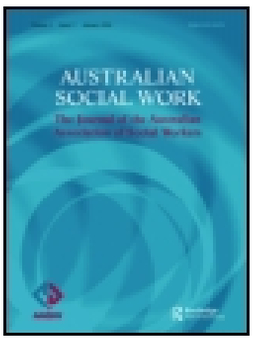

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PRACTICE, POLICY, & PERSPECTIVES

Critical Reflection on the Ethics of Mindfulness

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ABSTRACT

Mindfulness is a way to achieve mental wellbeing that has been widely adopted as part of counselling and mental health treatment. However, there is a distinct lack of critical reflection about the origins of this technique, how it is used, and the implications it has for the beliefs of clients. The purpose of this paper is to provide a carefully considered response to the use of humanistic mindfulness. Social workers need to explain why they recommend mindfulness, and explore culturally consistent and sensitive practice, so that they are abiding by the Australian Association of Social Workers *Code of ethics*.

IMPLICATIONS STATEMENT

- The use of mindfulness in social work practice requires careful consideration as to its impact and relevance to clients' needs.
- Mindfulness originates in philosophical traditions distinct from mental health treatment.
- In choosing to use mindfulness social workers require consistent and sensitive understanding of clients' needs, world views, and culture.

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Mindfulness; Meditation; Therapy; Social Work; Ethics; Critical Reflection; Mental Health

There has been great interest in the practice of mindfulness in recent years with fewer than 76 scholarly publications on the topic of mindfulness prior to 1990 compared to over 2705 in the year 2010 alone (Sun, 2014). Mindfulness is one means to achieve mental wellbeing. Social workers in Australia use these strategies in mental health service delivery, and in private practice as Accredited Mental Health Social Workers. However, there is a distinct lack of critique and critical reflection about the origins of this technique, how it is used, and the implications it has for the values and beliefs of social work clients. Mental health care providers, or individual social workers, usually have a range of therapeutic approaches at their disposal, and mindfulness is just one tool rather than a necessary technique. The purpose of this paper is to critically reflect on the practice of mindfulness and raise awareness among social workers about its origin and the ethical implications it poses for clients. It explores and questions the origins of mindfulness and whether it assists with

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improving mental health, and offers a critique of this form of practice within therapy and within professional social work ethics. It also explores alternative approaches that can be used with clients that respect their culture and belief system.

Origins of the Word Mindfulness

Many people assume the term mindfulness originates from Buddhism. In Buddhism the closest equivalent word is *sati*, which is found in Buddhist scriptures (Chiesa & Malinowski, 2011). This term refers to "presence of mind". The word is closely related to *sarati*, which means "to remember" (Chiesa & Malinowski, 2011). When combined these terms refer to having a bare awareness of both the inner and outer world in the present moment (Chiesa & Malinowski, 2011). These words were translated in the West as "conscience" and "meditation" (Sun, 2014). In the West, the word "mindfulness" was first used in the context of Christian faith in 1530, in relation to memory, thoughtfulness, attention, and alertness (Sun, 2014). Mindfulness at that time was closely related to the Christian practice of maintaining a continual awareness of God's presence (Brother Lawrence, 2012). It was not until 1881 that the word mindfulness was first used as the English translation of the Buddhist concept of *sati* (Sun, 2014).

Critiquing the Place of Mindfulness in Therapy

There are four main therapies that use mindfulness. Mindfulness Based Stress Reduction solely relies on Buddhist mindfulness as a means of promoting wellbeing (Kabat-Zinn, 2003). Mindfulness Based Cognitive Therapy has combined Buddhist mindfulness with cognitive behaviour therapy (Chiesa & Malinowski, 2011; Van der Velden et al., 2015), and Dialectical Behaviour Therapy combines Buddhist mindfulness with a postmodern therapeutic approach that has come from the cognitive behavioural school of psychology (Linehan, 1993). In contrast, Acceptance and Commitment Therapy is a postmodern approach based in the cognitive behavioural school, but it does not align with Buddhism and is based in functional contextualism (Harris, 2008; Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Acceptance and Commitment Therapy can be incorporated into any faith perspective, and emphasises connection with the present moment and acceptance of painful thoughts and emotions. The advantage of this approach is that it links connection with the present with living consistently with personal values to create lasting transformation. It takes into account the worldview of the individual and their community, and therefore a person may more readily adapt it to their value and belief systems. It is clear that mindfulness means different things within these four therapies. In addition, it is often framed as *therapy* when it is in fact based on Buddhist mindfulness. The commonality is that it is used as part of a range of tools for improving mental health.

Psychological science involves the study of the mind and human behaviour, and the therapies that are developed from it are designed to maintain emotional wellbeing and where indicated to create healthy change. Most therapies that use mindfulness have combined it with psychological theory and technique even though there is a disjunction between the practice and the scientific basis for doing so. Evidence indicating whether mindfulness-based therapies improved wellbeing has been assessed and measured after the therapy has been used (Khoury, Sharma, Rush, & Fournier, 2015; Sharma & Rush,

2014; Van der Velden et al., 2015). It has not been theory driven or based on our understanding of human behaviour and brain function.

This issue has been further complicated through a lack of consensus of what therapeutic mindfulness actually is. It has been referred to as bare attention, attention, and lucid awareness (Sun, 2014). Mindfulness can also mean paying attention to the present moment in a nonjudgmental way (Kabat-Zinn, 2003). It can be used to describe a tendency to being mindful in daily life and connecting with the present moment (Chiesa & Malinowski, 2011). The lack of a consensus about the definition of this term means that it is not clear what we are trying to change. Neither does it allow us to measure this change accurately.

The problem of measurement impacts studies that examine the efficacy of mindfulness to improve mental health, for it has proved difficult to disentangle the impact of mindfulness from other aspects of therapy. For example, in Mindfulness Based Cognitive Therapy, change could be attributed to the cognitive behavioural component of therapy. Other problems that impact these studies are an absence of control comparison groups, and a lack of randomisation of participants to treatment groups (Chiesa & Malinowski, 2011).

Even so, there is some evidence to suggest that mindfulness improves mental flexibility and quality of life (Hayes et al., 2006; Öst, 2008). It has been found to improve emotional regulation, reduce worry and rumination, improve coping with chronic illness, prevent depression relapse, and reduce distress (Fjorback, Arendt, Ørnbøl, Fink, & Walach, 2011; Gu, Strauss, Bond, & Cavanagh, 2015; Khoury et al., 2015; Merkes, 2010; Sharma & Rush, 2014; Van der Velden et al., 2015). It has been associated with decreases in respiration and heart rate, and blood pressure (Rubia, 2009). It has been found to improve attention, perception, self-control, and mood. It has been found to change activity in brain networks associated with sustained attention and emotional processing (Rubia, 2009).

However, none of these scientific evaluations ask the deeper question of whether a Buddhist religious practice belongs within mental health treatment. The use of mindfulness in treatment is not questioned, it is assumed. While there are a number of publications on mindfulness (Sun, 2014), few of these offer a critique about whether religious practices have a place in therapy. Neither do they consider whether integrating Buddhist practice into therapy is a problem for therapists or clients from other religious faiths, with other values and belief systems. The irony is that while Western society has wanted to distance itself from religion and spirituality in order to apply scientific rationale, it has embraced Buddhist-based mindfulness without much consideration.

Social workers need to acknowledge the diversity of beliefs within Australian society, provide transparent interventions, and remain aware of the potential for conflicts of interest that might affect their professional judgement (e.g., clients might object to engaging in Buddhist-based mindfulness whereas their therapist might not) (AASW, 2010). This issue is complex. Every human being has a right to wellbeing (AASW, 2010). Where there is a value conflict between client and therapist, social workers need to be flexible and utilise an alternative therapeutic strategy.

The Separation of Mindfulness from Religious Belief

The resurgence of mindfulness in our society is a postmodern Western response to the rise of rational thought, that began in the 1500s and led to the Enlightenment, and which has

dominated modernistic Western culture into the twenty-first century (Rohr, 2015). Modern Western thinking is characterised by a focus on rational thinking and science, and as a result it devalued spirituality and religion. Before modern thought dominated our society, religious mysticism and contemplation was more accepted (Rohr, 2015). Therefore, psychological theories that use mindfulness have not invented a new therapeutic tool so much as rediscovered a forgotten idea and repackaged it without its former religious attachments. It is as if religious belief and mindfulness have been separated permanently. The result is a humanistic distortion of the original concept, devoid of the depth of meaning and significance that it originally possessed. Some authors have called this "McMindfulness" (Sun, 2014).

Mindfulness, rather than being solely a Buddhist practice, is also found in the mystic traditions of all the main world religions—Hinduism, Judaism, Islam, and Christianity, and in the beliefs of Aboriginal and Torres Strait Islander peoples. The name given to describe mystic practice differs. In Islam these practices are referred to as *sufism*, which is centred around remembering God and serving others (Nimatullahi Sufi Order, 2011). In Judaism the main practice is Kabbalah, which aims to unite the individual intuitively with God and is based on the Book of Splendor (Kabbalah Centre International, 2016). In Christianity it is often referred to as contemplative prayer, or meditation, or listening prayer that focuses on God (Merton, 2007). Aboriginal and Torres Strait Islander peoples engage in the practice of *dadirri*, or deep listening (Ungunmerr-Baumann, 1993). All of these examples of mysticism are based in a value and belief system that guides their practice and the lives of the people who use them.

Few people have noticed the recent humanistic distortion created by the separation of mindfulness from faith belief in therapy and mental health treatment. However, among the few commentators, Buddhist psychotherapists have questioned how modern therapy has superficially utilised mindfulness practice and separated it from the deeper values of Buddhist ethics (Dawson & Turnbull, 2006). Dawson and Turnbull (2006) commented that the benefits of mindfulness are not in dispute, rather the ideas that underpin Buddhist mindfulness are absent. Their main concern is that mindfulness will become just another therapeutic technique used to reduce psychological distress without addressing the deep cause of this suffering. Dawson and Turnbull (2006) argued that the separation of mindfulness from its philosophical underpinnings may lead to what they refer to as "superficial calmness" (p. 63), suggesting mindfulness might become an "opiate" for Western society (p. 64). It does not necessarily lead to personal change, as lasting deep change needs to be based on a value system. In practice, the mindfulness of Buddhism has been adapted to fit the Western modern worldview as a commodity, or accessory, or possession.

Buddhism is based on the Eightfold Noble Path that consists of wisdom, ethics, and meditation (Dawson & Turnbull, 2006). It uses radical inquiry to understand reality. It recognises a no-self, and values compassion, understanding that everything in the world is interconnected. It aims to eliminate suffering, with the ultimate goal of liberating a person from the cycle of reincarnation (Sun, 2014).

In contrast, Dawson and Turnbull (2006, p. 62) argued that Western modernity is rationally orientated towards productivity, efficiency, and profit (Dawson & Turnbull, 2006). It values objective truth and facts. An object or function is assigned worth according to its cost-effectiveness. This value functions alongside neo-liberalism, individualism, and

consumerism. These values have been criticised as distorting our society, as Western society has become more narcissistic, so that we see the value of things in terms of how it can meet our own self-need (Twenge & Campbell, 2009).

Therefore separating mindfulness from its Buddhist foundation and merging it with therapy is an adaption of this practice into our modern scientific worldview. Psychological treatment judges normality in the human condition and focuses on a privatised sense of self (Dawson & Turnbull, 2006). Therapy often concerns itself with assisting people to achieve self-fulfillment and happiness. Adding mindfulness to these components can extend the aim of treatment. However, these values are disconnected from community and social relationships. In Dawson and Turnbull's view (2006, p. 62) such values are narcissistic and individualistic, contradicting the Buddhist idea of interconnectedness.

This tendency for knowledge to be tolerant of a pluralism of ideas and accepting of relativistic truth is characteristic of postmodernism (Overman, 2011). This is because a postmodern worldview places more importance on personal values over scientific rationalism, spirituality is valued over religion, and values and beliefs have become more relativistic and are no longer challenged (Thompson, in press). However, just as modernism can be critiqued, the downside of postmodernism is that it can make the mistake of total cultural relativism. Such a stance is not meaningful because it stops dialogue between cultures, and in its extreme form fosters a disbelief in science, religion, and all forms of knowledge (Hiebert, Shaw, & Tienou, 2003). This is unhelpful to our social work clients because it can lead to a devaluation of their culture, belief system, values, and worldview.

The social work profession is characterised by an emphasis on recognition of the diversity of peoples and cultures, advocating sensitivity to differing religious and secular world views (AASW, 2010). In this context it is appropriate to explore the spirituality of clients within a therapeutic relationship, and be transparent about the origin and philosophy underpinning mindfulness-based therapies, and their appropriateness for clients.

The Syncretism of Buddhism with Other Worldviews

Buddhism has tended to be syncretistic with other cultures. Here syncretism is defined as an uncritical acceptance of Buddhist beliefs and faith practices. For example, this tendency can be seen where Buddhism builds on elements of indigenous beliefs that are already present to broaden its appeal to people of other faiths (Sun, 2014). A parallel to this can be seen in Western contemporary society, where mindfulness practices have been separated from Buddhism and adapted to therapy, using more accessible language. This has been the overt intention of practitioners, such as Kabat-Zinn, the founder of Mindfulness Based Stress Reduction (Kabat-Zinn, 2003; Sun, 2014).

The syncretism of mindfulness with values in our society is also notable in the minor reference to, or failure to attribute, mindfulness practice to Buddhism in therapy practice (Sun, 2014). The question is whether simplifying mindfulness is a skillful recontextualisation of Buddhism in Western society, meaning Buddhist mindfulness has been placed in a new context to suggest a different interpretation. Alternatively, it might be a decontextualisation of this practice to divorce it from its religious and ethical roots, and divest it of context.

History warns about how recontextualising mindfulness and Buddhist practice can result in destructive distortion. In World War II, the Japanese merged mindfulness with

nationalism, naming it a "Holy War". The military received Zen mindfulness training, or *zazen*, so that it became *combat zazen*. The harmful adaption of this practice was aimed at enhancing the capacity of soldiers to focus in order to kill, and to do this unquestioningly and serenely (Dawson & Turnbull, 2006).

This type of distortion has already occurred to some extent in Western society. For example, the United States military has adopted mindfulness practice into their training in order to optimise combat performance (Sun, 2014). Organisations use mindfulness to reduce stress and boost worker productivity. Here in Australia, primary and secondary school students are encouraged to learn mindfulness through providers such as Smiling Mind, which has the goal of getting mindfulness placed on the Australian National Curriculum by 2020 (Smiling Mind, 2017).

This raises the question of whether mindfulness has become another commodity that our Western culture utilises for progress and profit. This practice has evolved from its origin to become a personal, self-centered possession that can be used in order to get relief from mental and physical symptoms (Dawson & Turnbull, 2006). It is devoid from context and significant meaning. This is in direct contrast to the way mindfulness is used within the confines of Buddhist practice (Dawson & Turnbull, 2006).

Buddhist Mindfulness, Connecting to the Present, and Christian Contemplative Prayer

There are some important similarities and differences in mindful practice as it occurs across therapies and religious practices. The aim of Buddhist meditation is to get insight into the true nature of the self, and freedom from suffering. In its purer form, different stages of mindfulness and meditation are practiced, from focused attention, and observing thoughts and feelings, to guarding the self so that the service of others is paramount, and guarding others through loving kindness and patience. This is meant to lead to the eradication of bad habits and the attainment of happiness, or enlightenment (Chiesa & Malinowski, 2011). However, some Western practitioners use these methods mainly for their health benefits (Chiesa & Malinowski, 2011; Sharma & Rush, 2014). Some Zen masters believe that this health-related motivation is not necessarily a problem because in time people who utilise these Buddhist practices will have less attachment to this motivation and move towards the deeper spiritual reason for practicing mindfulness (Chiesa & Malinowski, 2011).

In contrast, Acceptance and Commitment Therapy aims toward acceptance of unwanted thoughts, feelings, and physical sensations, and the choice to live based on carefully chosen personal values (Hayes et al., 2006). The path to doing this is through connection with the present moment, rather than worrying about the future or dwelling on the past. This is practiced by using the observing part of the mind and the senses to focus on one thing (e.g., the breath), or to foster awareness of thoughts and feelings. When a person becomes distracted by their rational, or thinking mind, they are encouraged to gently redirect their focus back to the task using their observing self. Therefore the exercises used in Acceptance and Commitment Therapy work toward developing mindful living and the mental flexibility required to live a full and meaningful life.

To some extent, Christian contemplative prayer practice overlaps with these other two approaches. It is similar because it can focus on one word (e.g., love), or the breath. It can also use imagination and visualisation, and the silent self (or spirit) and the five senses to increase focus and attention. It explores thoughts, feelings, and behaviours in order to create lasting change and wellbeing. However, the main difference is its underlying aim to surrender the will to God, and to love God and love other people, and to produce transformation so that a person becomes more Christ-like. These traditional Christian teachings are increasingly being rediscovered and reinterpreted by mainstream Christians, and are readily available for use by clients through books such as Thompson (in press), or through organisations (Well Spring Centre, 2017).

The common elements to each of these three approaches is the use of the five senses, a focus on one thing, and an attitude of acceptance. They differ in regard to their values and purpose, and in how the mind and will are used (e.g., surrender of desire, vs. willingness to change, vs. surrender of our will to God), and the focus of the exercise (i.e., no-self, vs. self-focus, vs. self and God focus).

Ethics of Mindfulness

Social workers need to be discerning about how they use mindfulness in their work, in keeping with the Australian Association of Social Workers *Code of ethics* (AASW, 2010), which emphasises respect for other people's beliefs, culturally competent and sensitive practice, and promoting client self-determination by enabling them to make informed decisions. They need to consider that mindfulness-based interventions might undermine or contradict the faith practice of clients with a non-Buddhist belief system. They need to clearly explain treatment to their clients so that they are empowered to make informed decisions. One practical way social workers can do this is by encouraging their clients to use forms of mindfulness and mystic practice that are culturally relevant. For example, Christian clients could benefit from contemplative prayer (Brother Lawrence, 2012; Merton, 2007; Rohr, 2015; Teresa of Avila, 2013; Willard, 2012), and Aboriginal and Torres Strait Islander peoples could benefit from the practice of *dadirri*, or deep listening (Ungunmerr-Baumann, 1993).

Conclusion

This critical reflection has aimed to raise awareness among social workers about the origins of mindfulness practice and the ethical implications it has for our clients. Mindfulness to the undiscerning is just another tool to improve the wellbeing and mental health of our social work clients. Understanding and critically reflecting on this practice and how it fits into the values and belief systems of clients is essential. Social workers need to engage in culturally sensitive practice. To do this they can explicitly state whether their mindfulness-based practice stems from Buddhism (Mindfulness Based Stress Reduction, Mindfulness Based Cognitive Therapy, or Dialectical Behaviour Therapy), or if it is humanistic in origin (Acceptance and Commitment Therapy), and why it is recommended. They cannot assume that all their clients will consent to the use of Buddhist-based mindfulness interventions. However, they can explore what might be a culturally consistent practice for them.

Disclosure Statement

No potential conflict of interest was reported by the authors.

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