Buddhist mindfulness practices in contemporary psychology: A paradox of incompatibility and harmony

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While Buddhism and science share a common foundation of empiricism, significant differences remain between them. MALCOLM HUXTER explores these differences through a consideration of how the Buddhist concept and practice of mindfulness has been incorporated into contemporary psychology. Many Buddhists share a concern about a reductionist approach to mindfulness and its separation from wisdom and ethics. This separation of mindfulness from its historical, social and theoretical contexts shows the rift between Buddhism and contemporary mind sciences. Clinical utility is limited when definitions of mindfulness do not include remembering and discernment, as the failure to remember lessons from the past, and to develop future direction, renders the role of wisdom meaningless. Without ethics, mindfulness can be reduced to a commodity, and a palliative technique to ‘feel better’ that does not address the underlying causes of suffering. This paper draws on a clinical example to explore how the ancient teachings of the Buddha can be integrated harmoniously within the contemporary clinical setting.

His Holiness the Dalai Lama, demonstrates an ability to bring the perspectives of both Buddhism and science into the cause of reducing human suffering. However, while Buddhism and science share a common foundation of empiricism, significant differences remain between them.

Buddhism is largely concerned with what cannot be measured or quantified, and immeasurability is incompatible with science. Another difference between these two traditions can be seen in the way mindfulness, a core Buddhist concept and practice, has been incorporated into contemporary psychology. Buddhism and psychology both have the reduction of human suffering as a priority, and both are flexible enough to adapt to each other. Nonetheless, it is important to clarify some aspects of the Buddha’s approach to psychology so that Buddhist practices, such as mindfulness, can be adapted more effectively to the contemporary clinical setting. This paper will explore, with a clinical example, how the ancient teachings of the Buddha can be integrated harmoniously within the contemporary clinical setting.

Incompatibilities

The Buddha’s path of psychological freedom begins with ethics, which provides the foundation for the cultivation of attention (meditation) that leads to wisdom. Wisdom plays a central role. It is found in the culmination of the path of psychological freedom, and in whatever directs our journey throughout a life lived with freedom. The basis of contemporary psychology, in contrast, is scientific materialism, where only objective, measurable and repeatable data are valued.

Another way to make this contrast is to say that Buddhism is a first person discourse, while contemporary psychology, like other sciences, is a third person discourse. Science assumes a radical difference between the objective and the subjective. Only objective data are valued. The objective is seen as reliable, even ‘true’, while the subjective is regarded as unreliable, even false. For the Buddha, the data of psychological investigation is one’s own experience. While he recognised the distinction between the subjective and the objective, for him they are equally valid and productive of truth or illusion, for both are simply manifestations of experience (Kearney, 2007).

A Buddhist approach towards freedom from suffering entails changing unhelpful behaviours into helpful ones, assisted by the unification of attention to make consciousness itself serviceable (Wallace, 2006). With attention that
is refined and workable, the nature of consciousness can be observed directly and investigated so that it can be understood, transformed and liberated from tendencies that cause suffering. Contemporary psychology is also interested in changing unhelpful behaviours to those that are more functional and less inclined to cause suffering. This tradition excels in understanding psychopathology and the use of cognitive, affective and behavioural strategies, as well as the therapeutic relationship, in order to reduce suffering. While interested in the transformation of consciousness, its understanding of consciousness and the technologies of transformation are rudimentary and materialistic.

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For the most part, contemporary psychology sees consciousness as an emergent property of the brain, and seeks to understand consciousness by observing changes in objective behaviours and the brain. For Buddha, consciousness itself is central. Consciousness is not seen as solely dependent on the brain, but as an interdependent continuum that can be directly known. Consciousness can awaken to itself. Like contemporary psychology, Buddhism seeks to monitor changes in consciousness by assessing changes in observable behaviours, but it also seeks the transformation of consciousness through direct experience.

Mindfulness

Created by an English Pali scholar, the term ‘mindfulness’ appeared in the English language in 1881. Mindfulness was translated from the Pali word sati, which literally means ‘memory’. Sati is the act of remembering the present; keeping the present in mind. Its opposite is forgetfulness, and the oblivion that characterises forgetfulness. While there is no consensus about the operational definition of mindfulness in contemporary psychology, most see it as some form of non-judgmental bare attention or awareness (Baer, 2003; 2006). In contrast, one contemporary Buddhist application of mindfulness is: ‘to remember to pay attention to what is occurring in one’s immediate experience with care and discernment’ (Ven. Bhikkhu Bodhi, cited in Shapiro 2009, p. 556).

From a Buddhist perspective, mindfulness is more than just ‘being aware in the moment’, as it includes recollection, non-forgetfulness and discernment. Mindfulness can only occur here now, in this moment. We can, however, mindfully recollect the past, so that we can learn from our experience and build wisdom. Mindfulness can also involve remembering to do something in the future, such as remembering the purpose of what one is doing, and not forgetting the suitability and timeliness of what is being done. With mindfulness, we track change through experience and this helps to develop understanding.

Psychological disorders such as anxiety and depression are aspects of human suffering that can be addressed effectively by psychological intervention. Mindfulness is one tool in that project. Over two millennia ago the Buddha taught in the Satipatthana Sutta (Nanamoli & Bodhi, 1995) that mindfulness is an essential component for healing psychological imbalance. Now, in the 21st century, the therapeutic potential of mindfulness is being recognised and validated by contemporary psychologists, and it has become a popular therapeutic tool in clinical psychology.

Although dozens of different mindfulness-based programs have emerged in the last two decades, some of the most popular approaches include Mindfulness-Based Stress Reduction (MBSR) (Kabatt-Zinn, 1990), Dialectical Behavior Therapy (DBT) (Linehan, 1993), Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl & Wilson, 1999), and Mindfulness-Based Cognitive Therapy (MBCT), (Segal, Williams and Teasdale, 2002). Hayes (2004) coined these approaches ‘third wave’ or third generation therapies because, he claimed, they carry forward first from Behavioural Therapy (BT), and then Cognitive Behavioural Therapy (CBT), in their theoretical underpinnings and therapeutic outcomes.

Baer (2003; 2006), without providing details about Buddhist psychology, described several psychological mechanisms found in these therapies that explain the therapeutic effectiveness of mindfulness. These include:

- exposure, where reactive patterns are not reinforced, but allowed to extinguish;
- cognitive change, where mindfulness helps to develop
meta-cognitive insight, i.e., thoughts are seen as ‘just thoughts’ and not facts to be believed;
• de-fusing the literal meaning of verbal constructions from actual reality;
• facilitating change with acceptance;
• enhancing relaxation;
• helping self-management and impulse control.

A Buddhist approach
At the core of the Buddha’s teachings are four realities that describe a pair of cause-effect relationships: suffering and its causes, and freedom from suffering and its causes. These ariya saccani are usually translated as the ‘noble truths’. The cause-effect relationships evident with the four noble truths can be applied to psychological disorders and described from a psychological perspective:

1. there are presenting problems or disorders;
2. there are causative factors for the arising of these problems, and for their maintenance;
3. it is possible to be free from these problems, or at least reduce the severity of their symptoms;
4. there are healing pathways that include human relationships based on positive warm regard, empathy and genuineness, and treatments using cognitive, behavioural and affective strategies that address the causative and maintaining factors of these problems.

The fourth reality is the ‘eightfold path’, which represents the path of freedom. The eight factors on this path are divided into three basic categories, all of which are related interdependently (see Figure 1).

From a Buddhist perspective, mindfulness as a therapeutic factor cannot be separated from its context, analysed in the Satipatthana Sutta in terms of four applications:

1. contemplation of body, including posture, actions, physical sensations and breath;
2. contemplation of feeling, or the hedonic qualities of pleasantness, unpleasantness or neither;
3. contemplation of ‘heart-mind’, including moods, emotions and states of mind;
4. contemplation of ‘dhammas’—phenomena, including emotional, mental and behavioural patterns, analysed as helpful or unhelpful. The therapeutic functions of mindfulness include:

• short-circuiting habitual cyclic reactions;
• development of insight or wisdom, which provides broader perspectives on situations and counters distorted views;
• acting as reciprocal inhibition, e.g., worry and confusion are incompatible with mindfulness and wisdom;
• serving as an ally to other healing qualities, such as curious investigation, energetic enthusiasm, serenity, concentration, joy, equanimity, compassion, and loving-kindness;
• protecting a person from acting mindlessly and unskilfully.

Reciprocal rejection
While many contemporary psychologists appreciate the teachings of the Buddha, and use Buddhist meditation practices personally and professionally, they reject the Buddha’s psychology as a valid framework for clinical presentations. The Buddha’s psychology lies outside the framework of scientific materialism, and is seen by mind scientists as pre-scientific and regarded as of little value for the progress of clinical psychology (e.g., Hayes, 2002a; 2002b). Clinical psychology is based on scientifically validated evidence-based practices, and since Buddhism is classified as a ‘religion’, its use comes under the general policy of psychological services and associations regarding the separation of religion and therapy.

When I teach mindfulness to patients of public health services I am bound by my employer’s secular policies to not talk about the Buddha’s psychology. While it can be difficult to talk about a practice without honouring the source of the knowledge, this does not present a clinical problem. A patient need not know the theoretical framework of a practice in order to realise its benefits. However, I have had colleagues in different services face disciplinary panels because they have mentioned the word ‘Buddha’ to their patients.

I have been a Buddhist for over thirty-five years and a psychologist for more than twenty years. I am invited regularly to teach about the therapeutic applications of mindfulness by individual therapists and organisations. Unfortunately, prejudice exists. While I have been invited to teach therapists about mindfulness, I have been requested by individuals and organisations not to mention the teachings of the Buddha. When I have conducted workshops it has sometimes been difficult to secure a venue because the venue’s policy excludes any support of Eastern religions. At other times, I have requested college endorsement for workshops about the clinical applications of mindfulness, but have been rejected on the assumption by the endorsement committee that I will be teaching ‘Buddhism’. Complaints have occasionally been lodged when I have provided a framework in workshops based on ethics, meditation and wisdom, and have said that this is the Buddha’s path.

The discomfort of the paradigm clash is mutual. Many Buddhists appreciate the advances contemporary psychology has made in the reduction of human suffering, yet feel uneasy about a reductionist approach to mindfulness. Their primary concern is the degeneration of the integrity of the eight-fold path and the separation of mindfulness from wisdom and ethics—something that Alan Wallace (2005) calls a ‘dumbing down’ of the profound teachings of the Buddha. This trend of separating mindfulness and related
practices from their historical, social and theoretical contexts shows the rift between Buddhism and contemporary mind sciences.

Unfortunately, the dislodging of mindfulness from its Buddhist context may detract from the depth and breadth of its clinical utility. For example, with no reference to the teachings of the Buddha it is difficult to meaningfully explain and utilise the fourth application of mindfulness.

With no clear theoretical connection to ‘right effort’ it can be difficult to inspire in patients the need to exercise courageous energy in the face of difficulty. With no explanation of ‘right intention’ it is awkward to seamlessly connect mindfulness with the therapeutically powerful practices of ‘loving-kindness’ and ‘compassion’.

When a term such as ‘karma’ (which translates as ‘action’) is misunderstood as ‘cosmic fate’ and rejected because of its connection to Buddhism, then the realistic therapeutic consideration that actions have consequences may be minimised and overlooked.

When definitions of mindfulness do not include mention of remembering and discernment, the link to wisdom becomes clouded, as the failure to remember lessons from the past and our direction for the future renders the role of wisdom meaningless.

Moreover, when ethics is not considered as important in the teaching of mindfulness, then mindfulness can be reduced to a commodity and a palliative technique to feel a bit better without addressing the underlying causes of suffering (Dawson & Turnbull, 2006).

**Ethics and wisdom**

The foundation of the Buddha’s eight-fold path is ethics, or a wholesome lifestyle. In traditional Buddhist settings, before training in meditation is provided, trainees are asked to commit to five principles of living. These principles, also called ‘precepts’, can be proactive in the sense of actively doing something of benefit or, as a minimum, avoiding acts of harm. The Buddha recommended five trainings as essential foundations for meditation:

1. refraining from [unnecessarily] killing living things;
2. refraining from taking that which is not freely offered;
3. refraining from false and harmful speech;
4. refraining from harmful sexual conduct;
5. refraining from [unnecessary] use of intoxicants that cloud the mind.

Some ACT therapists criticise the clinical worth of the teachings of the Buddha stating that it imposes prescriptive rules on its followers. The choice to act ethically is, however, based on an individual’s own maturing wisdom, and not another’s values. For the Buddha, the foundation of ethics is the choice between the *kusala*, or ‘wholesome’ (what is conducive toward one’s welfare and happiness over time), and the *akusala*, or ‘unwholesome’ (what is conducive toward one’s harm and suffering over time) (Kearney, 2009). For the Buddha, the practice of ethics arises from the imperative of choice: every intentional action is the product of our choice. The concepts of the wholesome and unwholesome provide the framework for the choices we must make. Our choices are either in accordance with our valued life directions, or they are not. The eight-fold path is characterised by a sense of ethical direction, determined by the cultivation of the wholesome and helpful, and relinquishment of the unwholesome and unhelpful.

Although ethical directions are usually implicit in psychological interventions, including the third wave therapies, they are often hidden and are rarely, if ever, specifically mentioned. The scientific practitioner seems not to put much emphasis on the ethical quality of their patient’s behaviour. When a prominent American psychologist was asked at a workshop on Positive Psychology why he did not include ethics as a component of a program for young people, he responded by saying the approach needed to be ‘value free’ for it to be scientifically credible (Seligman, 2008). For the Buddhist therapist, sidestepping the importance of ethical behaviour from the client’s clinical picture is an odd state of affairs. Especially as one of the basics of human development is gaining a sense of what is right and wrong—the ability to know what leads to the well-being for oneself and others and how to avoid harm. Furthermore, acting on important life directions with values clarification are often a major

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component of many therapies, such as ACT.

From a Buddhist perspective, the ethical direction of a therapy is fundamental to its practice. When ethical direction is dismissed as unimportant, many valuable clinical opportunities are missed. For a Buddhist therapist, treatment devoid of an emphasis on ethics and wisdom lacks meaning. Understanding the causes of suffering and freedom necessarily involves wholesome intentions. Actions based on wise intentions are ethical, and ethics provide the composure necessary for the cultivation of quiescence and insight, which is meditation. Meditation is one cause of wisdom, and the eight-fold path is an overarching framework for all that is therapeutic.

Case example

Jessi is a 32-year old woman who, over the years, has accrued a variety of mental health diagnoses including ‘schizo-affective disorder’, ‘borderline personality disorder’ and ‘posttraumatic stress disorder’. I have seen her on occasions over these years for short-term counselling, and we have good rapport.

One day she presented distressed and confused. She was entangled and tormented by guilty ruminative thoughts. Knowing her history, I could see that with the increased stress she was beginning to spiral into a psychotic episode. She said that she had increased her abuse of alcohol and on one drunken night there were claims by others that she had sexually molested a close female friend, who is married. She could not remember the event because she was drunk, and on one drunken night there were accusations by others that she had sexually molested a close female friend, who is married. She could not remember the event because she was drunk, but the thought of sexually abusing a friend was abhorrent to her. She was also confused about whether or not she should actively follow her urges to develop a sexual relationship with this woman.

After Jessi had told me what was important to her, I invited her to do a relaxation exercise where I suggested she pay attention to the sensations in her feet as we walked to-and-fro in the consultation room. In this way, she could disentangle from her ruminative thoughts by focusing on something neutral, and thereby settle and stabilise her mind. Based on our good therapeutic relationship, and once her thoughts and emotions were relatively calm and clear, we engaged in discussion about the events and her responses. Without making mention of Buddhism or using alienating language, we were able to discuss the principle of karma—that actions have consequences. These discussions were not shrouded in religious dogma, but practical and reflective, highlighting the facts that when Jessi acted in particular ways there were natural consequences.

As a form of mindfulness, objectively remembering the past, Jessi could piece together the unfolding of events and gain understanding. This process was not particularly Buddhist, or contrived as a specific therapy. It was simply a therapeutic conversation and Jessi was responsive to these discussions about her life because they were relevant and meaningful. We also discussed the concept of ‘wisdom’ as including the discernment to choose the helpful over the unhelpful. Though I do not generally use terms such as ‘karma’ or even ‘Buddhism’, I find the term ‘wisdom’ is universally accepted as a wholesome quality worthy of cultivating.

Finally, we were able to talk about actions that would be in accordance with what Jessi could see as wise decisions and meaningful directions, such as cultivating warm and supportive interpersonal relationships. I suggested, without making any reference to the five Buddhist precepts, that she experiment with five trainings for happiness, as a way to clarify her confused relationship boundaries (i.e., avoidance of harmful sexual conduct) and support mental clarity so she would know what was conducive to her well-being (i.e., avoidance of intoxicants that cloud the mind). As another mindfulness exercise, I suggested that she prospectively remember to be attentive to her urges to drink alcohol and her aspirations for long-term happiness and interpersonal harmony. The implications of these suggestions were that she would remember to act in ways that were suitable, timely, and in line with her valued life directions.

Jessi returned a week later to say that she was feeling much better. She said that she had reflected on our discussion about ethics, a term I felt no hesitation in using, and decided to follow through with some suggestions. She had managed to avoid alcohol, for some nights at least. She said that she had also apologised to her female friend, and made the resolve to work on the five trainings of happiness. Jessi was responsive to our intervention because it was practical and made sense. Though I had in my mind the eight-fold path, I did not impose a dogma or moralising opinions. Rather, we collaboratively explored the experience of confusion and anguish that led to this bind, and some strategies for freedom. Of course, Jessi was not cured of all her problems, and there was a likelihood that she would relapse into destructive cycles. Nonetheless, on the positive side, Jessi had a taste of a ‘healing pathway’ and the relative well-being this provides. With such a taste, it is also possible that she may be more inclined to act wisely in the future.

Harmony

Despite their theoretical incompatibilities, we find a cross-fertilisation between Buddhism and contemporary psychology. Practitioners from both sides are willing to explore concepts and viewpoints that may be beyond the boundaries of their usual paradigm. The University of Oxford, for example, offers masters degrees in MBCT and these programs include instruction in aspects of Buddhist psychology and philosophy (Woods, 2009). Many MBSR/MBCT leaders are Buddhists, or regularly attend Buddhist meditation retreats. Buddhists are increasingly using ideas and strategies from ACT because this approach is very practical in clinical settings. Many ACT therapists and authors have also attended Buddhist meditation retreats, write about mindfulness meditation as originating from Buddhism, make reference to Buddhist teachers and use Buddhist terminology to explain ACT ideas and approaches (e.g., Forsyth & Eifert, 2007; Walser & Westrup, 2007). It is possible to integrate and use the best from both perspectives without contradiction. As a clinical
psychologist with many years experience, I have been able to find harmony within the paradox. While I value the scientific, evidence-based approach of contemporary clinical psychology, I also value the growth of personal wisdom based on subjective experience and its role in shaping what I do, and do not do, with clients. I feel no contradiction between ‘personal wisdom’ and ‘clinical wisdom’ based on professional experience. I have been able to utilise the knowledge of contemporary psychology and the Buddha’s approach by:

- understanding how the eight-fold path guides me in my own life;
- getting to know, through study and experience, the clinical populations with which I work;
- practising empathy and listening to my clients;
- applying wisdom, both personal and clinical, and;
- using whatever works.

Final comment

Mindfulness is a powerful therapeutic tool. However, it cannot be separated as a single technique, disconnected from wisdom and ethics because it is just one interdependent factor of many. It is my view that it is possible to retain and honour the integrity of the four noble truths and the eight-fold path of Buddhism, as well as adhere to the principles of evidence-based professional psychological practice. Even though there are some basic incompatibilities between Buddhism and contemporary scientific psychology, differences can be resolved through the power of compassion and a mutual yearning to find freedom from suffering. According to Wallace and Hodel (2008), His Holiness the Dalai Lama, states:

> At its best, science is motivated by a quest for understanding to help lead us to greater flourishing and happiness ...; this kind of science can be described as wisdom grounded in, and tempered by, compassion. Similarly, spirituality is a human journey in our internal resources, with the aim of understanding who we are in the deepest sense and of discovering how to live according to the highest possible ideal. 'This too is the union of wisdom and compassion' (p. 200).

References


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Acknowledgements

Thanks to Patrick Kearney for editing the original draft and Dr B. Alan Wallace for feedback on other drafts.

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