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Are Contemporary Mindfulness-Based Interventions Unethical?

Mindfulness involves regulating ruminative thought processes by focussing awareness on the present moment.[1] The technique derives from Buddhist practice and has received substantial interest and uptake amongst the scientific and medical community, as well as the public more generally. Based on emerging empirical evidence, the UK's Mental Health Foundation recently called for mindfulness to be made more readily available on the National Health Service.[2]

Although there is considerable interest in mindfulness, the rapidity at which mindfulness has been extracted from its traditional Buddhist setting has given rise to what has been termed the 'mindfulness backlash'.[3] The 'mindfulness backlash' has emerged from a wider movement that views many contemporary mindfulness-based interventions (MBIs) to constitute highly superficial representations of the traditional Buddhist mindfulness teachings, and which asserts that MBIs are effectively teaching 'McMindfulness'.[2,3] Included within the criticisms levied at MBIs are claims that patients are being treated unethically due to being provided with misleading information regarding the possible religious intentions of certain MBIs.[2,3]

Within healthcare settings, MBIs are generally delivered in a secular format, with limited use of Buddhist terminology. Consequently, and upon first inspection, it might appear as though potential issues regarding religiosity have been circumvented, and that there are no grounds for claiming ethical impropriety. However, a closer inspection of the rhetoric employed in the promotional literature of certain MBIs, and also by some of the founders and leading-advocates of these interventions, suggests otherwise. A notable example are the assertions made by Kabat-Zinn, founder of Mindfulness-Based Stress Reduction (MBSR) and the University of Massachusetts Medical School Centre for Mindfulness (CFM). On the one

hand, Kabat-Zinn asserts that MBSR is neither spiritual in nature nor is it about Buddhism *per se*.[4] However, Kabat-Zinn also asserts that MBSR is about "*the movement of the Dharma into the mainstream of society*".[4] 'Dharma' is a Buddhist word which means the 'Buddhist teachings'.

Similar claims have recently been made by Santorelli (CFM executive director) who attempted to explicitly associate MBSR with ancient Buddhist religion by asserting that: "*MBSR is simply a contemporary expression of a twenty-six hundred year old meditation tradition …"*.[5] Likewise, such rhetoric also appears to be present in some of the MBI promotional literature in which a qualified teacher is deemed by the CFM to be "*a committed student of the dharma, as it is expressed both within the Buddhist meditation traditions and in more mainstream and universal contexts exemplified by MBSR*".[6]

There are two principal reasons why such widely-propagated assertions give rise to serious ethical implications. The first reason is that it is questionable whether contemporary MBIs actually embody and teach mindfulness in a manner that bears resemblance to the traditional Buddhist meaning of this term.[1-3] It is misleading to participants engaged in MBIs to claim that MBIs teach the Dharma (i.e., Buddhist teachings) if this is not the case. The second reason relates to the fact that within healthcare settings, most participants of MBIs are under the impression that they are receiving a non-religious and non-spiritual intervention designed to enhance their levels of psychosomatic wellbeing.[1] Therefore, it is misleading and ethically inappropriate to assert that an MBI is non-spiritual and not about Buddhism if, consistent with the assertions of some leading MBI proponents, an underlying intentions is to use MBIs as vehicles for introducing individuals to the Buddhist teachings.

According to Purser, contemporary mindfulness providers are *"engaging in self-censorship"* and *"camouflage"* when they communicate that their treatments have nothing to do with Buddhism.[3] Given that there are both historic (e.g., Malnak vs. Yogil, 1979) and

recent (e.g., Sedlock vs. Baird et al., 2013) lawsuits relating to wilful or inadvertent exposure of 'unsuspecting' individuals to religiously and/or spiritually-orientated techniques (i.e., Transcendental Meditation, yoga), it appears that healthcare providers choosing to offer MBIs are taking on a significant legal and commercial risk.

Health professionals and researchers have an ethical duty to protect the interests of patients and research participants, and to ensure that they are not provided with confusing or misleading information. Moving forward, we recommend that individuals involved in developing, administering, and/or advocating MBIs decide whether their primary intention is to provide either: (i) an intervention for transmitting Buddhism to clinical and non-clinical populations, or (ii) an attention-based behavioural intervention that is based upon mindfulness but is fundamentally different from the Buddhist interpretation of this term. If the intention is to realise the first scenario, then it should be made abundantly clear to patients that a primary purpose of the intervention they are about to receive is to teach Buddhism (and the intervention should likewise teach mindfulness in a manner that embodies a traditional Buddhist understanding of this term). However, if the intention is to realise the second scenario and provide a behavioural intervention devoid of religious intent, then claims that MBIs embody and teach the Dharma should be abandoned.

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