching of mindfulness (skill of teachers, psychological disorders treated, and complexity of concepts being taught). On the other hand, to suggest in criticisms of MBIs that the absence of explicitly taught ethics risks unwholesome actions and is a signal of its inauthenticity or weakness suggests a dualistic, either-or view of implicit and explicit forms of teachings ethics. In fact, Shapiro et al. (2012) report an increase in moral reasoning and ethical decision making at the 2-month follow-up of an MBSR program which tentatively suggests implicit teachings might be sufficient.

The test of the integrity of the model of MBIs perhaps lies more in determining whether implicit ethics do result in diminished treatment outcomes and whether explicitly taught ethics result in enriched treatment outcomes. It should be noted, though, that this approach ties the effectiveness of

MBIs to their success in obtaining certain “treatment outcomes” as defined by contemporary secular models of health and wellness; this may or may not align with the traditional Buddhism’s conception(s) of the goal of the spiritual life or the alleviation of suffering. As well, it may be interesting to investigate the situations and conditions which favor teaching ethics implicitly or explicitly—or if, in fact, such a dichotomy exists.

Because the importance given to the role ethics plays in the practice of mindfulness, it is worthwhile to examine the ways in which it has been addressed in contemporary mindfulness. Therefore, we now turn to the challenges of bringing a moral stance into contemporary mindfulness through the teacher, the teachings, and the recipient of the teachings.

Ethics-Based Mindfulness: the Teacher, the Teachings, and the Recipient

Embodied Ethics of the Teacher

The concerns expressed by the traditional practitioners of mindfulness often are less about the ethical posture of the teacher of MBIs than about maintaining the integrity of the traditional model of transformation. Still the former is an important consideration given the relatively short amount of time spent developing teaching skills for an MBI.

There are a limited number of articles and explorations about the need for ethics in MBIs which focus on the ethical practices of the teachers of the program (Morgan 2012). Whereas it is important that professionals who teach mindfulness programs adhere to the ethical guidelines and commitments of their profession, it is insufficient to assume that it happens. In fact, complaints of misconduct in every regulated health care profession would suffice as evidence that having ethical guidelines are not universally synonymous with embodying them. McCown (2013) describes a detailed set of approaches to the issue of ethics in the MBIs beginning with professional codes of ethics and outlining the challenges of integrating Buddhist concepts of ethics into secular and clinical mindfulness interventions. Most important to the ongoing discussion of ethics in MBIs, however, is the issue of whether the teachings should express these ethics in an implicit or explicit manner. Whereas there are typically concerns among clinicians about imposing one’s own agenda onto a process (likely without consent of the participants), McCown (2013) suggests that what is present in an MBI is an *ethos* of practice that is an emergent property of an MBI. He also suggests that there may be merit to having an explicit ethic which might create a space for boundless exploration of ethical engagement in life.

Explicit Ethics in the Teachings For the reasons stated earlier, very few MBI programs incorporate an explicit framework of ethics or precepts. Grabovac et al. (2011) briefly note that ethics are necessary as part of their theoretical Buddhist psychological model (BPM) which reduces mental dispersal and negative affect. Avants and Margolin (2004) draw from cognitive and Buddhist psychologies to develop the spiritual self-schema therapy that incorporates the Eight-Fold Path as an organizing framework for treating addictive and HIV risk behaviors. MiCBT (Cayoun 2011) includes a module of ethical challenges in the seventh week of its 12-week program. The M4 Program (Monteiro and Musten 2013; Monteiro et al. 2010) includes five ethical practices derived from Buddhist lay precepts as part of the weekly homework.

The practice of ethics in Buddhism is viewed from many perspectives. Saddhatissa (1997) describes them as duties, Keown (2005) categorizes them as “virtue ethics,” and Harvey (2000) calls them “action-guides.” Gombrich (2009/2013) conceptualizes them as practices with a virtuous intent completed in the service of purifying the mind and inseparable from the practice of meditation. Keown (2001) points out that the relationship of Buddhist ethics to Buddhist psychology demonstrates that ethics in this context are not abstractions or relative. He extends this to state that the universality of human nature leads Buddhist ethics to themselves be universal and not a self-referenced or self-contained set of directives (p. 64). Gombrich (2009/2013) contributes two important insights that can address the concerns about including explicit ethics in the MBIs. First, he notes that because intentions are either virtuous or not, they cannot differ from one social group to another. Applying this idea to an MBI program, it suggests that the inclusion of an ethical framework in the form of ethical intentions likely would pose no threat to the social or religious identification that participants may hold. Even so, caution is warranted because although few would disagree with virtues such as respect, kindness, generosity, etc., these virtues could also manifest behaviorally in ways that cause conflict—e.g., religious and cultural differences in attire. Second, Gombrich (2009/2013) indicates that acting in congruence with ethical intentions is a way of purifying the mind and that meditation purifies the mind without the intermediary of actions. He proposes that this is a single unit of acting and purifying which underpins the Buddhist emphasis on morality being preliminary to meditation. This suggests that the behavioral components of MBIs (such as eating mindfully to prevent disease) would better serve the cultivation of mindfulness if they were designed to be congruent with or linked to an ethical framework (such as respecting one’s life).

Thus, it may be useful to consider the intention of the Buddhist concepts that underlie mindfulness practice as directional rather than dogma. The key Buddhist concepts of karma, Four Noble Truths, precepts, and the Brahma Viharas have been discussed by McCown (2013) who views them as

potential obstacles in a secular ethos. This view may be unnecessarily conservative. While arriving from the context of Buddhist teachings, these concepts could be fingers pointing to a higher ethic that can serve the content and intent of MBIs. Drawing from Gethin (1992/2001) who proposed that path of liberation from suffering reflects a universal principle and transcends Buddhist teachings, McCown's essay of creating an ethical space, karma, for example, could point to the cultivation of personal and communal moral responsibility. The Four Noble Truths could point to the cultivation of moral courage in facing the vicissitudes of life without looking away. The lay precepts could point to moral expectations. The Brahma Viharas, which form a framework of virtue ethics, could point to behavioral focus on certain actions and activity which promote moral action.

These extensions of Buddhist concepts make some meta-ethical assumptions—for example, that ethics are not entirely relative or tradition-specific, that they can have some universal application across times and cultures which in turn rests on an understanding of human nature as being universal. Space does not permit exploration of the legitimacy of these assumptions here, though this is an interesting area for further reflection. For now, given that MBIs arise largely from Buddhist context, it may be a reasonable starting point to assess the ways in which Buddhist-conceptualized ethics might be conveyed in an MBI curriculum. It is important to note as well that health care professionals tend to be cautious about imposing personal faith beliefs or writing into therapeutic models philosophies that were never intended. Thus, the onus will be on the developers of contemporary mindfulness programs to convey universal ethical concepts in a way that transcends a specific faith-based approach to mindfulness. Taken from a perspective of universal concepts, moral responsibility, courage, expectations, and action may be a way of using secular ethics to resolve the reluctance to impose “religious” values on participants of MBI programs.

The Ethical Recipient Traditional mindfulness practitioners claim that programs delivered to organizations such as profit-focused corporations and the military are of serious concern and should pose significant ethical challenges to the growing industry of contemporary mindfulness. The main concerns are the potential that participants in a mindfulness program will simply become more pliable, complicit with the less-than ethical principles of corporations, and have no evidence of transforming corporations for the better. These concerns tend to become more intense when examples of mindfulness programs in the military are discussed.

Using the example of a sniper, Buddhist teachers (Ricard 2009; Senauke 2013) have pointed out that misunderstanding mindfulness as focused attention without the underpinnings of ethics results in one's ability to use putative mindfulness skills for nefarious ends. This example, while correct from a

Theravāda interpretation of wrong action, falters from the Māhāyana or other-focused perspective (Gethin 2004). That is, it is predicated on the existence of absolute good in actions (Bush Jr. 2006) and disregards the possibility that negative actions be enacted with positive intentions for the well-being of others. In cases where the sniper has an intention to kill for the joy of killing and is deluded about what can be gained, it would be correct that mindfulness is not present despite the steady attention and other aspects of practice. However, life is seldom neat and actions rarely clear in their virtue or lack thereof. If we consider the actions of a police or military sniper, we can see they are motivated by very different contexts and contingencies; typically their final decision comes after weighing the ultimate cost of shooting or not shooting the targeted person. This example of contextual ethics is a typically used in teaching moral reasoning and resolving ethical dilemmas. Harvey (2000) notes that some scholars have stated that killing may not be something to condemn if it is arising from virtuous intentions. Gethin (2004) also explores the complex process of determining whether an action is wholesome or unwholesome in great detail and notes that whereas the act of killing is wrong and accrues negative karma, there are contexts (such as acting from the Bodhisattva's ideal) that could mitigate that form of unwholesomeness. However, Gethin is emphatic that the final arbiter of the morality of an action is the degree to which the agents of such acts are aware of the quality of their own mind. In other words, Buddhist ethics has contingencies for aggressive action; however, Buddhist scholars question how many could act with clear comprehension of their own motivation and the greater good. This point speaks strongly to the need for MBIs to develop a robust curriculum that cultivates clear comprehension of the practitioner's motivations and intentions, particularly in domains where moral action is a complex decision-making process.

Teaching mindfulness in organizations such as police services and the military therefore involves more complex issues than whether or not the training is increasing an individual's capacity to do harm. In fact, where mindfulness is taught as a means of cultivating clear comprehension, it may increase the possibility of limiting harm. Among military personnel, mindfulness is being investigated as a means of ameliorating trauma-related combat stress injuries among veterans (Niles et al. 2012; Owens et al. 2012). Working with military personnel in pre-deployment conditions, Jha et al. (2010) demonstrated that two military cohorts who received mindfulness training improved in functional measures such as working memory. They suggested that improvements in positive affect and working memory may provide resilience to respond appropriately in morally ambiguous conditions.

With respect to the use of contemporary mindfulness in corporations, Titmuss (2013) argues that the concerns are significant because the role of mindfulness programs exceed

their limits by claiming to change the ideologies of organizations; he states that there is no evidence of such changes occurring following mindfulness programs offered to employees. Although his criticisms are based on an assumption of what MBIs mean by “non-judgmental awareness” which he extrapolates to fostering a tolerance for corporate oppression, it is important to consider the conditions that mindfulness programs are attempting to address and to understand why the traditional perspective would argue for incorporating ethics into the mindfulness program curriculum.

Mindfulness programs for personnel in high demand-low resource organizations have focused on developing resilience under stressful conditions; one misperception is that mindfulness programs intend to develop indiscriminant tolerance for stress. Krasner et al. (2009) studied the effect of a mindfulness-based communication program for primary care physicians and reported improvements in well-being and attitudes associated with patient-centered care. A review of 11 studies assessing improvements in well-being among health care professionals who attended an MBSR program (Irving et al. 2009) indicated gains in areas of self-compassion and reduced stress. The implication of these latter two studies is that even in a corporate system and without intervening at the corporate level, it is possible to find an entry point where suffering can be alleviated to the benefit of the practitioner and, over time, those who employ them.

Engaging an intricate corporate structure to teach mindfulness skills requires a level of meta-mindfulness: listening carefully to what is being requested, seeking common ground, and learning to navigate the dialect of the organization (Bush and Goleman 2013). When designed with sensitivity to the level of psychological safety in the corporate culture and the welfare of the personnel in mind, mindfulness programs can play an important role in training the individual to see the incongruity of values clearly, confront skillfully, and not be frozen by self-blame. In workplace programs, concepts such as being comfortable with uncertainty, taking a nonjudgmental stance to a situation, or cultivating compassionate action are intended to transform emotional reactivity so that the situation can be met with skillful means. It may be naïve to think that corporate culture will shift perceptibly even when there are improvements in the individuals’ stance to the high-tempo and demands of the workplace. Nevertheless, changes at the ground level can create micro-climates within the work environment that foster support, compassion, and a sense of fellowship (Leiter and Maslach 2005; Musten and Monteiro 2013).

Conclusions

The traditional and contemporary communities of mindfulness practice share common aspirations, intentions, and

diligence in reducing suffering for individuals and the world. It is possible that the similarities end at this level of philosophical agreement because the ways in which they differ are significant and present a challenge for each side to understand. Although they address the concerns common to all humanity, each community takes a unique route, sometimes walking in parallel, usually crossing the terrain by different means.

Where traditional mindfulness approaches liberation from suffering through a path of ardent practice focused on understanding and uprooting the fundamental causes of suffering, contemporary mindfulness, as found in the MBIs, approaches the causes of suffering in a more focused manner, aiming for relief (if not always freedom) from symptoms and attitudes that result in distress (there are, of course, mindfulness-informed psychotherapeutic modalities that seek to uproot the causes of suffering; however, these tend to involve treatment longer than 8-week group sessions). Although symptomatic relief may appear shallow in the light of what traditional mindfulness offers through long-term diligent practice, there is as yet no way to predict how the individuals who benefit from such relief will develop in their own time. Follow-up studies and eventually longitudinal studies may provide answers to these questions.

This issue of mindfulness being only symptomatic relief is tied to the criticisms that mindfulness is defined incompletely as it is used in MBIs. Even though contemporary mindfulness programs have been beneficial without fully using the palette of the Buddhist system of cultivating right mindfulness, it is important to consider how the concepts that were stripped away might provide better understanding and more sustained outcomes. This, then, is the challenge for contemporary mindfulness: to provide functional interventions that hold the heart of traditional mindfulness practice and which focus on sustaining well-being past the symptomatic relief.

The role of ethics in an MBI curriculum is an important and equally challenging consideration. As a first step, it may be useful to consider whether the fears of imposing values on vulnerable populations have validity. It is also important to investigate the subtle ways in which the very teaching of a philosophy derived from an Eastern culture is already a propagation of a set of valued virtues or an “action-guide” based on a different worldview. In considering the issue of teaching mindfulness in corporations, it may be instructive to determine between corporate missions, values, and behaviors; while corporations may not be taught ethics through mindfulness, individuals within the corporation may benefit from cultivating a discerning mind. Finally, the answer may not lie in choosing between an implicit or explicit pedagogy but seeking a relationship between the two that best serves the intent of an MBI.

Baer (2011) perceptively points out that it is in the best interest of those treated with mindfulness-based interventions that we investigate the degree to which they are learning what

we believe we are teaching. This is contingent on knowing what components of the teachings are responsible for the observed positive outcomes. In turn, this means being confident in our understanding of what constitutes Right Mindfulness. She notes appropriately that this is a difficult challenge in the face of the complex nature of Buddhist teachings and the vastly differing interpretations.

The challenge for traditional mindfulness practitioners will be to remain adaptive. As a community, it plays a crucial role in clarifying the paths taken by the contemporary mindfulness community so that the applications of mindfulness are not misguided. The terminology and concepts of traditional mindfulness must continue to be a focus of discussion so that there is clarity of intention and confidence in the content that is being taught. Conceptual issues such as bare awareness, clear comprehension, and discernment between wholesome and unwholesome states are not simply historical, doctrinal, or scriptural details but critical practices that can have an impact on the usefulness of the teachings that occur over such a short period of time in secular programs.

It is tempting to claim that contemporary mindfulness has evolved beyond its Buddhist origins or that Buddhist traditions do not have a proprietary claim on mindfulness. However, that begs the question of what model then underpins and guides the process of the MBIs. The path through this tangle of concerns lies in a continuing dialogue that mutually challenges and clarifies concepts and practices as both traditional and contemporary mindfulness evolve. The resolution of lapses in understanding between these two approaches will not be easy; however, these are the responsibilities exacted of both. And the ongoing efforts will produce fruits that are sure to benefit all beings.

Acknowledgments The authors are grateful for comments and thoughtful suggestions offered on early drafts of this manuscript by Gordon Bermant, Ph.D., J.D., Boris Bornemann (Ph.D. candidate), Seth Segal, Ph.D., and Justin Whitaker (Ph.D. candidate) and to Ms. J. Sotozaki for copyediting.

References

- Analayo. (2003). *Satipatthana: The direct path to realization*. Birmingham: Windhorse.
- Armstrong, K. (2001). *Buddha*. New York: Penguin Putnam.
- Armstrong, K. (2009). *The great transformation: The beginning of our religious traditions*.
- Avants, K. S., & Margolin, A. (2004). Development of spiritual self-schema therapy for the treatment of addictive and HIV risk behavior: A convergence of cognitive and Buddhist psychology. *Journal of Psychotherapy Integration*, 14, 253–289.
- Baer, R. A. (2011). Measuring mindfulness. *Contemporary Buddhism*, 12(1), 241–261.
- Baer, R. A., Walsh, E., & Lykins, E. (2009). Assessment of mindfulness. In F. Didonna (Ed.), *Clinical handbook of mindfulness* (pp. 153–168). New York: Springer.
- Bernhard, T. (2010). *How to be sick: A Buddhist-inspired guide for the chronically ill and their caregivers*. Somerville: Wisdom.
- Black, D. (2014). *Mindfulness research guide: Informing mindfulness research and practice*. Retrieved from <http://www.mindfulexperience.org>.
- Bodhi, B. (1999). *Abhidhammattha Sangaha: A comprehensive manual of Abhidhamma*. Onalaska: BPS Pariyatti Editions.
- Bodhi, B. (2008). *The Noble Eightfold Path: The way to end suffering*. Onalaska: BPS Pariyatti Editions.
- Bodhi, B. (2011). Dhamma and non-duality. *Access to Insight*. Retrieved from http://www.accesstoinight.org/lib/authors/bodhi/bps-essay_27.html
- Bush Jr., J. (2006). *Gentle shepherding: Pastoral ethics and leadership*. St. Louis: Chalice.
- Bush, M., & Goleman, D. (2013). *Working with mindfulness: Research and practice of mindful techniques with organizations*.
- Cayoun, B. A. (2011). *Mindfulness-integrated CBT: Principles and practice*. Chichester: Wiley-Blackwell.
- Coffey, K. A., Hartman, M., & Fredrickson, B. L. (2010). Deconstructing mindfulness and constructing mental health: Understanding mindfulness and its mechanisms of action. *Mindfulness*, 1, 235–253.
- Cullen, M. (2011). Mindfulness-based interventions: An emerging phenomenon. *Mindfulness*, 2, 186–193.
- Dreyfus, G. (2011). Is mindfulness present-centered and non-judgmental? A discussion of the cognitive dimensions of mindfulness. *Contemporary Buddhism*, 12(1), 41–54. May 2011.
- Dunne, J. (2011). Toward an understanding of non-dual mindfulness. *Contemporary Buddhism*, 12, 71–88. May 2011.
- Eberth, J., & Sedlmeier, P. (2012). The effects of mindfulness meditation: A meta-analysis. *Mindfulness*, 3, 174–189.
- Fjorback, L. O., Arendt, M., Ombol, E., Fink, P., & Walach, H. (2011). Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy—a systematic review of randomized controlled trials. *Acta Psychiatrica Scandinavica*, 124, 102–119.
- Gendlin, E. (1981/2007). *Focusing* (2nd ed.). New York: Bantam.
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (2013). *Mindfulness and psychotherapy*. New York: Guilford.
- Gethin, R. (1992/2001). *The Buddhist path to awakening: A study of the bodhi-pakkhiya dhamma*. Oxford UK: Oneworld.
- Gethin, R. (2004). Can killing a living being ever be an act of compassion? The analysis of the act of killing in the Abhidhamma and Pali commentaries. *Journal of Buddhist Ethics*, 11, 166–202.
- Gethin, R. (2011). On some definitions of mindfulness. *Contemporary Buddhism*, 12(1), 263–279. May 2011.
- Goldstein, E. (2013). Beyond McMindfulness: Throwing the baby out with the bathwater. *Psych Central*. Retrieved from <http://blogs.psychcentral.com/mindfulness/2013/07/beyond-mcmindfulness-throwing-the-baby-out-with-the-bathwater/>
- Goldstein, J. (2013b). *Mindfulness: A practical guide to awakening*. Louisville: Sounds True.
- Gombrich, R. (2009/2013). *What the Buddha thought*. Bristol: Equinox.
- Grabovac, A., Lau, M., & Willett, B. (2011). Mechanisms of mindfulness: A Buddhist psychological model. *Mindfulness*, 2(3), 154–166. doi:10.1007/s12671-011-0054-5.
- Grossman, P., & Van Dam, N. (2011). Mindfulness, by any other name...: Trials and tribulations of sati in Western psychology and science. *Contemporary Buddhism*, 12(1), 219–239.
- Gunaratana, B. (2012). *The four foundations of mindfulness in plain English*. Boston: Wisdom.
- Hanh, T. N. (1999). *The miracle of mindfulness: An introduction to the practice of meditation*. Boston: Beacon.
- Harvey, P. (2000). *An introduction to Buddhist ethics*. Cambridge: Cambridge University Press.
- Hayes, S. C., Strosahl, K., & Wilson, K. G. (2011). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York: Guilford.

- Irving, J., Dobkin, P., & Park, J. (2009). Cultivating mindfulness in health care professionals: A review of studies of Mindfulness-Based Stress Reduction (MBSR). *Complementary Therapies in Clinical Practice*, 15, 16–66.
- Jha, A. P., Stanley, E. A., Kiyonaga, A., Wong, L., & Gelfand, L. (2010). Examining the protective effects of mindfulness training on working memory capacity and affective experience. *Emotion*, 10(1), 54–64.
- Kabat-Zinn, J. (1990). *Full catastrophe living*. New York: Delta.
- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, 12(1), 281–306.
- Keown, D. (2001). *The nature of Buddhist ethics*. New York: Palgrave.
- Keown, D. (2005). *Buddhist ethics: A very short introduction*. Oxford: Oxford University Press.
- Krasner, M. S., Epstein, R. M., Beckman, H., Suchman, A. L., Chapman, B., Mooney, C. J., et al. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *Journal of the American Medical Association*, 302(12), 1284–1293.
- Leiter, M. P., & Maslach, C. (2005). *Banishing burnout: Six strategies for improving your relationship with work*. San Francisco: Jossey-Bass.
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford.
- Loy, D. (2003). *The great awakening*. Somerville: Wisdom.
- Maex, E. (2011). The Buddhist roots of mindfulness training: A practitioner's view. *Contemporary Buddhism*, 12(1), 165–175.
- McCown, D. (2013). *The ethical space of mindfulness in clinical practice: An exploratory essay*. Philadelphia: Jessica Kingsley.
- McCown, D., Reibel, D., & Micozzi, M. S. (2010). *Teaching mindfulness: A practical guide for clinicians and educators*. New York: Springer.
- Monteiro, L. M. (2003). *The Ottawa Mindfulness Clinic* (pp. 51–55). Fall-Winter: The Mindful Bell.
- Monteiro, L. M. (2012). An ethical path to compassionate community: The fire in the heart of mindfulness. Retrieved from <http://ottawamindfulnessclinic.wordpress.com/2012/11/22/817/>
- Monteiro, L. M., & Musten, R. F. (2013). *Mindfulness starts here: An 8-week guide to skillful living*. Victoria: Friesen.
- Monteiro, L. M., Nuttall, S., & Musten, R. F. (2010). Five skillful habits: An ethics-based mindfulness intervention. *Counselling and Spirituality*, 29(1), 91–103.
- Morgan, S. (2012). Growing through ethics. In C. K. Germe & R. D. Siegle (Eds.), *Wisdom and compassion*. New York: Guilford.
- Musten, R. F., & Monteiro, L. M. (2013). *Minding the life you have: Resilience training for engaged high performers*. Ottawa: Ottawa Mindfulness Clinic.
- Nanamoli, B., & Bodhi, B. (2005). *The middle length discourses of the Buddha: A translation of the Majjhima Nikaya*. Somerville: Wisdom.
- Niles, B. L., Klunk-Gillis, J., Ryngala, D. J., Silberbogen, A. K., Paysnick, A., & Wolf, E. J. (2012). Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(5), 538–547. doi:10.1037/a0026161.
- Olendzki, A. (2008). The real practice of mindfulness. *Buddhadharma*, 7, 8.
- Olendzki, A. (2011). The construction of mindfulness. *Contemporary Buddhism*, 12(1), 55–70.
- Owens, G. P., Walter, K. H., Chard, K. M., & Davis, P. A. (2012). Changes in mindfulness skills and treatment response among veterans in residential PTSD treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(2), 221–228. doi:10.1037/a0024251.
- Purser, R., & Loy, D. (2013). Beyond McMindfulness. *Huffington Post*. Retrieved from http://www.huffingtonpost.com/ron-purser/beyond-mcmindfulness_b_3519289.html
- Rahula, W. (1974). *What the Buddha taught: Revised and expanded edition with texts from suttas and dhammapada*. New York: Grove.
- Ricard, M. (2008). *Happiness: A guide to developing life's most important skills*. New York: Little, Brown and Company.
- Ricard, M. (2009). A sniper's mindfulness. Retrieved from <http://www.matthieuricard.org/blog/posts/a-sniper-s-mindfulness>
- Saddhatissa, H. (1997). *Buddhist ethics*. Boston: Wisdom.
- Salzberg, S. (2013). *Real happiness at work: Meditations for accomplishment, achievement, and peace*. New York: Workman.
- Scharf, R. (2013). *Mindfulness or mindlessness: Traditional and modern critiques of "bare awareness"*. Paper presented at the Conference on Mindfulness in Cultural. Context: McGill University Montreal QC.
- Segal, Z. V., Williams, J. M., & Teasdale, J. D. (2012). *Mindfulness based cognitive therapy for the prevention of depression relapse* (2nd ed.). New York: Guilford.
- Segall, S. (2013). In defense of mindfulness. *The Existential Buddhist*. Retrieved from <http://www.existentialbuddhist.com/2013/12/in-defense-of-mindfulness/>
- Senauke, A. (2013). Wrong mindfulness: An interview with Hozan Alan Senauke. Retrieved from <http://www.tricycle.com/blog/wrong-mindfulness>
- Shapiro, S., & Carlson, L. E. (2009). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. Washington, DC: American Psychological Association.
- Shapiro, S., Jazaieri, H., & Goldin, P. R. (2012). Mindfulness-based stress reduction effects on moral reasoning and decision making. *The Journal of Positive Psychology*, 7(6), 504–515.
- Silanda, V. U. (2002). *The four foundations of mindfulness*. Boston: Wisdom.
- Smith, C. (1962). *The meaning and end of religion*. New York: Fortress.
- Thanissaro, B. (2012). *Right mindfulness: Memory and ardency on the Buddhist path*.
- Titmuss, C. (2013). The Buddha of mindfulness. The politics of mindfulness. Retrieved from <http://christophertitmuss.org/blog/?p=1454>
- Wallace, B. A. (2008). Interview: A mindful balance. *Tricycle*, 17, 60–67.
- Wallace, B. A. (2012). *Meditations of a Buddhist skeptic: A manifesto for the mind sciences and contemplative practices*. New York: Columbia University Press.
- Williams, J. M., & Kabat-Zinn, J. (2013). *Mindfulness: Diverse perspectives on its meaning, origins and applications*. New York: Routledge.