

Chapter 2

Is Mindfulness Secular or Religious, and Does It Matter?

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There are a number of intersecting questions that arise when considering the role of ethics in mindfulness-based interventions (MBIs) and the ethics of their implementation in secular contexts. Each of them brings a layer of depth and complexity to the issue. For example, the chapters in this section are about the role of ethics in mindfulness-based programs. However, they each explore a different dimension. Some of the questions they bring to the fore include: Are there implicit or explicit ethics in MBIs? If they are there explicitly, which values are they rooted in, and is it ethical to impose ethical values on clients or patients? If they are implicit, where do they come from, and do providers of MBIs have a moral obligation to make the implicit visible? Is it ethical to teach ethics? Whose ethics? Who is an appropriate teacher of ethics? Do you have to attain a certain level of ethical embodiment before you are qualified to teach?

One of the insights from the social sciences and philosophy is that the way that we conceptualize the world is to some degree at least (and the extent is the subject of much discussion and disagreement) socially constructed. In other words, the concepts that we use to describe and understand the world have a history and their meaning and significance usually evolve over time. We use concepts to help navigate and function in the world; changing concepts can determine the way we interact with phenomena, and by the same token when our needs and actions vary, then this might change the way we conceptualize things. In the context of this discussion, concepts such as “religion” and “secular” are telling examples of constantly evolving concepts. Often a concept is defined in terms of its supposed opposite.

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Examples of these kinds of binaries include religious/secular, scientific/religious, facts/values, private/public, and so on. Nested within these concepts are value judgments, such as about the appropriate domains for “religious” and “secular” activities. As we will see, how one understands a term can have behavioral and ethical ramifications. Contemporary mindfulness inhabits this zone of contested meanings, values, and contexts. As contexts evolve, so meanings and values adapt to the new situation, giving rise to the kind of challenging questions mentioned above. The three chapters in this section each bring to the fore different ways of contextualizing and framing mindfulness. In so doing they present varying ideas about what is ethically appropriate in the way MBIs are taught and framed.

In this chapter I will lay out some of the contexts for the positions argued in the rest of this section, locating them within a historical or philosophical framework. We will see how many of the ethical judgments about the appropriate application of mindfulness rest on various assumptions and value judgments about what it means for something to be “religious” or “secular,” and so on. I will discuss how the framing of concepts such as the religious and the secular have evolved through the modern period to the postmodern period, and how this has a bearing on the contemporary mindfulness debates. I will argue that the contemporary mindfulness debates are most fruitfully understood in postmodern, postsecular terms, and that doing so opens the door to mutually beneficial dialogue between narratives and disciplines.

Mindfulness and Religion: A Complicated Relationship

The study and application of mindfulness is a truly multidisciplinary realm, drawing contributions from religious studies, cognitive and psychological sciences, social sciences, medicine, and education. In addition to being practiced within religious and contemplative contexts, it is now found in various professional and vocational domains, including business, healthcare, education, law enforcement, and the military. Contributors to this volume offer perspectives from a wide range of these contexts. The authors of the chapters in this section are a professor of religious studies (Gunther Brown), a professor of psychology (Baer), and two physicians, one a professor of clinical internal medicine (Krasner), and the other a palliative care specialist (Lück).

Krasner and Lück are also trained and active teachers of mindfulness-based stress reduction (MBSR), and advocate for and practice the integration of mindfulness training or interventions in the medical profession and among their patients. In their chapter, they make the case for the continued and increasing integration of mindfulness-based training into medical education as a way of addressing provider burnout and ensuring a better quality of care for patients. From her perspective as a psychologist, Baer acknowledges the therapeutic value and efficacy of many mindfulness-based practices (MBPs). However, she argues that MBIs should be, as much as possible, distanced from explicitly Buddhist frameworks and made more consistent with secular ethical norms and assump-

tions. This will prevent the imposition of values on the client, and respect their autonomy in choosing their own values. MBPs will be more widely accessible if they are “genuinely secular.”

Gunther Brown is more skeptical of the appropriateness of introducing mindfulness in secular contexts such as healthcare. She argues that even so-called secularized versions of mindfulness are still essentially rooted in Buddhist philosophy (i.e. in religious ideals). She calls into question whether mindfulness can ever be “genuinely secular,” as Baer proposes. In certain secular contexts, the introduction of mindfulness may be inappropriate or unethical, since it is a religious practice. She argues that in the interests of transparency and to preserve informed consent, mindfulness teachers should “own” and be explicit about the religious nature of the intervention.

In their chapter on mindfulness in health care, Lück and Krasner mention the Buddhist foundations of mindfulness once, and do so in a way that is intended to *legitimize* its use in medicine: “The original purpose of mindfulness in Buddhism is to alleviate suffering and cultivate compassion. This suggests a role for mindfulness in medicine.” In contrast, it is precisely the Buddhist framing and context of mindfulness that makes Gunther Brown, and, to a lesser extent, Baer, wary of the role of mindfulness in medicine because of its introduction of non-secular values. This approach highlights one of the key “sticking points” in this discussion—to what extent is mindfulness “secular” or “religious,” and how do or should the secular and religious relate to each other? How one answers these questions has important ethical implications. If mindfulness is a religious practice, and introducing a religious practice into a secular sphere is ethically unacceptable, then this clearly has implications in terms of a professional’s ethical obligations.

Defining Our Terms: Religious and Secular

To understand and negotiate these diverse perspectives, it is helpful to unpack some of the concepts, particularly “secular” and “religion,” and explore some assumptions about them.

Earlier we talked about binaries—how words are often defined by their opposites. One such binary is “religious” versus “secular” and the development of this binary has a history. The concepts of religion and secularism as they are commonly used today arose during the modern period in Western Europe. Broadly, this refers to a time in history between the premodern period and the current, postmodern period. The early modern period began in the early sixteenth century and included the Renaissance in Europe and the “Age of Discovery” where European countries engaged in extensive overseas exploration and colonized many other cultures. The late modern period began in the eighteenth century and included the French and American revolutions and the industrial revolution.

In the premodern period, what we now describe as “religion” was deeply imbued into everyday life and culture, and was the primary lens for understanding the world

and for ordering social and cultural affairs (Esposito, Fasching, & Lewis, 2002). The idea of “religion” as a noun indicating a set of beliefs and practices distinct from other aspects of life would have been entirely unfamiliar to premoderns. “Religious” as an adjective, though, is more applicable to the premodern world if it is understood as a loyal orientation and obligation to the powers that were thought to govern existence and destiny. Etymologically the Latin word *religare*, from which “religion” is derived, means “to tie and bind,” suggesting a sense of commitment and affiliation (Esposito et al., 2002). Religious historian Karen Armstrong explains that the Greek word *pistis*, translated from the New Testament as “faith,” means “trust, loyalty, engagement, commitment.” In Latin, it was translated to *fides*, meaning “loyalty,” and the verbal form used was “*credo*” meaning “I give my heart.” When the Bible was translated into English in the middle ages, this was translated as “I believe,” but at that time the word “belief” meant “loyalty to a person to whom one is bound in promise and duty” (Armstrong, 2009, p. 87). In other words, terms such as “faith,” “belief,” or “religious” were associated with a sense of personal orientation and value rather than propositional assent to a set of creeds and doctrines. Cantwell Smith (1963) describes how the meaning of the word “religion” has radically changed since the fourteenth century. It began as signifying a human quality of inner life, such as a sense of commitment or an effort to be guided by the example of a model group or teachers (such as Christ). For example, to be “Christian” meant to be “Christ-like.” Over time this evolved to take on the connotation of an ideal or aspiration—“Christian,” for example, would signify the ideal way that people should learn to live. “Christianity” meant “Christendom,” and “Christian” meant “Christlikeness.” During the Enlightenment, the meaning “religion” shifted again to signify a system of beliefs. At the same time, the meaning of “belief” had shifted from signifying a sense of loyalty to instead meaning “opinion” or intellectual assent to a set of propositions. “Religion” also came to signify a historical phenomenon and a set of institutions, and it was around this time that the idea of different and competing world religions appeared and disparate phenomena were reified into “isms” such as “Buddhism” or “Hinduism.” No equivalent for these terms exists in Hindu or Buddhist texts. The introduction of these terms was one of the many consequences of European colonialism; categories born out of Western European concepts were applied to the cultural phenomena in “discovered” lands. This included an increasing reification of practices into discrete and competing “isms,” and identification of creeds and doctrines (as opposed to inner faith or piety) with “religion”:

Crucially, just as the multiple forms of Christianity were presumed to be mutually exclusive, so too were these other “religions.” The world religions, in short, were created through a projection of Christian disunity onto the world. Their fabrication in the Western imagination is registered in the terms that indicate their birth: “Boudhism” makes its first appearance in 1821, “Hindooism” in 1829, “Taouism” in 1829, and “Confucianism” in 1862. (Harrison, 2006, p. 42)

Evolving Relationships: The Modern Period The concept of “religion,” then, is the product of particular cultural and historical forces that are not universal.

Specifically, the sense of “world religions” as discrete institutions of systematic beliefs and practices is a product of the European Enlightenment. Another characteristic of this time was the birth of the modern discipline of “science” as we know it, and the separation of science and religion. The Enlightenment brought increasing interest in the natural sciences, but even so, natural history and philosophy were pursued from religious motives (Harrison, 2006). Since it was generally assumed that God created the world, learning about nature was a way of learning about God; many key natural historians were clergymen. In the nineteenth-century Europe, this began to change and science became more autonomous from religion. Armstrong describes this process in terms of changing relationship between *mythos* and *logos*. These describe two different ways of being in and relation to the world that existed in most premodern cultures. *Mythos* refers to ways of making meaning and coping with the world. This might present as epic stories, poetry, art work, myths, “designed to help people navigate the obscure regions of the psyche, which are difficult to access but which profoundly influence our thought and behavior.” (Armstrong, 2009, p. xi). Myths, argues Armstrong, are essentially programs of action, enacted through rites and rituals, which *when put into practice* “could tell us something profoundly true about our humanity ... how to live more richly and intensely, how to cope with our mortality, and how to creatively endure the suffering that flesh is heir to.” (p. xii). *Logos*, on the other hand, refers to a “pragmatic mode of thought” that enables us to be in the world, manipulate reality and meet our needs for physical and social survival. During premodern times, both forms of knowledge coexisted and were equally valued. However, during the early modern period in the West, *logos* became increasingly valued, and *mythos* increasingly discredited. The modern scientific method became prized as “the only reliable means of attaining truth.” *Mythos* became discredited because the criteria for “truth” became rational, empirical, and scientific; viewed through these lenses, myths became “false” and “meaningless.” Through the lens of *logos*, scientists could not see the point of rituals, and rather than being understood as programs of action, religious myths became understood as theoretical knowledge claims which often failed the test of empirical truth. Confronted with this rise of *logos*, religious advocates were faced either with seeing their traditions as “not true,” or trying to present their traditions as rival “scientific” descriptions of reality. This, in turn, led to fundamentalism and atheism. In Christianity, for example, fundamentalists interpreted the *mythos* in the Bible (such as the creation story, or the virgin birth) as though they were empirical claims. The backlash against this literalism gave rise to a new kind of atheism, a rejection of religion when being “religious” meant interpreting sacred texts as though they were literal and empirically verifiable accounts of reality (Armstrong, 2009).

In this respect, modern concepts of science and religion co-created each other:

For if this is the period during which “science” was eventually to emerge as a discipline evacuated of religious and theological concerns, logically “religion” was itself now understood as an enterprise that excluded the scientific. The birth of “science” was part of the ongoing story of the ideation of “religion.” (Harrison, 2006, p. 93)

Whereas in premodern times, religion undergirded every aspect of public life, during the modern period, science became understood as the most reliable form of knowledge. Theology was deposed from its centuries-long reign as “queen of the sciences” and the powers of church and state were separated. Religion became seen as more of a matter of personal faith than objective knowledge as the shared and pervasive religious worldviews of premodern times retreated. At the same time, the concept of “secular” took on a new meaning. In medieval Europe, secular referred to the “temporal-profane” world, in contrast to the “religious-spiritual-sacred world of salvation,” the existence of which was taken for granted (Casanova, 2013, p. 29). However, during the modern period “secular” took on the meaning of “devoid of religion.” Cosmic, social, and moral orders were no longer understood as transcendent and religious, but this-worldly and immanent. On this understanding, which persists today, “secular” and “religious” are oppositional—the more secular a society, the less religious it is, and vice versa. Casanova identifies another connotation of secularism, one which reflects Armstrong’s discussion about the rise of logos over mythos. This is the idea that secularism is a coming of age, a progressive emancipation from religion:

The historical self-understanding of secularism has the function of confirming the superiority of our present secular modern outlook over other supposedly earlier and therefore more primitive religious forms of understanding. To be secular means to be modern, and therefore by implication to be religious means to be somehow not yet fully modern. (Casanova, 2013, p. 32)

This is another key characteristic of the modernist period—a sense of confidence and optimism in science and technology which are framed in a narrative of progress. There is a sense that religion has been “outgrown” and is seen as regressive and even oppressive. This kind of perspective on religion is exemplified by Christopher Hitchens:

Religion comes from the period of human prehistory where nobody—not even the mighty Democritus who concluded that all matter was made from atoms—had the smallest idea what was going on. It comes from the bawling and fearful infancy of our species, and is a babyish attempt to meet our inescapable demand for knowledge (as well as for comfort, reassurance, and other infantile needs). Today the least educated of my children knows much more about the natural order than any of the founders of religion. (Hitchens, 2008, p. 64)

This quote contains many typical attitudes of modernism toward religion. It is assumed that religion’s role is to explain the natural order, and that it does so very poorly. It is associated with an early developmental stage of our species that has been outgrown; it is portrayed as inferior to science, and obsolete.

Religion has run out of justifications. Thanks to the telescope and the microscope, it no longer offers an explanation of anything important. Where once it used to be able, by its total command of a worldview, to prevent the emergence of rivals, it can now only impede and retard—or try to turn back—the measurable advances that we have made. (Hitchens, p. 282)

The diminishing power of religion in the modern period had major implications for ethics. Before the rise of Christianity in the West, Platonic, and Aristotelian systems of natural law provided the foundation for ethics. As Christianity became increasingly dominant in the West in the premodern period, ethics became grounded in religious doctrines and metaphysics. With the falling status of religion during the Enlightenment period and beyond, ethical systems began to emerge that did not depend on religious beliefs, but were grounded in naturalistic understandings of reality. These included the social contract theory, Kantian ethics grounded in principles of reason, and utilitarianism. These superseded ethics grounded in religion, as they were more compatible with contemporary naturalistic understandings of the cosmos.

So far, then, we have seen how contemporary understandings of concepts such as “religion/religious,” “secular,” and “belief” were shaped by the cultural forces of the modernist period. Shortly, we will explore some of the ways these modernist assumptions play out in the contemporary mindfulness debate. First, though, it is important to briefly consider the challenges to modernism that have characterized the postmodern era. This will help to provide further context for the mindfulness debates in this volume.

Postmodernism Modernism’s confidence in perpetual progress delivered by science and technology was shaken to the core by the two World Wars. The very forces thought to bring emancipation from premodern ignorance were shown to be capable of cataclysmic destruction. Colonial powers withdrew from their empires, leaving instability and poverty in the wake of their exploitative practices. The US and Europe entered a Cold War with the USSR, with the constant threat of nuclear holocaust. At the same time, increasing globalization meant that, to an unprecedented degree, people were now aware of multiple alternative ways of living and seeing the world. All this had the effect of undermining confidence in the scientific rationalism and the narrative of progress that characterized modernism (Esposito et al., 2002). The scientific worldview in modernism had replaced premodern metaphysics as the authoritative “truth” about reality. One of the most fundamental characteristics of postmodernism is the erosion of the idea that there is a discoverable objective truth about the way the world really is. Increased globalization gave access to many different cultural and individual ways of understanding the world, raising questions about the extent to which our reality is socially constructed.

The postmodern individual is continually reminded that different peoples have entirely different concepts of what the world is like. The person who understands this and accepts it recognizes social institutions as human creations and knows that even the sense of personal identity is different in different societies. Such a person views religious truth as a special kind of truth and not an eternal and perfect representation of cosmic reality. And—going beyond secular humanism—he or she sees the work of science as yet another form of social reality construction and not a secret technique for taking objective photographs of the universe. (Anderson, 1990, p. 8)

A postmodern view of science rejects the idea of it being “the Truth” and sees it as one of many possible narratives for making sense of the world. “Religious”

worldviews are also meaning-making narratives which may or may not be compatible with scientific ones. Neither, though, has a privileged position as corresponding the best to “objective” reality, although some may be more useful or effective than others in promoting certain individual or cultural purposes. In fact, postmodernism challenges the very concept of “objective reality” as it implies that it is possible to have a standpoint free from bias and interpretation from which we can see how things really are. In other words, postmodernism does more than challenge certain beliefs about the world—it raises questions about the nature of knowledge itself. For example, a postmodern account of science rejects the idea that it provides uniquely objective access to the truth about the world:

The history of the term shows that “science” is a human construction or reification. This is not necessarily to say that scientific knowledge is socially constructed: rather, it is the category “science”—a way of identifying certain forms of knowledge and excluding others—that is constructed. (Harrison, 2006, p. 90)

Earlier in this chapter, we saw how the concepts such as “religious” and “secular” have evolved over time. A postmodernist would point to this as evidence that the way the world appears to us is not a *given*—rather, in the way that we construct categories for understanding it we shape it. As Harrison explains, social construction not only shapes the shifting relationship between science and religion but is responsible for the creation of the very categories that make such debates possible:

In much the same way that the objectifying and logocentric tendencies of the Enlightenment produced the “other religions,” creating at the same time the vexed question of their relation to each other, so too “science and religion” is a relationship that has come about only because of a distorting fragmentation of sets of human activities. (Harrison, 2006, p. 99)

If these categories of science and religion are social constructions, rather than “givens,” then the boundaries between them can be negotiated or even dissolved altogether. An example where this kind of renegotiation is happening is described as postsecularism (Casanova, 2013). The term “postsecularism” can be applied both descriptively and normatively. Descriptively, it can refer to the fact that the rise of scientific humanism did not, in fact, lead cultures to “outgrow” religion. Instead, religious forms and practices are still thriving even in the most “secularized” societies of Western Europe and religion is gaining influence both worldwide in national public spheres. Normatively, postsecularism can refer to the position that the domains of faith and reason should not be separated and stratified from each other, but should dialogue and learn from each other (Habermas, 2008). Postsecularism is not arguing that secularism is dead, but that the sharp separation between the religious and the secular has—and/or should be—deconstructed. This could take various forms. For example, to use Armstrong’s terms, it could mean turning to religion to help redress the imbalance between *logos* and *mythos*.

The interplay between the different forces and perspectives of the premodern, the modern and the postmodern can be clearly seen in debates about contemporary mindfulness practice, including those in the section of this volume. In particular, the tension between the modern and the postmodern is helpful lens through which to frame some of the discussions.

Mindfulness and Modernism

There is a case to be made that the growing popularity of mindfulness in the West has its roots in the modernist project. We have seen how the idea of “Buddhism” as a “world religion” arose in the nineteenth-century Europe. As David McMahan explains, many of the Western “early adopters” of Buddhism saw it as being compatible with modern science at a time when the relationship between science and Christianity was increasingly troubled. At the same time, pressures of colonization meant that Asian Buddhists themselves highlighted those elements of Buddhist teachings most compatible with scientific humanism to increase its appeal. Cosmological claims were downplayed as cultural artifacts, and the “universal essence” of Buddhism extracted from it: “Buddhism itself had to be transformed, reformed, and modernized-purged of mythological elements and “superstitious” cultural accretions.” (McMahan, 2008). This is a typical modernist move.

Detraditionalization embodies the modernist tendency to elevate reason, experience, and intuition over tradition and to assert the freedom to reject, adopt, or reinterpret traditional beliefs and practices on the basis of individual evaluation. Religion becomes more individualized, privatized, and a matter of choice—one has the right to choose and even construct one’s own religion. (McMahan, 2008, p. 43)

Mindfulness was one of these elements that was “extracted” from tradition and seen as having universal appeal. Prior to the nineteenth century, mindfulness practice was generally reserved for monastics in Asian Buddhism, and in fact the practice of meditation had almost died out in Theravada Buddhism by the tenth century (Gleig, 2018; Wilson, 2014). It was revived and made popular among lay people as a result of the modernist reforms that accompanied colonization. Burmese monk Ledi Sayadaw and his students popularized lay meditation and his trainings were taken by Westerners who transmitted this interest in meditation back to Europe and the USA (Braun, 2013). Among these Western students of Asian Buddhist teachers were Joseph Goldstein, Jack Kornfield, Sharon Salzberg, and Jacqueline Schwartz, who went on to set up the Insight Meditation Society and Spirit Rock Meditation Center in the US. In true modernist fashion, these founders intentionally taught meditation in a way assumed more accessible to Western audiences, “as simply as possible without the complications of rituals, robes, chanting and the whole religious tradition” (Fronsdal, 1998, p. 167). Among the students at IMS was Jon Kabat-Zinn. During a vipassana retreat he had a vision of bringing mindfulness into the medical system, a vision he realized in the creation of Mindfulness-Based Stress Reduction, which is the first and best-known mainstream “secular” MBI (Gleig, 2018). As Gunther Brown notes in her chapter in this volume, Kabat Zinn shared the vision of making “essential” teachings found in Buddhism palatable to Western audiences by decontextualizing them from “cultural” or “traditional” Buddhism. He saw MBSR as a method to:

Take the heart of something as meaningful, as sacred if you will, as Buddha-dharma and bring it into the world in a way that doesn’t dilute, profane, or distort it, but at the same time is not locked into a culturally and tradition-bound framework that would make it absolutely impenetrable to the vast majority of people. (Kabat-Zinn, 2000, p. 227)

In a way, this continues a trajectory of how Western scholarship constructed Buddhism. Masuzawa explains how the emphasis has typically been placed on the teachings of the historical Buddha, and particularly on his rejection of prevailing traditions and dogmas, presenting it as a “world” religion in the sense of having universalistic appeal that transcends national boundaries (Masuzawa, 2005). Thus, the way Buddhism has been framed in the west, and the way that “secular” mindfulness has evolved out of this lineage can be understood as part of a modernist tradition.

Criticisms of Popular Mindfulness

The framing of mindfulness as an universal “essence” of Buddhism stripped of its tradition and applied to secular realms has received criticism from both within and outside Buddhist communities. Gleig identifies two types of critique of secular mindfulness; from within Western Buddhism that it is canonically unsound, and from both within and outside Buddhist communities, arguments that it is socioculturally unsound.

The canonically unsound critique of popular mindfulness argues that neither the understanding of mindfulness as neutral “bare attention,” nor the idea that mindfulness alone is sufficient for awakening are supported by the canonical Buddhist texts. In traditional Buddhism, “right mindfulness” (*samma sati*) is distinguished from “wrong mindfulness” (*miccha sati*); it is right to the extent that it supports the development of all aspects of the eightfold path toward liberation, and wrong if it does not (Compson & Monteiro, 2015). The eight elements of the path can be divided into the categories of mental development, wisdom, and ethics. Mindfulness belongs in the first category, but if it is not fundamentally supportive of right wisdom and right ethics, it is not “right” mindfulness. In other words, mindfulness in the Buddhist canonical sense is not ethically neutral—it is more than just “bare attention,” but an attention framed within the intention and conduct that leads to the liberation from suffering (Monteiro, Musten, & Compson, 2015).

For the critics of popular mindfulness, this distinction between right and wrong mindfulness has important ethical implications; when mindfulness is no longer nested in the context of the eightfold path, then it is vulnerable to misuse. This leads to the critiques of popular mindfulness as unsound for sociocultural reasons. Buddhist psychotherapist Miles Neale coined the term “McMindfulness” to describe “a kind of compartmentalized, secularized, watered-down version of mindfulness ... Meditation for the masses, drive-through style, stripped of its essential ingredients, prepackaged and neatly stocked on the shelves of the commercial self-help supermarkets” (Neale, 2015).

Critiques from outside Buddhist communities also have ethical misgivings about the popularization of secular mindfulness, but in a kind of negative image of the McMindfulness critique. These objections cluster around the fact that it is precisely the Buddhist roots of mindfulness that make it inappropriate for application in secular contexts unless these ethical and ideological roots are expressly “owned”

and made visible. Sometimes called the “stealth Buddhism” critique, this kind of objection is offered by Candy Gunther Brown later in this volume.

Gleig identifies three themes in the sociocultural critiques of popular mindfulness: capitalism, scientism, and colonialism. An example of the capitalism critique is offered by Purser and Loy (2013), who warn that instead of challenging the roots of suffering, a decontextualized mindfulness could reinforce exploitative and anti-social practices:

Mindfulness training has wide appeal because it has become a trendy method for subduing employee unrest, promoting a tacit acceptance of the status quo, and as an instrumental tool for keeping attention focused on institutional goals. (Purser & Loy, 2013)

A similar critique is offered by Stone (2014) who argues that the use of mindfulness in the military is at odds with its Buddhist ethical roots rooted in the principle of non-harm (*ahimsa*).

Another type of critique of popular mindfulness laments how science has been marshaled to legitimize and validate mindfulness, as this smacks of scientism. Scientism has its roots in modernism and describes the view that the most authoritative and valid forms of knowledge are scientific and other ways of knowing (religious, for example) are inferior and incomplete. On this view, “religious practices and beliefs remain conditional until granted the imprimatur of empirical verification” (Harrison, p. 65). This exclusive confidence in science dismisses other narratives about what it means to be human. Framing mindfulness in this scientific narrative limits it in this way, and can subsume it under foundational assumptions of science—such as materialism—assumptions that are not shared by, and in some cases, may be anathema to, Buddhist narratives (Heuman, 2014).

From outside Buddhist communities, critiques about science come from a different angle. Gunther Brown, for example, notes that the cultural cache of science is used to prove that mindfulness is legitimately secular, with the implication that if it is “scientific,” it is “not religious”. She argues that scientific claims made about mindfulness actually exceed the evidence about them, which is ethically problematic in itself, and especially because these scientific validation claims serve to cloak the Buddhist nature of mindfulness. Appealing to science is one of the stealth methods for introducing Buddhist ideas into secular spaces.

Just as critics of scientism see science as colonizing and effacing other disciplines and ways of knowing, so issues of colonialism provide the basis for a critique on secular mindfulness. In her chapter, Gunther Brown argues that: “In the case of MBIs, the interests and worldviews of socially privileged European American Buddhists hegemonically pass for universal truths and values needed by all of society.” She is referring to the Buddhist modernist project of stripping mindfulness of its “cultural accretions” and identifying it as the “universal truth” that will benefit everyone. This framing as “universalism” is hegemonic—a way of imposing the “interests and worldviews of socially privileged European American Buddhists” onto other less privileged groups. It also “condescends to racial and ethnic others as having unenlightened cultural practices” that can be replaced or improved upon by mindfulness.

Defenses of popular mindfulness against these critiques arise from within and outside Buddhist communities. In the remainder of this chapter, I will make the

argument that some of the critiques arise from the modernist framing of distinctions such as religious/secular and so on, and that framing the discussion in these terms is not helpful. Instead, I will argue that we are in a postsecular, postmodern condition where these binaries are—and should be—deconstructed.

Religion, Science, and the Secular Harrison (2006) makes this point in the context of both science and religion. He notes that just like the concept of “religion,” the definition of “science” has a dynamic history and that the sciences are “plural and diverse.” How one views the relationship between science and religion depends upon how they are conceptualized:

...once the constructed nature of the categories is taken into consideration, putative relationships between science and religion may turn out to be artifacts of the categories themselves. Whether science and religion are in conflict, or are independent entities, or are in dialogue, or are essentially integrated enterprises will be determined by exactly how one draws the boundaries within the broad limits given by the constructs (Harrison, 2006, p. 102).

Harrison finds it informative that these categories are historically and culturally contingent, and suggests moving beyond these categories:

There is something to be learned from the relative indifference of those in other faith traditions to the issue of science and religion—and I refer here to those who have remained immune to the Western concept “religion” and the cultural authority of science. It might be better simply to emulate this indifference than to export a set of problems that are to a large degree creatures of the categories of Western knowledge. (Harrison, 2006, p. 104)

In fact, the porosity of boundaries between science and religion is already evident in fields such as medicine and psychology. In psychology, approaches such as transpersonal psychology have introduced spirituality back into mainstream therapeutic contexts. In medicine, there is increasing interest in complementary and alternative medicine. Medical humanities and narrative medicine resist the tide of scientism. They re-animate the realm of mythos in medicine:

From a narrative medicine perspective, truth and construction are always co-constitutive. Even the most rigorous medical science still contains human perspectives, interests, and goals imbedded in the way the knowledge is selected, organized, and prioritized. (Lewis, 2016, p. 8)

This contention from narrative medicine challenges the notion that science is somehow “value free”; in fact, it makes all kinds of foundational assumptions. In their chapter in this volume, Luck and Krasner write about their experiences as practicing physicians. Both describe grappling with a medical model, where patients are depersonalized and a “hidden curriculum” of medical training where physicians lose idealism, can experience erosion of their ethical integrity, and become emotionally numbed or neutral. They refer to the seminal article by Eric Cassell about the legacy of Cartesian mind/body dualism on this hidden curriculum (1998). Earlier we saw how logos triumphed over mythos during the modern period. Cassell illuminates the extent to which this happened in modern medicine. He identifies the Cartesian heritage of a mind/body dualism in modern Western medicine. Western scientific materialism has difficulty in accounting for emergent, nonphysical properties that cannot be explained in reductionist terms. One of these properties is

mind. Cassell argues that because mind is “problematic” (he defines this as being “not identifiable in objective terms”), “its very reality diminishes for science, and so, too, does the person.” This partly accounts for the depersonalizing tendency to view only a patient’s physical pain as the province of the modern physician: “So long as the mind/body dichotomy is accepted, suffering is either subjective and thus not truly “real”—not within medicine’s domain—or identified exclusively with bodily pain.”

One effect of the mind/body dualism was to contribute to the stratification between science and religion:

Cartesian dualism made it possible for science to escape the control of the church by assigning the noncorporeal, spiritual realm to the church, leaving the physical world as the domain of science. In that religious age, “person”, synonymous with “mind” was necessarily off-limits to science. (Cassell, 1998, p. 132)

Cassell argues that a consequence of this stratification is that in Western medical education, research and practice, very little attention is paid to the issue of suffering, or, that it is too narrowly defined. One of the reasons for this is that in the medical literature, suffering is equated with physical pain or disease, so that treating these pathologies is seen as the only remit of the physician. However, Cassell points out that suffering is not limited to the experience of physical symptoms. Indeed, sometimes the treatment for an illness can cause extreme suffering, as can the loss of personhood in the form of changing social roles, increased dependence on others, changing functionality of the body, and so on. In his research, Cassell was surprised by the following phenomenon:

The relief of suffering, it would appear, is considered one of the primary ends of medicine by patients and lay persons, but not by the medical profession. As in the care of the dying, patients and their friends and families do not make a distinction between physical and non-physical sources of suffering in the same way that doctors do. (Cassell, 1998, p. 130)

Cassell argues that this equating of “suffering” with pain is an impoverished and inadequate understanding. He maintains that three factors, currently neglected in medical understandings of suffering, need to be taken into account when considering suffering—it happens to persons, who consist of more than just bodies that experience pain and disease; it occurs when this personhood is perceived as being under threat; and it can occur in relation to any aspect of the person (i.e. not just its physical aspect).

Related points are made by Loewy (1986) in his discussion of medical ethics education. He notes that the practice of ethics has always been an integral part of medicine since antiquity, and considered just as important as the disease-curing aspects. Loewy mentions Plato’s distinction between an art and a craft. In a craft, the technical activity is an end itself—an art, on the other hand, has a moral end (Loewy 661). An example of this moral end in medicine might be the alleviation of suffering, as it is understood in its broad sense by Cassell. Loewy argues that until modern times, the “art” and “craft” aspects of medicine were always understood to be inextricably entwined. However, things changed in the modern era, with the advent of increasing technology:

the art of medicine, with its emphasis on the moral end, tended to be swamped by technology.... Medicine, as an art, uses technology as a means to serve its moral end. Advances in the technology of medicine changed what had been a paternalistic basis of medical practice to a scientific one. That is, physicians saw themselves less as benevolent and wise counselors overseeing the patient's welfare ... and more as objective scientists applying the latest technical methods to bring about desired ends. (Loewy, p. 661)

This depersonalization—and its corrosive effects on morale in the medical profession—are described by Lück and Krasner later in this volume. Both call for a shift toward a more holistic understanding of suffering, and more relationship-centered care. They make a favorable reference to various approaches to medical training and care that are indicative of a move away from the depersonalized, technical approach toward a more emotionally and spiritually integrated one. One of these movements is narrative medicine, which recognizes that patients and their caregivers enter into the experience of sickness and healing not just as physical bodies, but as individuals with a complex of values, histories, relationships, and beliefs. These are all intricately woven into unique narratives about what health and illness means to them. Offering compassionate care and understanding the patient requires more than just technical proficiency, but a sensitivity to their narratives: without understanding this, “the caregiver might not see the patient’s illness in its full, textured, emotionally powerful, consequential narrative form” (Charon, 2006, p. 13).

Another recent shift within medicine is an increasing focus on the importance of spirituality. Many illustrative examples of this are provided by the George Washington Institute for Spirituality and Health. Their founder, Christina Puchalski, advocates for spirituality in medicine as an antidote to the kind of depersonalization and technologizing that Cassell laments:

Spirituality is the basis for the deep, caring connections physicians and healthcare professionals form with their patients. While cure may result from technical and disease oriented care, healing occurs within the context of the caring connection patients form with their physicians and healthcare professionals. This is why spirituality is essential to all of medicine and healthcare. (Puchalski, 2016)

Lück and Krasner (Chap. 5) found that mindfulness training was very effective in helping physicians attune themselves to their patients’ narratives, and to their own experience. In the Mindful Practice course that is part of the medical school curriculum at the University of Rochester, mindfulness, narrative medicine, and appreciative inquiry are combined to help improve well-being, decrease the chances of professional burnout, and to enhance personal characteristics better oriented to patient-centered care.

The Postmodern, Postsecular Turn

Earlier we discussed the deconstruction of conceptual boundaries associated with the modern period and a renewed interest in spiritual and religious values and ways of knowing are symptomatic of postmodernism and postsecularism. Narrative

medicine is one example of a move toward the postsecular, but there are various other examples within medicine, psychology and the mindfulness movement itself. One such example is in the domain in ethics. For example, medical ethics have typically been dominated by principlism; the idea that ethical actions should be guided by adherence to principles—most commonly, the principles of autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2001). Increasingly, though, this reliance on principlism is critiqued as being too rigid and lacking sensitivity to context and there has been a surge of interest in other ethical approaches such as care ethics and virtue ethics. Both of these are relationship-centered and context-dependent—rather than advocating solely the use of reason to apply principles to cases, they emphasize the importance of character, relationship, and particularly *emotion* in making ethical judgments. In reason-based ethics, emotion is often seen as clouding judgment, or getting in the way of making “rational decisions.” Care and virtue ethics challenge this perspective, maintaining that in fact ethical perception is both a cognitive and emotional affair. Furthermore, principlism does not give adequate account to the role of emotion in human experience (Gardiner, 2003). Interestingly, there is a tendency to see different ethical theories as complementing, rather than conflicting with each other—in other words, a kind of ethical pluralism is emerging. This too is suggestive of a postmodern turn—moving from focus on a particular perspective as true, a “grand narrative,” to a cosmopolitan openness to a variety of narratives. A variety of historical lineages of ideas bring a richness rather than a sense of competition. For example, Benner (1997) argues that virtue ethics is grounded in ancient Greek philosophy, where the focus is on the character of the agent. Care ethics draws more on Judeo-Christian traditions where the focus is *relational* on how the virtues are expressed in specific relationships. Both these streams come together and make for a richer, more comprehensive moral philosophy. On this cosmopolitan, pluralistic model, drawing and synthesizing from different philosophical backgrounds is perceived as a strength, rather than a threat to the integrity of a particular tradition.

We see this phenomenon, too, in the “second generation” of MBIs. Second-generation mindfulness practices are those which have responded and evolved in response to the critiques of popular mindfulness. Gleig identifies four “turns” represented in these second-generation movements—the social justice turn, the explicit Buddhist turn, the implicit Buddhist turn, and the human turn. Characteristic of all of these is a revalorization of ethics, and to varying degrees, open engagement with Buddhist narratives and values. In the social justice turn, the ethical dimensions and implications of mindfulness are emphasized and attempts made to engage social justice and create more diversity and inclusion in mindfulness. In Buddhist communities, this is exemplified by movements such as Engaged Buddhism, or organizations such as the Buddhist Peace Fellowship; in terms of MBIs that are not explicitly Buddhist, examples are the Inward Bound Mindfulness Education and Peace in Schools. The explicit Buddhist turn describes a move toward openly embracing or engaging with Buddhist teachings as increasing the transformative power of mindfulness. This may include explicit reference to Buddhist teachings, such as the four noble truths and the eightfold path, or in a “softer” form, may be

influenced in structure and content by engagement with Buddhist traditions (see Chap. 7). For example, Gleig cites the Compassion Cultivation Training at Stanford and the Cognitively Based Compassion Training at Emory as programs which, as a direct result of their dialogue with Tibetan Buddhism, have incorporated compassion into their mindfulness training (see Chap. 6).

The implicit Buddhist turn refers to an approach that draws on a wide range of Buddhist teachings to deepen mindfulness teachings with more ethical and relational content, found within Buddhist traditions. However, the language and terms of traditional Buddhism are often translated into contemporary, secular language. The intent is not to “hide” the Buddhist associations, but to use language that is more accessible to their audiences (Monteiro, Musten, & Compson, 2015). There is an emphasis, too, on seeing these teachings as referring to the broad human condition, and having wisdom that is present in other traditions too. Gleig cites The Mindfulness Institute, and Sati: Mindfulness Coaching and Workshops as organizations that take this kind of approach.

The human turn approach emphasizes shared human values and needs such as love, interconnection, and compassion, and sees mindfulness as effective in realizing these. In this approach, teachings are disassociated from Buddhism on the grounds that the teachings move beyond specific religious forms and transcend religious and secular differences. An example of this approach is found in the Peace in Schools group.

What is interesting about these approaches is that they represent neither a modernist approach of detraditionalization, nor a “fundamentalist” reclaiming of traditional Buddhism. Instead they represent a hybridization. They have responded from critiques rooted variously in modernism, post-colonialism, and canonical Buddhism.

One of the defenses against both the “McMindfulness” and “Stealth Buddhism” critiques is what Gleig describes at the experiential/functional argument. To put it simply, this defense focuses on the fact that mindfulness *works*. This defense tends to be forwarded by people who are actively teaching mindfulness to different populations, and seeing its transformative effects in reducing suffering. This rests on an understanding of mindfulness having an intrinsic power, whether or not it is associated with Buddhism. As we have seen in the “explicitly Buddhist” turn, some maintain that overtly integrating other Buddhist teachings into MBIs make them more potent transformative programs. Others, though, see “secular” versions of mindfulness, such as MBSR, as different (but complementary) ways of training toward the liberation of suffering, with some framing them as evolutionary advances over Buddhist approaches. Connected to these defenses is often the idea that mindfulness, and the capacity to develop wisdom and compassion, are universal human qualities, accessible from within both secular and religious traditions—it is not the “property” of Buddhism. However one frames this “mindfulness works” perspective, its pragmatic approach is instructive and, as I will now argue in this concluding section, a good model for navigating the fraught territory of contemporary mindfulness debates.

The Case for a Pragmatic, Postsecular Approach

We have seen how one of the characteristics of postmodernism is the recognition that our concepts are socially constructed and change over time. Asking questions about whether mindfulness is “too religious” or “not secular enough” rests on a binary of “religious” and “secular” that is culturally specific to the West. The meaning of these terms is contested and evolving. Often claims that mindfulness is “too religious” rest on the reification of “Buddhism” as an institutionalized “religion” and assume that its association with religions makes it inappropriate for inclusion into secular realms.

One of the “stealth Buddhism” critiques of popular mindfulness is that in presenting itself as secular, it is implying that it is ethically neutral or value-neutral, when in fact it is either implicitly or explicitly promoting Buddhist values. Many assumptions in this critique are problematic. For example, it assumes that “secular” somehow means “value-free,” but it is not at all clear that this is the case. Bioethicist Robert Veatch explains, for example, that “mainstream American physicians, nurses, pharmacists, and social workers are likely to acknowledge that they hold certain truths to be self-evident and that, among these, they accept that all people are created equal and endowed with certain inalienable rights.” These are not value-free beliefs, but ones grounded in US liberal political philosophy—a particular worldview and tradition. His point is that even professional medical codes rely on normative values external to their fields: “The problem for these secular physicians, like their religious brothers and sisters, is that these moral theories have metaethical and normative commitments that have nothing to do with Hippocratic and other professionally generated ethics.” (Veatch, 1981, p. 138).

If secular means “not religious,” then it is presumably *religious* values that it is meant to be free from. But what exactly is a *religious* value as opposed to any other kind of value? Is it the historical provenance of a value, or the nature of a value itself that makes it “religious”? For example, is mindfulness necessarily religious because it has historical roots in Buddhist traditions, or because it somehow embodies “Buddhist values”? What is it that makes a value a *Buddhist* value, and who decides? There are countless expressions of Buddhist teachings and they continue to morph and adapt over time, such that a quest for an authoritative version is problematic (Sharf, 2015). For that matter, what makes a value a *secular* one, and who decides? How one answers these questions is contingent on many other culturally conditioned assumptions.

Rather than debating whether mindfulness is or is not Buddhist or religious, my suggestion is that a better question to focus on is “is mindfulness helpful in reducing suffering?”, be that on an individual or corporate level. Psychologist and Zen priest Seth Segall makes this point:

The more important question isn’t semantic, but empirical: Is mindfulness, as currently construed, useful or not? Does it reliably and meaningfully impact matters that human beings care deeply about, things like the perennial Buddhist concerns of sickness, old age, and death? (Segall, 2013)

He goes on to list empirical answers to some of these questions, citing studies that show mindfulness being effective in lowering sensitivity to pain, reducing age-related decline in the brain, and improving subjective well-being (Segall, 2013). This kind of response is more helpful, I argue, than one that rules out the use of mindfulness, for example, insofar as it is “Buddhist.”

This is not to dismiss the concerns of the “Stealth Buddhism” or the “McMindfulness” critics, but to advocate addressing each one pragmatically on a case-by-case basis. For example, one of the McMindfulness critiques is that mindfulness can be a tool for corporate interests, pacifying workers. Baer (2015) describes a series of studies pointing to the fact that engagement in MBIs is associated with increasing prosocial and values-consistent behavior and concludes that it “seems unlikely that worksite mindfulness training will encourage passive acquiescence with corporate wrongdoing.” (p. 964). When the question moves from a principled one to a practical or empirical one, the predictions of the McMindfulness critics are not, in this case at least, supported. Rather than getting tangled in the theoretical objections, it is better to explore if and how these concerns play out in practice. For example, later in this volume, Gunther Brown expresses concern about mindfulness being implemented in secular contexts. Her in-principle objection rests mainly on the idea that mindfulness is inescapably Buddhist, or at the very least, religious. The reasons she gives for why this matters are more praxis-based. For example, she is concerned that not fully disclosing the Buddhist roots of mindfulness violates contemporary ethical norms such as informed consent. She argues that potential participants should be told warned that engaging in MBIs may have “religious effects” that may be at odds with their current values. This concerns patient or client autonomy—people should be free to choose their own religious or spiritual resources, and encouraging them to undertake a “spiritual” practice like mindfulness without explaining that it is spiritual violates their ability to make autonomous decisions. Another objection is that mindfulness meditation can have adverse emotional, psychological, or spiritual effects, and participants are given insufficient warning about these risks.

Many of these claims are loaded with assumptions and make for *a priori* rather than *a posteriori* objections. For instance, Gunther Brown cites the following quote from Farias and Wikholm in support of her argument that mindfulness transgresses secular boundaries:

Meditation leads us to become more spiritual, and that this increase in spirituality is partly responsible for the practice’s positive effects. So, even if we set out to ignore meditation’s spiritual roots, those roots may nonetheless envelop us, to a greater or lesser degree. Overall, it is unclear whether secular models of mindfulness meditation are fully secular. (2015, loc. 3293)

It seems unclear, though, why this should be problematic, particularly as this “increase in spirituality” has a positive effect. For Gunther Brown, the problem again comes down to informed consent: “Marketing mindfulness as secular, implicitly defined as resulting in empirically validated effects, may both veil and heighten religious effects by *inducing participation by those who might otherwise object to*

joining in a Buddhist practice.” (Gunther Brown, p. x, emphasis added). This objection rests on strong (and as we have seen, contested) binaries between “religious” and “secular,” the equating of spirituality and religion and the equating of mindfulness and Buddhism. Even if these conceptualizations are correct, the underlying assumption that different spirituality or religious forms are incommensurable or mutually exclusive. Gunther Brown elaborates on this latter theme in her chapter, rejecting the claims that values such as compassion are universal ideas. For example, she argues that while Buddhists and Christians both see compassion as a core value, they frame it so differently that to equate them is to distort both conceptions, and to efface important distinctions. Certainly, it is true that different traditions and narratives bring varying nuances and meanings that should be respected, not merged into a bland universalism. My argument, however, is that awareness of these differences should be the *start* of a conversation, not the end of it. If different traditions have contrasting accounts of virtues, this does not necessarily mean they are incommensurable—on the contrary, mutual exploration and dialogue may lead to great enrichment. I contend the same is the case for discussions about spiritual/secular boundaries—where disagreements arise about where to draw them, this is an invitation for looking more deeply rather than walking away. All this is with the proviso that efforts are made to minimize harm and distress. One of Gunther Brown’s most compelling arguments for caution around MBIs is the risk of adverse psychological experiences. This has, indeed, been a neglected area and the research on this is in its early stages and rightly should continue to develop. Just as with any intervention, prescribers have an ethical obligation to identify contraindications and protect the vulnerable. The point, though, is that these decisions should be based on empirical evidence, not *a priori* conceptualizations.

In our postsecular age, the case for separation of “religion and “secular” is not as strong as the case for porosity and mutual dialogue. These narratives are constantly interacting and modifying each other. The renewed valorization of spirituality and religion within the contexts of psychology and medicine are symptomatic of a movement toward engagement between these spheres. The contemporary debates about mindfulness show different points along the spectrum of convergence and divergence. Gunther Brown’s position takes a more “segregationist” approach, suggesting that mindfulness can never be secular. Baer’s position is further on the spectrum toward convergence. She acknowledges that explicitly Buddhist MBIs have their place, but argues that presenting mindfulness in a more secular format makes it more accessible and user-friendly, maximizing the opportunities for it to benefit people.

As the demand for MBPs expands, the diversity of people seeking professional training in how to provide them will also increase. Training that requires participation in overtly Buddhist practices or relies heavily on Buddhist frameworks or belief systems may create barriers to teachers from other traditions. For these reasons, while acknowledging that explicitly Buddhist-based programs may be beneficial in some settings, we have argued that mindfulness-based training will be more widely accessible if genuinely secular MBPs, with secular foundational ethics, are available. (Baer, Chap. 4)

Divergence does not have to mean incommensurability; it can imply complementarity.

It is important for religious and scientific discourse to maintain a critical distance from each other. This does not mean that their spheres should be entirely discrete, but that neither becomes subsumed by the foundational values of the other. Harrison gives the example of how sometimes bioethics has been a source of legitimation for medicine, contributing to questionable trends such as the medicalization of society. He also gives the example of how scientific studies of Buddhist meditation have prioritized agendas of physical health while neglecting to explore the wider spiritual or religious teachings. Rather than trying to subsume the religious or the secular into one or the other grand narrative, critical distance between them should be maintained and celebrated:

The suggestion is rather that it will be impossible for theology to exercise a critical or, in religious terms, “prophetic” role in a society unless it maintains an appropriate distance from dominant cultural forces. This is an independence of theology from science that leaves room for legitimate conflict. (Harrison, 2006, p. 104)

Veatch makes a compelling point in this regard about professional or secular ethics, which is worth quoting in some length because it highlights some of the difficulties with relying on professional ethics:

Even if we assume that the physician is the presumed expert in describing the medical facts, the presumption that the individual physician or a group of physicians has expertise in developing a moral code for their profession is baseless. To the contrary, we have every reason to believe that physicians (or any other specialized group) would be expected to make distorted choices when they put forward a moral code. In the case of classical professional medical ethics, their theory is unacceptably overcommitted to consequences at the expense of nonconsequentialistic moral principles such as autonomy and justice. Their theory is unacceptably overcommitted to the consequences for the patient to the exclusion of those for all others in society. Their theory is unacceptably overcommitted to the place of the physician in deciding what counts as a good consequence for the patient. (Veatch, 2012, p. 149)

Lück and Krasner’s account of mindfulness in medical practice provides an example of how norms and practices from outside the realm of scientific medicine reinvigorated their experience of their profession and offer immense benefits to caregivers and patients.

One of the strengths of mindfulness is that it has the capacity to be interpreted and applied at different stages along the spectrum of “spiritual” to “secular.” In this respect, it has versatility and broad appeal. On a postsecular view, its connection with spirituality is to be celebrated, not mistrusted:

Mindfulness has the potential to be more than a medical and psychological tool for reducing stress. It can also connect us to a form of mystical wisdom that has been lost to modern health care. Indeed, mindfulness signals an opening between secular and spiritual approaches to suffering, and, more important, mindfulness provides a discursive bridge between these two worlds. (Lewis, 2016, p. 15)

To conclude, debates about the role of ethics in MBIs and the ethics of their implementation in various spheres are very complicated and multidimensional. I have argued that modernist assumptions about the nature of religion or spirituality in relation to science and secularity are outdated and shut down dialogue between

these spheres. In contrast, a postmodern, postsecular openness to interplay and dialogue between narratives is more generative and inclusive.

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