



Mindfulness Meditation: Frames and Choices

Citation

Harrington, Anne, and John Dunne. Forthcoming. Mindfulness meditation: Frames and choices. American Psychologist.

Permanent link

<http://nrs.harvard.edu/urn-3:HUL.InstRepos:10718406>

Terms of Use

This article was downloaded from Harvard University's DASH repository, and is made available under the terms and conditions applicable to Open Access Policy Articles, as set forth at <http://nrs.harvard.edu/urn-3:HUL.InstRepos:dash.current.terms-of-use#OAP>

Share Your Story

The Harvard community has made this article openly available.
Please share how this access benefits you. [Submit a story](#).

[Accessibility](#)

Mindfulness Meditation: Frames and Choices

Anne Harrington, Harvard University

John Dunne, Emory University

To appear in American Psychologist: please do not cite or quote without permission

In 1890, the a British scholar of the Pāli language Thomas W. Rhy Davids published his translation of an ancient text of Buddhist sacred writing called *The Questions of King Milinda*.

This text, written as a dialogue between a king and his spiritual teacher, introduced, for the first time, the English word “mindfulness” as a translation for the Pāli term *sati* (in Sanskrit, *smṛti*). It was, the text explained, one of the five “spiritual faculties” needed to live well – the other four being “faith, vigor, concentration and wisdom.” The text included the following exchange:

The king asked: "And what is the mark of mindfulness?"

"Calling to mind and taking up."

"How is calling to mind a mark of mindfulness?"

"When mindfulness arises, one calls to mind the dharmas which participate in what is wholesome and unwholesome, blamable and blameless, inferior and sublime, dark and light." (Mendis and Horner, 1993, p. 37)

Since Rhys Davids’ time, the same term “mindfulness” has emerged as an important reference point in American psychology. Today, however, it is often defined rather differently than King Milinda was taught to define it. It is no longer generally seen as a faculty that allows for discerning the wholesome from the unwholesome, but rather as a form of present-centered, non-judgmental awareness of one’s mind, body and surroundings. It is often assumed to be the

essence of the Buddhist contemplative tradition. And it is supposed to be capable of having profound effects on the mind that are clinical and psychotherapeutic on the one side, and valuable for casting light on basic experimental questions in psychology and neuroscience on the other.

Some critics, observing the current scene, have called foul – suggesting that many or even all of these understandings and rationales for practicing mindfulness have little to do with ancient Buddhist textual understandings and justifications. The Western scientific and clinical community, they say, is guilty of degrading or distorting a rich tradition it does not properly understand (See, for example, Wallace, 2006; Rabgay & Bystrisky, 2009). We disagree – at least, in part. We argue, first, that there is nothing intrinsically improper about therapists and researchers using mindfulness traditions in ways that advance their clinical and experimental goals. We argue, second, that it is actually not true that contemporary versions of mindfulness lack any clear Buddhist precedents.

At the same time, we have our own concerns and cautionary messages. Many participants in today’s conversations tend to talk about an entity called “Buddhism” as if we had here to do with a monolithic and unchanging ancient tradition that speaks in a single voice. Buddhism in fact is a dynamic, pluralistic and even quarrelsome set of cultural traditions, and every researcher or clinician implicitly or explicitly engages, not with the whole but with a part. Moreover, every researcher or clinician does so, not in some unmediated way, but through a process of framing -- distilling, selecting, interpreting -- the goal of which is to maximize the relevance and usefulness of the chosen tradition to specific kinds of projects. Each frame privileges some phenomena and questions over others. Each choice to engage with a select part of a tradition narrows one’s gaze. This is all perhaps inevitable. This very fact of inevitability, however, suggests that modern

researchers have a responsibility to be more mindful (if we may use that term here) of the potential consequences flowing from their choices and their frames. This essay attempts to help the field begin that process.

The essay is divided into two main parts. The first part look at some of the historical processes of framing and filtering that made it possible for certain traditions of Buddhism and mindfulness practices to be seen as relevant to a range of different kinds of projects within psychology. The second part attempts to clarify why it was that certain specific traditions of Buddhism might have been selectively privileged over other traditions in the process of cross-cultural exchange, and what lessons we need to take away from that fact.

Part one: Framings

The first framing: Zen as a road to the unconscious

The first framing to bring mindfulness into psychology was crafted, not on behalf of laboratory scientists or clinical psychologists working with stressed and depressed patients, but on behalf of private-practice American psychoanalysts in the 1950s. This might seem a surprising fact. After all, the original Freudian climate of opinion was hardly a friendly one for anyone interested in Buddhism or other Asian religious traditions. In the course of a series of letters with the French dramatist and student of Hinduism, Romain Rolland, Freud himself had concluded that what Rolland called the “oceanic experience” of mystical oneness were likely infantile memories of experiences of subjective merging with the mother. They had no inherent higher spiritual meaning or value. And even understood as psychological data, they were best dismissed because – as he explained later in one of his most famous books, *Civilization and its Discontents* --psychoanalysis as a discipline was more interested in the cultural energies generated by early struggles and experiences with the *Father* (that he believed had produced the

monotheistic religions) than in the more primitive ones produced by interactions with the Mother (Harrison, 1979, p. 399-422).

By the 1930s, a second generation of psychoanalysts in the United States had gone even further than Freud. Meditative experience was not just a regressive experience, they said. It was -- or could be -- considered a form of outright psychopathology! One paper in particular helped set the tone here: a 1931 talk by the American emigrée Franz Alexander (1931), in which he compared the meditative state to catatonic schizophrenia: “Buddhistic self-absorption is a libidinal, narcissistic turning of the urge for knowing inward, a sort of artificial schizophrenia with complete withdrawal of libidinal interest from the outside world” (pp. 129–145).

It is true that, in contrast to Freud and his loyal followers, the dissident disciple Carl Jung (once expected to inherit Freud’s leadership position in the field) had a serious positive interest in Eastern religions, including Buddhism (for more, see Polly Young-Eisendrath and Shôji Muramoto, 2002). At the same time, Jung strongly advised Westerners against any kind of direct hands-on engagement with meditation or mystical practices. These were designed for the reflective, introverted Eastern mind, he said, and would not suit the extroverted temperament of the Westerner. “You cannot mix fire and water,” he warned. “The Eastern attitude stultifies the Western and vice versa” (Jung, 1957, pp. 262-3). The East offered psychoanalytic theory a rich landscape of symbols and insights that Jung personally found inspirational, but he was clear that its practices were not relevant to the practical psychotherapeutic goals of psychoanalysis itself (for more, see Coward, 1985).

The first real challenge to this hands-off approach to Buddhist practice came from a group of mid-century dissident psychoanalysts who believed that the field needed to be drastically reformed. It should retain the most important ideas of classical Freudian theory (like

the idea of the unconscious), but at the same time go beyond them, especially by making room for real but traditionally neglected human capacities like self-actualization, altruistic love and experiences of transcendence. Influenced by phenomenology and existentialism, these dissidents focused less on curing mental illness (a medical model) and more on addressing causes of spiritual emptiness and alienation that they believed lay behind much of the distress that brought people to an analyst's couch (an existentialist-humanistic model).

By the late 1950s, several of these humanistic psychotherapists were suggesting that the theory and practice of Buddhism -- and Zen Buddhism in particular -- might offer resources for advancing these humanistic reforms of psychoanalysis. Far from encouraging regression and narcissism, as classical psychoanalysis had suggested, their view was that Zen practice offered a model for transforming the analytic hour into a path leading to new levels of authenticity and self-actualization.

How did it happen that a practice once was believed to lead to pathology now could be conceived as a path to mental health and authenticity? The short answer is: D.T. Suzuki. Suzuki was a prominent Japanese scholar of Zen who -- after living and working in the United States with the American Buddhist convert Paul Carus for eleven years -- had also secured an extensive grounding in early 20th-century American pragmatist philosophy and the psychological theories of William James (Jackson, 1968; Verhoefen, 1997). A man with a mission, among other things, to rescue Zen from what he saw as its ossification in the monasteries, Suzuki was more responsible than anyone else for a particular framing of the Zen Buddhist tradition that also helped carry it into American psychotherapeutic practice for the first time.

Here is how he did it. He took specific understandings from the traditional Zen sources, but partially recast them in language and arguments from pragmatist philosophy, James'

metaphysics of “pure experience,” and various Western phenomenological approaches to the psychology of religious experience. The result was a vision of Zen that appeared to be, not just an esoteric Eastern practice, but a universal and creedless “pure experience.” What was it good for? To answer, Suzuki invoked, not just traditional Buddhist concerns with spiritual and ethical development, but also secular concerns of the humanistic psychology movement with self-actualization and even more conventional psychoanalytic concerns with exploring and gaining mastery over the unconscious (Leonard, 1998; Taylor, 2000; McMahan, 2008, Sharf, 1995).

By the 1940s, Suzuki had already become a major influence on the first generation of Western popularizers of Zen in the English-speaking world, notably Alan Watts. In 1945, Karen Horney was the first in psychoanalytic circles to acknowledge Suzuki’s influence on her thinking, when she quoted one of his Zen stories in a book called *Our Inner Conflicts* (Horney 1945, pp. 162-3). She was also the first in her profession to suggest that psychoanalysts, as clinicians, might have a great deal to learn practically from the Zen masters (Dockett et al., 2003; DeMartino, 1991). A colleague of hers recalled how, a few years after her untimely death in, 1952 “a well-known member of our profession asked me ... in reference to Karen Horney’s interest in Zen, ‘What good is it? It offers no solutions!’ The answer,” this colleague concluded, “as I see it comes from a verse in the Zenrin Kushu: If you do not get it from yourself, Where will you go for it?” (Elkin, 1958-9).

“If you do not get it from yourself, where will you go for it?” It was a provocation seemingly ready-made for humanistic therapists who believed in self-reliance and self-actualization through inward exploration. If Zen offered such a path, then perhaps the profession as a whole should be paying attention. In the end, it was not Horney, but her colleague, Erich Fromm, who provided the platform for this to happen. In the summer of 1957, Fromm invited

Suzuki to a weeklong workshop at his private home and center in Mexico, so that he could engage in sustained and intimate dialogue with a cherry-picked group of psychoanalytically-oriented psychotherapists. The book resulting from this encounter, *Zen Buddhism and Psychoanalysis*, was published in 1960. It was the first of its kind and it helped inspire a steady stream of others, right into our own day.

What was in the book? Suzuki's contribution began by exploiting well-established Western stereotypical beliefs in "West" and "East" as polar opposites, with the West as the active and modern culture, and the East as the passive and ancient one. Suzuki's strategy was not to challenge those beliefs, but instead to challenge the assumption that West was best. The West, Suzuki (1960) wrote in his article, may indeed be active, analytical, and "scientifically objective," but it was also machine-like and driven. In contrast, "Asiatic people love life as it is lived and do not wish to turn it into a means of accomplishing something else." Perhaps, Suzuki suggested, the West had begun to realize the limitations of its approach. "Mechanical devices are far more efficient and accomplish more," he said. "But the machine is impersonal and non-creative and has no meaning" (p.7; for more on the larger context here, see Harrington 2008).

Could a Zen-infused psychoanalytic psychotherapy contribute to the task of helping the West transcend the limits of its culture? Fromm believed that it could. "Zen thought," he declared in his contribution, "will deepen and widen the horizon of the psychoanalyst and help him arrive at a more radical concept of the grasp of reality as the ultimate aim of full, conscious awareness" (Suzuki, 1960, p. 140). As analysts became quasi-Zen masters of the couch, he concluded, they could then in turn help their patients achieve a far more comprehensive liberation from the narcissistic neuroses of the age than was currently possible within conventional psychoanalytic psychotherapy.

The second framing: mindfulness as a medical intervention

If the first encounter between American psychology and mindfulness meditation was humanistic, the second – a generation later -- was far more classically medical. The story here began in 1970s America, a time when paperback books trumpeted the dangers of the so-called Type A personality, and “stress” had been conceptualized as a deadly epidemic of modern life.

In this time, Herbert Benson, a cardiologist at Harvard University, described a technique that he claimed could reverse the stress response, one derived from the popular meditative practice called Transcendental Meditation (itself a simplified version of certain mantra-based Hindu (*Vedic*) meditative practices). “What we found,” Benson (2001) later recalled, “was astounding. Through the simple act of changing their thought patterns, the subjects experienced decreases in their metabolism, breathing rate and brain wave frequency” (p. ???). He called this technique “the relaxation response” and claimed that it was a universal mental technology for creating certain clinically desirable physiological effects. It had nothing intrinsically to do with the metaphysical claims of Transcendental Meditation, or – for that matter – of any other religious system. As he put it in his bestselling 1975 book: “...Even though it [the relaxation response] has been evoked in the religions of both East and West for most of recorded history, you don’t have to engage in any rites or esoteric practices to bring it forth” (p. ???). Here again is an important cultural element that relates to mindfulness: namely, that meditation practices can be effective without any need to endorse a particular set of beliefs.

Benson’s framing of meditation as a universally-available means of “stress reduction” helped create a secular cultural space for the practice within medicine, one with room for other approaches as well. In the late 1970s, a young man named Jon Kabat-Zinn – with a newly minted doctorate in molecular biology but a felt vocation to teach the mindfulness practices that

he had found so personally transformative – went to the directors of a teaching hospital in Worcester, Massachusetts. He proposed setting up what he carefully described as a “stress reduction” clinic that would work above all with patients suffering from chronic pain. The goal was to teach them techniques that would help them cope better with their distress.

The techniques that Kabat-Zinn had in mind were of a quite different sort than those taught by Benson. They were rooted, not in the mantra-based practices of the *Vedas*, but in the mindfulness-based practices of Zen, Theravada Buddhism and yoga practice, along with significant influences from Tibetan and Vietnamese Buddhism. Moreover, Kabat-Zinn envisioned a rigorous training program that would aim, less at symptom reduction (Benson’s focus) than at a total transformation of a person’s approach to his or her illness and life. In this sense, he began with a vision that – like the humanistic psychoanalysts a generation earlier – was less medical than existential. The goal was less to change people’s physiology than it was to help them find ways to *suffer* less from what ailed them. So much of suffering, Kabat-Zinn insisted, lay in the affect and attitude one brought to one’s condition. If these things could be improved through practices that involved recognizing and accepting (or “owning”) one’s experience without reactivity and judgment, this could result in marked reduction in various symptoms, including anxiety, depression, and obsessive rumination. In the end, patients might still have a condition that needed medical management, but they might also find themselves able to live better and more fully with that condition.

This 'work' involves above all the regular, disciplined practice of moment-to-moment awareness or mindfulness, the complete 'owning' of each moment of your experience, good, bad, or ugly. This is the essence of full catastrophe living... it is no accident that

mindfulness comes out of Buddhism, which has as its overriding concerns the relief of suffering and the dispelling of illusions (Kabat-Zinn, 1990, p. 11).

For a time, the contrasts between Benson's program and Kabat-Zinn's program seemed clear. In Benson's mantra-based program, patients learned a simple technique that was designed to achieve specific kinds of symptom-reduction, especially symptoms associated with chronic stress. In Kabat-Zinn's mindfulness-based program, patients learned a challenging technique and discovered that they had in fact, without realizing it, embarked on an ongoing process of self-discovery and self-empowerment. (Kabat-Zinn, 1982; Kabat-Zinn, Lipworth, & Burney, 1985; Kabat-Zinn, 1991).

By the 1990s, however, the situation had become more complex. Kabat-Zinn had been an outsider to clinical practice. His interest lay, above all, in using the hospital setting as a place where he could work to fulfill the dharmic responsibility of relieving human suffering. As he put it in a 1991 interview: "Hospitals and medical centers in this society are *dukkha* magnets. (*Dukkha* means "suffering" in Pali.) People are drawn to hospitals primarily when they're suffering, so it's very natural to introduce programs to help them deal with the enormity of their suffering in a systematic way—as a complement to medical efforts." (Graham, "An interview with Kabat-Zinn," 1991). Some of the clinically-trained workers who came after him – particularly in clinical psychology -- were different. They obviously cared also about human suffering, but – a bit like the humanistic psychoanalysts in the 1950s -- they were also interested in ways in which mindfulness could be integrated with the other techniques in the therapeutic toolbox in which they had been trained. For many of these people, though, these techniques were not psychoanalytic, but rather cognitive and behaviorist. The decade thus saw the making of new hybrid therapies that mixed standard behaviorist-cognitive techniques with mindfulness

training: Mindfulness-Based Cognitive Therapy or MBCT (developed by John Teasdale, Zindel Segal and others), Dialectical Behavioral Therapy or DBT (developed by Marsha Linehan), and more.

The development of these new hybrid practices in turn brought new kinds of questions. How did MBCT compare as a treatment for depression against a course of anti-depressants? (Segal et al., 2010). How well could DBT target and reduce some of the most disabling symptoms of borderline personality disorder? (Linehan et al., 1991). For psychologists asking these kinds of questions, there was no doubt about the need to evaluate the effects of mindfulness-based practices in clinical trials, according to conventional clinical benchmarks. And that need in turn brought a necessary new focus on targeted symptom-reduction in ways similar to the focus that had always dominated in Benson's program. At the same time, it raised new questions about the best operational definition for this entity called "mindfulness" for research purposes.

This kind of work also inspired new efforts to think about the mechanisms -- especially the brain mechanisms -- involved in the symptom reductions brought on by mindfulness training. The late 1990s saw the emergence of new efforts to explore how far mindfulness training might change functional laterality, increase activity in parts of the brain associated with positive affect, cause certain parts of the brain to become thicker, and even make facilitate new patterns of brain wave activity in experienced practitioners. The images so many of us have seen, of monks draped in electrodes or meditating in fMRI scans, has been perhaps the most provocative outcome of this increasingly medicalized framing of mindfulness as a clinical practice. (Davidson & Lutz, 2008).

The third framing: mindfulness as a methodology for "inner science"

The third framing of mindfulness is arguably the most complex and contentious of all. In this framing, mindfulness is not just or primarily a therapeutic technique, but a scientific method. It is the means by which practitioners investigate the contents of consciousness, and – in some renderings – investigate more generally the vast realm of “inner reality.” The roots of this way of thinking go back to the early 20th-century, when some Asian Buddhist modernizers, keen to insist on Buddhism’s compatibility with Western science, began to deny that Buddhism was a religion in the dogmatic, faith-based sense that Christianity was. They insisted instead that it was best understood as an ethically-based mode of investigation, an “inner science.” (Lopez, 2008; MacMahan, 2008). And they made clear that it was the practice of meditation – including but not limited to mindfulness practices – that had provided the basis for this “inner science.”

While the language of “inner science” was an early 20th-century framing, it was given new energy and moral urgency in the 1980s and 1990s by the Tibetan Buddhist scholar, Robert Thurman. In 1984, Thurman organized a small conference in the chapel of Amherst College Chapel, on the theme of Buddhist “Inner Science.” The guest of honor was a then young Dalai Lama of Tibet, and other participants included psychologists Charles Tart, John Perry, Kenneth Pelletier, and physicist David Bohm. This meeting seems to have been the first occasion in which the Dalai Lama had the opportunity formally to exchange ideas with scientists interested in consciousness. In 1987, Adam Engle and Francisco Varela (about whom, more below) would join forces to create an organization they called the Mind and Life Institute, which would act to regularize such dialogues and also broaden the scope of the discussions.

By the early 1990s, Thurman had become more explicit about the moral vision behind his own interest in bringing Tibetan Buddhist “inner science” into dialogue with Western approaches. Western science, he believed, had succumbed to the dangerous dogma of

materialism, with consequences that were putting the planet at risk. As Thurman explained at another meeting in 1991 (this one based at Harvard and co-organized with Herbert Benson):

“Our powers to affect the outer reality have far outstripped our powers over ourselves. ... Therefore, I propose to you the radical idea that the Indian decision not to develop outer sciences, technology, the industrial machine – the whole thing we think of as Western civilization – might not simply be the result of a failure of intellect, but instead represent a great success of intellect. The failure of intellect might well be ours, expressed in our decision to interfere and tamper with everything, and so unleash physical powers without having any mental power” (Thurman, in *MindScience*, 1991, p. 57)

Thurman’s impassioned ethical and even political framing of Buddhism as “inner science” in the 1990s found an unlikely and somewhat discordant counterpoint in the cooler, philosophically-oriented work of the Chilean-born neuroscientist (and practicing Buddhist) Francisco Varela. In that decade, Varela -- quite independently of Thurman -- had also begun arguing for the potential of Buddhist meditative techniques to contribute to the investigatory mission of science. However, he did not set up an opposition between the wisdom and benevolence of Eastern “inner science” on the one side, and the potentially dangerous hubris of Western “external science” on the other. Instead, speaking as a laboratory scientist, his goal was to see how far the disciplined phenomenological techniques practiced by certain Buddhist meditators could help modern-day brain sciences grasp the nettle, and deal in a rigorous way with what he considered to be the most salient fact of human mental life: conscious experience itself. “To deny the truth of our own experience in the scientific study of ourselves is not only unsatisfactory,” he and his colleagues wrote in 1991, “it is to render the scientific study of ourselves without a subject matter” (Varela, Thompson & Rosch, 1991, p. 13).

Varela was well aware that there had been an early effort in the late 19th-century to create a science of consciousness using introspective methods, and that this effort had failed abysmally. He believed, however, that the people involved had not been properly trained in the careful

phenomenological observation of experience. A serious student of Tibetan Buddhism since the 1970s, Varela's view was that this cultural tradition had demonstrated the feasibility of doing the job right -- bringing stable and reliable reports of experience into the laboratory (Varela, 1996). He thus envisioned a mutually self-correcting feedback process between what he called the "third person" data of the brain sciences with "first person" data of disciplined phenomenological observation.

Part two: Choices

The tale that we have told thus far makes clear that understandings of mindfulness in American psychology today have emerged out of several distinct moments of active reframings designed to maximize its meaningfulness for specific audiences at specific historical moments. The result has been an understanding within the psychological literature that, whatever else might be the case, mindfulness is (1) "present-centered" and (2) "non-evaluative" or "non-judgmental" (See, for example, Bishop et al., 2004; Williams, 2010; Shapiro, Carlson, Astin & Freedman, 2006). As such, it may be variously understood to facilitate (1) existentially-rich psychotherapeutic encounters with one's authentic self; (2) alleviate symptoms of mental and physical illness; or (3) serve as a foundation for stable phenomenological analysis of the contents of consciousness that has something -- and maybe a great deal -- to offer Western science, especially brain science.

Does it matter that all current Western encounters with Buddhist practices of mindfulness are "framed" encounters? The answer might be: it depends. From the perspective of a cultural historian, there is no problem. Historians of religion know that change is inevitable when a tradition crosses cultural boundaries. They know that Buddhism has undergone numerous transformations throughout its history in response to the interests and needs of the local cultures

in which it took root. The systematic study of reasoning and epistemology, for example, flourished when it was introduced in Tibet, whereas it did not do so in China. Conversely, devotional styles of practice eventually became clearly thematized as lineages of “Pure Land” Buddhist practice in China, whereas the Tibetans (despite their emphasis on devotionism) did not thematize such practices in the same fashion.

For the Buddhist traditions themselves, however, the transformation of Buddhism in different cultural contexts raises delicate issues. What is the difference between “change” and “inauthenticity”? For some, it isn’t always clear. For some Buddhist scholars, therefore, any talk about the ways in which Buddhism has adapted to the tastes and values of modern times produces a defensive response, and it serves as a call to identify the authentic versions of Buddhist practice or philosophy, that need to be distinguished from adulterated, “watered-down,” or instrumentalized imposters.

The question of the “authenticity” of the mindfulness traditions also raise problems for at least some therapists and scientists within Western psychology. This is not least because the mindfulness practices these teachers or clinicians teach or study so often claim much of their popular interest and authority by the assumption that they have their roots in ancient Buddhist traditions. What if it turned out that they were not really so very Buddhist after all?

Mindfulness in Buddhism: the “Classical” Account

To make this point more clearly, consider the following. A patient involved in a Western psychotherapeutic session involving mindfulness practice is instructed to place his or her attention on the sensations of breathing, perhaps at the nostrils or the abdomen. Soon, distracting thoughts arise, such as a thought about a conversation from yesterday. Rather than pursue the thought and become engaged in a chain of thoughts about yesterday, the patient is instructed

simply to note the thought as a mental event without evaluating it in any way. Through mindfulness practice, he or she is told, one learns to allow these thoughts to arise without becoming ensnared by emotions and judgment. By maintaining a “non-evaluative” stance, it becomes possible to return to a present-centered awareness, supported (in the initial stages) by a focus on the breath or other sensations in the body. From this beginning, many other things then become possible.

Is this an authentically Buddhist experience? Again, the answer is: it depends. Certainly, it does not conform very well to some classical Buddhist accounts. In particular, accounts drawn from or inspired by the *Abhidharma* (or *Abhidhamma*, in Pāli), seem to understand mindfulness in quite a different way than do many psychotherapists and clinicians. Setting aside a great many details, we can highlight the main issue by turning to the term *sati* (in Pāli) or *smṛti* (in Sanskrit). This is the term that occurs in the passage that begins this article, and it is apparently Rhys-Davids who first chooses to render it as “mindfulness” (Gethin, 2011). It also occurs in the term *satipaṭṭhāna* (Pāli) or *smṛtyupasthāna* (Sanskrit) – a term that describes the basic and early style of Buddhist meditation often cited as an important source for contemporary mindfulness practices (Bodhi, 2011; Anālayo 2003, Goldstein 2002). In its most precise meaning within the *Abhidharma* technical literature, the term *smṛti* (which we will use to refer also to the Pāli term *sati*) describes a particular feature of a moment of awareness such that the awareness is stably focused on its object. Specifically, it is the feature of such an awareness that prevents the focus from deviating to any other object. In conjunction with other features that account for other aspects of attention such as acuity or clarity, *smṛti* thus functions as the basis for other cognitive capacities, such as the ability to produce a reliable phenomenal report of one’s experience or an

accurate judgment about the object of one's focus (Vasubandhu & Yaśomitra, 1970, II.24; Sthiramati, 1925, p.25; Asaṅga, 2000, p. 9; Dreyfus and Thompson, 2007).

In its usage as a description of a certain facet of stable attention, the term *smṛti* appears to be metaphorical. Literally, it means “memory” or “remembering,” but there is no clear reference to an act of memory here, except perhaps in the very narrow sense of working memory (Dreyfus, 2011). Instead, the loss of focus on the object is referred to as “loss” (*sampramoṣa*) or “forgetting” (*vismaraṇa*), and the stable retention of the object in attention is thus called *smṛti*, literally, “remembering” (Vasubandhu and Yaśomitra, 1970, II.24; Sthiramati, 1925, p.25). However, when *smṛti* occurs within the compound *smṛtyupasthāna* (“the establishing of *smṛti/sati*,” Pāli, *satipaṭṭhāna*), it is understood in the context of a meditative practice, and here its literal meaning of “memory” becomes more salient. In particular, *smṛti* in this broader usage is associated with one's capacity to keep in mind the larger framework of contemplative practice.

As Rupert Gethin (2011) puts it:

The key element in the early definitions, it seems to me, is that they take the sense of *sati* (= *smṛti*) as ‘remembering’ seriously. The basic idea here is straightforward: if one is instructed to observe the breath and be aware whether it is a long breath or short breath, one needs to remember to do this, rather than forget after a minute, five minutes, 30 minutes, and so forth. That is, one has to remember that what it is one should be doing is remembering the breath. There is a further dimension to this remembering implied by my use of the expression ‘what one is supposed to be doing’. That is in the specific context in which the practice of mindfulness is envisaged by ancient Buddhist texts, in remembering that one should remember the breath, one is remembering that one should be doing a meditation practice; in remembering that one should be doing a meditation practice, one is remembering that one is a Buddhist monk; in remembering that one is a Buddhist monk, one is remembering that one should be trying to root out greed, hatred and delusion. Conversely, in forgetting the breath, one is forgetting that one is doing a meditation practice; in forgetting that one is doing a meditation practice, one is forgetting that one is a Buddhist monk; in forgetting that one is a Buddhist monk one is forgetting that one is trying to root out greed, hatred and delusion. (p. 270)

As Gethin indicates, when understood in the context of contemplative practices that fall under the rubric of “mindfulness,” *smṛti* points to a capacity to recollect one’s larger sense of purpose, one’s spiritual goals, and especially the ethical framework within which practice occurs. That ethical framework is rooted in a practitioner’s resolve to abandon unwholesome mental qualities such as greed, hatred and delusion while cultivating positive ones, such as generosity, loving kindness and wisdom. As Gethin (2011) notes, “These ancient definitions and the *Abhidhamma* list of terms seem to be rather at odds with the modern clinical psychotherapeutic definition of mindfulness” (p. 270). Most acutely, from the classical perspective, any understanding of mindfulness that insists on its non-evaluative nature might lead one to conclude that “being nonjudgmental is an end in itself and that all states of mind are somehow of equal value, that greed is as good as non-attachment, or anger as friendliness” (p. 273). As we will see, some later Buddhist practices that arise in opposition to the classical mainstream do indeed deliberately eschew any such ethical evaluation within meditation, promoting instead an attitude of being “not bound by hopes or fears about something to be abandoned or something to be obtained” (Tibetan, *spang blang red dogs kyis ma bcings pa*) (Wangchug Dorje, 2006, p.92). Nevertheless, for the classical mainstream, this non-evaluative style cannot characterize classical styles of mindfulness, for the classical version must always include an ongoing engagement with ethical evaluation.

Mindfulness in Buddhism: the “Alternative” Account

Given the mainstream classical account of mindfulness practice endorsed by several contemporary scholars, one may well wonder how it is that “present-centered” and “non-evaluative” ever came to be seen as key features of mindfulness within the psychotherapeutic community and even within some Buddhist communities. One might be tempted to conclude that

these features are “inauthentic” accretions that have occurred simply due to the historical process of reframing discussed above. It turns out, however, that there is more to say.

While classical understandings of mindfulness may bear little relationship to modern psychotherapeutic and laboratory-based ones, there exist later traditions of Buddhist teaching and practice that seem much more similar to the understandings one finds in the psychological literature. These later Buddhist teachings and approaches arose in explicit opposition to the classical mainstream, but they cannot, for that reason, be summarily dismissed as a product of mere pandering to Western agendas. Some of these alternative practice styles emerge even within the Theravāda tradition (such as the Thai Forest tradition [see Goldstein, 2002]), whose traditional scholars take the mainstream *Abhidhamma* account of mindfulness as completely authoritative.

What do these alternative traditions have to say about the practice of meditation? By way of response, let us consider the Indian and Tibetan Mahāmudrā tradition. This is a particularly instructive case for us because, unlike many other alternative Buddhist approaches to theorizing mindfulness, the Mahāmudrā tradition has a history of direct debate with traditions that espouse the classical account, and the sources clearly document the specific points of contention. Moreover, some of the most relevant aspects of Mahāmudrā tradition for our purposes find parallels in the Japanese Zen and Korean Seon (“Korean Zen”) traditions, other examples of alternative forms of Buddhism, that we already know were crucial in seeding modern Western conceptions of mindfulness (Kabat-Zinn, 2011).

The “Mahāmudrā” tradition had its roots in new philosophical styles and practices first developed within Indian Buddhist communities around the first century, but it reached its full flowering only after it was brought in the 11th century to Tibet, where it is known as “Chagchen”

(*phyag chen*). Today it is closely associated with a similar style known as Dzogchen (*rdzogs chen*) that they can be identified with a single moniker, “Chagzog” (Lutz, Dunne & Davidson, 2007).

How might this tradition endorse a non-evaluative and present-centered style of practice? To answer this question, we turn to the most basic and foundational instructions given in *Ocean of Definitive Meaning*, a commonly cited practice manual from the late 16th century composed by Karma Wanchûg Dorjé (1556–1603), the 9th Karmapa of Tibet. Citing sources that go back to the Indian roots of Mahāmudrā, he gives these simple instructions that apply both at the very beginning of practice and also in its most advanced stages:

Do not pursue the past. Do not usher in the future. Rest evenly within present awareness, clear and nonconceptual. (Karma Wangchûg Dorjé, 2006, p. 78, translated from the Tibetan)

He elaborates on these instructions for many pages, and in one typical comment, he remarks:

Within a state free of hopes and fears, devoid of evaluation or judgment, be carefree and open. And within that state, do not pursue the past; do not usher in the future; place awareness within the present, without adjustment or contrivance, without hopes or fears. (p. 85, translated from the Tibetan)

In these and many other comments, Wangchûg Dorjé repeatedly points to two of this practice’s central features. First, in the meditative state, one is to make no effort to recollect the past or anticipate the future in any way. Instead, one is to allow awareness to abide effortlessly in the present moment. Clearly, the retrospection and prospection required by the classical model are explicitly excluded from these instructions. Second, the meditative state is also utterly non-evaluative. Articulating it as a state “devoid of evaluation or judgment,” Wangchûk Dorjé also

remarks that this includes the absence of any notion that certain mental habits are to be abandoned while others are to be cultivated. Instead, one is to drop any intention to avoid some “nonvirtuous” aspects of mind while cultivating other “virtuous” ones; all are to be treated equally (p., 103).

The contrast with the classical model is stark. Why, though, did scholars and practitioners in the Mahāmudrā tradition see the need to challenge the classic account in this way? The answer goes back to a common Buddhist concern: understanding and engaging with aspects of mental activity that create suffering. For Mahāmudrā, all of suffering eventually comes down to the structuring of experience by subject-object duality. And that subject-object structure is also argued to be the basis for all conceptual thought (Mathes, 2008; Higgins, 2008; Wangchûg Dorjé, 2006).

For the beginning meditator, therefore, the first task is to learn how to suspend involvement with conceptual structures. These alternative Buddhist theorists further maintained that those conceptual structures necessarily pulled one out of the present moment and instead caused one to project (retrospectively and prospectively) into the past and future. Hence, to suspend conceptual structures, the meditator’s task was to “rest evenly within present awareness” (Wangchûg Dorjé, 2006, p. 78). This was a first step toward the complete suspension of all dualistic structures, and the creation of the “non-dual awareness” (Skt., *advayajñāna*) that is the goal of “non-dual” Buddhist traditions (Dunne, 2011). From the classical *Abhidharma* perspective, any meditative practice requires the cultivation of “mindfulness” (*smṛti/satī*) and “attention” (*manasikāra*) so as to enable stable focus on an object. The Mahāmudrā aspirant, it was said, should cultivate, not so much mindfulness, as “non-mindfulness” (*asmṛti*) and “non-attention” (*amansikāra*) so as to facilitate an experience of awareness in a present-centered, non-evaluative but lucid state that

lacks any specific object (Mathes, 2008; Higgins, 2008). The deliberate and even playful opposition to the *Abhidharma* mainstream could not be more obvious.

Conclusion: Frames and Choices

There are striking similarities between modern psychological understandings of mindfulness and the present-centered and non-evaluative approaches taught within the non-dualist Mahāmudrā tradition. Certain schools within the Japanese and Korean Zen traditions also promoted these kinds of approaches (see, for example, Kim, 2007). If these latter traditions “count” as legitimate developments within Buddhism, then there certainly is a case to be made that modern Western approaches to mindfulness are not inauthentic to the tradition, broadly understood. They may well be at odds, however, with what we have called the “classical” accounts in the *Abhidharma* and early sources.

The question then arises: why did a largely non-dual account along the lines of what we find in the Mahāmudrā literature, become the mainstream interpretation of mindfulness in the West? Why not the classical account? Part of the answer to this question takes us back to the process of reframing that went on in this past century as part of the effort to make Buddhism suitable for modernity.

We have shown (along with other historians) that figures like D.T. Suzuki and others from both the Zen and later Tibetan Buddhist tradition incorporated some key features of Western modernist thinking into the accounts of Buddhism that they presented to their Western audiences. They painted a picture of Buddhism as a form of liberal spirituality (as opposed to religiosity) that valued personal experience over institutional identity or authority and emotion over intellect and creed. They held out the promise that spiritual practice could lead to genuine happiness in

this life, rather than being something one does in the service of goals that are only realized after death. They made use of frames to do this work. (McMahan, 2008) However, it is also the case that there resources within the Buddhist traditions themselves to which they had access that they believed legitimately justified the moves they were making. It was just that they had to decide which legitimate Buddhist tradition to favor over which other!

To make this point still more clear, consider, for example, the 1960s vision of Zen mindfulness psychotherapy as a path to personal authenticity and release from narcissistic pain. It turns out that, even at the time, this was not the only way to envision what it might mean to bring Zen into psychotherapy. In Japan, a psychotherapy shaped by Zen and Buddhist meditative principles had been developed in the late 1930s, and was being widely used in Japan after World War II. Known as Morita therapy, it eschewed the use of autonomy and personal insight so precious to Western humanistic psychotherapists, and instead employed other Zen tactics – more authoritarian -- designed to break down defenses. These included suddenly shouting at a patient and the use of sticks (Sato et al., 1958). Ernst Becker, in a trenchant review of Fromm and Suzuki's *Zen and Psychoanalysis*, brought up Morita therapy and noted the apparently ironic fact that it too, no less than Fromm's humanistic project, could claim to be grounded in "authentic" Zen principles. And yet, Becker observed, "surely no Western therapist would have his [humanistic] utopia created by [such] shock-treatments." (Becker, 1961, p. 18). Of course not, but at the time the question never came up, because Fromm and the other humanistic psychoanalysts were learning all they knew about Zen from Suzuki. And Suzuki had selected different elements from the Zen tradition than Morita had done, and framed them in a "humanistic" way to which his audiences would be receptive.

Selection and framing. This is what has made the dialogue between Buddhism and psychology -- and, indeed, between Buddhism and science – possible from the very beginning. Clearly, there are risks involved in the enterprise. We might become attached to one approach or school within Buddhism that feels “comfortable,” and fail to engage with insights that would come from learning more about others. Important aspects of even the tradition we have selected– especially, perhaps, some of its ethical and philosophical insights – may find scant place in one or another of our chosen frames. There is something perhaps intrinsic to the enterprise that it will be dogged by the risks of distortion, romanticization, inappropriate medicalization, and more. Nevertheless, it has been our view that these risks can at least be blunted, if not removed, by the cultivation of greater mindfulness -- if we may use the term -- of the historical processes of selection and framing that originally brought mindfulness into psychology and continue today to sustain a growing number of programs and research efforts.

References

- Alexander, Franz “Buddhistic training as an artificial catatonia (The biological meaning of psychic occurrences),” *Psychoanalytic review* 18, no. 2 (1931): 129–145.
- Anālayo. (2003). *Satipaṭṭhāna : the direct path to realization*. Birmingham: Windhorse.
- Asaṅga, W. (2001). *Abhidharmasamuccaya: the compendium of the higher teaching*. W. Rahula, (French Trans.) & S. Boin-Webb (English Trans.). Fremont (Calif.): Asian humanities press.
- Becker, E. (1961) “The Psychotherapeutic Meeting of East and West,” *Am. Imago*, 18:3-20, pp. 17-18.
- Benson, Herbert, “Mind-Body Pioneer - Mind/Body Medical Institute,” *Psychology Today* (May 2001). Online at: <http://www.psychologytoday.com/articles/200105/mind-body-pioneer>
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. V., et al. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*, 11(3), 230-241. doi:10.1093/clipsy.bph077
- Bodhi, B. (2011). What does mindfulness really mean? A canonical perspective. *Contemporary Buddhism*, 12, 19-39. doi:10.1080/14639947.2011.564813.
- Coward, Harold G., *Jung and Eastern thought* (SUNY Press, 1985).

- Daisetsu Suzuki, *Zen Buddhism and psychoanalysis* : D. T. Suzuki, Erich Fromm, Richard de Martino. (London: G. Allen and Unwin, 1960).
- Davidson, R. J., & Lutz, A. (2008). "Buddha's brain: neuroplasticity and meditation," *IEEE Signal Processing Magazine*, 25(1), 171-174. Online at: <http://brainimaging.waisman.wisc.edu/publications/publications.htm>
- DeMartino, R.J. (1991) "Karen Horney, Daisetz T. Suzuki, and Zen Buddhism," *Am. J. Psychoanal.*, 51:267-283.
- Dockett; Kathleen H G., Rita Dudley-Grant; C Peter Bankart, *Psychology and Buddhism: from individual to global community*, New York : Kluwer Academic/Plenum Publishers, 2003
- Dreyfus, G. (2011). Is mindfulness present-centred and non-judgmental? A discussion of the cognitive dimensions of mindfulness. *Contemporary Buddhism*, 12, 41-54. doi:10.1080/14639947.2011.564815
- Dunne, J. (2011). Toward an understanding of non-dual mindfulness. *Contemporary Buddhism*, 12, 71-88. doi:10.1080/14639947.2011.564820
- Elkin, H. (1958-1959). "On the Origin of the Self," *Psychoanal. Rev.*, 45C:57-76.
- Francisco J. Varela, Evan Thompson, Eleanor Rosch, *The Embodied Mind*. Cambridge: MIT Press, 1991, p. 13.
- Francisco Varela, "Neurophenomenology: a methodological remedy for the hard problem," *Journal of Consciousness Studies* 3 (4) 1996, pp. 330-349, cited p. 334
- Gethin, R. (2011). On some definitions of mindfulness. *Contemporary Buddhism*, 12, 263-279. doi:10.1080/14639947.2011.564843
- Goldstein, J. (2002). *One dharma : the emerging Western Buddhism*. San Francisco (Calif.): Harper.
- Graham, Barbara, "In the Dukkha magnet zone," An Interview with Jon Kabat-Zinn, *Tricycle*, (winter 1991). <http://www.tricycle.com/community>
- Harrington, Anne, *The Cure Within: A History of Mind-Body Medicine*. New York: Harvard University Press, 2008
- Harrison, I. B. "On Freud's view of the infant-mother relationship and of the oceanic feeling—some subjective influences *J. Am. Psychoanal. Assoc.* 27 (1979): 399-422.
- Higgins, D. (2008). On the development of the non-mentation (amanasikāra) doctrine in Indo-Tibetan Buddhism. *Journal of the International Association of Buddhist Studies*, 29(2), 255-303.
- Horney, Karen, *Our Inner Conflicts*. New York: WW Norton, 1945.
- Jackson, C. T., "The Meeting of East and West: The Case of Paul Carus," *Journal of the History of Ideas* (1968): 73–92
- Jung, C.G. "The Tibetan book of the dead: Psychological commentary," *Trans. RFC Hall. The Tibetan Book of the Dead*. trans. WY Evans-Wentz. 3rd ed. London: Oxford UP (1957).
- Kabat-Zinn, J. (1982). "An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results," *General Hospital Psychiatry*, 4, 33-47.

- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York: Delacorte.
- Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism*, 12, 281-306. doi:10.1080/14639947.2011.564844
- Kabat-Zinn, J., Lipworth, L., & Burney, R. (1985). "The clinical use of mindfulness meditation for the self-regulation of chronic pain," *Journal of Behavioral Medicine*, 8(2), 163-190;
- Karma Dbang Phyug Rdo Rje [Karma Wangchûg Dorjé]. (2006). *Lhan cig skyes sbyor gyi zab khrid nges don rgya mtsho 'i snying po phrin las 'od 'phro*. In *Phyag chen rgyas pa nges don rgya mtsho, 'bring pa ma rig mun sel, bsdu pa chos sku mdzub tshugs bcas so*. Varanasi, India: Vajra Vidya Institute Library.
- Kim, H.-J. (2007). *Dōgen on meditation and thinking: a reflection on his view of Zen*. Albany, NY: SUNY Press.
- Leonard, George J., "DT Suzuki and the Creation of Japanese American Zen," in *The Asian Pacific American heritage: a companion to literature and arts*. Vol. 1, part six (1998): pp. 381 - 394.
- Linehan, M. M., H. E. Armstong, A. Suarez, D. Allmon & H. L. Heard (1991). "Cognitive-behavioral treatment of chronically parasuicidal borderline patients." *Archives of General Psychiatry*, 48, 100-1064
- Lopez, D. (2008). *Buddhism & science : a guide for the perplexed*. Chicago: University of Chicago Press.
- Lutz, A, Dunne, J. and Davidson, R. (2007). Meditation and the neurosciences of consciousness: an introduction. In E. Thompson, M. Moscovitch & P.D. Zelazo. (Eds.), *The Cambridge handbook of consciousness* (pp. 497-550). Cambridge: Cambridge University Press.
- Mathes, K.-D. (2008). *A direct path to the Buddha within : Gö Lotsāwa's mahāmudrā interpretation of the Ratnagotravibhāga*. Boston: Wisdom Publications.
- Mendis, N.K. G, and I.B. Horner, *The questions of King Milinda: an abridgement of the Milindapañha*,. Buddhist Publication Society, 1993
- MindScience: An East-West Dialogue*, with contributions from the Dalai Lama, Herbert Benson, Daniel Goleman, Robert Thurman, Howard Gardner. Boston: Wisdom Publications, 1991, pp. 56-57.
- Olendzki, A. (2011). The construction of mindfulness. *Contemporary Buddhism*, 12, 55-70. doi:10.1080/14639947.2011.564817
- Parsons, William Barclay, *The enigma of the oceanic feeling* (Oxford University Press US, 1999
- Rapgay, L., & Bystrisky, A. (2009). Classical Mindfulness. *Annals of the New York Academy of Sciences*, 1172(1), 148-162. doi:10.1111/j.1749-6632.2009.04405.x
- Rhys-Davids, T.W. (1890). *The questions of King Milinda*. Oxford: The Clarendon press.
- Sato, Koji and Kora, Takehisa, 1958: "Morita Therapy—A Psychotherapy in the Way of Zen," *Psychologia* I, No. 4, 219-225
- Segal, Z. V., P. Bieling, T. Young, G. Macqueen, R. Cooke, L. Martin, R. Bloch, & R. Levitan. (2010). Antidepressant monotherapy versus sequential pharmacotherapy and mindfulness-

- based cognitive therapy, or placebo, for relapse prophylaxis in recurrent depression. *Archives of General Psychiatry*, 67, 1256–64.
- Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of Mindfulness. *Journal of Clinical Psychology*, 62(3), 373-386. doi:10.1002/jclp.20237
- Sharf, R. H. (1995). Buddhist Modernism and the Rhetoric of Meditative Experience. *Numen*, 42(3), 228-283.
- Sthiramati. (1925) *Triṃśikābhāṣya*. In S. Lévi (Ed.) *Vijñaptimātrasiddhi: Deux traités de Vasubandhu, Viṃśatikā (la Vingtaine) accompagnée d'une explication en prose et Triṃśikā (la Trentaine) avec le commentaire de Sthiramati*. Paris: Bibliothèque de l'École des Hautes Études. [Texts used incorporate appendix of corrections and revisions].
- Taylor, Eugene *Shadow Culture: Psychology and Spirituality in America*, Counterpoint Press, 2000, pp. 194-196.
- Thompson, E & Dreyfus, G. (2007). Asian perspectives: Indian theories of mind. In E. Thompson, M. Moscovitch & P.D. Zelazo. (Eds.), *The Cambridge handbook of consciousness* (pp. 89-114). Cambridge: Cambridge University Press. 89-114.
- Vasubandhu and Yaśomitra. (1970) *Abhidharmakośa and Bhāṣya of Ācārya Vasubandhu with Sphuṭārthā Commentary of Ācārya Yaśomitra*. Swami Dwarkidas Shastri, (Ed.). Bauddhabhāratī Series, 5-9. Vārāṅasī: Bauddhabhāratī.
- Verhoeven, M. J., *Americanising the Buddha: the World's Parliament of Religions, Paul Carus, and the making of modern Buddhism*. Madison: University of Wisconsin Press, 1997
- Wallace, B. (2006). *The attention revolution : unlocking the power of the focused mind* (1st ed.). Boston: Wisdom Publications.
- Williams, J. M. G. (2010). Mindfulness and psychological process. *Emotion*, 10(1), 1-7. doi:10.1037/a0018360
- Young-Eisendrath Polly and Shōji Muramoto, *Awakening and insight* (Routledge, 2002)