When Mindfulness Is Therapy

Ethical Qualms, Historical Perspectives

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In the past 20 years, mindfulness therapeutic programs have moved firmly into the mainstream of clinical practice and beyond. As they have, we have also seen the development of an increasingly vocal critique. At issue is often less whether or not these mindfulness practices "work," and more whether there is a danger in dissociating them from the ethical frameworks for which they were originally developed. Mindfulness, the argument goes, was never supposed to be about weight loss, better sex, helping children perform better in school, helping employees be more productive in the workplace, or even improving the functioning of anxious, depressed people. It was never supposed to be a merchandized commodity to be bought and sold. The larger clinical and religious community, however, has not always been troubled by the idea that meditation might sometimes be used as a highly pragmatic remedy for various ailments. Why, then, are people troubled now? This essay is an effort to recapture a bigger historical perspective on current ethical qualms: to move beyond criticism and instead to try to understand the anatomy of our discontent.

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In the past 20 years, mindfulness therapeutic programs have moved from being a rather marginal and esoteric set of enterprises firmly into the mainstream of clinical practice and beyond (cf. Wilson, 2014). Annual publications on the subject have risen exponentially from none at all in 1980 to 773 in 2014 ("Mindfulness Journal Publications by Year, 1980–2014," American Mindfulness Research Association, n.d.). Widely understood as facilitating "a . . . non-elaborative, nonjudgmental, present-centered awareness" (Bishop et al., 2004, p. 232), mindfulness practices are today being used in clinical settings for pain relief, eating disorders and weight loss, stress-reduction, performance anxiety, relationship problems, and to relieve symptoms of depression, posttraumatic stress disorder, obsessive–compulsive disorder, and suicidality. Schools are starting to explore the potential of mindfulness training for students (Burnett, 2011), and even the military is taking a growing interest in this technique (Stanley, Schaldach, Kiyonaga, & Jha, 2011). Sometimes, training in mindfulness is used as a treatment in its own right; sometimes, training is combined with other interventions like cognitive–behavioral therapy, counseling, psychotherapy, and other kinds meditative practice like loving-kindness. With all mindfulness apparently has going for it, what is there not to like?

It seems quite a lot. The past 5 or so years has also seen the rise of an increasingly vocal critique of the entire mindfulness therapeutic effort, and it is starting to give some clinicians and scientists pause. In the rueful words of one of the participants in these debates, "Mindfulness has taken an awful lot of flak lately with critics piling on from all quarters. There seems to be a kind of Thermidorian reaction, a counter-swing of the pendulum . . ." (Segall, 2013). Tellingly, few if any critics challenge the claim that, on some level, mindfulness "works"—that is, that it achieves at least some of its touted therapeutic objectives. Either they are persuaded it probably does, or they lack any basis from which to judge. What most of them worry about instead is the degree to which the mindfulness therapy movement has dissociated a practice from the ethical framework for which it was originally developed. Mindfulness practice, the critics tend to say, was developed to facilitate a path associated with renunciation and a stringent ethical code of right living. Simply teaching "bare attention" without attending to the cultivation of wisdom and discernment risks making mindfulness training hostage to values that are tangential or even anathema to the traditions from which the practice arose. Mindfulness was never supposed to be about weight loss, better sex, helping children perform better in school, helping employees be more productive in the workplace, or even improving the functioning of anxious, depressed people (Sharf, 2014). It was never supposed to be a merchandized commodity to be bought and sold (Wallis, 2011). And it was certainly never developed in order to create "optimal warriors" capable of better withstanding stress in the battlefield, including the stress which comes from intentionally killing another human being (Purser, 2015; cf. Hickey, 2010; Monteiro,

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Musten, & Compson, 2015; Rapgay & Bystrisky, 2009; B. Wallace, 2006). The scorn evident in some of the criticisms is quite stunning:

> The mighty "Mindfulness" juggernaut continues to roll joyously throughout the wounded world of late-capitalism. And why shouldn't it? The Mindfulness Industry is claiming territory once held by the great occupying force of assorted self-help gurus, shrinks, health care workers, hypnotists, preachers, Theosophists, the church, the synagogue, actual gurus, yogis, meditation teachers, and even—gasp!— Buddhists themselves. Who, after all, can compete with an industry that claims to offer a veritable fountain of bounty, an elixir to life's ills? (Wallis, 2011)

In face of such criticisms, some clinicians, researchers, and therapists have simply maintained a kind of stoical silence. Others have suggested that they share at least some of the concerns of the critics and are doing something about it. More specifically, the past few years have seen the development of a set of so-called "second generation mindfulness interventions" that are still supposed to be "secular" and "suitable for delivery within Western applied settings," but that are also grounded in an explicit set of ethical and spiritual principles derived from some Buddhist traditions (Shonin & Van Gordon, 2014). Still others have pushed back, saying that mindfulness training managed to go mainstream by eschewing the baggage of sectarian religious doctrines (cf. Hickey, 2010), and insisting that the secularization of mindfulness in fact does more good than harm. "Half a loaf is better than none," and "If mindfulness only results in happier human beings, then . . . so be it. Those of us who choose to pursue awakening and transformation can still do so, happily untroubled by the sight of all those cheerful, mindful people milling about in our vicinity" (Segall, 2013).

As the debate here continues, there is a risk that it could become increasingly entrenched and polarizing, in ways that will likely serve no one. We see an opportunity—and need—for an intervention that, rather than taking sides, seeks instead to understand why we are grappling with the issues that we are. The fact is, there is nothing inevitable about our current quarrel over the ethics of using secular forms of mindfulness practice for therapeutic ends. The larger clinical and religious community has not always been troubled by the idea that meditation might sometimes be used as a kind of quick fix, highly pragmatic remedy for various ailments; the years when Herbert Benson was successfully promoting and teaching the "relaxation response" was one such period (Harrington, 2008). There have also been times when certain Buddhist teachers in the West, like D. T. Suzuki, taught the clinical community that one of the therapeutic goals of traditions like Zen should actually be, not to steer people onto a particular ethical path, but to empower people to transcend the arbitrariness of imposed societal codes of conduct (C. T. Jackson, 2010; Harrington, in press).

If all this seems surprising, it is perhaps because we are so caught up in our particular historical moment that we have lost sight of the bigger picture. This essay is an effort to recapture a bigger perspective on current concerns. We begin by looking at Suzuki's efforts in the 1950s and early 1960s to transform aspects of Zen Buddhism into a resource for new, existentialist forms of psychoanalytic psychotherapy. We try to understand why, for the therapists living in Cold war America who were involved in this project, Suzuki's vision of Zen as a practice which actually stood above imposed codes of morality was so appealing. We then look at Benson's completely different project in the late 1970s to medicalize meditation through studying the physiology of transcendental meditation (TM), a modern, brief practice derived from Hinduism. Here, we try to understand the professional concerns that motivated Benson and others in health care settings in the 1970s to insist that the "relaxation response" was simply a tool for stress reduction that could be practiced by anyone without the need to adopt any particular moral code or set of beliefs.

Finally, we turn to the rise of mindfulness therapies since 1980, with a focus especially on the pioneering work of Jon Kabat-Zinn and his followers. We inquire why these mindfulness therapy projects have found themselves subject to ethical critiques in ways that we did not see in any of the earlier efforts, and what this means for moving forward.

Zen and Psychoanalysis

Our efforts to situate current therapeutic projects within a bigger frame of reference begins in the 1950s, with a dialogue between an influential cohort of psychoanalysts and the Japanese teacher of Zen, Daisetz Teitaro Suzuki. Though he is much less widely known today, for a generation of Western spiritual seekers in the 1950s and 1960s, Suzuki seemed the essence of the Oriental teacher of ancient wisdom (Iwamura, 2010, pp. 27–28). His message,

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shared through lectures and best-selling books, seemed tailor-made for an anxious Cold War era that was spiritually hungry, fearful of authoritarian ideologies and keen to find ways to break free from conformity and imposed codes of conduct.

As presented by Suzuki, Zen was a radically antiauthoritarian practice and philosophy that was concerned, not with textual authority and scholastic training, not with ritual, dogma, or even ethics, but with the transformative effects of experiencing the world as it really was. It was not a religion, he insisted, so much as it was the spirit behind all religions. It was not an ethic, but rather a way of gaining direct and spontaneous access to the world as given, in ways that helped one to move beyond all preconceived notions of right and wrong (Faure, 1994, 1996). Suzuki wrote, for example, that Zen requires us to "transcend all forms of dichotomization," including "good and evil" (Suzuki, 2014, p. 121). Indeed, in making this claim, Suzuki was tapping into a particular strain of the tradition that was well known (Sharf, 1993, 1995; McMahan, 2008). Later, Suzuki himself sometimes expressed qualms about the dangers of people misunderstanding this aspect of his teaching (Brear, 1974; Faure, 1996), but he never changed his position.

Other scholars have told the larger story of how, almost singlehandedly, Suzuki brought Zen to the West, with influence on people as various as philosopher Martin Heidegger, musician John Cage, and the Beat poets. More relevant here, though, is the fact that Suzuki also managed to persuade psychoanalysts—especially American psychoanalysts—to take his version of Zen seriously as a therapeutic resource for their work.

This, on the face of it, should be seen as a surprising fact. In the first decades of the 20th century, the official party line within classical Freudian psychoanalysis was that all forms of contemplative or mystical experience constituted regression to infantile experiences of merging with the mother, without any existential or spiritual significance. Some psychoanalysts had gone so far as to dismiss such experiences as forms of temporary psychopathology (Alexander, 1931).

In the 1930s, though, Suzuki persuaded Swiss psychoanalyst Carl Gustav Jung to write a foreword (originally in German) to his first book on Zen intended for a general audience, *Introduction to Zen Buddhism* (Jung, 1939, 1949). The foreword began, "It is no accident that it is a psychotherapist who is writing this foreword." At first sight, Jung then acknowledged, Zen might seem like "mumbo jumbo," but in fact—just like analytic psychotherapy—it was a set of techniques designed to liberate the energies of the unconscious mind in the service of greater wholeness. That all said, Jung was also clear: *look but do not touch*. Western clinicians, he said, should admire these other practices, even be inspired by them, but they should not attempt to integrate them directly into their own work:

> For . . . many . . . reasons a direct transplantation of Zen to our Western conditions is neither commendable nor even possible. All the same, the psychotherapist who is seriously concerned with the question of the aim of his therapy cannot remain unmoved when he sees the end toward which this Eastern method of psychic "healing" . . . is striving. (Jung, 1949, p. 26)

But not everyone agreed that Zen should remain a subject of strictly scholarly interest. Once translated into English and republished in the United States, Jung's public affirmation of the interest and relevance of Suzuki's Zen for psychoanalytic theory came to the attention of a group of American psychoanalysts who were already inclined to question many of the assumptions of classical Freudianism. Humanistic and existentialist in their sensibilities, the leaders of this movement were looking to create a new form of psychoanalytic therapy better suited to the unique existential and spiritual challenges of their age. Patients in the 1950s, they said, were uniquely burdened by the drive to conform, produce, and consume at all costs, even as they were haunted by the specter of atomic devastation. For this reason, they suffered from problems that were far more existential, social, and even spiritual in nature than patients had experienced in the past. Psychotherapists needed to respond by conceiving of therapy in a new way—less as a means of curing mental illness (a medical model) and more as a way of addressing the supposed root causes of patients' spiritual emptiness, anxiety, and alienation (an existentialist-humanistic model; for details of this humanistic turn in psychoanalysis, see Engel, 2008; Grogan, 2008; Herman, 1995.)

In their efforts to reframe psychoanalysis in these ways, increasing numbers of American psychotherapists in the 1940s and 1950s looked outside the clinical traditions of their field, narrowly conceived. They read Paul Tillich on "the courage to be," Martin Buber on the "*I–thou* relationship," Kierkegaard on anxiety, and William James on the "spiritual self." Not all of these people turned to

Suzuki's teachings on Zen, but for those who did, the tradition seemed strikingly consonant with the insights they were distilling from those other sources. At the same time, they were amazed to discover that Zen seemed to know their language. In describing Zen, Suzuki spoke easily and freely about the unconscious mind and the way in which it possessed resources for liberating people from the limitations of their conscious minds.

There was a reason for this. Suzuki was not really an ancient wise man from the East, untouched by Western ideas. He was actually someone who had once lived in the United States for more than a decade, was married to an American woman, and had devoted years of study, not just to Zen, but to Western philosophy and psychology, including the theories of William James and, later, Carl Gustav Jung himself. In the course of promoting Zen in the United States, Suzuki did not hesitate to showcase aspects of the Eastern tradition that he felt would best resonate with his Western readers. Nor did he hesitate to use explanatory approaches from Western philosophy and psychology that would support his claim for seeing Zen, not as a Japanese tradition but as a universal form of spirituality that could be potentially brought into secular spaces like psychotherapy offices (for more, see Harrington, in press).

And this was a prospect that appealed greatly to humanistic analysts like Erich Fromm, Karen Horney, and Harold Kelman. Horney, for example, was particularly impressed by Suzuki's description of the authenticity or "whole-heartedness" of the typical Zen master (Horney, 1945, pp. 162–163, 183). Here, she thought, were lessons in living from which the West in general—and neurotics in particular—could surely benefit. In posthumously published lectures (she died 1952), she went so far as to suggest that this kind of "whole-hearted attentiveness" could be a model for the kind of nonjudgmental listening attitude that the psychoanalyst also needed in order to be effective in a clinical setting (Horney, 1991, pp. 19–21; cf. also Kelman, 1960).

Erich Fromm was also interested in the practical potential of Zen, but he focused on the potential of the practice to help people escape entrapment in imposed social norms and become more authentically themselves. A psychoanalyst, sociologist and Jewish refugee from Nazi Germany, Fromm had become famous in the 1940s for his book, *Escape From Freedom* (Fromm, 1941). In the years since then—mostly on the strength of reading Suzuki's work—he had become convinced that Zen Buddhism offered a world view more consistent with true freedom than any other religion he knew (Fromm, 1950). For this reason, psychoanalysts needed to better understand this tradition and its relevance to their own clinical practice.

In 1957, Fromm organized a conference at a home he maintained in Cuernavaca, Mexico, that was designed to catalyze a larger conversation about the potential for dialogue between Zen and psychoanalysis. Some 50 psychotherapists spent a week with Suzuki. Fromm later recalled the event as a magical time: "what began as a traditional conference," he wrote, with the usual "over-emphasis on thoughts and words," changed over a few days, as people "became more concentrated and more quiet." Suzuki's authentic presence made all the difference, he said. His "humanity shone through the particularity of his national and cultural background" (Fromm, 1967, p. 88).

An edited volume of the proceedings, *Zen Buddhism and Psychoanalysis*, was published in 1960 (Fromm, de Martino, & Suzuki, 1960). There were some fairly obvious limitations: the book contained contributions from only three of the 10 people who actually spoke at the meeting, it was peppered with romantic Orientalist images of an encounter between a contemplative and life-loving East and a mechanistic and hyperrational West, it announced no major new conceptual breakthroughs, and it was short on details about how integrating Zen into the psychotherapeutic process might actually improve the experience of patients in the clinic.

Nevertheless, the prominence of its authors, the timeliness of its topic, and the novelty of its agenda assured the book visibility. Many praised it as an early milestone in the dialogue between Buddhism and psychology, and, indeed, that is how it is generally remembered today (e.g., Molino, 2001). The few who demurred are less well remembered—and had little impact, even at the time. Would Zen and related practices like Yoga now be "put at the disposition of . . . careers . . . professional habits, publicity and even economic goals?" asked one uneasy, but little-cited reviewer (Scaligero, 1963, p. 284). Alternatively, was it possible that the starry-eyed psychotherapists really didn't know the devil with whom they were supping? In his lengthy criticism of the book, the young cultural anthropologist Ernst Becker (who would become better known in the 1970s for his Pulitzer Prize winning book, *The Denial of Death*) described Zen as a kind of brainwashing technique and had some pointed critical things to say about its psychotherapeutic uses in Japan. The Japanese therapy known as Morita, he said, claimed to be based on Zen principles, but was used, not to liberate people in the sense that Americans would recognize, but rather to push patients to face up to their familial and social responsibilities. Therapists working to achieve these goals employed what Becker considered to be frank tactics of "thought reform": isolation, suddenly shouting at a patient and the use of sticks. "Surely no Western therapist," Becker concluded sarcastically, "would have his utopia created by [such] shock-treatments" (Becker, 1961a, p. 18).

Few also listened to Becker. There is no record of any response among the psychotherapists at the time to either this review, or his book-length critique of Zen in 1961 (Becker 1961b). Instead, for several years, the conversation about the positive possibilities of bringing Zen into dialogue with psychotherapy continued, now largely facilitated by a Japanese colleague of both Fromm and Horney named Koji Sato. In 1959, Sato had established a new English-language psychology journal, *Psychologia* (published in Kyoto). For several years, this journal was the primary venue for a virtual torrent of articles from authors both known and less well known. They bore titles like "Eastern Influences on Psychoanalytic Thinking" (Harold Kelman), "Psychoanalysis and

Zen Buddhism" (Erich Fromm), "William James and Zen" (V. M. Ames), "Tao, Zen and Existential Psychotherapy" (T. Hora), "The Concept of 'on' in Ruth Benedict and D. T. Suzuki" (K. Sato), "The Contribution of George Wilhelm Groddeck on Zen Buddhism and Psychiatry" (P. Weisz),"On the Psychological Studies of Zen" (H. Tanabe),"Affinities Between Zen and Analytic Psychology" (J. Kirsch), and "Psychotherapeutic Observations on the Zen Discipline—One Point of View" (E. Decker; "Psychologia: Table of Contents," n.d.).

Even as these therapists pursued these and related conversations, though, the world was changing around them. Simply put, the Sixties arrived. One early article in *Psychologia* helped announce the new agenda: "It has been called satori in Japanese Zen, moksha in Hinduism, religious enlightenment or cosmic consciousness in the West . . . The drug LSD appears to facilitate the discovery of this apparently ancient and universal experience" (Dusen, 1961, p. 11; see also Jordan, 1961; Rogers, 1964; Sato, 1967).

As interest in the relationship between Zen mysticism and LSD psychedelic consciousness took hold, some continued to push for still seeing Zen as a resource for psychotherapeutic projects, albeit in a way that was far more political and edgy than before. The British-born popularizer Alan Watts set the tone when he described Zen as an "Eastern psychotherapy" that was a way of overcoming the "brainwashing" imposed on all of us by "armies, bureaucracies, churches, [and] corporations" (Watts, 1961, p. 8). The anthropologist Gregory Bateson (who learned his Zen from Watts), compared the paradoxical communications experienced by the schizophrenic patient to the insoluble riddles that the Zen adept is expected to solve. The difference between the two, he said, was that the Zen adept has ways to transcend his dilemma and achieve enlightenment, whereas the schizophrenic patient, trapped in his sick family, does not (Bateson, Jackson, Haley, & Weakland, 1956; see also Pickering, 2010). From here, it was a short step to the argument of psychiatrist Ronald D. Laing (also influenced by Zen) that the patient with schizophrenia was a kind of thwarted mystic who had the potential, if only given the right tools, to see through the hypocrisy of societal norms. "*Future men will see* . . . that what we call 'schizophrenia' was one of the forms in which, often through quite ordinary people, the light began to break through the cracks in our all-too-closed minds" (Laing, 1967, p. 107; italics in original).

Faced with the appropriation of Zen for counterculture political projects such as these, the mainstream conversation among the older generation of psychotherapists lost steam. By the end of the decade, it had largely vanished. We had to wait until the more sober 1990s to witness the quiet reemergence of a call for dialogue between psychoanalysis and Buddhism (Epstein, 1995; Molino, 2001). By the time this happened, though, interest in meditation within the health professions had shifted in far more medicalized directions.

Transcendental Meditation (TM) and the Relaxation Response

The story of the medicalization of meditation also has its roots in the psychedelic culture of 1960s America, a time and place that was now seeing general interest among the youth of the time in Eastern philosophy and—increasingly—meditation. As we might already have inferred from the previous section, most of these youth were interested in meditation because they believed that it offered a drug free route to altered or expanded states of consciousness. In 1967, *The New York Times* ran a feature article on the growth of Hindu ashrams in the country, and interviewed one young woman who made the connection clear:

> I kept thinking that through the constant use of LSD, I'd return to the religious feeling I had with it the first time. But it never came and I met Swami. I gave up drugs. I was hooked on religion and on yoga. I'm a better person now. I'm not hung up on myself anymore.

Tellingly, a teacher of Hinduism at that ashram—possibly even this young woman's teacher—was a lot less sanguine about things. He complained to the same journalist about such women: "They are exhibitionists. They have no discipline and what are they really learning about Hinduism? This trend toward a drug culture is very dangerous" ("Hinduism in New York," 1967).

The point about discipline is important, because it could help partially explain what happened next: the rise in the United States of TM, a quick-and-easy form of meditation that provided an alternative to hours of practice in an ashram. Taught by the Maharishi Mahesh Yogi from India, the claim of TM was that a mere 15–20 min of practice twice a day would help a person's mind to become more peaceful, more intelligent, and more creative. TM might have remained just one more minor offering on the Eastern marketplace of 1960s practices, were it not for the fact that the Beatles met the Maharishi in the late 1960s and decided to make him their teacher. This led to other celebrity endorsements, and suddenly TM had become the favored path to psychedelic bliss and peace; everyone wanted to learn it. The Maharishi became a cult figure, declared by *The New York Times* in 1967 to be the "chief guru of the Western world" (Lefferts, 1967).

The relationship with the Beatles soured in 1968 (on retreat in India with him, some became convinced that the Maharishi had made unwanted advances on a female member of their party). That is important, because it led to a shift in the cultural positioning of TM. The Maharishi and his staff decided to stop pursuing fickle celebrities and instead woo the scientific community. Initially, though, the scientists who showed up to talk about TM were physicists who were interested in the extent to which the TM meditative state might be explicable as a quantum physical phenomenon (e.g., Domash, 1977).

Then, in 1969, a graduate student at the University of California in Los Angeles, M. Robert Keith Wallace, decided to research the physiological effects of TM for his dissertation, and almost singlehandedly largely changed the focus of that scientific conversation. Wallace recruited col-

lege students who had taken a course in TM, hooked them up to various measuring instruments, asked them to meditate, and found that, on average, they showed significant changes in their physiological state: reductions in oxygen consumption, reductions in resting heart rate, and changes in skin resistance. Most significantly, from Wallace's perspective, they also showed significant changes in their brain waves. Electroencephalogram results showed, Wallace felt, a highly coherent pattern of brain wave activity, one that he believed to be different from anything previously reported in the literature. The Maharishi and his followers had long claimed that TM practice produced a unique state of consciousness. Wallace, it seemed, had now proven them right. In 1970, alluding to a well-known model of consciousness within Hinduism (King, 1992), Wallace announced his discovery of a "fourth major state of consciousness" in the flagship journal, *Science*:

> Physiologically, the state produced by transcendental meditation seems to be distinct from commonly encountered states of consciousness, such as wakefulness, sleep, and dreaming, and from altered states of consciousness, such as hypnosis and autosuggestion. (R. K. Wallace, 1970, p. 1734)

Again, this was a development that had little, if any obvious relevance for the larger claim that meditative practices might offer direct health benefits. It was the cardiologist Herbert Benson at Harvard Medical School who took the research one further step away from its countercultural roots and one further step into medical practice. Benson had been interested in the possibility that stress increased one's risk for heart disease—a new and controversial idea at the time. During the second half of the 1960s, he had been using biofeedback methods to reduce what he believed to be stress-induced high blood pressure in his patients. He had been working with monkeys to try to perfect the paradigm when a group of TM practitioners came to him and said he should work with them instead. They could do what he was trying to accomplish without biofeedback machines or any cumbersome conditioning techniques. Through the simple practices of TM, they could lower their blood pressure at will. At first, Benson refused; meditation was not a practice with any perceived medical implications, and he could see no reason to shift the focus of his research. But the young TM practitioners persisted, and finally Benson relented; he would give them a chance to prove their claim (Harrington, 2008).

When Benson first began studying TM practitioners, he had not known of Wallace's work, but upon discovering it, he proposed a collaboration. Wallace moved to Harvard, and he, Benson, and a third colleague, Archie F. Wilson, developed a new protocol to study their subjects. Blood pressure, heart rate, brain waves, rates of metabolism, and rates of breathing were all to be measured under two conditions: first, the subjects would be asked to sit quietly for 20 min; second, they would be asked to sit quietly and meditate using the TM technique for 20 min. The aim was to assess the distinctive contribution—if any—of meditation. "What we found," Benson 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" (Benson, 2001, para. 3–4).

It was not the altered states of consciousness observed in his meditating subjects that astounded Benson—so far as he was concerned, the patterns of brain wave activity seen in their electroencephalograms was evidence merely that they were very relaxed. What surprised him, rather, were the effects that meditation produced on visceral and autonomic functioning. Taken together, these effects seemed to amount to a systematic reversal of the "fight or flight" or stress response that he eventually called "the relaxation response" (Benson & Klipper, 1975).

The discovery of the relaxation response was a very specific turning point in the medicalization of meditation: a moment that marked an explicit and deliberate break with both the counterculture and specific religious traditions. Meditation, Benson insisted, was simply a natural and universal technology for creating certain clinically desirable physiological effects. It was not even a spiritual practice, though of course many spiritual traditions had historically utilized it for their own purposes. To concentrate the mind, one could chant any word one wanted (use anything one liked as a mantra), and the effects would be the same. Once one had stripped the practice of all sectarian beliefs and ethical codes, all that was left was a natural and universal technology for creating certain clinically desirable physiological effects. As Benson put it in his bestselling 1975 book, *The Relaxation Response*, "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" (Benson & Klipper, 1975, p. 123).

He took for granted that his readers would see this as a very positive discovery. In an era that was seeing growing discontent with the alleged arrogance and paternalism of mainstream medicine—along with enormous growth of interest in alternative medicine—health professionals could offer this new self-care technique to all patients, regardless of their religious beliefs. The patient would be in charge, would be empowered, and would not have to submit to the strictures of any gurus or other authority figures (cf. Harrington, 2008). The endorsements on the frontispiece material of the first edition of *The Relaxation Response* made the ethics of this secular cultural positioning very clear. There were no blurbs from anyone associated with Hinduism, TM, or indeed any religious or spiritual tradition. Instead, the blurbs all came from businessmen, cardiologists, general practitioners, and stress researchers. "I am delighted that someone has finally taken the nonsense out of meditation," wrote one of these endorsers, a no-nonsense surgeon named William Nolen. "This is a book that any rational person—whether a product of Eastern or Western culture—can wholeheartedly accept" (Benson & Klipper, 1975, frontispiece).

Only a very few communities, almost all of them Christian-based, demurred. In the 1990s, after the relaxation response had become well established in self-help circles, the Lutheran apologist, Greta Olsoe, for example,

argued that "Dr. Benson's formula is not neutral but religious; it derives from Eastern Religions, Mysticism and Gnosticism. . . . Dr. Benson's formula is incompatible with Christianity, and dangerous" (Olsoe, n.d.). Perhaps significantly, Benson later made a point of emphasizing the complete compatibility of his claims with more familiar (to American readers) Christian religious traditions. In a 1989 interview with *Psychology Today*, he talked about how, when he first began spreading the word about the relaxation response, he was "startled at the excitement among the religious pros" in the Christian community. They told him that, in introducing them to the relaxation response, he had reminded them of the power of such practices in their own tradition, with which they had largely lost touch. "'This is why I came into church work in the first place,' said one, 'and I'd lost it" (Kiesling & Harris, 1989, p. 66).

MBSR and the New Mindfulness Therapies

Over the course of the 1970s, Benson's "relaxation response" project was critical to a basic reframing of meditation in the eyes of many Americans as something that could, under certain conditions, be treated as a simple health practice. When, in the early 1990s, David Eisenberg and colleagues (1993) undertook a study of public use of unconventional therapies, he found that "relaxation" methods topped the list.

This is the starting point for helping us understand what happened next. In 1979, a young man named Jon Kabat-Zinn (with a recent PhD in molecular biology from MIT) persuaded officials at the University of Massachusetts Medical Center in Worcester, Massachusetts, to let him set up an onsite self-care training program that would be targeted to patients with chronic disorders, especially chronic pain. In contrast to Erich Fromm in the 1960s and Herbert Benson in the 1970s, Kabat-Zinn was not a therapist who reached out to an intriguing spiritual tradition (Zen, Hinduism) and took from it selected tools and insights that he felt could enhance the health and well-being of patients. Instead, he was himself a trained Dharma teacher who reached out to the health care sector, because that is where he felt, in a secular society, he could have the greatest impact. As he later put it, "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, 1991, para. 4).

Kabat-Zinn called his new program Mindfulness-Based Stress Reduction (MBSR). Unlike Benson, however, he didn't believe that the medical language of stress reduction in any sense captured the complexity of what he really wanted to do for patients. However, he accepted the need to medicalize what he was doing (at least in part) in order to avoid evoking specters of monks with shaved heads that might frighten many potential clients away. As he recalled in 2011,

> I bent over backward to structure it [MBSR] and find ways to speak about it that avoided as much as possible the risk of it being seen as Buddhist, "New Age," "Eastern Mysticism" or just plain "flakey." To my mind this was a constant and serious risk that would have undermined our attempts to present it as commonsensical, evidence-based, and ordinary, and ultimately a legitimate element of mainstream medical care. (Kabat-Zinn, 2011, p. 282)

If MBSR was not stress-reduction—or, at least, not in the sense that Benson had seen his practice—then what was it? It turns out that MBSR came from a melding of different traditions. Prominent among these was Zen, especially as transmitted through the Korean Zen Master Seung Sahn who had first trained Kabat-Zinn as a Dharma teacher. Also important were "nondual" Tibetan Buddhist traditions, which involve a combination of what is known as Mahāmudrā and Dzogchen. A third important influence was a decidedly modernist version of Vipassanā, or insight meditation, in the style of the Burmese Theravāda teacher Mahasi Sayadaw (Kabat-Zinn, 2011; McMahan, 2008; Wilson, 2014). In contrast to older, more classical forms of the Theravāda tradition that embedded practice in a complex lattice of textual study, asceticism, and monasticism (Fronsdal, 1998; McMahan, 2008), this style of insight meditation focused on the importance of simple forms of "mindfulness" practice with an emphasis on bare attention. Finally, Kabat-Zinn's program drew significantly on various hatha yogic practices, designed to help people feel more "at home" in their bodies.

The key point to understand here is the degree to which the varied Buddhist traditions that Kabat-Zinn chose to meld together to create MBSR were all, in different ways, reform-minded in nature. Zen and the nondual Tibetan traditions had already, centuries earlier, advocated simplified practices to make the traditions accessible to ordinary people, up to and including the "cowherd." They had, centuries earlier, insisted that the highest levels of spiritual practice could be undertaken without vows of obedience to a monastic code of ethics, extensive study of the old texts, or any of the traditional, laborious approaches developed for use by people in monastic settings. They had also taught that the more proficient one becomes in one's practice, the less important formal ethics outside practice time becomes—because practice itself was thought to release one's innate capacity for wisdom and compassion. And they had likewise maintained that one should cultivate a nonjudgmental attitude in formal meditation, and not judge one's mental states to be good or bad, ethical or unethical (DiValerio, 2011; Dunne, 2011, 2015; Faure, 1994, 1996; Karma Wangchûg Dorjé, 2006; Sharf, 1995, 2014; Van Schaik, 2004; for an alternative opinion outside Buddhist studies, see Shonin, Van Gordon, & Griffiths, 2014).

For centuries, all of these reformist practices had also seen their share of criticisms, and it turns out that many of the criticisms that are being leveled against MBSR and related forms of clinical mindfulness today partially parallel those centuries-old criticisms: oversimplification, a deemphasis on the monastic ethical framework, and pander-

ing to lay values (Dunne, 2011, 2015; Sharf, 2014). As for the third major strand of Buddhist influence in MBSR—the modernist version of Vipassanā formulated especially by Burmese teachers—it did not endorse all of these reformist themes, but it nevertheless was compatible enough with them that a prominent American Buddhist teacher could write a book claiming that all of these traditions are converging into a new Western Buddhism (Goldstein, 2002).

In the late 1970s, though, as Kabat-Zinn was developing MBSR as a clinical practice, the history of Buddhist reformist movements and their critics was probably not very central in his thinking. He was instead concerned with developing a clinical program for lay people with chronic pain or disability, who were falling through the cracks of the health care system. His was a meditation style that aimed to teach these kinds of patients to befriend their experience and, in an experimental way, suspend any judgments about its meaning or value, negative or positive. There was in that sense a powerful alignment between his clinical goals and his attraction to the reformist traditions in which he had been trained.

So much of the suffering associated with illness, 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, it might result in marked reduction in various symptoms, especially pain and anxiety. In the end, patients might still have a condition that needed medical management, but they might nevertheless be relieved of the mental suffering of anxiety, excessive self-criticism, or judgment and the "catastrophizing" suffering of pain itself. They also might find themselves mentally transformed in ways that allowed them actively to cope more fully with the infirmities that remained (Kabat-Zinn, 1990; also Kabat-Zinn, 1982; Kabat-Zinn, Lipworth, & Burney, 1985).

1990 saw the publication of Kabat-Zinn's book, *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* (Kabat-Zinn, 1990), which laid out this vision of suffering and its alleviation for a general readership. While the book was still in proofs, he had sent it out to a number of people for possible endorsements. One of the people to whom he sent the proofs was the Vietnamese teacher of Zen, Thich Nhat Hanh. Hanh had emerged in the 1970s as another important modernist teacher of the Buddhism, both for his concept of "engaged Buddhism"—Buddhism that translates into social action—and for popular books like the 1975 *The Miracle of Mindfulness* (Hanh, 1975). Kabat-Zinn later recalled, "I thought I would simply share with him the direction we were taking and get his sense of it. I didn't actually expect a response" (Kabat-Zinn, 2011).

Hanh, however, did more than send a response. He sent a generous endorsement that explicitly celebrated Kabat-Zinn's program as a path to the *Dharma*. Kabat-Zinn then faced a tricky decision: Given his previous commitment to consistently frame his work in medical terms, should he now allow his first book for a general audience to appear with an endorsement from such a prominent Buddhist teacher? He decided the answer was "yes." "Perhaps by 1990," he remembered rationalizing,

> there was no longer such a strong distinction between the so-called New Age and the mainstream world. So many different so-called counter-cultural strands had penetrated the dominant culture by then that it was hard to make any binary distinctions about what was mainstream and what was fringe. (Kabat-Zinn, 2011, p. 283)

Full Catastrophe Living was duly published with Hanh's endorsement, framed as a brief preface to the book.

The decision to publish Hanh's endorsement had consequences. In fact, one recent commentator has suggested that,

> had it not been for Thich Nhat Hanh's foreword, the Buddhist origin of [MBSR] might have gone unnoticed to many readers. Thich Nhat Hanh is one of the foremost Buddhist teachers in the West and his few words certainly attracted many Buddhist practitioners to this book and to the application of mindfulness in clinical practice. (Maex, 2011, p. 166)

Put another way, the publication of *Full Catastrophe Living* was not only an important early moment in the medicalization of mindfulness. It also acted to put the Buddhist community on early alert that something important was happening on the American Buddhist scene.

Initially, however, there was not much of the intense moral indignation and sharp criticism of therapeutic mindfulness that would come to characterize the later conversation. The shift in tone came later, and the case can be made that it came in partial response, not to Kabat-Zinn's original project, but to its further elaboration by others. As more and more people within clinical contexts became interested in therapeutic mindfulness, the view took hold (given Kabat-Zinn's initial focus on clinical applications) that it was in fact best understood as a health practice, just as Benson's relaxation response had been. The 1990s thus saw the emergence of various new scales designed to evaluate the practice quantitatively: the Mindful Attention Awareness Scale, the Five Facet Mindfulness Questionnaire, the Toronto Mindfulness Scale, the Kentucky Inventory of Mindfulness Skills, the Freiburg Mindfulness Inventory, and more ("Mindfulness Research Guide," 2013; Baer, 2003). This period also 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 facilitate new patterns of brain wave activity in experienced practitioners (Begley, 2007; Davidson & Lutz, 2008; Lutz, Greischar, Rawlings, Ricard, & Davidson, 2004).

At the same time, some people began to use mindfulness techniques for conditions beyond the original focus on depression, suicidality and anxiety (cf. Linehan, Armstrong, Suarez, Allmon, & Heard, 1991; Virtbauer, 2012). Through a process of what might be termed mission creep, the field witnessed the emergence of other kinds of projects that were easy to mock as frivolous or antithetical to anything a Buddhist could possibly be expected to respect: mindfulness as a path to "mind-blowing sex" (Marter,

2014), mindfulness as a strategy for keeping cool when playing the stock market (Burton & Effinger, 2014), and so on.

In this way, by the new millennium, therapeutic mindfulness had come to mean many things at the same time. Some saw it as a potentially powerful clinical intervention whose use should be taught and managed by trained therapists, whose effects could be studied using methods from brain science, and whose efficacy could and should be measured like any other behavioral intervention. Others embraced it as a self-help tool with potential eclectic popular appeal, something that could help people lose weight, enjoy better sex, and make more money. And still others had begun to consider it, not just as a therapeutic intervention, but as a kind of mental training tool that might be able to help students perform better in the classroom and soldiers perform better on the battlefield. Through all of this, Kabat-Zinn continued—at least in some contexts—to insist that mindfulness was actually less about therapy, less about medicine, less about the brain and more about love. As he put it in an interview in 2012,

> Mindfulness is about love and loving life. When you cultivate this love, it gives you clarity and compassion for life, and your actions happen in accordance with that. All ethics and morality, and a sense of interconnectedness, come out of the act of paying attention. ("Mindfulness in the Modern World," 2012)

Conclusion

These developments help us to understand some of the reasons why mindfulness-based therapeutic practices have been more vulnerable to ethical critique than any of the earlier historical efforts to employ contemplative practices for therapeutic ends. When Fromm and his generation explored the potential of Zen to enhance psychotherapeutic practice, no one from the Zen community paid much attention, partly because it was clear that the project was ultimately not *about* Zen; rather, it was about a Cold War effort to humanize American psychoanalysis, fueled by an existentialist worldview that, for very good reasons, was preoccupied with finding paths to authenticity and freedom from anxiety. To the extent that there was serious criticism of the 1960s dialogue between Zen and psychotherapy, it focused on the extent to which the psychoanalysts actually understood the real moral ambiguities at the heart of the tradition they were trying to appropriate for their freedom-affirming projects. And, as we have seen, as the Cold War Sixties gave way to the New Age Seventies, that particular critique was largely ignored.

Similarly, when Benson and his colleagues explored the potential of TM to reduce stress and lower the risk of cardiac disease, it was palpably clear that the agenda here was animated, *not* by a desire to mainstream certain practices and values from Hinduism, but from a 1970s vision of health consumerism, in which the physician did not impose his values onto patients, but rather empowered them with self-help tools that they could employ in their own way. To the extent that there was criticism, it came, not from the Hindu community, but from some Christian apologists concerned that this practice might—notwithstanding its resolutely secular packaging—be smuggling in "Eastern" values and ideologies that were dangerous to true faith.

In contrast, Kabat-Zinn was a Dharma teacher first and a therapist second. He was not an *outsider* to contemplative practice looking to import traditions into the clinic. Rather, he was an *insider*, who (by his own admission) had brought mindfulness training into clinical contexts with the goal more generally of alleviating human suffering and making the world a better place. In order to achieve penetration into medical culture while still remaining true to his values, he had to walk a careful line. MBSR emerged as a practice that seemed at once medical and spiritual. It was a method of stress-reduction, or a path to brain rewiring, and a means to profound ethical transformation all at the same time. And this meant that therapeutic mindfulness—unlike Zen-inflected forms of psychotherapy or the relaxation response—could, over time, evolve into a practice that would be susceptible to appropriation by a range of different interests, value systems, and stakeholders.

The criticisms of mindfulness, we now see, reflect this instability in its meaning. A lot of the criticism has focused on the degree to which MBSR is really Buddhist and whether, if so, it is a valid or respectable interpretation of the tradition. As we have seen, many of the criticisms being leveled against MBSR and related forms of therapeutic mindfulness partially echo very long-standing criticisms of the reformist nondual traditions as inauthentic, watered-down and lacking in ethical and intellectual rigor. In the Tibetan world, for example, the nondual styles had long been criticized as inauthentic to the original Indian sources, too simplistic and not sufficiently scholastic in its philosophical approach (Bkra Shis Rnam Rgyal, 2006; D. Jackson, 1994; Sna Tshogs Rang Grol, 2009).

But the criticisms we have seen of therapeutic mindfulness are not just a 21st-century replay of century-long debates. They also are a consequence of the fact that, in the past decade or so, new communities of people have approached therapeutic mindfulness with a mindset that was not always identical to that of Kabat-Zinn or others involved in the pioneering years of this work. And this mind-set had been partially conditioned by previous efforts to turn meditation into therapy. By the time Kabat-Zinn introduced MBSR into the clinic, people already "knew" that, as medicalized, meditation might be good for stress-reduction and a general good tonic for health. People also already "knew" that practices like Zen, understood as a kind of "Eastern psychotherapy," were a path to being happy and free—a means of personal self-gratification and a way of enhancing one's wellbeing. In its quest for a mainstream presence in the clinic and beyond, MBSR partially aligned itself with those Americanized understandings of Eastern traditions, but MBSR also sought to move beyond them or to resist them, by embracing, at times implicitly or covertly, the spiritual and ethical concerns of the various reformist contemplative traditions that inspired it. It is not altogether surprising that MBSR did not completely succeed in this complex and perhaps paradoxical effort.

Where does this leave us? Certainly, with the thought that it is time to move beyond criticism and instead to try to understand the anatomy of our discontent. Because of the peculiar circumstances behind its historical emergence, therapeutic mindfulness today sits on an unstable knife edge between spirituality and secularism, therapeutics, and popular culture. Understanding how we got here, and why we are exercised about this program in the ways that we are, may serve us as a first step toward deciding how best to move forward with discernment and, if we may use the term, mindfulness.

REFERENCES

Alexander, F. (1931). Buddhistic training as an artificial catatonia (the biological meaning of psychic occurrences). *Psychoanalytic Review, 18,* 129–145.

American Mindfulness Research Association. (n.d.). *Mindfulness Journal publications by year, 1980–2014, AMRA resources*. Retrieved May 16, 2015, from https://goamra.org/resources/

Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10,* 125–143. http://dx.doi.org/10.1093/clipsy.bpg015

Bateson, G., Jackson, D. D., Haley, J., & Weakland, J. (1956). Toward a theory of schizophrenia. *Behavioral Science, 1,* 251–264. http://dx.doi.org/10.1002/bs.3830010402

Becker, E. (1961a). The psychotherapeutic meeting of East and West. *American Imago, 18,* 17–18.

Becker, E. (1961b). *Zen: A rational critique*. New York, NY: Norton.

Begley, S. (2007). *Train your mind, change your brain*. London, UK: Constable.

Benson, H. (2001). Mind-body pioneer. *Psychology Today*. Retrieved from http://www.psychologytoday.com/articles/200105/mind-body-pioneer

Benson, H., & Klipper, M. (1975). *The relaxation response*. New York, NY: Harper Collins.

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N., Carmody, J., . . . Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11,* 230–241. http://dx.doi.org/10.1093/clipsy.bph077

Bkra Shis Rnam Rgyal. (2006). *Mahāmudrā, the moonlight quintessence of mind and meditation (2nd ed.; L. Lhalhungpa, Trans.)*. Boston, MA: Wisdom Publications.

Brear, A. D. (1974). The nature and status of moral behavior in Zen Buddhist tradition. *Philosophy East & West, 24,* 429–441. http://dx.doi.org/10.2307/1397803

Burnett, R. (2011). Mindfulness in schools: Learning lessons from the adults, secular and Buddhist. *Buddhist Studies Review, 28,* 79–120. http://dx.doi.org/10.1558/bsrv.v28i1.79

Burton, K., & Effinger, A. (2014, May 28). To make a killing on Wall Street, start meditating. *Bloomberg Business*. Retrieved from http://www.bloomberg.com/news/articles/2014-05-28/to-make-killing-on-wall-street-start-meditating

Davidson, R. J., & Lutz, A. (2008). Buddha's brain: Neuroplasticity and meditation. *IEEE Signal Processing Magazine, 25,* 176–174. http://brainimaging.waisman.wisc.edu/publications/publications.htm. http://dx.doi.org/10.1109/MSP.2008.4431873

DiValerio, D. M. (2011). *Subversive sainthood and tantric fundamentalism: An historical study of Tibet's holy madmen* (Doctoral dissertation). University of Virginia, Charlottesville, VA.

Domash, L. (1977). The Transcendental Meditation technique and quantum physics. In D. Orme-Johnson & J. Farrow (Eds.), *Scientific research on Maharishi's Transcendental Meditation and TM-Sidhi program: Collected papers* (2nd ed., Vol. 1, pp. 652–670). Weggis, Switzerland: Maharishi European University Press.

Dunne, J. (2011). Toward an understanding of non-dual mindfulness. *Contemporary Buddhism, 12,* 71–88. http://dx.doi.org/10.1080/14639947.2011.564820

Dunne, J. (2015). Buddhist styles of mindfulness: A heuristic approach. In B. D. Ostafin, M. D. Robinson, & B. P. Meier (Eds.), *Handbook of mindfulness and self-regulation*. New York, NY: Springer.

Dusen, W. (1961). LSD and the enlightenment of Zen. *Psychologia, 1,* 11–16.

Eisenberg, D. M., Kessler, R. C., Foster, C., Norlock, F. E., Calkins, D. R., & Delbanco, T. L. (1993). Unconventional medicine in the United States: Prevalence, costs, and patterns of use. *The New England Journal of Medicine, 328,* 246–252. http://dx.doi.org/10.1056/NEJM199301283280406

Engel, J. (2008). *American therapy: The rise of psychotherapy in the United States*. New York, NY: Gotham Books.

Epstein, M. (1995). Thoughts without a thinker: Buddhism and psychoanalysis. *Psychoanalytic Review, 82,* 391–406.

Faure, B. (1994). *The rhetoric of immediacy: A cultural critique of Chan Zen Buddhism* (1st Princeton paperback, with corrections). Princeton, NJ: Princeton University Press.

Faure, B. (1996). *Chan insights and oversights*. Princeton, NJ: Princeton University Press.

Fromm, E. (1941). *Escape from freedom*. New York: NY Rinehardt.

Fromm, E. (1950). *Psychoanalysis and religion*. New Haven, CT: Yale University Press.

Fromm, E. (1967). Memories of Dr. D. T. Suzuki. *The Eastern Buddhist, 2,* 86–89.

Fromm, E., de Martino, R., & Suzuki, D. T. (1960). *Zen Buddhism and psychoanalysis*. London, UK: GAllen and Unwin.

Fronsdal, G. (1998). Insight meditation in the United States: Life, liberty, and the pursuit of happiness. In C. Prebish & K. Tanaka (Eds.), *The faces of Buddhism in America* (pp. 163–182). Berkeley, CA: The University of California Press.

Goldstein, J. (2002). *One dharma: The emerging Western Buddhism*. San Francisco, CA: Harper.

Graham, B. (1991). In the Dukkha magnet zone: An interview with Jon Kabat-Zinn. *Tricycle*. Retrieved from http://www.tricycle.com/interview/dukkha-magnet-zone

Grogan, J. L. (2008). *A cultural history of the humanistic psychology movement in America*. (Doctoral dissertation). University of Texas at Austin, Austin, TX. Available from http://repositories.lib.utexas.edu/handle/2152/3855

Hanh, T. N. (1975). *The miracle of mindfulness: A manual on meditation*. New York, NY: Beacon.

Harrington, A. (2008). *The cure within: A history of mind-body medicine*. Cambridge, MA: Harvard University Press.

Harrington, A. (in press). Zen, Suzuki and the art of psychotherapy. In Y. Fehige (Ed.), *Science and religion: East and West*. New York, NY: Routledge.

Herman, E. (1995). *The romance of American psychology: Political culture in the age of experts, 1940–1970*. Berkeley, CA: University of California Press.

Hickey, W. S. (2010). Meditation as medicine: A critique. *Cross Currents, 60,* 168–184. http://dx.doi.org/10.1111/j.1939-3881.2010.00118.x

Hinduism in New York: A growing religion. (1968, November 2). *The New York Times* (p. 49).

Horney, K. (1945). *Our inner conflicts*. New York, NY: WW Norton.

Horney, K. (1991). *Final lectures*. New York, NY: WW Norton & Company.

Iwamura, J. (2010). *Virtual orientalism: Asian religions and American popular culture*. New York, NY: Oxford University Press.

Jackson, C. T. (2010). D. T. Suzuki, "Suzuki Zen," and the American reception of Zen Buddhism. In G. Storhoff & J. Whalen-Bridge (Eds.), *American Buddhism as a way of life* (pp. 39–56). Albany, NY: SUNY Press.

Jackson, D. (1994). *Enlightenment by a single means: Tibetan controversies on the "self-sufficient white remedy" (dkar po chig thub)*. Vienna, Austria: Verlag der Österreichischen Akademie der Wissenschaften.

Jordan, G. (1961). Reflections on LSD, Zen meditation and satori. *Psychologia, 5,* 124–130.

Jung, C. (1939). Introduction. In D. T. Suzukui, *Die grosse Befreiung: Einführung in den Zen Buddhismus* (pp. 7–37). Leipzig, Germany: C. Weller & Co.

Jung, C. (1949). Foreword. In D. T. Suzuki, *Introduction to Zen Buddhism*. New York, NY: Grove.

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. http://dx.doi.org/10.1016/0163-8343(82)90026-3

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Delacorte.

Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism, 12,* 281–306. http://dx.doi.org/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,* 163–190. http://dx.doi.org/10.1007/BF00845519

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 [Shining light of awakened action: The essence of the ocean of definitive meaning, profound instructions on innate union]. In *Phyag chen rgyas pa nges don rgya mtsho, 'bring pa ma rig mun sel, bsdus pa chos sku mdzub tshugs bcas so* [The extensive text on Mahamudra, the ocean of definitive meaning; the middling text, the removal of ignorance's darkness; and the concise text, pointing directly to the dharma body]. Varanasi. India: Vajra Vidya Institute Library.

Kelman, H. (1960). Psychoanalytic thought and Eastern wisdom. In J. Ehrenwald (Ed.), *The history of psychotherapy* (pp. 328–333). New York, NY: Jason Aronson.

Kiesling, S., & Harris, T. G. (1989). The prayer war. *Psychology Today, 23,* 65–66.

King, R. (1992). Asparœa-yoga: Meditation and epistemology in the Gaudapadīya-Karika. *Journal of Indian Philosophy, 20,* 89–131. http://dx.doi.org/10.1007/BF00157341

Laing, R. D. (1967). *The politics of experience*. New York, NY: Ballantine Books.

Lefferts, B. (1967, December 17). Chief guru of the Western world. *New York Times*.

Linehan, M. M., Armstrong, H. E., Suarez, A., Allmon, D., & Heard, H. L. (1991). Cognitive-behavioral treatment of chronically parasuicidal borderline patients. *Archives of General Psychiatry, 48,* 1060–1064. http://dx.doi.org/10.1001/archpsyc.1991.01810360024003

Lutz, A., Greischar, L. L., Rawlings, N. B., Ricard, M., & Davidson, R. J. (2004). Long-term meditators self-induce high-amplitude gamma synchrony during mental practice. *Proceedings of the National Academy of Sciences of the United States of America, 101,* 16369–16373. http://dx.doi.org/10.1073/pnas.0407401101

Maex, E. (2011). The Buddhist roots of mindfulness training: A practitioner's view. *Contemporary Buddhism, 12,* 165–175. http://dx.doi.org/10.1080/14639947.2011.564835

Marter, J. (2014, July 28). Mindfulness for mind-blowing sex. *Huffington Post Healthy Living*. Retrieved from http://www.huffingtonpost.com/joyce-marter-/mindfulness-for-mindblowi_b_5608649.html

McMahan, D. (2008). *The making of Buddhist modernism*. New York, NY: Oxford University Press.

Mindfulness in the modern world: An interview with Jon Kabat-Zinn. (2012, February 24). *Omega*. Retrieved from http://www.eomega.org/learning-paths/body-mind-amp-spirit-meditation-mindfulness-health-amp-healing/mindfulness-in-the

Mindfulness research guide. (2013). Retrieved from http://www.mindfulexperience.org/

Molino, A. (2001). *The couch and the tree: Dialogues in psychoanalysis and Buddhism*. London, UK: Open Gate Press.

Monteiro, L. M., Musten, R., & Compson, J. (2015). Traditional and contemporary mindfulness: Finding the middle path in the tangle of concerns. *Mindfulness, 6,* 1–13. http://dx.doi.org/10.1007/s12671-014-0301-7

Olsoe, G. (n.d.). *Christian critique of The Relaxation Response by Herbert Benson, MD. Soundwitness.org*. Retrieved January 31, 2015, from http://www.soundwitness.org/pop_culture/relaxation.htm

Pickering, A. (2010). *The cybernetic brain: Sketches of another future*. Chicago, IL: University of Chicago Press. http://dx.doi.org/10.7208/chicago/9780226667928.001.0001

Psychologia: Table of Contents. (n.d.). *Psychologia: An International Journal of Psychological Sciences*. Retrieved from http://www.educ.kyoto-u.ac.jp/cogpsy/psychologia/contents.htm

Purser, R. E. (2015). Clearing the muddled path of traditional and contemporary mindfulness: A response to Monteiro, Musten, and Compson. *Mindfulness, 6,* 23–45. http://dx.doi.org/10.1007/s12671-014-0373-4

Rapgay, L., & Bystrisky, A. (2009). Classical mindfulness: An introduction to its theory and practice for clinical application. *Annals of the New York Academy of Sciences, 1172,* 148–162. http://dx.doi.org/10.1111/j.1749-6632.2009.04405.x

Rogers, A. (1964). Zen and LSD: An enlightened experience. *Psychologia, 7,* 150–151.

Sato, K. (1967). D. T. Suzuki, Zen and LSD-25. *Psychologia, 10,* 129–132.

Scaligero, M. (1963). Review of the book *Zen Buddhism and psychoanalysis* by D. T. Suzuki, E. Fromm & R. De Martino. *East and West, 14,* 283–284.

Segall, S. (2013, December 19). In defense of mindfulness [Blog post]. *The existential Buddhist*. Retrieved from http://www.existentialbuddhist.com/2013/12/in-defense-of-mindfulness/

Sharf, R. (1993). The Zen of Japanese nationalism. *History of Religions, 33,* 1–43. http://dx.doi.org/10.1086/463354

Sharf, R. (1995). Buddhist modernism and the rhetoric of meditative experience. *Numen, 42,* 228–283. http://dx.doi.org/10.1163/156852752598549

Sharf, R. (2014). Mindfulness and mindlessness in early Chan. *Philosophy East & West, 64,* 933–964. http://dx.doi.org/10.1353/pew.2014.0074

Shonin, E., & Van Gordon, W. (2014). Managers' experiences of meditation awareness training. *Mindfulness*. Advance online publication. Retrieved from http://link.springer.com/article/10.1007/s12671-014-0334-y

Shonin, E., Van Gordon, W., & Griffiths, M. D. (2014). The emerging role of Buddhism in clinical psychology: Toward effective integration. *Psychology of Religion and Spirituality, 6,* 123–137. http://dx.doi.org/10.1037/a0035859

Sna Tshogs Rang Grol. (2009). *Heart lamp: Lamp of Mahamudra and the heart of the matter* (E. P. Kunsang, Trans.). Boudhanath, Nepal: Rangjung Yeshe Publications.

Stanley, E. A., Schaldach, J., Kiyonaga, A., & Jha, A. P. (2011). Mindfulness-based mind fitness training: A case study of a high-stress predeployment military cohort. *Cognitive and Behavioral Practice, 18,* 566–576. http://dx.doi.org/10.1016/j.cbpra.2010.08.002

Suzuki, D. T. (2014). *Selected works of D. T. Suzuki: Volume I. Zen*. (R. M. Jaffe, Ed.; new ed.) Oakland, CA: University of California Press.

Van Schaik, S. (2004). *Approaching the Great Perfection: Simultaneous and gradual approaches to Dzogchen practice in Jigme Lingpa's Longchen Nyingtig*. Boston, MA: Wisdom Publications.

Virtbauer, G. (2012). The Western reception of Buddhism as a psychological and ethical system: Developments, dialogues, and perspectives. *Mental Health, Religion & Culture, 15,* 251–263. http://dx.doi.org/10.1080/13674676.2011.569928

Wallace, B. (2006). *The attention revolution: Unlocking the power of the focused mind*. Boston, MA: Wisdom Publications.

Wallace, R. K. (1970). Physiological effects of transcendental meditation. *Science, 167,* 1751–1754. http://dx.doi.org/10.1126/science.167.3926.1751

Wallis, G. (2011, July 3). Elixir of mindfulness [blog post]. *Speculative Non-Buddhism: Ruins of the Buddhist real*. Retrieved from http://speculativenonbuddhism.com/2011/07/

Watts, A. W. (1961). *Psychotherapy East and West*. New York, NY: Pantheon Books.

Wilson, J. (2014). *Mindful America: The mutual transformation of Buddhist meditation and American culture*. New York, NY: Oxford University Press. http://dx.doi.org/10.1093/acprof:oso/9780199827817.001.0001